

Data Set Name: armband_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Label
1	PPT_ID	Char	6		Masked Participant ID
2	NUMGOODDAYS_0	Num	8		Number of days the armband was worn for >=8 hours/day (Baseline)
3	WEEKENDNUMGOODDAYS_0	Num	8		Number of days the armband was worn for >=8 hours/day on the weekend (Baseline)
4	WEEKDAYNUMGOODDAYS_0	Num	8		Number of days the armband was worn for >=8 hours/day on the weekdays (Baseline)
5	WEARTIME_0	Num	8		Total wear time across all days (Baseline)
6	NUMSTEPS_0	Num	8		Total steps across all days (Baseline)
7	SEDTIME_0	Num	8		Total sedentary time (<1.5 METs) across all days (Baseline)
8	SEDMET_0	Num	8		Total MET value for sedentary time (Baseline)
9	SEENERGY_0	Num	8		Total kcal burned for all sedentary time (Baseline)
10	LIGHTTIME_0	Num	8		Total light intensity minutes (1.5 to <3.0 METs) (Baseline)
11	LIGHTMET_0	Num	8		Total MET value for all light activity (Baseline)
12	LIGHTENERGY_0	Num	8		Total kcal burned during all light activity (Baseline)
13	MODTIME_0	Num	8		Total moderate intensity minutes (3.0 to <6.0 METs) (Baseline)
14	MODMET_0	Num	8		Total MET value for all moderate activity (Baseline)
15	MODENERGY_0	Num	8		Total kcal burned during all moderate activity (Baseline)
16	VIGTIME_0	Num	8		Total vigorous intensity minutes (>=6.0 METs) (Baseline)
17	VIGMET_0	Num	8		Total MET value for all vigorous activity (Baseline)
18	VIGENERGY_0	Num	8		Total kcal burned during all vigorous activity (Baseline)
19	LGTNUMBOUTS_10MIN_0	Num	8		Total number of light intensity bouts (>=10 minutes) (Baseline)
20	LGTTOTTIME_10MIN_0	Num	8		Total time spent in light intensity bout related activity (Baseline)
21	LGTTOTMET_10MIN_0	Num	8		Total MET value for light intensity bout related activity (Baseline)
22	LGTTOTENERGY_10MIN_0	Num	8		Total kcals for light intensity bout related activity (Baseline)
23	MODNUMBOUTS_10MIN_0	Num	8		Total number of moderate intensity bouts (>=10 minutes) (Baseline)
24	MODTOTTIME_10MIN_0	Num	8		Total time spent in moderate intensity bout related activity (Baseline)
25	MODTOTMET_10MIN_0	Num	8		Total MET value for moderate intensity bout related activity (Baseline)
26	MODTOTENERGY_10MIN_0	Num	8		Total kcals for moderate intensity bout related activity (Baseline)
27	VIGNUMBOUTS_10MIN_0	Num	8		Total number of vigorous intensity bouts (>=10 minutes) (Baseline)
28	VIGTOTTIME_10MIN_0	Num	8		Total time spent in vigorous intensity bout related activity (Baseline)
29	VIGTOTMET_10MIN_0	Num	8		Total MET value for vigorous intensity bout related activity (Baseline)
30	VIGTOTENERGY_10MIN_0	Num	8		Total kcals for vigorous intensity bout related activity (Baseline)
31	MVPANUMBOUTS_10MIN_0	Num	8		Total number of moderate to vigorous intensity bouts (>=10 minutes) (Baseline)

Num	Variable	Type	Len	Format	Label
32	MVPATOTTIME_10MIN_0	Num	8		Total time spent in moderate to vigorous intensity bout related activity (Baseline)
33	MVPATOTMET_10MIN_0	Num	8		Total MET value for moderate to vigorous intensity bout related activity (Baseline)
34	MVPATOTENERGY_10MIN_0	Num	8		Total kcals for moderate to vigorous intensity bout related activity (Baseline)
35	NUMBREAKS_0	Num	8		Number of breaks (≥ 1 minute interruption in sedentary time) (Baseline)
36	TOTTIMEBREAKS_0	Num	8		Total duration of breaks (Baseline)
37	TOTINTENSITYBREAKS_0	Num	8		Summed intensity of all breaks (Baseline)
38	NUMGOODDAYS_4	Num	8		Number of days the armband was worn for ≥ 8 hours/day (4 Months)
39	WEEKENDNUMGOODDAYS_4	Num	8		Number of days the armband was worn for ≥ 8 hours/day on the weekend (4 Months)
40	WEEKDAYNUMGOODDAYS_4	Num	8		Number of days the armband was worn for ≥ 8 hours/day on the weekdays (4 Months)
41	WEARTIME_4	Num	8		Total wear time across all days (4 Months)
42	NUMSTEPS_4	Num	8		Total steps across all days (4 Months)
43	SEDTIME_4	Num	8		Total sedentary time (< 1.5 METs) across all days (4 Months)
44	SEDMET_4	Num	8		Total MET value for sedentary time (4 Months)
45	SEDENERGY_4	Num	8		Total kcal burned for all sedentary time (4 Months)
46	LIGHTTIME_4	Num	8		Total light intensity minutes (1.5 to < 3.0 METs) (4 Months)
47	LIGHTMET_4	Num	8		Total MET value for all light activity (4 Months)
48	LIGHTENERGY_4	Num	8		Total kcal burned during all light activity (4 Months)
49	MODTIME_4	Num	8		Total moderate intensity minutes (3.0 to < 6.0 METs) (4 Months)
50	MODMET_4	Num	8		Total MET value for all moderate activity (4 Months)
51	MODENERGY_4	Num	8		Total kcal burned during all moderate activity (4 Months)
52	VIGTIME_4	Num	8		Total vigorous intensity minutes (≥ 6.0 METs) (4 Months)
53	VIGMET_4	Num	8		Total MET value for all vigorous activity (4 Months)
54	VIGENERGY_4	Num	8		Total kcal burned during all vigorous activity (4 Months)
55	LGTNUMBOUNTS_10MIN_4	Num	8		Total number of light intensity bouts (≥ 10 minutes) (4 Months)
56	LGTTOTTIME_10MIN_4	Num	8		Total time spent in light intensity bout related activity (4 Months)
57	LGTTOTMET_10MIN_4	Num	8		Total MET value for light intensity bout related activity (4 Months)
58	LGTTOTENERGY_10MIN_4	Num	8		Total kcals for light intensity bout related activity (4 Months)
59	MODNUMBOUNTS_10MIN_4	Num	8		Total number of moderate intensity bouts (≥ 10 minutes) (4 Months)
60	MODTOTTIME_10MIN_4	Num	8		Total time spent in moderate intensity bout related activity (4 Months)
61	MODTOTMET_10MIN_4	Num	8		Total MET value for moderate intensity bout related activity (4 Months)
62	MODTOTENERGY_10MIN_4	Num	8		Total kcals for moderate intensity bout related activity (4 Months)

Num	Variable	Type	Len	Format	Label
63	VIGNUMBOUNTS_10MIN_4	Num	8		Total number of vigorous intensity bouts (≥ 10 minutes) (4 Months)
64	VIGTOTTIME_10MIN_4	Num	8		Total time spent in vigorous intensity bout related activity (4 Months)
65	VIGTOTMET_10MIN_4	Num	8		Total MET value for vigorous intensity bout related activity (4 Months)
66	VIGTOTENERGY_10MIN_4	Num	8		Total kcals for vigorous intensity bout related activity (4 Months)
67	MVPANUMBOUNTS_10MIN_4	Num	8		Total number of moderate to vigorous intensity bouts (≥ 10 minutes) (4 Months)
68	MVPATOTTIME_10MIN_4	Num	8		Total time spent in moderate to vigorous intensity bout related activity (4 Months)
69	MVPATOTMET_10MIN_4	Num	8		Total MET value for moderate to vigorous intensity bout related activity (4 Months)
70	MVPATOTENERGY_10MIN_4	Num	8		Total kcals for moderate to vigorous intensity bout related activity (4 Months)
71	NUMBREAKS_4	Num	8		Number of breaks (≥ 1 minute interruption in sedentary time) (4 Months)
72	TOTTIMEBREAKS_4	Num	8		Total duration of breaks (4 Months)
73	TOTINTENSITYBREAKS_4	Num	8		Summed intensity of all breaks (4 Months)
74	NUMGOODDAYS_12	Num	8		Number of days the armband was worn for ≥ 8 hours/day (12 Months)
75	WEEKENDNUMGOODDAYS_12	Num	8		Number of days the armband was worn for ≥ 8 hours/day on the weekend (12 Months)
76	WEEKDAYNUMGOODDAYS_12	Num	8		Number of days the armband was worn for ≥ 8 hours/day on the weekdays (12 Months)
77	WEARTIME_12	Num	8		Total wear time across all days (12 Months)
78	NUMSTEPS_12	Num	8		Total steps across all days (12 Months)
79	SEDTIME_12	Num	8		Total sedentary time (< 1.5 METs) across all days (12 Months)
80	SEDMET_12	Num	8		Total MET value for sedentary time (12 Months)
81	SEDENERGY_12	Num	8		Total kcal burned for all sedentary time (12 Months)
82	LIGHTTIME_12	Num	8		Total light intensity minutes (1.5 to < 3.0 METs) (12 Months)
83	LIGHTMET_12	Num	8		Total MET value for all light activity (12 Months)
84	LIGHTENERGY_12	Num	8		Total kcal burned during all light activity (12 Months)
85	MODTIME_12	Num	8		Total moderate intensity minutes (3.0 to < 6.0 METs) (12 Months)
86	MODMET_12	Num	8		Total MET value for all moderate activity (12 Months)
87	MODENERGY_12	Num	8		Total kcal burned during all moderate activity (12 Months)
88	VIGTIME_12	Num	8		Total vigorous intensity minutes (≥ 6.0 METs) (12 Months)
89	VIGMET_12	Num	8		Total MET value for all vigorous activity (12 Months)
90	VIGENERGY_12	Num	8		Total kcal burned during all vigorous activity (12 Months)
91	LGTTNUMBOUNTS_10MIN_12	Num	8		Total number of light intensity bouts (≥ 10 minutes) (12 Months)
92	LGTTTOTTIME_10MIN_12	Num	8		Total time spent in light intensity bout related activity (12 Months)
93	LGTTTOTMET_10MIN_12	Num	8		Total MET value for light intensity bout related activity (12 Months)

Num	Variable	Type	Len	Format	Label
94	LGTTOTENERGY_10MIN_12	Num	8		Total kcals for light intensity bout related activity (12 Months)
95	MODNUMBOUITS_10MIN_12	Num	8		Total number of moderate intensity bouts (≥ 10 minutes) (12 Months)
96	MODTOTTIME_10MIN_12	Num	8		Total time spent in moderate intensity bout related activity (12 Months)
97	MODTOTMET_10MIN_12	Num	8		Total MET value for moderate intensity bout related activity (12 Months)
98	MODTOTENERGY_10MIN_12	Num	8		Total kcals for moderate intensity bout related activity (12 Months)
99	VIGNUMBOUITS_10MIN_12	Num	8		Total number of vigorous intensity bouts (≥ 10 minutes) (12 Months)
100	VIGTOTTIME_10MIN_12	Num	8		Total time spent in vigorous intensity bout related activity (12 Months)
101	VIGTOTMET_10MIN_12	Num	8		Total MET value for vigorous intensity bout related activity (12 Months)
102	VIGTOTENERGY_10MIN_12	Num	8		Total kcals for vigorous intensity bout related activity (12 Months)
103	MVPANUMBOUITS_10MIN_12	Num	8		Total number of moderate to vigorous intensity bouts (≥ 10 minutes) (12 Months)
104	MVPATOTTIME_10MIN_12	Num	8		Total time spent in moderate to vigorous intensity bout related activity (12 Months)
105	MVPATOTMET_10MIN_12	Num	8		Total MET value for moderate to vigorous intensity bout related activity (12 Months)
106	MVPATOTENERGY_10MIN_12	Num	8		Total kcals for moderate to vigorous intensity bout related activity (12 Months)
107	NUMBREAKS_12	Num	8		Number of breaks (≥ 1 minute interruption in sedentary time) (12 Months)
108	TOTTIMEBREAKS_12	Num	8		Total duration of breaks (12 Months)
109	TOTINTENSITYBREAKS_12	Num	8		Summed intensity of all breaks (12 Months)
110	NUMGOODDAYS_24	Num	8		Number of days the armband was worn for ≥ 8 hours/day (24 Months)
111	WEEKENDNUMGOODDAYS_24	Num	8		Number of days the armband was worn for ≥ 8 hours/day on the weekend (24 Months)
112	WEEKDAYNUMGOODDAYS_24	Num	8		Number of days the armband was worn for ≥ 8 hours/day on the weekdays (24 Months)
113	WEARTIME_24	Num	8		Total wear time across all days (24 Months)
114	NUMSTEPS_24	Num	8		Total steps across all days (24 Months)
115	SEDTIME_24	Num	8		Total sedentary time (< 1.5 METs) across all days (24 Months)
116	SEDMET_24	Num	8		Total MET value for sedentary time (24 Months)
117	SEDENERGY_24	Num	8		Total kcal burned for all sedentary time (24 Months)
118	LIGHTTIME_24	Num	8		Total light intensity minutes (1.5 to < 3.0 METs) (24 Months)
119	LIGHTMET_24	Num	8		Total MET value for all light activity (24 Months)
120	LIGHTENERGY_24	Num	8		Total kcal burned during all light activity (24 Months)
121	MODTIME_24	Num	8		Total moderate intensity minutes (3.0 to < 6.0 METs) (24 Months)
122	MODMET_24	Num	8		Total MET value for all moderate activity (24 Months)
123	MODENERGY_24	Num	8		Total kcal burned during all moderate activity (24 Months)

Num	Variable	Type	Len	Format	Label
124	VIGTIME_24	Num	8		Total vigorous intensity minutes (≥ 6.0 METs) (24 Months)
125	VIGMET_24	Num	8		Total MET value for all vigorous activity (24 Months)
126	VIGENERGY_24	Num	8		Total kcal burned during all vigorous activity (24 Months)
127	LGTTNUMBOUITS_10MIN_24	Num	8		Total number of light intensity bouts (≥ 10 minutes) (24 Months)
128	LGTTOTTIME_10MIN_24	Num	8		Total time spent in light intensity bout related activity (24 Months)
129	LGTTOTMET_10MIN_24	Num	8		Total MET value for light intensity bout related activity (24 Months)
130	LGTTOTENERGY_10MIN_24	Num	8		Total kcals for light intensity bout related activity (24 Months)
131	MODNUMBOUITS_10MIN_24	Num	8		Total number of moderate intensity bouts (≥ 10 minutes) (24 Months)
132	MODTOTTIME_10MIN_24	Num	8		Total time spent in moderate intensity bout related activity (24 Months)
133	MODTOTMET_10MIN_24	Num	8		Total MET value for moderate intensity bout related activity (24 Months)
134	MODTOTENERGY_10MIN_24	Num	8		Total kcals for moderate intensity bout related activity (24 Months)
135	VIGNUMBOUITS_10MIN_24	Num	8		Total number of vigorous intensity bouts (≥ 10 minutes) (24 Months)
136	VIGTOTTIME_10MIN_24	Num	8		Total time spent in vigorous intensity bout related activity (24 Months)
137	VIGTOTMET_10MIN_24	Num	8		Total MET value for vigorous intensity bout related activity (24 Months)
138	VIGTOTENERGY_10MIN_24	Num	8		Total kcals for vigorous intensity bout related activity (24 Months)
139	MVPANUMBOUITS_10MIN_24	Num	8		Total number of moderate to vigorous intensity bouts (≥ 10 minutes) (24 Months)
140	MVPATOTTIME_10MIN_24	Num	8		Total time spent in moderate to vigorous intensity bout related activity (24 Months)
141	MVPATOTMET_10MIN_24	Num	8		Total MET value for moderate to vigorous intensity bout related activity (24 Months)
142	MVPATOTENERGY_10MIN_24	Num	8		Total kcals for moderate to vigorous intensity bout related activity (24 Months)
143	NUMBREAKS_24	Num	8		Number of breaks (≥ 1 minute interruption in sedentary time) (24 Months)
144	TOTTIMEBREAKS_24	Num	8		Total duration of breaks (24 Months)
145	TOTINTENSITYBREAKS_24	Num	8		Summed intensity of all breaks (24 Months)
146	DAILY_WEAR_0	Num	8		Daily minutes that the armband was worn (Baseline)
147	DAILY_SED_0	Num	8		Daily time spent in sedentary behaviors (< 1.5 METs) (Baseline)
148	DAILY_LIGHT_0	Num	8		Daily time spent in light activities (1.5 to < 3.0 METs) (Baseline)
149	DAILY_MOD_0	Num	8		Daily time spent in moderate activities (3.0 to < 6.0 METs) (Baseline)
150	DAILY_VIG_0	Num	8		Daily time spent in vigorous activities (≥ 6.0 METs) (Baseline)
151	DAILY_MVPA_0	Num	8		Daily time spent in moderate to vigorous activities (≥ 3.0 METs) (Baseline)
152	DAILY_MOD_10_0	Num	8		Daily time spent in bout related (≥ 10 min) moderate activity (≥ 3.0 to < 6.0 METs) (Baseline)

Num	Variable	Type	Len	Format	Label
153	DAILY_VIG_10_0	Num	8		Daily time spent in bout related (≥ 10 min) vigorous activity (≥ 6.0 METs) (Baseline)
154	DAILY_MVPA_10_0	Num	8		Daily time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (Baseline)
155	DAILY_SED_PER_0	Num	8		Percent of wear time spent in sedentary behaviors (< 1.5 METs) (Baseline)
156	DAILY_LIGHT_PER_0	Num	8		Percent of wear time spent in light activity (1.5 to < 3.0 METs) (Baseline)
157	DAILY_MVPA_PER_0	Num	8		Percent of wear time spent in moderate to vigorous activity (≥ 3.0 METs) (Baseline)
158	WEEKLY_MVPA_10_0	Num	8		Weekly time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (Baseline)
159	DAILY_SED_EE_0	Num	8		Total kcals per day spent in sedentary behavior (< 1.5 METs) (Baseline)
160	DAILY_LIGHT_EE_0	Num	8		Total kcals per day spent in light activity (1.5 to < 3.0 METs) (Baseline)
161	DAILY_MOD_EE_0	Num	8		Total kcals per day spent in moderate activity (3.0 to < 6.0 METs) (Baseline)
162	DAILY_VIG_EE_0	Num	8		Total kcals per day spent in vigorous activity (≥ 6.0 METs) (Baseline)
163	DAILY_TOTAL_EE_0	Num	8		Total daily energy expenditure (Baseline)
164	DAILY_SED_METS_0	Num	8		Mean MET level of all sedentary activities (< 1.5 METs) (Baseline)
165	DAILY_LIGHT_METS_0	Num	8		Mean MET level of all light activities (1.5 to < 3.0 METs) (Baseline)
166	DAILY_MOD_METS_0	Num	8		Mean MET level of all moderate activities (3.0 to < 6.0 METs) (Baseline)
167	DAILY_VIG_METS_0	Num	8		Mean MET level of all vigorous activities (≥ 6.0 METs) (Baseline)
168	DAILY_WEAR_4	Num	8		Daily minutes that the armband was worn (4 Months)
169	DAILY_SED_4	Num	8		Daily time spent in sedentary behaviors (< 1.5 METs) (4 Months)
170	DAILY_LIGHT_4	Num	8		Daily time spent in light activities (1.5 to < 3.0 METs) (4 Months)
171	DAILY_MOD_4	Num	8		Daily time spent in moderate activities (3.0 to < 6.0 METs) (4 Months)
172	DAILY_VIG_4	Num	8		Daily time spent in vigorous activities (≥ 6.0 METs) (4 Months)
173	DAILY_MVPA_4	Num	8		Daily time spent in moderate to vigorous activities (≥ 3.0 METs) (4 Months)
174	DAILY_MOD_10_4	Num	8		Daily time spent in bout related (≥ 10 min) moderate activity (≥ 3.0 to < 6.0 METs) (4 Months)
175	DAILY_VIG_10_4	Num	8		Daily time spent in bout related (≥ 10 min) vigorous activity (≥ 6.0 METs) (4 Months)
176	DAILY_MVPA_10_4	Num	8		Daily time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (4 Months)
177	DAILY_SED_PER_4	Num	8		Percent of wear time spent in sedentary behaviors (< 1.5 METs) (4 Months)
178	DAILY_LIGHT_PER_4	Num	8		Percent of wear time spent in light activity (1.5 to < 3.0 METs) (4 Months)

Num	Variable	Type	Len	Format	Label
179	DAILY_MVPA_PER_4	Num	8		Percent of wear time spent in moderate to vigorous activity (≥ 3.0 METs) (4 Months)
180	WEEKLY_MVPA_10_4	Num	8		Weekly time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (4 Months)
181	DAILY_SED_EE_4	Num	8		Total kcals per day spent in sedentary behavior (< 1.5 METs) (4 Months)
182	DAILY_LIGHT_EE_4	Num	8		Total kcals per day spent in light activity (1.5 to < 3.0 METs) (4 Months)
183	DAILY_MOD_EE_4	Num	8		Total kcals per day spent in moderate activity (3.0 to < 6.0 METs) (4 Months)
184	DAILY_VIG_EE_4	Num	8		Total kcals per day spent in vigorous activity (≥ 6.0 METs) (4 Months)
185	DAILY_TOTAL_EE_4	Num	8		Total daily energy expenditure (4 Months)
186	DAILY_SED_METS_4	Num	8		Mean MET level of all sedentary activities (< 1.5 METs) (4 Months)
187	DAILY_LIGHT_METS_4	Num	8		Mean MET level of all light activities (1.5 to < 3.0 METs) (4 Months)
188	DAILY_MOD_METS_4	Num	8		Mean MET level of all moderate activities (3.0 to < 6.0 METs) (4 Months)
189	DAILY_VIG_METS_4	Num	8		Mean MET level of all vigorous activities (≥ 6.0 METs) (4 Months)
190	DAILY_WEAR_12	Num	8		Daily minutes that the armband was worn (12 Months)
191	DAILY_SED_12	Num	8		Daily time spent in sedentary behaviors (< 1.5 METs) (12 Months)
192	DAILY_LIGHT_12	Num	8		Daily time spent in light activities (1.5 to < 3.0 METs) (12 Months)
193	DAILY_MOD_12	Num	8		Daily time spent in moderate activities (3.0 to < 6.0 METs) (12 Months)
194	DAILY_VIG_12	Num	8		Daily time spent in vigorous activities (≥ 6.0 METs) (12 Months)
195	DAILY_MVPA_12	Num	8		Daily time spent in moderate to vigorous activities (≥ 3.0 METs) (12 Months)
196	DAILY_MOD_10_12	Num	8		Daily time spent in bout related (≥ 10 min) moderate activity (≥ 3.0 to < 6.0 METs) (12 Months)
197	DAILY_VIG_10_12	Num	8		Daily time spent in bout related (≥ 10 min) vigorous activity (≥ 6.0 METs) (12 Months)
198	DAILY_MVPA_10_12	Num	8		Daily time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (12 Months)
199	DAILY_SED_PER_12	Num	8		Percent of wear time spent in sedentary behaviors (< 1.5 METs) (12 Months)
200	DAILY_LIGHT_PER_12	Num	8		Percent of wear time spent in light activity (1.5 to < 3.0 METs) (12 Months)
201	DAILY_MVPA_PER_12	Num	8		Percent of wear time spent in moderate to vigorous activity (≥ 3.0 METs) (12 Months)
202	WEEKLY_MVPA_10_12	Num	8		Weekly time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (12 Months)
203	DAILY_SED_EE_12	Num	8		Total kcals per day spent in sedentary behavior (< 1.5 METs) (12 Months)

Num	Variable	Type	Len	Format	Label
204	DAILY_LIGHT_EE_12	Num	8		Total kcals per day spent in light activity (1.5 to <3.0 METs) (12 Months)
205	DAILY_MOD_EE_12	Num	8		Total kcals per day spent in moderate activity (3.0 to <6.0 METs) (12 Months)
206	DAILY_VIG_EE_12	Num	8		Total kcals per day spent in vigorous activity (≥ 6.0 METs) (12 Months)
207	DAILY_TOTAL_EE_12	Num	8		Total daily energy expenditure (12 Months)
208	DAILY_SED_METS_12	Num	8		Mean MET level of all sedentary activities (<1.5 METs) (12 Months)
209	DAILY_LIGHT_METS_12	Num	8		Mean MET level of all light activities (1.5 to <3.0 METs) (12 Months)
210	DAILY_MOD_METS_12	Num	8		Mean MET level of all moderate activities (3.0 to <6.0 METs) (12 Months)
211	DAILY_VIG_METS_12	Num	8		Mean MET level of all vigorous activities (≥ 6.0 METs) (12 Months)
212	DAILY_WEAR_24	Num	8		Daily minutes that the armband was worn (24 Months)
213	DAILY_SED_24	Num	8		Daily time spent in sedentary behaviors (<1.5 METs) (24 Months)
214	DAILY_LIGHT_24	Num	8		Daily time spent in light activities (1.5 to <3.0 METs) (24 Months)
215	DAILY_MOD_24	Num	8		Daily time spent in moderate activities (3.0 to <6.0 METs) (24 Months)
216	DAILY_VIG_24	Num	8		Daily time spent in vigorous activities (≥ 6.0 METs) (24 Months)
217	DAILY_MVPA_24	Num	8		Daily time spent in moderate to vigorous activities (≥ 3.0 METs) (24 Months)
218	DAILY_MOD_10_24	Num	8		Daily time spent in bout related (≥ 10 min) moderate activity (≥ 3.0 to <6.0 METs) (24 Months)
219	DAILY_VIG_10_24	Num	8		Daily time spent in bout related (≥ 10 min) vigorous activity (≥ 6.0 METs) (24 Months)
220	DAILY_MVPA_10_24	Num	8		Daily time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (24 Months)
221	DAILY_SED_PER_24	Num	8		Percent of wear time spent in sedentary behaviors (<1.5 METs) (24 Months)
222	DAILY_LIGHT_PER_24	Num	8		Percent of wear time spent in light activity (1.5 to < 3.0 METs) (24 Months)
223	DAILY_MVPA_PER_24	Num	8		Percent of wear time spent in moderate to vigorous activity (≥ 3.0 METs) (24 Months)
224	WEEKLY_MVPA_10_24	Num	8		Weekly time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (24 Months)
225	DAILY_SED_EE_24	Num	8		Total kcals per day spent in sedentary behavior (<1.5 METs) (24 Months)
226	DAILY_LIGHT_EE_24	Num	8		Total kcals per day spent in light activity (1.5 to <3.0 METs) (24 Months)
227	DAILY_MOD_EE_24	Num	8		Total kcals per day spent in moderate activity (3.0 to <6.0 METs) (24 Months)
228	DAILY_VIG_EE_24	Num	8		Total kcals per day spent in vigorous activity (≥ 6.0 METs) (24 Months)
229	DAILY_TOTAL_EE_24	Num	8		Total daily energy expenditure (24 Months)

Num	Variable	Type	Len	Format	Label
230	DAILY_SED_METS_24	Num	8		Mean MET level of all sedentary activities (<1.5 METs) (24 Months)
231	DAILY_LIGHT_METS_24	Num	8		Mean MET level of all light activities (1.5 to <3.0 METs) (24 Months)
232	DAILY_MOD_METS_24	Num	8		Mean MET level of all moderate activities (3.0 to <6.0 METs) (24 Months)
233	DAILY_VIG_METS_24	Num	8		Mean MET level of all vigorous activities (>=6.0 METs) (24 Months)
234	DAILY_STEP_0	Num	8		Daily number of steps (Baseline)
235	DAILY_STEP_4	Num	8		Daily number of steps (4 months)
236	DAILY_STEP_12	Num	8		Daily number of steps (12 months)
237	DAILY_STEP_24	Num	8		Daily number of steps (24 months)
238	NUMGOODDAYS_72	Num	8	F8.	Number of days the armband was worn for >=8 hours/day (72 Months)
239	WEEKENDNUMGOODDAYS_72	Num	8	F8.	Number of days the armband was worn for >=8 hours/day on the weekend (72 Months)
240	WEEKDAYNUMGOODDAYS_72	Num	8	F8.	Number of days the armband was worn for >=8 hours/day on the weekdays (72 Months)
241	WEARTIME_72	Num	8	F8.	Total wear time across all days (72 Months)
242	NUMSTEPS_72	Num	8	F8.	Total steps across all days (72 Months)
243	SEDTIME_72	Num	8	F8.	Total sedentary time (<1.5 METs) across all days (72 Months)
244	SEDMET_72	Num	8	F8.	Total MET value for sedentary time (72 Months)
245	SEDENENERGY_72	Num	8	F8.	Total kcal burned for all sedentary time (72 Months)
246	LIGHTTIME_72	Num	8	F8.	Total light intensity minutes (1.5 to <3.0 METs) (72 Months)
247	LIGHTMET_72	Num	8	F8.	Total MET value for all light activity (72 Months)
248	LIGHTENERGY_72	Num	8	F8.	Total kcal burned during all light activity (72 Months)
249	MODTIME_72	Num	8	F8.	Total moderate intensity minutes (3.0 to <6.0 METs) (72 Months)
250	MODMET_72	Num	8	F8.	Total MET value for all moderate activity (72 Months)
251	MODENERGY_72	Num	8	F8.	Total kcal burned during all moderate activity (72 Months)
252	VIGTIME_72	Num	8	F8.	Total vigorous intensity minutes (>=6.0 METs) (72 Months)
253	VIGMET_72	Num	8	F8.	Total MET value for all vigorous activity (72 Months)
254	VIGENERGY_72	Num	8	F8.	Total kcal burned during all vigorous activity (72 Months)
255	MVPATIME_72	Num	8	F8.	Total moderate to vigorous intensity minutes (>=3.0 METs) (72 Months)
256	MVPAMET_72	Num	8	F8.	Total MET value for all moderate to vigorous activity (>=3.0 METs) (72 Months)
257	MVPAENERGY_72	Num	8	F8.	Total kcal burned for all moderate to vigorous activity (>=3.0 METs) (72 Months)
258	LGTNUMBOUITS_10MIN_72	Num	8	F8.	Total number of light intensity bouts (>=10 minutes) (72 Months)
259	LGTTOTTIME_10MIN_72	Num	8	F8.	Total time spent in light intensity bout related activity (72 Months)
260	LGTTOTMET_10MIN_72	Num	8	F8.	Total MET value for light intensity bout related activity (72 Months)
261	LGTTOTENERGY_10MIN_72	Num	8	F8.	Total kcals for light intensity bout related activity (72 Months)

Num	Variable	Type	Len	Format	Label
262	MODNUMBOUNTS_10MIN_72	Num	8	F8.	Total number of moderate intensity bouts (≥ 10 minutes) (72 Months)
263	MODTOTTIME_10MIN_72	Num	8	F8.	Total time spent in moderate intensity bout related activity (72 Months)
264	MODTOTMET_10MIN_72	Num	8	F8.	Total MET value for moderate intensity bout related activity (72 Months)
265	MODTOTENERGY_10MIN_72	Num	8	F8.	Total kcals for moderate intensity bout related activity (72 Months)
266	VIGNUMBOUNTS_10MIN_72	Num	8	F8.	Total number of vigorous intensity bouts (≥ 10 minutes) (72 Months)
267	VIGTOTTIME_10MIN_72	Num	8	F8.	Total time spent in vigorous intensity bout related activity (72 Months)
268	VIGTOTMET_10MIN_72	Num	8	F8.	Total MET value for vigorous intensity bout related activity (72 Months)
269	VIGTOTENERGY_10MIN_72	Num	8	F8.	Total kcals for vigorous intensity bout related activity (72 Months)
270	MVPANUMBOUNTS_10MIN_72	Num	8	F8.	Total number of moderate to vigorous intensity bouts (≥ 10 minutes) (72 Months)
271	MVPATOTTIME_10MIN_72	Num	8	F8.	Total time spent in moderate to vigorous intensity bout related activity (72 Months)
272	MVPATOTMET_10MIN_72	Num	8	F8.	Total MET value for moderate to vigorous intensity bout related activity (72 Months)
273	MVPATOTENERGY_10MIN_72	Num	8	F8.	Total kcals for moderate to vigorous intensity bout related activity (72 Months)
274	NUMBREAKS_72	Num	8	F8.	Number of breaks (≥ 1 minute interruption in sedentary time) (72 Months)
275	TOTTIMEBREAKS_72	Num	8	F8.	Total duration of breaks (72 Months)
276	TOTINTENSITYBREAKS_72	Num	8	F8.	Summed intensity of all breaks (72 Months)
277	DAILY_WEARTIME_72	Num	8	F8.2	Daily minutes that the armband was worn (72 Months)
278	DAILY_STEPS_72	Num	8	F8.2	Daily number of steps (72 Months)
279	DAILY_SEDENTARY_72	Num	8	F8.2	Daily time spent in sedentary behaviors (< 1.5 METs) (72 Months)
280	DAILY_LIGHT_72	Num	8	F8.2	Daily time spent in light activities (1.5 to < 3.0 METs) (72 Months)
281	DAILY_MODERATE_72	Num	8	F8.2	Daily time spent in moderate activities (3.0 to < 6.0 METs) (72 Months)
282	DAILY_VIGOROUS_72	Num	8	F8.2	Daily time spent in vigorous activities (≥ 6.0 METs) (72 Months)
283	DAILY_MVPA_72	Num	8	F8.2	Daily time spent in moderate to vigorous activities (≥ 3.0 METs) (72 Months)
284	DAILY_MODERATE_10MIN_72	Num	8	F8.2	Daily time spent in bout related (≥ 10 min) moderate activity (≥ 3.0 to < 6.0 METs) (72 Months)
285	DAILY_VIGOROUS_10MIN_72	Num	8	F8.2	Daily time spent in bout related (≥ 10 min) vigorous activity (≥ 6.0 METs) (72 Months)
286	DAILY_MVPA_10MIN_72	Num	8	F8.2	Daily time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (72 Months)
287	DAILY_SEDENTARY_PERCENT_72	Num	8	F8.2	Percent of wear time spent in sedentary behaviors (< 1.5 METs) (72 Months)
288	DAILY_LIGHT_PERCENT_72	Num	8	F8.2	Percent of wear time spent in light activity (1.5 to < 3.0 METs) (72 Months)

Num	Variable	Type	Len	Format	Label
289	DAILY_MVPA_PERCENT_72	Num	8	F8.2	Percent of wear time spent in moderate to vigorous activity (≥ 3.0 METs) (72 Months)
290	WEEKLY_MVPA_10MIN_72	Num	8	F8.2	Weekly time spent in bout related (≥ 10 min) moderate to vigorous activity (≥ 3.0 METs) (72 Months)
291	DAILY_SEDENERGY_72	Num	8	F8.2	Total kcals per day spent in sedentary behavior (< 1.5 METs) (72 Months)
292	DAILY_LIGHTENERGY_72	Num	8	F8.2	Total kcals per day spent in light activity (1.5 to < 3.0 METs) (72 Months)
293	DAILY_MODENERGY_72	Num	8	F8.2	Total kcals per day spent in moderate activity (3.0 to < 6.0 METs) (72 Months)
294	DAILY_VIGENERGY_72	Num	8	F8.2	Total kcals per day spent in vigorous activity (≥ 6.0 METs) (72 Months)
295	DAILY_EE_72	Num	8	F8.2	Total daily energy expenditure (72 Months)
296	DAILY_SED_METS_72	Num	8	F8.2	Mean MET level of all sedentary activities (< 1.5 METs) (72 Months)
297	DAILY_LIGHT_METS_72	Num	8	F8.2	Mean MET level of all light activities (1.5 to < 3.0 METs) (72 Months)
298	DAILY_MOD_METS_72	Num	8	F8.2	Mean MET level of all moderate activities (3.0 to < 6.0 METs) (72 Months)
299	DAILY_VIG_METS_72	Num	8	F8.2	Mean MET level of all vigorous activities (≥ 6.0 METs) (72 Months)

Data Set Name: *audit_nhlbi.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	AU_HOWOFTEN	Num	8	11.	11.	How often do you have a drink containing alcohol?
4	AU_HOWMANY	Num	8	11.	11.	How many drinks containing alcohol do you have on a typical day when you are drinking?
5	AU_6ORMORE	Num	8	11.	11.	How often do you have six or more drinks on one occasion?
6	AU_CANTSTOP	Num	8	11.	11.	How often during the last year have you found that you were not able to stop drinking once you had started?
7	AU_FAILED	Num	8	11.	11.	How often during the last year have you failed to do what was normally expected from you because of drinking?
8	AU_MORNING	Num	8	11.	11.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
9	AU_GUILT	Num	8	11.	11.	How often during the last year have you had a feeling of guilt or remorse after drinking?
10	AU_REMEMBER	Num	8	11.	11.	How often during the last year have you been unable to remember what happened the night before because you had been drinking?
11	AU_HURT	Num	8	11.	11.	Have you or someone else been injured as a result of your drinking?
12	AU_CONCERN	Num	8	11.	11.	Has a relative or friend, or a doctor or ther health worker been concerned about your drinking or suggested you cut down?
13	AUDIT_SCORE	Char	2			Alcohol Use Disorders Identification Test (AUDIT) Summary Score (Truncated at a score of 8)

Data Set Name: block_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	ASIAN_HAW_NATAMER_BLOCK	Char	5			Are you Asian or Native Hawaiian or Pacific Islander or American Indian or Alaskan Native?
3	VCODE	Char	10	\$10.	\$10.	Visit Code
4	SEX_BLOCK	Char	3			Gender (Recorded and Used by BLOCK)
5	PREGNANT_BLOCK	Char	3			Pregnancy Status (Recorded and Used by BLOCK)
6	HEALTHSTATUS_BLOCK	Char	5			Would you say your health is... (Recorded and Used by BLOCK)
7	LOSEWEIGHT_BLOCK	Char	5			Are you currently trying to lose weight? (Recorded and Used by BLOCK)
8	EVERDRANKMORE_BLOCK	Char	5			Ever drink more than currently? (Recorded and Used by BLOCK)
9	SMOKENOW_BLOCK	Char	5			Smoke cigarettes now? (Recorded and Used by BLOCK)
10	HOWMANYCIGS_BLOCK	Char	5			If so, how many cigarettes? (Recorded and Used by BLOCK)
11	LATINO_BLOCK	Char	5			Are you Hispanic or Latino? (Recorded and Used by BLOCK)
12	WHITE_BLOCK	Char	5			Are you White? (Recorded and Used by BLOCK)
13	BLACK_BLOCK	Char	5			Are you African American/Black? (Recorded and Used by BLOCK)
14	NOTPROVIDED_BLOCK	Char	5			Do not want to provide Race/Ethnicity info? (Recorded and Used by BLOCK)
15	AGE_BLOCK	Num	8			Age, years (Recorded and Used by BLOCK)
16	WEIGHT_BLOCK	Num	8			Scanned weight, lbs (Recorded and Used by BLOCK)
17	HEIGHTFEET_BLOCK	Num	8			Height, feet (Recorded and Used by BLOCK)
18	HEIGHTINCHES_BLOCK	Num	8			Height, inches (Recorded and Used by BLOCK)
19	DT_KCAL_BLOCK	Num	8			Food energy (kcal)
20	DT_PROT_BLOCK	Num	8			Protein (gms)
21	DT_TFAT_BLOCK	Num	8			Fat (gms)
22	DT_CARB_BLOCK	Num	8			Carbohydrate (gms)
23	DT_CALC_BLOCK	Num	8			Calcium (mg)
24	DT_PHOS_BLOCK	Num	8			Phosphorous (mg)
25	DT_IRON_BLOCK	Num	8			Iron (mg)
26	DT_SODI_BLOCK	Num	8			Sodium (mg)
27	DT_POTA_BLOCK	Num	8			Potassium (mg)
28	DT_GSH_T_BLOCK	Num	8			Glutathione, total (mg)
29	DT_GSH_R_BLOCK	Num	8			Glutathione, reduced (mg)
30	DT_THIA_BLOCK	Num	8			Thiamin (Vitamin B1) (mg)
31	DT_RIBO_BLOCK	Num	8			Riboflavin (Vitamin B2) (mg)

Num	Variable	Type	Len	Format	Informat	Label
32	DT_NIAC_BLOCK	Num	8			Niacin (mg)
33	DT_VITC_BLOCK	Num	8			Vitamin C (mg)
34	DT_SFAT_BLOCK	Num	8			Saturated Fat (gms)
35	DT_MFAT_BLOCK	Num	8			Monounstaturated Fatty Acids (gms)
36	DT_PFAT_BLOCK	Num	8			Polyunstaturated Fatty Acids (gms)
37	DT_CHOL_BLOCK	Num	8			Cholesterol (mg)
38	DT_FIBE_BLOCK	Num	8			Dietary Fiber (gms)
39	DT_FOLFD_BLOCK	Num	8			Food Folate (mcg)
40	DT_ATOC_BLOCK	Num	8			Vitamin E as Alpha-Tocopherol (mg)
41	DT_ZINC_BLOCK	Num	8			Zinc, total (mg)
42	DT_AN_ZN_BLOCK	Num	8			Zinc, animal sources only (mg)
43	DT_VITB6_BLOCK	Num	8			Vitamin B6 (mg)
44	DT_MAGN_BLOCK	Num	8			Magnesium (mg)
45	DT_VARAE_BLOCK	Num	8			Vitamin A, RAE (mcg)
46	DT_RET_BLOCK	Num	8			Retinol (mcg)
47	DT_ACARO_BLOCK	Num	8			Alpha-carotene (mcg)
48	DT_BCARO_BLOCK	Num	8			Beta-carotene (mcg)
49	DT_CRYPT_BLOCK	Num	8			Cryptoxanthin (mcg)
50	DT_LUTZE_BLOCK	Num	8			Lutein-Zeaxanthin (mcg)
51	DT_LYCO_BLOCK	Num	8			Lycopene (mcg)
52	DT_FOLAC_BLOCK	Num	8			Folic Acid (mcg)
53	DT_VB12_BLOCK	Num	8			Vitamin B-12 (mcg)
54	DT_VITD_BLOCK	Num	8			Vitamin D (IU)
55	DT_VITK_BLOCK	Num	8			Vitamin K as Phylloquinone (mcg)
56	DT_COPP_BLOCK	Num	8			Copper (mg)
57	DT_SEL_BLOCK	Num	8			Selenium (mcg)
58	DT_SUG_T_BLOCK	Num	8			Sugars, total (gms)
59	DT_TRFAT_BLOCK	Num	8			Trans Fat, total (gms)
60	DT_ISOFLV_BLOCK	Num	8			Isoflavones, total (mg)
61	DT_QUERC_BLOCK	Num	8			Quercetin (mg)
62	DT_CYSTEN_BLOCK	Num	8			Cysteine (S-containing) (mg)
63	DT_METHI_BLOCK	Num	8			Methionine (S-containing) (mg)
64	DT_CYSTI_BLOCK	Num	8			Cystine (S-containing) (mg)
65	FOL_DFE_BLOCK	Num	8			Average Daily Dietary Folate Equivalent (mcg)
66	GI_BLOCK	Num	8			Glycemic Index (glucose), average daily
67	GL_BLOCK	Num	8			Glycemic Load (glucose), average daily
68	PCTFAT_BLOCK	Num	8			% of kcal from Fat
69	PCTPROT_BLOCK	Num	8			% of kcal from Protein
70	PCTCARB_BLOCK	Num	8			% of kcal from Carbohydrate

Num	Variable	Type	Len	Format	Informat	Label
71	PCTSWEET_BLOCK	Num	8			% of kcal from Sweets/Desserts
72	PCTALCH_BLOCK	Num	8			% of kcal from Alcoholic Beverages
73	BA_PFAT_BLOCK	Num	8			% Fat kcals, Alcoholic Beverages not in Denominator
74	BA_PPROT_BLOCK	Num	8			% Protein kcals, Alcoholic Beverages not in Denominator
75	BA_PCARB_BLOCK	Num	8			% Carbohydrate kcals, Alcoholic Beverages not in Denominator
76	PSFRUIT_BLOCK	Num	8			My Pyramid Fruit - total, including juice (cups)
77	PSVEGNBP_BLOCK	Num	8			My Pyramid Veg - not legumes/potatoes (cups)
78	PSVEGDKG_BLOCK	Num	8			My Pyramid Veg - dark green (cups)
79	PSVEGORN_BLOCK	Num	8			My Pyramid Veg - orange (cups)
80	PSLEGSOY_BLOCK	Num	8			My Pyramid Legumes, Soy (cup equivalent)
81	PSVEGPOT_BLOCK	Num	8			My Pyramid Veg - potato (cups)
82	PSVEGOTH_BLOCK	Num	8			My Pyramid Veg - other, including tomatoes (cups)
83	PSGTOT_BLOCK	Num	8			My Pyramid Grain - total (1-oz. equivalents)
84	PSGWHL_BLOCK	Num	8			My Pyramid Grain - whole (1-oz. equivalents)
85	PSMFP_BLOCK	Num	8			My Pyramid Meat - fish, chicken, meat (1 oz.)
86	PSNUTSD_BLOCK	Num	8			My Pyramid Nuts, Seeds - meat equivalent (1 oz.)
87	PSEGGG_BLOCK	Num	8			My Pyramid Eggs - meat equivalent (1 egg = 1 oz.)
88	PSDAIRY_BLOCK	Num	8			My Pyramid Dairy - milk, cheese (1 cup equivalent)
89	PSOILS_BLOCK	Num	8			My Pyramid Beneficial Oils - dressing, fish, nuts, avocado (1 tsp.)
90	SUP_VITA_BLOCK	Num	8			Vitamin A from Supplements, RAE (mcg)
91	SUP_VITC_BLOCK	Num	8			Vitamin C from Supplements (mg)
92	SUP_VITD_BLOCK	Num	8			Vitamin D from Supplements (IU)
93	SUP_VITE_BLOCK	Num	8			Vitamin E from Supplements a-TE
94	SUP_IRON_BLOCK	Num	8			Iron from Supplements (mg)
95	SUP_CA_BLOCK	Num	8			Calcium from Supplements (mg)
96	SUP_ZINC_BLOCK	Num	8			Zinc from Supplements (mg)
97	SUP_BCAR_BLOCK	Num	8			Beta-carotene from Supplements (mcg)
98	SUP_B1_BLOCK	Num	8			B-1 (Thiamin) from Supplements (mg)
99	SUP_B6_BLOCK	Num	8			B-6 from Supplements (mg)
100	SUP_B12_BLOCK	Num	8			B-12 from Supplements (mcg)
101	SUP_FOL_BLOCK	Num	8			Folic acid from Supplements (mcg)
102	SUP_CU_BLOCK	Num	8			Copper from Supplements (mg)
103	SUP_SE_BLOCK	Num	8			Selenium from Supplements (mcg)
104	SUP_B2_BLOCK	Num	8			Riboflavin from Supplements (mg)
105	SUP_MG_BLOCK	Num	8			Magnesium from Supplements (mg)
106	SUP_NIAC_BLOCK	Num	8			Niacin from Supplements (mg)
107	SUP_OM_3_BLOCK	Num	8			Omega-3 Fatty Acids from Supplements (gms)

Num	Variable	Type	Len	Format	Informat	Label
108	SUP_OM_6_BLOCK	Num	8			Omega-6 Fatty Acids from Supplements (gms)
109	DT_OMEG3_BLOCK	Num	8			Omega-3 Fatty Acids (gms)
110	VEGSRV_BLOCK	Num	8			Daily Servings of Vegetables
111	FRUITSRV_BLOCK	Num	8			Daily Frequency of Fruits & Fruit Juices
112	GRAINSRV_BLOCK	Num	8			Daily Servings of Breads, Cereals, Rice, Pasta
113	MEATSRV_BLOCK	Num	8			Daily Servings of meat, fish, poultry, beans, eggs
114	FATSRV_BLOCK	Num	8			Daily Servings of Fats and Oils, sweets, sodas
115	WGRAINS_BLOCK	Num	8			Average Daily Servings of Whole Grains
116	DAIRYSRV_BLOCK	Num	8			Daily Servings of milk, yogurt, cheese
117	GRP_SLD_TOT_GM_BLOCK	Num	8			Grams of Solid Food Average Daily (gms)
118	GRP_BEANFIB_TOT_BLOCK	Num	8			Dietary Fiber from Beans (gms)
119	GRP_VEGFRUFIB_TOT_BLOCK	Num	8			Dietary Fiber from Vegetables and Fruits (gms)
120	GRP_GRAINFIB_TOT_BLOCK	Num	8			Dietary Fiber from Grains (gms)
121	HEI1_TFR	Num	8			HEI-2005 component 1, Total Fruit
122	HEI2_WFR	Num	8			HEI-2005 component 2, Whole Fruit
123	HEI3_VEG	Num	8			HEI-2005 component 3, Total Vegetables
124	HEI4_DOL	Num	8			HEI-2005 component 4, Dark Green & Orange Vegetables & Legumes
125	HEI5_TGR	Num	8			HEI-2005 component 5, Total Grains
126	HEI6_WGR	Num	8			HEI-2005 component 6, Whole Grains
127	HEI7_MLK	Num	8			HEI-2005 component 7, Milk
128	HEI8_PRO	Num	8			HEI-2005 component 8, Meat and Beans
129	HEI9_OIL	Num	8			HEI-2005 component 9, Oils
130	HEI10_SFA	Num	8			HEI-2005 component 10, Saturated Fat
131	HEI11_SOD	Num	8			HEI-2005 component 11, Sodium
132	HEI12_FAS	Num	8			HEI-2005 component 12, SoFAAS Cals (Solid Fat, Alcohol & Added Sugars)
133	HEI2005_TOTAL_SCORE	Num	8			HEI-2005, Total Score
134	HEIX1_TOTALVEG	Num	8			HEI-2010 component 1, Total Vegetables
135	HEIX2_GREEN_AND_BEAN	Num	8			HEI-2010 component 2, Dark Green Vegetables & Legumes
136	HEIX3_TOTALFRUIT	Num	8			HEI-2010 component 3, Total Fruit
137	HEIX4_WHOLEFRUIT	Num	8			HEI-2010 component 4, Whole Fruit
138	HEIX5_WHOLEGRAIN	Num	8			HEI-2010 component 5, Whole Grains
139	HEIX6_TOTALDAIRY	Num	8			HEI-2010 component 6, Milk
140	HEIX7_TOTPROT	Num	8			HEI-2010 component 7, Meat and Beans
141	HEIX8_SEAPLANT_PROT	Num	8			HEI-2010 component 8, Seafood & Plant Protein
142	HEIX9_FATTYACID	Num	8			HEI-2010 component 9, Fatty Acid Ratio, (M+P)/S
143	HEIX10_SODIUM	Num	8			HEI-2010 component 10, Sodium
144	HEIX11_REFINEDGRAIN	Num	8			HEI-2010 component 11, Refined Grains

Num	Variable	Type	Len	Format	Informat	Label
145	HEIX12_SOFAAS	Num	8			HEI-2010 component 12, SoFAAS Cals (Solid Fat, Excess Alcohol & Added Sugars)
146	HEI2010_TOTAL_SCORE	Num	8			HEI-2010, Total Score
147	HEIY1_TOTALVEG	Num	8			HEI-2015 component 1, Total Vegetables
148	HEIY2_GREEN_AND_BEAN	Num	8			HEI-2015 component 2, Dark Green Vegetables & Legumes
149	HEIY3_TOTALFRUIT	Num	8			HEI-2015 component 3, Total Fruit
150	HEIY4_WHOLEFRUIT	Num	8			HEI-2015 component 4, Whole Fruit
151	HEIY5_WHOLEGRAIN	Num	8			HEI-2015 component 5, Whole Grains
152	HEIY6_TOTALDAIRY	Num	8			HEI-2015 component 6, Milk
153	HEIY7_TOTPROT	Num	8			HEI-2015 component 7, Meat and Beans
154	HEIY8_SEAPLANT_PROT	Num	8			HEI-2015 component 8, Seafood & Plant Protein
155	HEIY9_FATTYACID	Num	8			HEI-2015 component 9, Fatty Acid Ratio, (M+P)/S
156	HEIY10_SODIUM	Num	8			HEI-2015 component 10, Sodium
157	HEIY11_REFINEDGRAIN	Num	8			HEI-2015 component 11, Refined Grains
158	HEIY12_ADDSUG	Num	8			HEI-2015 component 12, Added Sugars
159	HEIY13_SFA	Num	8			HEI-2015 component 13, Saturated Fat
160	HEI2015_TOTAL_SCORE	Num	8			HEI-2015, Total Score
161	AHEI_VEGS	Num	8			AHEI-2010 Vegetable(not potato)servings score
162	AHEI_FRUITS	Num	8			AHEI-2010 Fruit (not juice) servings score
163	AHEI_WGRAINS	Num	8			AHEI-2010 Whole grain servings score
164	AHEI_SUGBEVS	Num	8			AHEI-2010 Sugary beverages (and juice) servings score
165	AHEI_NUTLEGS	Num	8			AHEI-2010 Nuts and legumes servings score
166	AHEI_RMEATS	Num	8			AHEI-2010 Red meats servings score
167	AHEI_TRFATPCT	Num	8			AHEI-2010 Trans-fat percent score
168	AHEI_DHAEPA	Num	8			AHEI-2010 DHA & EPA (fish fatty acids) intake score
169	AHEI_PUFAPCT	Num	8			AHEI-2010 Polyunsaturated fat (oils) percent score
170	AHEI_SODIUM	Num	8			AHEI-2010 Sodium intake score
171	AHEI_ALCDRKS	Num	8			AHEI-2010 Alcoholic drinks score
172	AHEI2010	Num	8			AHEI-2010, Total Score (range 0 to 110)
173	SEX_HEI	Char	1			Gender (Recorded and Used for HEI scores)
174	AGE_HEI	Num	8			Age, years (Recorded and Used for HEI scores)

Data Set Name: blood_specimen_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	BLDSICK24	Num	8	11.	11.	Have you been ill in the past 24 hours (e.g. cold, flu, fever, vomiting)?
4	BLDEATHR	Num	8	11.	11.	What time and date did you last eat and/or drink anything other than water, including candy and chewing gum? Hour
5	BLDEATMN	Num	8	11.	11.	What time and date did you last eat and/or drink anything other than water, including candy and chewing gum? Minute
6	BLDEATAMP	Num	8	11.	11.	What time and date did you last eat and/or drink anything other than water, including candy and chewing gum? AM or PM
7	BLDDRAWN	Num	8	11.	11.	Was the fasting blood sample drawn?
8	BLDFSHR	Num	8	11.	11.	Date and time fasting sample was drawn. Hour
9	BLDFSMN	Num	8	11.	11.	Date and time fasting sample was drawn. Minute
10	BLDFSAMP	Num	8	11.	11.	Date and time fasting sample was drawn. AM or PM
11	BLDSPHR	Num	8	11.	11.	Time samples were spun. Hour
12	BLDSPMN	Num	8	11.	11.	Time samples were spun. Minute
13	BLDSPAMP	Num	8	11.	11.	Time samples were spun. AM or PM
14	BLDEAT_TIME	Num	8	TIME.		What time and date did you last eat and/or drink anything other than water, including candy and chewing gum? Time (24hr)
15	BLDFS_TIME	Num	8	TIME.		Date and time fasting sample was drawn. Time (24hr)
16	BLDSP_TIME	Num	8	TIME.		Time samples were spun. Time (24hr)

Data Set Name: bodpod_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	DENSITYMODEL	Char	25	\$25.	\$25.	Density Model Formulas
4	TGVMODEL	Char	25	\$25.	\$25.	Thoracic Gas Volume Model Formulas
5	PCTFAT	Num	8			% Fat
6	PCTFFM	Num	8			% Fat Free Mass
7	FATMASSKG	Num	8			Fat Mass (kg)
8	FATMASSLB	Num	8			Fat Mass (lbs)
9	FFMASSKG	Num	8			Fat Free Mass (kg)
10	FFMASSLB	Num	8			Fat Free Mass (lbs)
11	BODYMASSKG	Num	8			Body Mass (kg)
12	BODYMASSLB	Num	8			Body Mass (lbs)
13	RMR	Num	8			Estimated Resting Metabolic Rate (kcal/day)
14	TEE	Num	8			Estimated Total Energy Expenditure (kcal/day)
15	ACTIVITYLEVEL	Char	25	\$25.	\$25.	Activity Level - Selected by participants based on Bod Pod classification of PA level
16	BODYVOLUME	Num	8			Body Volume (L)
17	BD	Num	8			Body Density (kg/L): Body mass (BM) as expressed per unit body volume (BV) measured
18	VOL1	Num	8			Body Volume Measurement #1 (L): Initial Body Volume
19	VOL2	Num	8			Body Volume Measurement #2 (L): Final Body Volume
20	VOL3	Num	8			Body Volume Measurement #3 (L)
21	DFM	Num	8			Density of Fat Mass (kg/L)
22	DFFM	Num	8			Density of Fat Free Mass (kg/L)
23	TGV	Num	8			Thoracic Gas Volume (L): The absolute volume of gas in the thorax at any point in time and any level of alveolar pressure
24	PTGV	Num	8			Predicted Thoracic Gas Volume (L)
25	BSA	Num	8			Total Body Surface Area (cm ²)= 71.84 x Weight (kg) ^{0.425} x Height (cm) ^{0.725} Note: 0.425 and 0.725 are superscripts
26	AGE_BODPOD	Num	8			Age at BODPOD Measurement
27	GENDER_BODPOD	Char	6	\$6.	\$6.	Gender at BODPOD Measurement
28	HT_CM_BODPOD	Num	8			Height at BODPOD Measurement (cm)
29	HT_IN_BODPOD	Num	8			Height at BODPOD Measurement (in)
30	ETHNICITY_BODPOD	Char	25	\$25.	\$25.	Ethnicity at BODPOD Measurement

Data Set Name: cesd_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	CESD_BOTHER	Num	8	11.	11.	How often have you felt this way during past week? I was bothered by things that usually don't bother me.
3	CESD_APPETITE	Num	8	11.	11.	How often have you felt this way during past week? I did not feel like eating; my appetite was poor.
4	CESD_BLUES	Num	8	11.	11.	How often have you felt this way during past week? I felt that I could not shake off the blues even with help from family/friends.
5	CESD_GOOD	Num	8	11.	11.	How often have you felt this way during past week? I felt I was just as good as other people.
6	CESD_MIND	Num	8	11.	11.	How often have you felt this way during past week? I had trouble keeping my mind on what I was doing.
7	CESD_DEPRESS	Num	8	11.	11.	How often have you felt this way during past week? I felt depressed.
8	CESD_EFFORT	Num	8	11.	11.	How often have you felt this way during past week? I felt that everything I did was an effort.
9	CESD_FUTURE	Num	8	11.	11.	How often have you felt this way during past week? I felt hopeful about the future.
10	CESD_FAILURE	Num	8	11.	11.	How often have you felt this way during past week? I thought my life had been a failure.
11	CESD_FEARFUL	Num	8	11.	11.	How often have you felt this way during past week? I felt fearful.
12	CESD_RESTLESS	Num	8	11.	11.	How often have you felt this way during past week? My sleep was restless.
13	CESD_HAPPY	Num	8	11.	11.	How often have you felt this way during past week? I was happy.
14	CESD_TALK	Num	8	11.	11.	How often have you felt this way during past week? I talked less than usual.
15	CESD_LONELY	Num	8	11.	11.	How often have you felt this way during past week? I felt lonely.
16	CESD_PEOPLE	Num	8	11.	11.	How often have you felt this way during past week? People were unfriendly.
17	CESD_LIFE	Num	8	11.	11.	How often have you felt this way during past week? I enjoyed life.
18	CESD_CRY	Num	8	11.	11.	How often have you felt this way during past week? I had crying spells.
19	CESD_SAD	Num	8	11.	11.	How often have you felt this way during past week? I felt sad.
20	CESD_DISLIKE	Num	8	11.	11.	How often have you felt this way during past week? I felt that people dislike me.
21	CESD_GOING	Num	8	11.	11.	How often have you felt this way during past week? I could not get going.
22	VCODE	Char	10	\$10.	\$10.	Visit Code
23	CESD	Num	8			Center for Epidemiologic Studies Depression Scale (CESD) Summary Score

Data Set Name: consents_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	CONSENT	Num	8	11.	11.	SNAP: Consent
3	DNACONSENT	Num	8	11.	11.	SNAP: Consent for DNA
4	STORCONSENT	Num	8	11.	11.	SNAP: Consent for Stored Samples
5	SNAP_NHLBI_REP_DATA	Num	8	11.	11.	SNAP NHLBI Repository: Consent
6	SNAPE_CONSENT	Num	8	11.	11.	SNAPE: Consent
7	SNAPE_FUTURECONTACT	Num	8	11.	11.	SNAPE: Consent to Future Contact
8	SNAPE_NHLBI_REP_DATA	Num	8	11.	11.	SNAPE NHLBI Repository: Consent
9	SNAPE_FUTUREASSESS	Num	8	11.	11.	SNAPE: Consent to assessments past the 6 year visit

Data Set Name: demographics_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	DEM_WEIGHT	Num	8	11.	11.	What is your current weight (lbs)? THIS WAS NOT A MEASURED WEIGHT IT WAS PARTICIPANT SELF_REPORT
4	DEM_WEIGHT6MO	Num	8	11.	11.	What was your weight 6 months ago (lbs)?
5	DEM_IDEAL	Num	8	11.	11.	What do you consider to be your ideal weight? (lbs)
6	DEM_CONCERN	Num	8	11.	11.	How much weight would you have to gain before you would become concerned? (lbs)
7	DEM_DOSOMETHING	Num	8	11.	11.	How much weight would you have to gain before you would do something about it? (lbs)
8	EDU_CAT	Num	8			What is the highest grade in school you finished?
9	MARITAL_STATUS	Num	8			What is your current relationship status?
10	WORK_FULL	Num	8			Are you currently (please check all that apply): Working full-time
11	WORK_PART	Num	8			Are you currently (please check all that apply): Working part-time
12	STUDENT_FULL	Num	8			Are you currently (please check all that apply): A full-time student
13	STUDENT_PART	Num	8			Are you currently (please check all that apply): A part-time student
14	YEAR_SCHOOL	Num	8			If in school, what year are you? (Freshman, Sophomore, Junior, Senior, Graduate Student)
15	INCOME	Num	8			Which of these categories best describe your income for the past 12 months?
16	INCOME_SOURCE	Num	8			Where does your primary source of income come from?
17	DEM_NEXT6MO	Num	8			During the next 6 months, would you like to: lose, maintain, or gain weight?
18	DEM_LOSE_NEXT6	Num	8			If you want to lose weight, how much? (lbs)
19	DEM_GAIN_NEXT6	Num	8			If you want to gain weight, how much? (lbs)

Data Set Name: eating_inventory_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	FINMEAL	Num	8	11.	11.	Q1: Difficult to keep from eating, even if just finished meal
3	EATSOCIAL	Num	8	11.	11.	Q2: Eat too much at social occasions
4	QUOTA	Num	8	11.	11.	Q3: When quota of calories met, good about not eating more
5	SMALLHELP	Num	8	11.	11.	Q4: Deliberately take small helpings
6	KEEPEAT	Num	8	11.	11.	Q5: Keeping eating when no longer hungry
7	ANXIOUS	Num	8	11.	11.	Q6: Eat when anxious
8	LIFESHORT	Num	8	11.	11.	Q7: Life too short to diet
9	REDUCEDIET	Num	8	11.	11.	Q8: Been on reducing diets more than once
10	OVEREAT	Num	8	11.	11.	Q9: When with someone who overeats, I often overeat
11	CALFOODS	Num	8	11.	11.	Q10: Good idea of calories in common foods
12	CANTSTOP	Num	8	11.	11.	Q11: I just can't seem to stop eating
13	LEAVEPLATE	Num	8	11.	11.	Q12: Not difficult to leave something on plate
14	NOTALLOWED	Num	8	11.	11.	Q13: If I eat food not allowed on diet, I then eat less to make up for it
15	BLUE	Num	8	11.	11.	Q14: When blue, I overeat
16	ENJOY	Num	8	11.	11.	Q15: Enjoy eating too much to count calories
17	STOPEAT	Num	8	11.	11.	Q16: Often stop eating when not full to limit amount eaten
18	TENYEARS	Num	8	11.	11.	Q17: Weight has hardly changed in past ten years
19	LONELY	Num	8	11.	11.	Q18: When lonely, I console myself by eating
20	HOLDBACK	Num	8	11.	11.	Q19: Consciously hold back at meals to control weight
21	ANYWANT	Num	8	11.	11.	Q20: I eat anything I want at any time
22	LONGTIME	Num	8	11.	11.	Q21: Without thinking, I take a long time to eat
23	COUNTCAL	Num	8	11.	11.	Q22: Consciously count calories to control weight
24	SOMEFOODS	Num	8	11.	11.	Q23: Do not eat some foods because they make me fat
25	CHFIGURE	Num	8	11.	11.	Q24: Pay great attention to changes in figure
26	SPLURGE	Num	8	11.	11.	Q25: While dieting, eating a food not allowed often leads to splurging on high calorie foods
27	CONTWGT	Num	8	11.	11.	Q39: How often are you dieting to control weight?
28	FLUCT5LB	Num	8	11.	11.	Q40: Would weight fluctuation of 5lbs affect the way you live?
29	GUILT	Num	8	11.	11.	Q41: Does guilt about overeating help control your food intake?
30	WHATEAT	Num	8	11.	11.	Q42: How concious are you of what you eat?
31	STOCKUP	Num	8	11.	11.	Q43: How often do you avoid stocking up on tempting foods?
32	LOWCAL	Num	8	11.	11.	Q44: How likely are you to shop for low calorie foods?
33	EATSENS	Num	8	11.	11.	Q45: Do you eat sensibly in front of others and splurge alone?
34	EATSLOW	Num	8	11.	11.	Q46: How likely are you to conciously eat slowly to cut down on your amount of food?
35	EATLESS	Num	8	11.	11.	Q47: How likely are you to conciously eat less than you want?

Num	Variable	Type	Len	Format	Informat	Label
36	BINGES	Num	8	11.	11.	Q48: Do you go on eating binges even when not hungry?
37	STARTMORN	Num	8	11.	11.	Q50: To what extent do you start dieting in the morning and then decide to start again tomorrow?
38	SCALE1TO6	Num	8	11.	11.	Q51: Scale 1 (no restraint) to 5 (total restraint), what number would you give yourself?
39	NEXTDAY	Num	8	11.	11.	Q26: If eat more one day, I make it up the next day
40	VARIETYFOOD	Num	8	11.	11.	Q27: Pay attention to figure, but eat variety of food
41	LIGHTFOODS	Num	8	11.	11.	Q28: Prefer light foods that are not fattening
42	NEXTMEAL	Num	8	11.	11.	Q29: If eat more at one meal, I make it up at next meal
43	TASTEBAD	Num	8	11.	11.	Q30: Eat diet foods even if taste bad
44	DIETBORING	Num	8	11.	11.	Q31: Diet would be too boring
45	RATHERSKIP	Num	8	11.	11.	Q32: Rather skip one meal than stop in middle of one
46	ALTERNATE	Num	8	11.	11.	Q33: Alternate between strict diet and not paying attention
47	SKIPGAIN	Num	8	11.	11.	Q34: Some times skip meal to avoid weight gain
48	AVOIDPRIN	Num	8	11.	11.	Q35: Avoid some foods on principle
49	STICKTOPLAN	Num	8	11.	11.	Q36: Try to stick to plan when losing weight
50	WITHOUTDIET	Num	8	11.	11.	Q37: Without diet plan, would not know how to lose weight
51	QUICKSUCCESS	Num	8	11.	11.	Q38: Quick success is most important during diet
52	RESTRICTINTAKE	Num	8	11.	11.	Q49: Do you deliberately restrict intake during meals when you want to eat more?
53	VCODE	Char	10	\$10.	\$10.	Visit Code
54	EI_RESTRAINT	Num	8			Eating inventory restraint scale (mean score regardless of missing)
55	EI_DISINHIBITION	Num	8			Eating inventory disinhibition scale (mean score regardless of missing)

Data Set Name: eda_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	EDEAT6MO	Num	8	11.	11.	Q1a: During past 6 months, did you ever eat what most people would think was a really big amount of food?
3	EDEAT2HR	Num	8	11.	11.	Q1b: During past 6 months, did you ever eat a really big amount of food within a short time (2hrs or less)?
4	EDCONTROL	Num	8	11.	11.	Q2: When you ate big amount of food, did you ever feel you could not stop eating or could not control eating?
5	EDFREQ6M	Num	8	11.	11.	Q3: During past 6 months, how often did you eat a really big amount of food with feeling that your eating was out of control?
6	EDFAST	Num	8	11.	11.	Q4a: When you ate a really big amount of food and could not control eating, did you eat very fast?
7	EDHURT	Num	8	11.	11.	Q4b: When you ate a really big amount of food and could not control eating, did you eat until stomach hurt or you felt sick?
8	EDBIG	Num	8	11.	11.	Q4c: When you ate a really big amount of food and could not control eating, did you eat even when you were not hungry?
9	EDDAY	Num	8	11.	11.	Q4d: When you ate a really big amount of food and could not control eating, did you eat big amounts of food during the day without regular meals?
10	EDALONE	Num	8	11.	11.	Q4e: When you ate a really big amount of food and could not control eating, did you eat by yourself because you did not want anyone to see?
11	EDBAD	Num	8	11.	11.	Q4f: When you ate a really big amount of food and could not control eating, did you feel really bad about yourself eating alot?
12	EDFEEL1	Num	8	11.	11.	Q5: During past 6 months, how bad did you feel when you ate too much or more than you think best for you
13	EDFEEL2	Num	8	11.	11.	Q6: How bad did you feel that you could not stop eating or could not control what/how much you were eating?
14	EDSHAPE	Num	8	11.	11.	Q7: During past 6 months, has your weight or body shape mattered to how you feel about yourself?
15	EDVOMIT	Num	8	11.	11.	Q8a: Did you ever make yourself vomit, throw up, or get sick to keep from gaining weight after eating a large amount?
16	EDVCOUNT	Num	8	11.	11.	Q8b: How often did you make yourself vomit, throw up, or get sick to keep from gaining weight after eating a large amount?
17	EDMEDS	Num	8	11.	11.	Q9a: Did you ever take medicine to make yourself go to the bathroom in order to not gain weight after eating a large amount?
18	EDLAX	Num	8	11.	11.	Q9b: What were the medications used? Laxatives
19	EDDIUR	Num	8	11.	11.	Q9c: What were the medications used? Diuretics
20	EDDK	Num	8	11.	11.	Q9d: What were the medications used? Don't Know
21	EDTWICE	Num	8	11.	11.	Q9e: During past 3 months, did you ever take more than twice the amount of medication you were told to take according to instructions?
22	EDFREQ1	Num	8	11.	11.	Q9f: How often did you take medicine to make yourself go to the bathroom in order to not gain weight after eating a large amount?

Num	Variable	Type	Len	Format	Informat	Label
23	EDFAST24	Num	8	11.	11.	Q10a: During past 3 months, did you ever not eat anything at all for at least 24 hours to keep from gaining weight after eating large amounts of food?
24	EDFREQ2	Num	8	11.	11.	Q10b: How often did you not eat anything at all for at least 24 hours to keep from gaining weight after eating large amounts of food?
25	EDEX1H	Num	8	11.	11.	Q11a: During past 3 months, did you ever exercise more than 1 hr to keep from gaining weight after eating large amounts of food?
26	EDFREQ3	Num	8	11.	11.	Q11b: How often did you exercise more than 1 hr to keep from gaining weight after eating large amounts of food?
27	EDPILLS	Num	8	11.	11.	Q12a: During past 3 months, did you ever take diet pills to keep from gaining weight after eating large amounts of food?
28	EDTWICE2	Num	8	11.	11.	Q12b: Did you ever take more than twice the amount of diet pills you were told in the instructions?
29	EDFREQ4	Num	8	11.	11.	Q12c: How often did you take diet pills to keep from gaining weight after eating large amounts of food?
30	VCODE	Char	10	\$10.	\$10.	Visit Code
31	BULIMIA_DISORDER	Num	8			Diagnosis of Bulimia (Computed from Questions 1a, 1b, 2, 3, 7, 8a, 8b, 9a, 9f, 10a, 10b, 11a, 11b, 12a, 12b)
32	COMP_BEHAVE_ALL	Num	8			Compensatory Behavior (Computed from Questions 8a, 9a, 10a, 11a, 12a)
33	COMP_BEHAVE_NO11	Num	8			Compensatory Behavior (Computed from Questions 8a, 9a, 10a, 12a)
34	SUM_COMP_ALL	Num	8			Number of Yes Responses to Compensatory Variables (8a, 9a, 10a, 11a, 12a)
35	SUM_COMP_NO11	Num	8			Number of Yes Responses to Compensatory Variables (8a, 9a, 10a, 12a)
36	BINGE_EAT_ALL	Num	8			Binge Eating Disorder (Computed from Questions 1a, 1b, 2, 3, 4a, 4b, 4c, 4e, 4f, 6, 8a, 9a, 10a, 11a, 12a)
37	BINGE_EAT_NO11	Num	8			Binge Eating Disorder (Computed from Questions 1a, 1b, 2, 3, 4a, 4b, 4c, 4e, 4f, 6, 8a, 9a, 10a, 12a)
38	BINGE_BEHAVE	Num	8			Binge Eating Behavior (Computed from Questions 1a, 1b, 2)

Data Set Name: ex_habits_paffenbarger_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	EXERDIF	Num	8	2.		Was there anything about the past week that made exercising especially different for you in terms of extended illness, injury, or vacation?
3	FLIGHTS	Num	8	2.		Number of flights of stairs you climbed up on average each day in this week.
4	BRWALKD	Num	8	2.		Number of days this week that you walked briskly for the purpose of exercise or transportation for at least 10 continuous mins outside, at an indoor facility, or on a treadmill.
5	ACTIVE	Num	8	2.		Would you say that during this week (the week used for Q2-4) you were:
6	REGACT	Num	8	2.		At least once per week do you engage regular activity similar to brisk walking, jogging, bicycling, etc. long enough to work up a sweat, get your heart thumping, or get out of breath?
7	REGACTD	Num	8	2.		If you do engage at least once a week in regular activity long enough to work up a sweat, get your heart thumping, or get out of breath, indicate the number of days per week.
8	VCODE	Char	10	\$10.	\$10.	Visit Code
9	BRWALKM	Num	8			On the days you walked briskly at least 10 continuous mins, how many mins per day did you walk briskly?
10	ENERGY_WALKING	Num	8			Estimated energy expenditure from walking per day. (Energy Expenditure from walking = miles walked*12*8)
11	WENGYS	Num	8			Weekly energy expenditure in leisure time physical activity that includes stairs climbed (flight per day). Measured in kcal/week.
12	ENERGY_STAIRS	Num	8			Estimated energy expenditure from flights of stairs climbed per day. (Energy Expenditure from Stairs climbed = flights per day*7*4)
13	WENGYNS	Num	8			Weekly energy expenditure in leisure time physical activity that DOES NOT include stairs climbed (flights per day). Measured in kcal/week.
14	LTPAMIN	Num	8			Weekly minutes of leisure time physical activity that DOES NOT include stairs climbed (flights per day). Measured in mins/week.

Data Set Name: followup_questionnaire_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	IFMANAGE	Num	8	11.	11.	Q1: Have you done anything to manage your weight?
4	IFHOWOFTEN1	Num	8	11.	11.	Q2a: How often did you make changes to your eating habits?
5	IFCHGTYPE1	Num	8	11.	11.	Q2b: What type of changes did you make to your eating habits?
6	IFDIFFICULT1	Num	8	11.	11.	Q2c:How difficult was it to make changes to your eating habits (Scale 1(Very Easy) to 8 (Very difficult))
7	IFHOWOFTEN2	Num	8	11.	11.	Q3a: How often did you make changes to your exercise habits?
8	IFCHGTYPE2	Num	8	11.	11.	Q3b: What type of changes did you make to your exercise habits?
9	IFDIFFICULT2	Num	8	11.	11.	Q3c:How difficult was it to make changes to your exercise habits (Scale 1(Very Easy) to 8 (Very difficult))
10	IFCHANGE1	Num	8	11.	11.	Q2: Did you make changes in your eating habits?
11	IFCHANGE2	Num	8	11.	11.	Q3: Did you make changes in your exercise habits?

Data Set Name: health_behaviors_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	BRFST7	Num	8	11.	11.	Q1: How many days per week do you eat breakfast?
4	LUNCH7	Num	8	11.	11.	Q2: How many days per week do you eat lunch?
5	DINNER7	Num	8	11.	11.	Q3: How many days per week do you eat dinner?
6	EATCOUNT	Num	8	11.	11.	Q4: Counting all meals and snacks, how many times a day do you usually eat?
7	FFBRST	Num	8	11.	11.	Q5a1: How many days a week do you eat at fast food restaurants for: Breakfast?
8	FFLUNCH	Num	8	11.	11.	Q5a2: How many days a week do you eat at fast food restaurants for: Lunch?
9	FFDINNER	Num	8	11.	11.	Q5a3: How many days a week do you eat at fast food restaurants for: Dinner?
10	OBRST	Num	8	11.	11.	Q5b1: How many days a week do you eat at other types of restaurants for: Breakfast?
11	OLUNCH	Num	8	11.	11.	Q5b2: How many days a week do you eat at other types of restaurants for: Lunch?
12	ODINNER	Num	8	11.	11.	Q5b3: How many days a week do you eat at other types of restaurants for: Dinner?
13	SWEETDRINKS	Num	8	11.	11.	Q6: In past 30 days, how often did you consume non-diet, sugar-sweetened soft drinks?
14	HOWMUCHSWEET	Num	8	11.	11.	Q7: On the days you consumed non-diet, sugar-sweetened soft drinks, how much did you drink?
15	DIETDRINKS	Num	8	11.	11.	Q8: In past 30 days, how often did you consume diet soft drinks?
16	HOWMUCHDIET	Num	8	11.	11.	Q9: On the days you consumed diet soft drinks, how much did you drink?
17	ALCOHOL30	Num	8	11.	11.	Q10: During past 30 days, have you had at least one drink of any alcoholic beverage (beer, wine, malt beverage, liquor)?
18	ONEDRINK	Num	8	11.	11.	Q11: During past 30 days, how many days did you have at least one drink of any alcoholic beverage?
19	HOWMANYDRINKS	Num	8	11.	11.	Q12: During past 30 days, how many alcoholic drinks did you drink on average? (12oz beer, 5oz wine, drink with 1 shot liquor is 1 drink)
20	DRINKS4	Num	8	11.	11.	Q13: Considering all alcohol types, how many times during the past 30 days did you have 4 or more drinks on one occasion? (5 or more for men)
21	MOSTDRINKS	Num	8	11.	11.	Q14: During past 30 days, what is the largest number of drinks you had on any occasion?

Data Set Name: impedance_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	LEAN_BODY_MASS	Num	8	5.1		Lean Body Mass
3	VCODE	Char	10	\$10.	\$10.	Visit Code
4	HWELECTRODE	Num	8	5.1	5.1	Measurement of hand/wrist electrodes (cm, must be >= 8.0cm)
5	FAELECTRODE	Num	8	5.1	5.1	Measurement of foot/ankle electrodes (cm, must be >= 8.0cm)
6	RESISTANCE	Num	8	11.	11.	Resitance (ohms)
7	REACTANCE	Num	8	11.	11.	Reactance (ohms)
8	FAT_MASS	Num	8			Fat Body Mass (Weight - Lean Body Mass)
9	PCT_FAT	Num	8			Percent Fat Body Mass
10	PCT_LEAN	Num	8			Percent Lean Body Mass

Data Set Name: key_variables_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	TREATMENT_GROUP	Char	25	\$25.	\$25.	Treatment Group
3	COHORT	Char	2	\$2.	\$2.	Cohort
4	FEMALE	Num	8			Gender: Female
5	RACE	Num	8			Race
6	AGE	Num	8			Age (years)
7	DBP	Num	8			Diastolic Blood Pressure
8	SBP	Num	8			Systolic Blood Pressure
9	PULSE	Num	8			Pulse
10	WEIGHT	Num	8	5.1		Weight (kg)
11	HEIGHT	Num	8	5.1		Height (cm)
12	WAIST	Num	8	5.1		Waist Circumference (cm)
13	BMI	Num	8	5.1		Body Mass Index (kg/m ²)

Data Set Name: lab_values_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	CHOL	Num	8			Total Cholesterol (mg/dL)
4	TG_NET	Num	8			Triglycerides (mg/dL)
5	VLDL	Num	8			VLDL Cholesterol - Estimated (Trig/5) (mg/dL)
6	LDL	Num	8			LDL Cholesterol - Derived (mg/dL)
7	HDL	Num	8			HDL Cholesterol (mg/dL)
8	GLU	Num	8			Glucose (mg/dL)
9	INS_TOSOH	Num	8			Insulin (Tosoh) (uU/mL)
10	HOMA	Num	8			Homeostatic Model Assessment (HOMA, (Fasting Insulin*Fasting Glucose)/405)
11	CHOL_RATIO	Num	8			Cholesterol Ratio (HDL Cholesterol/Total Cholesterol)

Data Set Name: life_events_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	R_STARTSCH	Num	8			Started School
4	R_PROBSCH	Num	8			Had Problems in School
5	R_CHANGESCH	Num	8			Changed Schools
6	R_GRADSCH	Num	8			Graduated from School
7	R_FIRSTJOB	Num	8			Started First Full-time Job
8	R_BUSINESS	Num	8			Started a Business
9	R_SUCCESS	Num	8			Had Success at Work(Job)
10	R_PROMOTED	Num	8			Promoted at Work(Job)
11	R_INCWORK	Num	8			Had a Greatly Increased Workload
12	R_CUTWAGE	Num	8			Took a Cut in Pay with No Demotion
13	R_INCWAGE	Num	8			Got a Pay Increase with No Promotion
14	R_BOSS	Num	8			Had Troubles with the Boss
15	R_DEMOTED	Num	8			Demoted at Work
16	R_DISCRIM	Num	8			Discriminated Against at Work
17	R_QUITJOB	Num	8			Quit a Job
18	R_FIREDJOB	Num	8			Fired From a Job
19	R_LAIDOFF	Num	8			Laid Off From Job
20	R_PROBJOB	Num	8			Had Problems Getting a New Job
21	R_STOPWORK	Num	8			Stopped Work for an Extended Period of Time
22	R_JOB BETTER	Num	8			Changed Jobs for a Better One
23	R_JOB WORSE	Num	8			Changed Jobs for a Worse One
24	R_UNABLEMOVE	Num	8			Unable to Move After Expecting to
25	R_MOVEPARENTS	Num	8			Moved out of Parent(s) Home
26	R_MOVE BETTER	Num	8			Moved to Better Residence
27	R_MOVE WORSE	Num	8			Moved to Worse Residence
28	R_LOSTHOME	Num	8			Lost Home Due to Flood or Fire
29	R_WELFAREON	Num	8			Went on Welfare
30	R_WELFAREOFF	Num	8			Went off Welfare
31	R_MORTGAGE	Num	8			Took Out a Mortgage on House
32	R_INSTALLMENT	Num	8			Made a Large Purchase on Installment
33	R_HOBBY	Num	8			Took up a New Hobby
34	R_CHURCH	Num	8			Increased Church or Club Activity
35	R_FAMILY	Num	8			Changed Frequency of Family Gatherings
36	R_ACCUSED	Num	8			Accused of Imprisonable Offense

Num	Variable	Type	Len	Format	Informat	Label
37	R_ARRESTED	Num	8			Arrested
38	R_CONVICTED	Num	8			Convicted or Found Guilty
39	R_JAIL	Num	8			Went to Jail
40	R_ROBBED	Num	8			Assaulted, Attacked, Robbed
41	R_ILLNESS	Num	8			Major Physical Illness or Injury
42	R_PROBALC	Num	8			Had Problems From Alcohol Use
43	R_STARTAFFAIR	Num	8			Started Romantic Relationship
44	R_ENDAFFAIR	Num	8			Ended Romantic Relationship
45	R_BROKEUP	Num	8			Ended Relationship with Close Friend
46	R_ENGAGED	Num	8			Became Engaged
47	R_ENGAGEBROKE	Num	8			Engagement Broken
48	R_MARRIED	Num	8			Got Married
49	R_RELATIONSHIP	Num	8			Living in a Marriage Like Relationship
50	R_RELATEWORSE	Num	8			Worse Relationship with Spouse, No Divorce or Separation
51	R_SEPARATED	Num	8			Married Couple Separated
52	R_DIVORCED	Num	8			Became Divorced
53	R_SPSTOPWK	Num	8			Spouse/Mate Stopped Working for Extended Time
54	R_SPRETURNWK	Num	8			Spouse/Mate Returned to Work after Long Period
55	R_SPFIRSTWK	Num	8			Spouse?/Mate started Full-time/Permanent Employment for First Time
56	R_CANNOTCHILD	Num	8			Found out They Cannot Have Child
57	R_PREGWANT	Num	8			Became Pregnant and Wanted Baby
58	R_PREGNOWANT	Num	8			Unwanted Pregnancy
59	R_MISCARRIAGE	Num	8			Miscarriage or Stillbirth
60	R_ABORTION	Num	8			Abortion
61	R_BIRTHFIRST	Num	8			Birth of First Child
62	R_BIRTHOTHER	Num	8			Birth of Second or Later Child
63	R_GAVEUP	Num	8			Gave up Child for Adoption
64	R_ADOPTED	Num	8			Adopted a Child
65	R_CUSTODY	Num	8			Lost Custody of Child
66	R_DEATHFRIEND	Num	8			Death of Close Friend
67	R_DEATHCHILD	Num	8			Death of Your Child
68	R_DEATHSPOUSE	Num	8			Death of Your Spouse
69	R_DEATHPARENT	Num	8			Death of Parent
70	R_DEATHOTHER	Num	8			Death of Other Family Member
71	NUM_ANSWERED	Num	8			Number of Questions Answered
72	NUM_YES	Num	8			Number of Questions Answered with Yes (Life Event Occurred)

Data Set Name: medications_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	MED_NAME	Char	55			Medication Name

Data Set Name: neighborhood_enviroment_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	HOUSING	Num	8	11.	11.	What is the main type of housing in your neighborhood?
4	STORES	Num	8	11.	11.	Regarding your neighborhood, there are many shops, stores, markets or other places to buy things within easy walking distance of my home. Would you...
5	TRANSIT	Num	8	11.	11.	Regarding your neighborhood, a transit stop is within a 10-15 minute walk from my home. Would you...
6	SIDEWALKS	Num	8	11.	11.	Regarding your neighborhood, there are sidewalks on most of the streets in my neighborhood. Would you...
7	BICYCLE	Num	8	11.	11.	Regarding your neighborhood, there are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for bicycles and pedestrians. Would you...
8	RECREATION	Num	8	11.	11.	Regarding your neighborhood, there are several free or low cost recreation facilities such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. Would you...
9	CRIMENIGHT	Num	8	11.	11.	Regarding your neighborhood, the crime rate in my neighborhood makes it unsafe to go on walks at night. Would you...
10	PEOPLEACTIVE	Num	8	11.	11.	Regarding your neighborhood, I see many people being physically active in my neighborhood doing things like walking, jogging, cycling, or playing sports and active games. Would you...
11	LOOKAT	Num	8	11.	11.	Regarding your neighborhood, there are many interesting things to look at while walking in my neighborhood. Would you...
12	MOTORVEHICLES	Num	8	11.	11.	How many motor vehicles are in working order at your household? Give Number
13	MOTORCHECK	Num	8	11.	11.	How many motor vehicles are in working order at your household? Don't Know/Not Sure
14	FOURWAY	Num	8	11.	11.	Regarding your neighborhood, there are many four-way intersections in my neighborhood. Would you...
15	GOODSIDEWALKS	Num	8	11.	11.	Regarding your neighborhood, the sidewalks in my neighborhood are well maintained and not obstructed. Would you...
16	GOODBICYCLING	Num	8	11.	11.	Regarding your neighborhood, places for bicycling in and around my neighborhood are well maintained and not obstructed. Would you...
17	MUCHTRAFFIC	Num	8	11.	11.	Regarding your neighborhood, there is so much traffic on the streets that it makes it difficult or unpleasant to ride a bicycle in my neighborhood. Would you...
18	CRIMEDAY	Num	8	11.	11.	Regarding your neighborhood, the crime rate in my neighborhood makes it unsafe to go on walks during the day. Would you...
19	PLACESWALK	Num	8	11.	11.	Regarding your neighborhood, there are many places to go within easy walking distance of my home. Would you...
20	TRAFFIC	Num	8	11.	11.	Regarding your neighborhood, there is so much traffic on the streets that it makes it difficult or unpleasant to walk in my neighborhood. Would you...

Num	Variable	Type	Len	Format	Informat	Label
21	NEIGH_ENVIRO_ABB	Num	8			Summary activity-friendly score, as done in the 11 country study(Sallis et al., 2009). Score ranges from 0-6, higher values indicate greater environmental support for physical activity. Missing if items 1-6 were missing .
22	NEIGH_ENVIRO	Num	8			Overall PANES score indicating enviromental support for physical activity(Sallis et al., 2010). Score ranges from 1-4, higher values indicate greater environmental support for physical activity. Missing if items 1-17, exlcuding item 11 were missing.

Data Set Name: participant_status_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	VISIT_STATUS	Num	8	VISIT_STATUS.		Visit Status

Data Set Name: *perceived_stress_nhlbi.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	CONTROLIMP	Num	8	11.	11.	In the last month, how often have you felt you were unable to control the important things in your life?
3	HANDLEPERSON	Num	8	11.	11.	In the last month, how often have you felt confident about your ability to handle your personal problems?
4	GOINGWAY	Num	8	11.	11.	In the last month, how often have you felt that things were going your way?
5	PILINGUP	Num	8	11.	11.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
6	VCODE	Char	10	\$10.	\$10.	Visit Code
7	PSS_SCORE	Num	8			Sum of Q1-Q4 where Q2 and Q3 have been reverse scored. Scale is from 0-16, where 16 is related to higher levels of perceived stress

Data Set Name: perception_of_program_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	LARGEHARD	Num	8	11.	11.	How hard will it be to reduce cals by 500 to 1000/day and do 50 mins of activity 5 days/wk for 8 wks/yr?
3	LARGEPREVENT	Num	8	11.	11.	How confident are you that reducing cals by 500 to 1000/day and do 50 mins of activity 5 days/wk for 8 wks/yr would help you prevent weight gain?
4	LARGELOSE	Num	8	11.	11.	How confident are you that reducing cals by 500 to 1000/day and do 50 mins of activity 5 days/wk for 8 wks/yr would help you lose weight over the next year?
5	SMALLHARD	Num	8	11.	11.	How hard will it be to reduce cals by 100/day and increase activity by 100cals/day every day for a year
6	SMALLPREVENT	Num	8	11.	11.	How confident are you that reducing cals by 100/day and increase activity by 100cals/day every day for a year would help you prevent weight gain?
7	SMALLLOSE	Num	8	11.	11.	How confident are you that reducing cals by 100/day and increase activity by 100cals/day every day for a year would help you lose weight over the next year?
8	THREEPREFER	Num	8	11.	11.	Although you do not have a choice and you will be randomly assigned, which of the three groups would you prefer to be a part of? (BASELINE ONLY)
9	VCODE	Char	10	\$10.	\$10.	Visit Code
10	BESTAPPROACH	Num	8	11.	11.	Which approach do you think would be more effective for you in controlling your weight?

Data Set Name: *physical_measures_nhlbi.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	BP_HR	Num	8	11.	11.	Time of Day: Hour (1-12)
4	BP_MIN	Num	8	11.	11.	Time of Day: Minute (0-59)
5	BP_AMPM	Num	8	11.	11.	Time of Day: AM or PM
6	ARMCIRC	Num	8	5.1	5.1	Arm Circumference (cm)
7	ARMRL	Num	8	11.	11.	Which arm was measured? Right or Left
8	CUFFSIZE	Num	8	11.	11.	Cuff size used
9	PULSE	Num	8	11.	11.	Pulse (beats/min)
10	BPDEVICE	Num	8	11.	11.	What device was used to measure blood pressure? Dinamap or Manual
11	PM_WEIGHT_SOURCE	Num	8	11.	11.	Indicate the data collection method for the weight measurement
12	DBP	Num	8			Diastolic Blood Pressure (DBP)
13	SBP	Num	8			Systolic Blood Pressure (SBP)
14	WEIGHT	Num	8			Weight (kg)
15	HEIGHT	Num	8			Height (cm)
16	WAIST	Num	8			Waist Circumference (cm)
17	BMI	Num	8			Body Mass Index (kg/cm ²)

Data Set Name: program_evaluation_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	WGTMGMT_SAT	Num	8	11.	11.	How satisfied are you overall with the weight management program you received from SNAP?
4	WGTMGMT_REC	Num	8	11.	11.	Would you recommend the weight management program you received from SNAP to others?
5	PROG_SAT	Num	8	11.	11.	Given the effort you put into following the weight management program you received from SNAP, how satisfied are you with your progress over the past 2 years?
6	GRPMTG_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Initial Group Meetings
7	MTHZONE_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Monthly email zone feedback
8	TEXT_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Text messaging of weight
9	WEBSITE_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? SNAP website
10	EMAIL_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Email reporting of weight
11	REFRESH_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Annual refresher meetings
12	REDZONE_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Red Zone coaching
13	GRNZONE_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Green zone gifts
14	FEEDBACKRPT_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Assessment Feedback Reports (your own info after each assessment visit)
15	EMAILCAMP_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Email campaigns (example: 4 week challenge via email)
16	NEWSLETTER_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Seasonal Newsletters (sent to you 4 times per year)
17	COLORZONE_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Color Zone system for evaluating your weight status
18	GRPMTG_SELF	Num	8	11.	11.	Control Group - How satisfied are you overall with the following features of the SNAP program? Initial Group Meetings
19	FEEDBACKRPT_SELF	Num	8	11.	11.	Control Group - How satisfied are you overall with the following features of the SNAP program? Assessment Feedback Reports (your own info after each assessment visit)
20	WEBSITE_SELF	Num	8	11.	11.	Control Group - How satisfied are you overall with the following features of the SNAP program? SNAP website

Num	Variable	Type	Len	Format	Informat	Label
21	NEWSLETTER_SELF	Num	8	11.	11.	Control Group - How satisfied are you overall with the following features of the SNAP program? Seasonal Newsletters (sent to you 4 times per year)
22	MAINTAINWGT	Num	8	11.	11.	Given the effort you put into following the SNAP program over the past 2 years, how satisfied are you overall with your progress on...Maintaing your weight
23	CHANGEDIET	Num	8	11.	11.	Given the effort you put into following the SNAP program over the past 2 years, how satisfied are you overall with your progress on...Changing your dietary habits
24	CHANGEACTIVITY	Num	8	11.	11.	Given the effort you put into following the SNAP program over the past 2 years, how satisfied are you overall with your progress on...Changing your physical activity habits
25	WGTGRAPH_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Weight graphs viewable on the website
26	FITBIT_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Fitbit
27	SMARTSCALE_CHANGE	Num	8	11.	11.	How satisfied are you overall with the following features of the SNAP program? Smart-scale
28	FITBIT_SELF	Num	8	11.	11.	Control Group - How satisfied are you overall with the following features of the SNAP program? Fitbit
29	SMARTSCALE_SELF	Num	8	11.	11.	Control Group - How satisfied are you overall with the following features of the SNAP program? Smart-scale

Data Set Name: *quality_of_life_nhlbi.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	GENHEALTH	Num	8	11.	11.	Would you say that in general your health is...
3	PHYHEALTH	Num	8	11.	11.	Thinking about your physical health, which includes physical illness or injury, for how many days during the past 30 days was your physical health not good?
4	MENHEALTH	Num	8	11.	11.	Thinking about your mental health, which includes stress, depression, or problems with emotions, for how many days during the past 30 days was your mental health not good?
5	POORHEALTH	Num	8	11.	11.	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
6	VCODE	Char	10	\$10.	\$10.	Visit Code

Data Set Name: sedentary_behaviors_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	SBTV1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting while watching television
4	SBCOMPWORK1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting at work/school doing computer work
5	SBVIDEOGAMES1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting while using the computer for non-work/non-school activities or playing video games
6	SBNONCOMP1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting at work/school doing non-computer office/school work or paperwork.
7	SBBILLS1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting while doing non-computer office work or paperwork not related to your job/school
8	SBMUSIC1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting listening to music, reading a book or magazine, or doing arts and crafts.
9	SBPHONE1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting and talking on the phone or texting.
10	SBDRIVING1	Num	8	11.	11.	On a typical weekday, how much time do you spend sitting in a car, bus, train, or other mode of transportation.
11	SBTV2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting while watching television
12	SBCOMPWORK2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting at work/school doing computer work
13	SBVIDEOGAMES2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting while using the computer for non-work/non-school activities or playing video games
14	SBNONCOMP2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting at work/school doing non-computer office/school work or paperwork.
15	SBBILLS2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting while doing non-computer office work or paperwork not related to your job/school
16	SBMUSIC2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting listening to music, reading a book or magazine, or doing arts and crafts.
17	SBPHONE2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting and talking on the phone or texting.
18	SBDRIVING2	Num	8	11.	11.	On a typical weekend day, how much time do you spend sitting in a car, bus, train, or other mode of transportation.
19	SBBILLS1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting while doing non-computer office work or paperwork not related to your job/school

Num	Variable	Type	Len	Format	Informat	Label
20	SBBILLS2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting while doing non-computer office work or paperwork not related to your job/school
21	SBCOMPWORK1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting at work/school doing computer work
22	SBCOMPWORK2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting at work/school doing computer work
23	SBDRIVING1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting in a car, bus, train, or other mode of transportation.
24	SBDRIVING2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting in a car, bus, train, or other mode of transportation.
25	SBMUSIC1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting listening to music, reading a book or magazine, or doing arts and crafts.
26	SBMUSIC2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting listening to music, reading a book or magazine, or doing arts and crafts.
27	SBNONCOMP1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting at work/school doing doing non-computer office/school work or paperwork.
28	SBNONCOMP2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting at work/school doing doing non-computer office/school work or paperwork.
29	SBPHONE1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting and talking on the phone or texting.
30	SBPHONE2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting and talking on the phone or texting.
31	SBTV1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting while watching television
32	SBTV2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting while watching television
33	SBVIDEOGAMES1_MINS	Num	8			On a typical weekday, how many minutes do you spend sitting while using the computer for non-work/non-school activities or playing video games
34	SBVIDEOGAMES2_MINS	Num	8			On a typical weekend day, how many minutes do you spend sitting while using the computer for non-work/non-school activities or playing video games
35	WKDAY_MINS_DAY	Num	8			Sum of minutes spent doing Sedentary Behaviors on a typical weekday
36	WKEND_MINS_DAY	Num	8			Sum of minutes spent doing Sedentary Behaviors on a typical weekend day
37	SED_BEH_WEEK	Num	8			Mean Sedentary Behaviors (min/day) across entire week
38	OTHER_WKDAY_MINS	Num	8			Sum of minutes spent doing Non-screen related sedentary behavior(bills,driving,music,non-computer,phone(talk/text)) on a typical weekday
39	OTHER_WKEND_MINS	Num	8			Sum of minutes spent doing Non-screen related sedentary behavior(bills,driving,music,non-computer,phone(talk/text)) on a typical weekend day

Num	Variable	Type	Len	Format	Informat	Label
40	OTHER_WEEK	Num	8			Non-screen activity sedentary behavior(bills,driving,music,non-computer,phone(talk/text))
41	SCREEN_WKDAY_MINS	Num	8			Sum of minutes spent doing Screen related sedentary behavior(computer,tv,video games) on a typical weekday
42	SCREEN_WKEND_MINS	Num	8			Sum of minutes spent doing Screen related sedentary behavior(computer,tv,video games) on a typical weekend day
43	SCREEN_WEEK	Num	8			Screen activity sedentary behavior(computer,tv,video games)

Data Set Name: self_weighting_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	SWEFFORT	Num	8	11.	11.	How much effort does it take to maintain your weight?
3	SWMAINTAIN	Num	8	11.	11.	How important is it for you to maintain your weight?
4	SWCONTROL	Num	8	11.	11.	Compared to most people your age, how easy is it for you to control your weight?
5	SWOFTENTHINK	Num	8	11.	11.	On, average how often do you think about controlling your weight?
6	SWMONTH	Num	8	11.	11.	During the past month, how often did you weigh yourself?
7	SWYEAR	Num	8	11.	11.	During the past year, how often did you weigh yourself?
8	SWSCALE	Num	8	11.	11.	Do you have access to a bathroom scale at home?
9	SWDAILY1	Num	8	11.	11.	I found weighing myself daily to be: Negative or Positive
10	SWDAILY2	Num	8	11.	11.	I found weighing myself daily to be: Discouraging or Helpful
11	SWDAILY3	Num	8	11.	11.	I found weighing myself daily to be: Frustrating or Motivating
12	SWCHANGEDIET	Num	8	11.	11.	If my weight is up when I step on the scale, I make changes in my diet.
13	SWCHANGEEXER	Num	8	11.	11.	If my weight is up when I step on the scale, I make changes in my exercise.
14	VCODE	Char	10	\$10.	\$10.	Visit Code
15	SEVERAL_PERWEEK	Num	8			During the past month, I weighed myself several times a week or more.
16	SWDAILY	Num	8			Did you weight yourself daily?

Data Set Name: sleep_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	VCODE	Char	10	\$10.	\$10.	Visit Code
3	SLEEPHR1	Num	8	11.	11.	During the past month, what time did you usually go to bed in the evening during the week? Hour
4	SLEEPMIN1	Num	8	11.	11.	During the past month, what time did you usually go to bed in the evening during the week? Minutes
5	SLEEPAMPM1	Num	8	11.	11.	During the past month, what time did you usually go to bed in the evening during the week? AM or PM
6	SLEEPHR2	Num	8	11.	11.	During the past month, what time did you usually go to bed in the evening during the weekend? Hour
7	SLEEPMIN2	Num	8	11.	11.	During the past month, what time did you usually go to bed in the evening during the weekend? Minutes
8	SLEEPAMPM2	Num	8	11.	11.	During the past month, what time did you usually go to bed in the evening during the weekend? AM or PM
9	AWAKEHR1	Num	8	11.	11.	During the past month, what time did you usually get out of bed in the morning during the week? Hour
10	AWAKEMIN1	Num	8	11.	11.	During the past month, what time did you usually get out of bed in the morning during the week? Minutes
11	AWAKEAMPM1	Num	8	11.	11.	During the past month, what time did you usually get out of bed in the morning during the week? AM or PM
12	AWAKEHR2	Num	8	11.	11.	During the past month, what time did you usually get out of bed in the morning during the weekend? Hour
13	AWAKEMIN2	Num	8	11.	11.	During the past month, what time did you usually get out of bed in the morning during the weekend? Minutes
14	AWAKEAMPM2	Num	8	11.	11.	During the past month, what time did you usually get out of bed in the morning during the weekend? AM or PM
15	ASLEEP30	Num	8	11.	11.	During the past month, on average, how often has it taken you more than 30 minutes to fall asleep after lights out?
16	NOTSLEEP	Num	8	11.	11.	During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
17	STAYAWAKE	Num	8	11.	11.	In the past week, how many days have you had trouble staying awake while driving, eating meals, in class or engaging in a social activity?
18	SNORE	Num	8	11.	11.	In the past year, have you been told that you snore loudly or gasp or stop breathing during sleep?
19	SLEEP_TIME_WEEK	Num	8			Hours of sleep during the week
20	SLEEP_TIME_WKND	Num	8			Hours of sleep during the weekend

Data Set Name: *smoking_tobacco_nhlbi.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	TOBACCO	Num	8	11.	11.	Do you currently use chewing tobacco, snuff, pipes, cigars, or any other tobacco product other than cigarettes?
3	SMOKED	Num	8	11.	11.	Have you smoke at least 100 cigarettes in your entire life?
4	SMOKEFREQ	Num	8	11.	11.	Do you now smoke cigarettes every day, some days, or not at all?
5	SMOKEREG	Num	8	11.	11.	How long has it been since you last smoked cigarettes regularly?
6	GAINQUIT	Num	8	11.	11.	Did you gain weight when you quit smoking?
7	HOWMUCHQUIT	Num	8	11.	11.	If YES to Q7, how much weight did you gain?
8	SMOKEDAY	Num	8	11.	11.	On average, how many cigarettes do you smoke each day?
9	SMOKEGAIN	Num	8	11.	11.	Do you think you will gain weight if you quit smoking?
10	SMOKEQUIT12	Num	8	11.	11.	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
11	VCODE	Char	10	\$10.	\$10.	Visit Code
12	SMOKE_STATUS	Num	8			Based on Q2 and Q3, is the participant a former smoker, current smoker, or never smoked?

Data Set Name: tsrq_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	TS_RESP	Num	8	11.	11.	The reason why I would try to manage my weight is: I feel that I want to take responsibility for my own health.
3	TS_GUILTY	Num	8	11.	11.	The reason why I would try to manage my weight is: I would feel guilty or ashamed of myself if I did not try to manage my weight.
4	TS_BEST	Num	8	11.	11.	The reason why I would try to manage my weight is: I personally believe it is the best thing for my health.
5	TS_UPSET	Num	8	11.	11.	The reason why I would try to manage my weight is: Other would be upset with me if I did not.
6	TS_MANY	Num	8	11.	11.	The reason why I would try to manage my weight is: I have carefully thought about it and believe it is very important for many aspects of my life.
7	TS_BAD	Num	8	11.	11.	The reason why I would try to manage my weight is: I would feel bad about myself if I did not try to manage my weight.
8	TS_CHOICE	Num	8	11.	11.	The reason why I would try to manage my weight is: It is an important choice I really want to make.
9	TS_PRESSURE	Num	8	11.	11.	The reason why I would try to manage my weight is: I feel pressure from others to do so.
10	TS_GOALS	Num	8	11.	11.	The reason why I would try to manage my weight is: It is consistent with my life goals.
11	TS_APPROVE	Num	8	11.	11.	The reason why I would try to manage my weight is: I want others to approve of me.
12	TS_HEALTHY	Num	8	11.	11.	The reason why I would try to manage my weight is: It is very important for being as healthy as possible.
13	TS_SEE	Num	8	11.	11.	The reason why I would try to manage my weight is: I want others to see I can do it.
14	VCODE	Char	10	\$10.	\$10.	Visit Code
15	TSRQ_SELF_REG	Num	8			Treatment Self_Regulation Questionnaire (TSRQ): Autonomous Self-Regulation Subscore
16	TSRQ_CONT_REG	Num	8			Treatment Self-Regulation Questionnaire (TSRQ): Controlled Regulation Subscore

Data Set Name: weight_history_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	CONCERN	Num	8	11.	11.	Why did you join this program? Concerned about current weight
3	GAINING	Num	8	11.	11.	Why did you join this program? I have been gaining weight
4	OBESITY	Num	8	11.	11.	Why did you join this program? I have been hearing a lot about obesity in the news
5	FRIENDSGAIN	Num	8	11.	11.	Why did you join this program? My friends are gaining weight
6	RESEARCH	Num	8	11.	11.	Why did you join this program? I'm interested in research
7	SOMEONE	Num	8	11.	11.	Why did you join this program? Someone I know joined and told me about it
8	OTHERJOIN	Num	8	11.	11.	Why did you join this program? Other
9	SPECTRIGGER	Num	8	11.	11.	Was there a specific incident or trigger that motivated you to join the current program?
10	TRIGGERTYPE	Num	8	11.	11.	If there was a specific incident or trigger that motivated you to join the current program, what was it? - Original Categories
11	HWEIGHT	Num	8	11.	11.	What is the heighest weight you have ever been as an adult(excluding pregnancy)?
12	LWEIGHT	Num	8	11.	11.	What is the lowest weight you have ever been as an adult?
13	WEIGH16	Num	8	11.	11.	How much did you weigh when you were 16 years old?
14	WEIGH20	Num	8	11.	11.	How much did you weigh when you were 20 years old? (Do not answer if not 20 years old yet)
15	WEIGH25	Num	8	11.	11.	How much did you weigh when you were 25 years old? (Do not answer if not 25 years old yet)
16	WEIGH30	Num	8	11.	11.	How much did you weigh when you were 30 years old? (Do not answer if not 30 years old yet)
17	WEIGH35	Num	8	11.	11.	How much did you weigh when you were 35 years old? (Do not answer if not 35 years old yet)
18	WGTLOSSPAST	Num	8	11.	11.	Have you ever tried to lose weight in the past(i.e., purposefully or intentionally lost weight)?
19	WGTPAST0	Num	8	11.	11.	Number of times lost 0-5 pounds
20	WGTPAST5	Num	8	11.	11.	Number of times lost 5-9 pounds
21	WGTPAST10	Num	8	11.	11.	Number of times lost 10-19 pounds
22	WGTPAST20	Num	8	11.	11.	Number of times lost 20-29 pounds
23	WGTPAST30	Num	8	11.	11.	Number of times lost 30-39 pounds
24	WGTPAST40	Num	8	11.	11.	Number of times lost 40-49 pounds
25	WGTPAST50	Num	8	11.	11.	Number of times lost 50+ pounds
26	COMMERCIAL	Num	8	11.	11.	What have you done to try to lose weight? Commercial program (e.g., Weight Watcher, Jenny Craig, NutriSystem)
27	SUPPORTGRP	Num	8	11.	11.	What have you done to try to lose weight? Support Group (e.g., Overeaters Anonymous, TOPS)
28	COUNSELING	Num	8	11.	11.	What have you done to try to lose weight? Individual Counseling with a nutritionist, physician, or psychologist

Num	Variable	Type	Len	Format	Informat	Label
29	EXERCISEPRGM	Num	8	11.	11.	What have you done to try to lose weight? Structured exercise program (e.g., classes or training)
30	MEDICATION	Num	8	11.	11.	What have you done to try to lose weight? Medication (e.g., prescription or over-the-counter)
31	DIETBOOK	Num	8	11.	11.	What have you done to try to lose weight? Followed a diet from a book (e.g., Atkins, Zone)
32	OWNAPPROACH	Num	8	11.	11.	What have you done to try to lose weight? Used my own approach without following any published diet (e.g., decreased calories)
33	LOSEFRIEND	Num	8	11.	11.	What have you done to try to lose weight? Tried to lose weight with a friend or family member
34	VCODE	Char	10	\$10.	\$10.	Visit Code
35	TRIGGERTYPE_NEW	Num	8			If there was a specific incident or trigger that motivated you to join the current program, what was it? - Combined Emotional and Social Categories
36	SUM_PASTWGTLLOSS	Num	8			The sum of the frequency of weight loss attempts (minimum number in range) multiplied by the amount of weight loss achieved (minimum number in the range)

Data Set Name: weight_management_strategy_nhlbi.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PPT_ID	Char	6			Masked Participant ID
2	WMREDUCE	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Reduced your calorie intake by 500-1000 per day
3	WMCUTSWEET	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Cut out/reduced sweets or junk food
4	WMCUTSNACK	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Cut out/reduced between meal snacks
5	WMCUTNIGHT	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Cut out/reduced late night snacking
6	WMMEAT	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Ate less meat
7	WMCARBS	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Ate less carbohydrates
8	WMFAT	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Ate less fat
9	WMPORTION	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Reduced portion sizes
10	WMFASTFOOD	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Decreased the number of times you ate out at fast food restaurants
11	WMREST	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Decrease the number of times you ate out at other restaurants
12	WMFOODPREP	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Changed food preparation techniques
13	WMALCOHOL	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Drank less alcohol or changed type of alcoholic drink to reduce calories
14	WMSWEETENED	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Decreased how much or how often you drank sweetened beverages (e.g. soda, sweet tea)
15	WMSWEETOTHER	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Decreased how much or how often you drank other sweetened beverages (e.g. sweetened fruit juice)
16	WMCOFFEE	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Decreased how much or how often you drank high calorie coffee drinks (e.g. caramel macchiato)
17	WMFRUITS	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Increased fruits and vegetables
18	WMWATER	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Increased water consumption
19	WMFROZEN	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Used frozen entrees such as Lean Cuisine or Smart Ones

Num	Variable	Type	Len	Format	Informat	Label
20	WMLIQUID	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Used liquid meal replacements, such as SlimFast
21	WMBITES	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Left a few bites of food on your plate
22	WMMEALPLAN	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Followed a structured meal plan that limited your choices for breakfast, lunch, and dinner
23	WMBARS	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Used meal replacement bars such as Power Bars or Zone Bars
24	WMDESSERT	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Decreased frequency or portion sizes of desserts
25	WMSKIPPED	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Skipped meals
26	WMACTIVITY	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Made one or two small changes to your activity every day
27	WMSTAIRS	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Used the stairs instead of the elevator
28	WMPEDOMETER	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Wore a pedometer
29	WMWATCHTV	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Reduced the amount of time spent watching TV
30	WMEXERCISEHM	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Used home exercise equipment
31	WMGYM	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Exercised at a gym or participated in an exercise class
32	WMTRAINER	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Worked out with a personal trainer
33	WMEXERCISE30	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Exercised for periods of 30 minutes or more
34	WMRECORD	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Recorded or wrote down the type and quantity of food eaten
35	WMGRAPHACTIVITY	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Recorded or graphed your physical activity
36	WMGRAPHWEIGHT	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Recorded or graphed your weight
37	WMWEIGHDAILY	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Weighed yourself daily
38	WMSHOPPED	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Shopped from a list
39	WMREADYTOEAT	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Kept healthy ready-to-eat or portion controlled snacks for yourself

Num	Variable	Type	Len	Format	Informat	Label
40	WMHIGHCAL	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Removed high calorie foods from your home, office or room
41	WMEATTV	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Avoided eating while watching TV
42	WMPROGRAM	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Attended or participated in a structured weight loss group or program (e.g. Weight Watchers, Jenny Craig)
43	WMDIET	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Followed a specific weight loss diet (e.g. Atkins)
44	WMINTERNET	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Used an internet diet, exercise, or weight loss program
45	VCODE	Char	10	\$10.	\$10.	Visit Code
46	WMINCREASE	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Increased your daily steps
47	WMSMCHGS	Num	8	11.	11.	Over the past 4 months, how often have you used the following to try to manage your weight? Made one or two small changes to your diet every day