

Data Set Name: soya_ba.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	BA115	Char	1	15. Do you have allergies that make your asthma worse:
3	BA135	Char	1	35. Are you on hormone replacement therapy or had an ovariectomy:
4	BA137	Char	1	37. Have you had sinus surgery:
5	BA151	Char	1	51. Are you exposed to second hand smoke in your home or work place:
6	BA152	Char	1	52. Do you frequently go places other than your home or work place where you are exposed to second hand smoke:
7	BA153A	Char	1	53A. Do you have now or have you had during the last year: COPD (Chronic Obstructive Pulmonary Disease):
8	BA153B	Char	1	53B. Do you have now or have you had during the last year: Eczema
9	BA153C	Char	1	53C. Do you have now or have you had during the last year: Sinusitis
10	BA153D	Char	1	53D. Do you have now or have you had during the last year: Hay fever or allergic rhinitis:
11	BA153E	Char	1	53E. Do you have now or have you had during the last year: Food allergies:
12	BA153F	Char	1	53F. Do you have now or have you had during the last year: Other allergies (specify):
13	BA153G	Char	1	53G. Do you have now or have you had during the last year: Cancer (other than skin cancer):
14	BA153H	Char	1	53H. Do you have now or have you had during the last year: Endocrine disease:
15	BA153I	Char	1	53I. Do you have now or have you had during the last year: Thyroid disease:
16	BA153J	Char	1	53J. Do you have now or have you had during the last year: Coronary artery disease:
17	BA153K	Char	1	53K. Do you have now or have you had during the last year: Congestive heart failure:
18	BA153L	Char	1	53L. Do you have now or have you had during the last year: Stroke:
19	BA153M	Char	1	53M. Do you have now or have you had during the last year: Severe hypertension:
20	BA153N	Char	1	53N. Do you have now or have you had during the last year: Diabetes Mellitus:
21	BA153O	Char	1	53O. Do you have now or have you had during the last year: Renal failure:
22	BA153P	Char	1	53P. Do you have now or have you had during the last year: Liver disorders:
23	BA153Q	Char	1	53Q. Do you have now or have you had during the last year: Immunodeficiency states:
24	BA153R	Char	1	53R. Do you have now or have you had during the last year: Major neuropsychiatric disorder:
25	BA153S	Char	1	53S. Do you have now or have you had during the last year: Other condition(s) that would interfere with participation in the study (specify):
26	BA154	Char	1	54. Do you have a history of asthma in your blood relatives (parents, brothers, sisters, or children):
27	BA155	Char	1	55. Have you ever been diagnosed with sleep apnea:
28	BA156	Char	1	56. Do you use CPAP or BIPAP:
29	BA157	Char	1	57. Have you ever been told you snore:
30	BA158	Char	1	58. Has anyone ever noticed that you stop breathing during your sleep:
31	BA159	Char	1	59. Do you often take naps during the day:
32	BA160	Char	1	60. Have you ever been diagnosed with Gastroesophageal Reflux disease:
33	BA165	Char	1	65. Do you have diabetes:
34	BA105	Char	2	5. Visit ID:
35	BA131_A	Char	1	31A. Exposure to animals: Cat

Num	Variable	Type	Len	Label
36	BA131_B	Char	1	31B. Exposure to animals: Dog
37	BA131_C	Char	1	31C. Exposure to animals: Rodent
38	BA131_D	Char	1	31D. Exposure to animals: Other Specify
39	BA131_E	Char	1	31E. Exposure to animals: None
40	BA132_A	Char	1	32A. A particular Season: Winter
41	BA132_B	Char	1	32B. A particular Season: Spring
42	BA132_C	Char	1	32C. A particular Season: Summer
43	BA132_D	Char	1	32D. A particular Season: Fall
44	BA132_E	Char	1	32E. A particular Season: None
45	BA136_A	Char	1	36A. Do you have any conditions related to allergies Nasal polyps:
46	BA136_B	Char	1	36B. Runny nose:
47	BA136_C	Char	1	36C. Nasal congestion:
48	BA136_D	Char	1	36D. Sinus infections:
49	BA136_E	Char	1	36E. Other (specify):
50	BA136_F	Char	1	36F. None:
51	BA138_A	Char	1	38A. Vocal cord dysfunction:
52	BA138_B	Char	1	38B. Anxiety:
53	BA138_C	Char	1	38C. Depression:
54	BA138_D	Char	1	38D. Hyperventilation syndrome:
55	BA138_E	Char	1	38E. Panic attacks:
56	BA138_F	Char	1	38F. None:
57	BA142_A	Char	1	42A. Do any of your family members have Asthma: Father
58	BA142_B	Char	1	42B. Do any of your family members have Asthma: Mother
59	BA142_C	Char	1	42C. Do any of your family members have Asthma: Any Siblings
60	BA142_D	Char	1	42D. Do any of your family members have Asthma: Any Children
61	BA142_E	Char	1	42E. Do any of your family members have Asthma: None
62	BA143_A	Char	1	43A. Do any of your family members have Hay fever or other allergies: Father
63	BA143_B	Char	1	43B. Do any of your family members have Hay fever or other allergies: Mother
64	BA143_C	Char	1	43C. Do any of your family members have Hay fever or other allergies: Any Siblings
65	BA143_D	Char	1	43D. Do any of your family members have Hay fever or other allergies: Any Children
66	BA143_E	Char	1	43E. Do any of your family members have Hay fever or other allergies: None
67	BA144_A	Char	1	44A. Do any of your family members have Eczema: Father
68	BA144_B	Char	1	44B. Do any of your family members have Eczema: Mother
69	BA144_C	Char	1	44C. Do any of your family members have Eczema: Any Siblings
70	BA144_D	Char	1	44D. Do any of your family members have Eczema: Any Children
71	BA144_E	Char	1	44E. Do any of your family members have Eczema: None
72	BA170S	Char	2	70. What was your age of first menstrual period (enter a, b, or c)
73	BA107	Num	8	7. Gender
74	BA108	Num	8	8. Ethnicity

Num	Variable	Type	Len	Label
75	BA111	Num	8	11. Age
76	BA112	Num	8	12. Age of onset of asthma symptoms (years if onset before first birthday record as 01):
77	BA113	Num	8	13. In the past 12 months, how many times have you had to visit a doctor, emergency department, or hospital because of an asthma attack:
78	BA114	Num	8	14. In the past 12 months, how many times have you required a course of prednisone (or other systemic steroid) for treatment of an asthma attack:
79	BA116	Num	8	16. Who made your original diagnosis of asthma (check only one):
80	BA117	Num	8	17. Who makes the main decisions about your asthma care (ie, who is currently prescribing your asthma medications check only one):
81	BA118	Num	8	18. Did your asthma develop after an upper respiratory tract infection/bronchitis:
82	BA119	Num	8	19. When were you last seen by a doctor because of breathing problems (check only one):
83	BA120	Num	8	20. When did you last visit a hospital emergency room or urgent care facility because of breathing problems (check only one):
84	BA121	Num	8	21. When did you last spend a night in the hospital because of breathing problems (check only one):
85	BA122	Num	8	22. When did you last have an ICU admission because of an asthma attack (check only one):
86	BA123	Num	8	23. Respiratory infections
87	BA124	Num	8	24. Irritants (ie smoke, chemicals):
88	BA125	Num	8	25. Emotions (crying, anger, etc):
89	BA126	Num	8	26. Drugs (ie aspirin, NSAIDs, beta-blockers, ACE-inhibitors):
90	BA127	Num	8	27. Food additives:
91	BA128	Num	8	28. Weather changes:
92	BA129	Num	8	29. Exercise:
93	BA130	Num	8	30. Cleaning supplies:
94	BA133	Num	8	33. Menstruation (premenstruation or during menses):
95	BA134	Num	8	34. Association of your asthma with pregnancy:
96	BA140	Num	8	40. Effect of change of occupation on your asthma (check only one):
97	BA141	Num	8	41. Effect of change of residence on your asthma (check only one):
98	BA145A	Num	8	45A. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Inhaled corticosteroids (eg, Beclovent, Pulmicort, Flovent, etc):
99	BA145B	Num	8	45B. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Steroidal combination medications for asthma (eg, Advair, Symbicort):
100	BA145C	Num	8	45C. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Oral anti-leukotriene (eg, Singulair, Accolate, Zyflo):
101	BA145D	Num	8	45D. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Inhaled anticholinergic bronchodilators (eg, Atrovent, Spiriva):
102	BA145E	Num	8	45E. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Inhaled short-acting beta-agonist bronchodilators (eg, Albuterol, Proventil, Ventolin, Maxair, Xopenex, etc):
103	BA145F	Num	8	45F. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Inhaled long-acting beta-agonist bronchodilators (eg, Serevent, Foradil):

Num	Variable	Type	Len	Label
104	BA145G	Num	8	45G. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Cromolyn sodium/nedocromil (eg, Intal, Nasalcrom/Alocril, Tilade):
105	BA145H	Num	8	45H. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Oral beta-agonist (eg, Proventil repetabs):
106	BA145I	Num	8	45I. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Methylxanthines (theophylline):
107	BA145J	Num	8	45J. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Oral corticosteroid (eg, prednisone pills or liquid):
108	BA145K	Num	8	45K. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Omalizumab (Xolair):
109	BA145L	Num	8	45L. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Steroid injections:
110	BA145M	Num	8	45M. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Non-steroidal combination medications for asthma (eg, Combivent):
111	BA145N	Num	8	45N. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Acupuncture:
112	BA145O	Num	8	45O. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Allergy shots:
113	BA145P	Num	8	45P. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Chiropractic treatments:
114	BA145Q	Num	8	45Q. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Herbal or natural treatments, vitamins, etc:
115	BA145R	Num	8	45R. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: Other asthma treatment:
116	BA146A	Num	8	46A. In general, over the last 3 months, how often did you have the following symptoms: Cough - deep, chest, chronic:
117	BA146B	Num	8	46B. In general, over the last 3 months, how often did you have the following symptoms: Sputum - phlegm or mucus while coughing:
118	BA146C	Num	8	46C. In general, over the last 3 months, how often did you have the following symptoms: Chest tightness - difficulty taking a deep breath or pressure in the chest:
119	BA146D	Num	8	46D. In general, over the last 3 months, how often did you have the following symptoms: Wheezy, whistling, or musical sound in the chest:
120	BA146E	Num	8	46E. In general, over the last 3 months, how often did you have the following symptoms: Shortness of breath:
121	BA146F	Num	8	46F. In general, over the last 3 months, how often did you have the following symptoms: Nighttime symptoms - includes waking from sleep, nighttime use of albuterol, early morning chest tightness:
122	BA147	Num	8	47. Smoking status (check only one):
123	BA148	Num	8	48. How many years in total did you smoke (years use decimal value for less than 1 year):
124	BA149	Num	8	49. On average, how many packs of cigarettes per day did you smoke:
125	BA150	Num	8	50. Total number of pack-years (multiply item 48 and item 49):
126	BA161	Num	8	61. How often do you get symptoms of indigestion or heartburn:
127	BA162	Num	8	62. How often do you take an over the counter antacid (eg, Tums, Maalox, Mylanta, etc):
128	BA163	Num	8	63. How often do you take H2 antagonists (eg, Zantac, Pepcid, Rantidine, Famotidine, Cimetidine):

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129	BA164	Num	8	64. How often do you take proton pump inhibitors (eg, Prilosec, Omeprazole, Protonix, Aciphex, Nexium):
130	BA166	Num	8	66. How old were you when you were diagnosed with diabetes:
131	BA167	Num	8	67. How is your diabetes controlled:
132	BA168	Num	8	68. What was your birthweight (check only one):
133	BA169	Num	8	69. What was (is) your approximate weight at the age of 18 years (skip this question if less than 18 years):
134	BA170	Num	8	70. What was your age of first menstrual period (enter a, b, or c)
135	BA171A	Num	8	71A. Waist circumference (measured; enter only a or b) Inches:
136	BA171B	Num	8	71B. Waist circumference (measured; enter only a or b) CM:
137	BA172A	Num	8	72A. Hip circumference (measured; enter only a or b) Inches:
138	BA172B	Num	8	72B. Hip circumference (measured; enter only a or b) CM:
139	BA173A	Num	8	73A. Neck circumference (measured; enter only a or b) Inches
140	BA173B	Num	8	73B. Neck circumference (measured; enter only a or b) CM:
141	VISITDATE	Num	8	'
142	RACE	Num	8	'

Data Set Name: soya_cv.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	CV112A	Char	1	12A. Phone Contacts: Did you have any unscheduled phone contacts with this clinic since the last study visit (ignore calls to change appointment time):
3	CV113A	Char	1	13A. Clinic Visits: Did you have any extra visits at this clinic since the last study visit:
4	CV114	Char	1	14. Is this Visit 2:
5	CV117	Char	1	17. Are you currently taking any medications specifically for the treatment of asthma in addition to study tablets (if applicable):
6	CV126	Char	1	26. Since the last visit, have there been any changes in asthma medications, including dose changes, adding drugs, or stopping drugs:
7	CV127	Char	1	27. Since the last study visit, did you take medications, other than those for asthma:
8	CV129	Char	1	29. Has the participant had a menstrual cycle in the past 12 months:
9	CV130	Char	1	30. Since the last study visit, have your menstrual cycles been regular:
10	CV131	Char	1	31. Since the last study visit, has your menstrual flow become heavier:
11	CV132	Char	1	32. Since the last study visit, has your menstrual flow become lighter:
12	CV133	Char	1	33. Since the last study visit, have you experienced spotting or bleeding between menstrual periods:
13	CV134	Char	1	34. Since the last study visit, have you experienced more discomfort or cramping than usual with your menstrual cycle:
14	CV135	Char	1	35. Since the last study visit, have you experienced less discomfort or cramping than usual with your menstrual cycle:
15	CV138A	Char	1	38A. Since the last study visit, have you experienced a serious adverse event or been hospitalized:
16	CV141A	Char	1	41A. Asthma Control Test (TA) (all clinic visits):
17	CV141B	Char	1	41B. Asthma Symptoms (AS) (all clinic visits):
18	CV141C	Char	1	41C. Asthma Quality of Life (MQ or PQ) (all clinic visits):
19	CV141D	Char	1	41D. Health Quality of Life (CH or MO) (visits 1 and 9):
20	CV141E	Char	1	41E. Food Frequency Questionnaire (BF or BK) (visits 2 and 9):
21	CV141F	Char	1	41F. Soy Questionnaire (BS) (visits 1, 2 and 9):
22	CV141G	Char	1	41G. Exhaled Nitric Oxide (NO) (visit 2, 4-9):
23	CV141H	Char	1	41H. Pulmonary Function Testing (PF) (all clinic visits)
24	CV141I	Char	1	41I. Tablet Dispensing and Counting (DD) (V2-V9 if applicable):
25	CV141J	Char	1	41J. Exit Interview (EI) (visit 9):
26	CV141K	Char	1	41K. Treatment Termination (TT) (visit 9 or as needed):
27	CV141L	Char	1	41L. Unmasking (UM) (visit 9 or as needed):
28	CV141M	Char	1	41M. Physical Exam (PE) (visits 1 and 9):
29	CV141N	Char	1	41N. Asthma in Females (FQ) (visit 2):
30	CV141O	Char	1	41O. Home Smoking Activity and Exposure to Tobacco Smoke Questionnaire (SQ) (visit 2):
31	CV143	Char	1	43. Is this visit 2, 4, or 9:
32	CV144	Char	1	44. Exhaled Breath Condensate (EBC) specimens collected:
33	CV145A	Char	1	45A. EBC Aliquots: Aliquot 1

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34	CV145B	Char	1	45B. EBC Aliquots: Aliquot 2
35	CV145C	Char	1	45C. EBC Aliquots: Aliquot 3
36	CV147	Char	1	47. Serum for CRP and IL-6 collected:
37	CV148A	Char	1	48A. Serum for CRP and IL-6: Aliquot 1
38	CV148B	Char	1	48B. Serum for CRP and IL-6: Aliquot 2
39	CV148C	Char	1	48C. Serum for CRP and IL-6: Aliquot 3
40	CV148D	Char	1	48D. Serum for CRP and IL-6: Aliquot 4
41	CV149A	Char	1	49A. CRP and IL-6 collection information: Collected before other blood specimens:
42	CV150	Char	1	50. Packed blood cells collected for genotyping (expected at Visit 2; only if participant consented to donate DNA and have it stored):
43	CV151A	Char	1	51A. Plasma for genistein levels: Aliquot 1
44	CV151B	Char	1	51B. Plasma for genistein levels: Aliquot 2
45	CV152A	Char	1	52A. Eosinophil count: Eosinophil blood specimen collected:
46	CV153A	Char	1	53A. Urine for LTE4: Aliquot 1
47	CV153B	Char	1	53B. Urine for LTE4: Aliquot 2
48	CV153C	Char	1	53C. Urine for LTE4: Aliquot 3
49	CV153D	Char	1	53D. Urine for LTE4: Aliquot 4
50	CV105	Char	2	5. Visit ID:
51	CV108_A	Char	1	8A. Reason for missing Diary Cards (check all that apply): None Missing
52	CV108_B	Char	1	8B. Reason for missing Diary Cards (check all that apply): Participant forgot to return
53	CV108_C	Char	1	8C. Reason for missing Diary Cards (check all that apply): Did not complete
54	CV108_D	Char	1	8D. Reason for missing Diary Cards (check all that apply): Lost or destroyed
55	CV108_E	Char	1	8E. Reason for missing Diary Cards (check all that apply): In the mail
56	CV108_F	Char	1	8F. Reason for missing Diary Cards (check all that apply): Other (specify)
57	CV109_A	Char	1	9A. N/A, diary card completion not reviewed:
58	CV109_B	Char	1	9B. Dates:
59	CV109_C	Char	1	9C. Peak Flow
60	CV109_D	Char	1	9D. Drug use for quick relief
61	CV109_E	Char	1	9E. Items 4-5
62	CV109_F	Char	1	9F. Items 8-10
63	CV116_A	Char	1	16A. Why did you miss taking study tablets (check all that apply) NA, took tablets every day:
64	CV116_B	Char	1	16B. Why did you miss taking study tablets (check all that apply) Permanently stopped study tablets:
65	CV116_C	Char	1	16C. Why did you miss taking study tablets (check all that apply) Temporarily stopped study tablets (specify reason):
66	CV116_D	Char	1	16D. Why did you miss taking study tablets (check all that apply) Forgot:
67	CV116_E	Char	1	16E. Why did you miss taking study tablets (check all that apply) Ran out of study tablets:
68	CV116_F	Char	1	16F. Why did you miss taking study tablets (check all that apply) Did not have study tablets on hand:
69	CV116_G	Char	1	16G. Why did you miss taking study tablets (check all that apply) Side effects (specify):
70	CV116_H	Char	1	16H. Why did you miss taking study tablets (check all that apply) Too busy:

Num	Variable	Type	Len	Label
71	CV116_I	Char	1	16I. Why did you miss taking study tablets (check all that apply) Other (specify):
72	CV136_A	Char	1	36A. Since the last visit, did you have any of the following (check all that apply) Upper respiratory infection (cold):
73	CV136_B	Char	1	36B. Since the last visit, did you have any of the following (check all that apply) Sore throat:
74	CV136_C	Char	1	36C. Since the last visit, did you have any of the following (check all that apply) Strep throat:
75	CV136_D	Char	1	36D. Since the last visit, did you have any of the following (check all that apply) Bronchitis:
76	CV136_E	Char	1	36E. Since the last visit, did you have any of the following (check all that apply) Pneumonia:
77	CV136_F	Char	1	36F. Since the last visit, did you have any of the following (check all that apply) Ear infection:
78	CV136_G	Char	1	36G. Since the last visit, did you have any of the following (check all that apply) Acute sinusitis (sinus infection):
79	CV136_H	Char	1	36H. Since the last visit, did you have any of the following (check all that apply) N/A, none since last visit:
80	CV149B	Char	8	49B. CRP and IL-6 collection information: Time sample collected:
81	CV118A	Char	12	18A. Rescue bronchodilator drugs participant taken since last visits (check all that apply) NA, no bronchodilator drugs taken:
82	CV118B	Char	12	18B. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Albuterol Nebulizer (0.083%):
83	CV118C	Char	12	18C. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Albuterol Nebulizer (0.5%):
84	CV118D	Char	12	18D. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Albuterol Metered Dose Inhaler:
85	CV118E	Char	12	18E. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Levalbuterol (Xopenex):
86	CV118F	Char	12	18F. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Pirbuterol (Maxair):
87	CV118G	Char	12	18G. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Ipratropium bromide (Atrovent Nebulizer):
88	CV118H	Char	12	18H. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Ipratropium bromide (Atrovent HFA):
89	CV118I	Char	12	18I. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Ipratropium bromide and albuterol (Combivent DuoNeb):
90	CV118J	Char	12	18J. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Other Specify
91	CV118K	Char	12	18K. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Other Specify
92	CV118L	Char	12	18L. Rescue bronchodilator drugs participant taken since last visits (check all that apply) Other Specify
93	CV119A	Char	12	19A. Long-acting bronchodilator drugs participant is currently taking (check all that apply): NA, no bronchodilator drugs taken:
94	CV119B	Char	12	19B. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Salmeterol (Serevent inhalation aerosol, Serevent Diskus inhalation powder):
95	CV119C	Char	12	19C. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Albuterol, sustained-release (Volmax, Proventil Repetabs, VoSpire ER):
96	CV119D	Char	12	19D. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Formoterol (Foradil, Perforomist):

Num	Variable	Type	Len	Label
97	CV119E	Char	12	19E. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Tiotropium bromide (Spiriva):
98	CV119F	Char	12	19F. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify:
99	CV119G	Char	12	19G. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify:
100	CV119H	Char	12	19H. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify:
101	CV120A	Char	12	20A. Single agent inhaled corticosteroid participant is currently taking (check all that apply): NA, no inhaled corticosteroid drugs taken:
102	CV120B	Char	12	20B. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Beclomethasone (Beclovent, Vanceril, QVar, Vanceril Double Strength):
103	CV120C	Char	12	20C. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Budesonide (Pulmicort):
104	CV120D	Char	12	20D. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Flunisolide (AeroBid, Aerospan):
105	CV120E	Char	12	20E. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Fluticasone (Flovent):
106	CV120F	Char	12	20F. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Triamcinolone (Azmacort):
107	CV120G	Char	12	20G. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Mometasone furoate (Asmanex):
108	CV120H	Char	12	20H. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Ciclesonide (Alvesco):
109	CV120I	Char	12	20I. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify:
110	CV120J	Char	12	20J. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify:
111	CV120K	Char	12	20K. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify:
112	CV121A	Char	12	21A. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) NA, no inhaled corticosteroid drugs taken:
113	CV121B	Char	12	21B. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Budesonide and Formoterol (Symbicort):
114	CV121B_DOSE	Char	12	21B. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Budesonide and Formoterol (Symbicort): (Dose/mcg)
115	CV121C	Char	12	21C. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Fluticasone and Salmeterol (Advair):
116	CV121C_DOSE	Char	12	21C. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Fluticasone and Salmeterol (Advair): (Dose/mcg)
117	CV121D	Char	12	21D. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Fluticasone and Salmeterol (Advair HFA):
118	CV121D_DOSE	Char	12	21D. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Fluticasone and Salmeterol (Advair HFA): (Dose/mcg)
119	CV121E	Char	12	21E. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Other combination:

Num	Variable	Type	Len	Label
120	CV121E_DOSE	Char	12	21E. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Other combination: (Dose/mcg)
121	CV122A	Char	12	22A. Oral corticosteroid participant is taking (check all that apply) NA, no oral corticosteroid drugs taken:
122	CV122B	Char	12	22B. Oral corticosteroid participant is taking (check all that apply) Prednisone (Cortan, Deltasone, Orasone, Prednicen-M, Sterpred):
123	CV122C	Char	12	22C. Oral corticosteroid participant is taking (check all that apply) Prednisolone (Pepiapred, Prelone, Delta-Cortef):
124	CV122D	Char	12	22D. Oral corticosteroid participant is taking (check all that apply) Methylprednisolone (Medrol):
125	CV122E	Char	12	22E. Oral corticosteroid participant is taking (check all that apply) other specify
126	CV122F	Char	12	22F. Oral corticosteroid participant is taking (check all that apply) other specify
127	CV123A	Char	12	23A. Methylxanthines participant is taking (check all that apply) NA, no methylxanthines taken:
128	CV123B	Char	12	23B. Methylxanthines participant is taking (check all that apply) Theophylline, sustained-release (Slo-Phyllin, Uniphyl, Theo-Dur, Slo-Bid, others):
129	CV123C	Char	12	23C. Methylxanthines participant is taking (check all that apply) other specify
130	CV124A	Char	12	24A. Oral antileukotriene drugs participant is currently taking (check all that apply) NA, no oral antileukotriene drugs taken:
131	CV124B	Char	12	24B. Oral antileukotriene drugs participant is currently taking (check all that apply) Montelukast (Singulair):
132	CV124C	Char	12	24C. Oral antileukotriene drugs participant is currently taking (check all that apply) Zafirlukast (Accolate):
133	CV124D	Char	12	24D. Oral antileukotriene drugs participant is currently taking (check all that apply) Zileuton (Zyflo):
134	CV124E	Char	12	24E. Oral antileukotriene drugs participant is currently taking (check all that apply) other specify
135	CV125A	Char	12	25A. Other asthma medications participant is currently taking (check all that apply) NA, no non-steroidal drugs taken:
136	CV125B	Char	12	25B. Other asthma medications participant is currently taking (check all that apply) Cromolyn sodium (Intal Nebulizer):
137	CV125B_DOSE	Char	12	25B. Other asthma medications participant is currently taking (check all that apply) Cromolyn sodium (Intal Nebulizer): (Dose/mcg)
138	CV125C	Char	12	25C. Other asthma medications participant is currently taking (check all that apply) Cromolyn sodium (Intal Metered Dose Inhaler):
139	CV125C_DOSE	Char	12	25C. Other asthma medications participant is currently taking (check all that apply) Cromolyn sodium (Intal Metered Dose Inhaler): (Dose/mcg)
140	CV125D	Char	12	25D. Other asthma medications participant is currently taking (check all that apply) Nedocromil sodium (Tilade):
141	CV125D_DOSE	Char	12	25D. Other asthma medications participant is currently taking (check all that apply) Nedocromil sodium (Tilade): (Dose/mcg)
142	CV125E	Char	12	25E. Other asthma medications participant is currently taking (check all that apply) other specify
143	CV125E_DOSE	Char	12	25E. Other asthma medications participant is currently taking (check all that apply) other specify (Dose)
144	CV125F	Char	12	25F. Other asthma medications participant is currently taking (check all that apply) other specify
145	CV125F_DOSE	Char	12	25F. Other asthma medications participant is currently taking (check all that apply) other specify (Dose)
146	CV125G	Char	12	25G. Other asthma medications participant is currently taking (check all that apply) other specify

Num	Variable	Type	Len	Label
147	CV125G_DOSE	Char	12	25G. Other asthma medications participant is currently taking (check all that apply) other specify (Dose)
148	CV125H	Char	12	25H. Other asthma medications participant is currently taking (check all that apply) Omalizumab (Xolair):
149	CV125H_DOSE	Char	12	25H. Other asthma medications participant is currently taking (check all that apply) Omalizumab (Xolair): (Dose/mcg)
150	CV107	Num	8	7. Since the last visit, how many Diary Cards has the participant submitted:
151	CV111	Num	8	11. Number of Diary Cards not returned since last visit:
152	CV112B	Num	8	12B. Phone Contacts:If Yes, specify how many:
153	CV113B	Num	8	13B. Clinic Visits: If Yes, specify how many:
154	CV115	Num	8	15. Since the last visit, how many days have you NOT taken your study tablets:
155	CV119B_DOSE	Num	8	19B. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Salmeterol (Serevent inhalation aerosol, Serevent Diskus inhalation powder):
156	CV119B_FREQ	Num	8	19B. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Salmeterol (Serevent inhalation aerosol, Serevent Diskus inhalation powder): (Freq/Puffs/Ampules per day)
157	CV119C_DOSE	Num	8	19C. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Albuterol, sustained-release (Volmax, Proventil Repetabs, VoSpire ER): (Dose/mcg)
158	CV119C_FREQ	Num	8	19C. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Albuterol, sustained-release (Volmax, Proventil Repetabs, VoSpire ER): (Freq/Puffs/Ampules per day)
159	CV119D_DOSE	Num	8	19D. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Formoterol (Foradil, Perforomist): (Dose/mcg)
160	CV119D_FREQ	Num	8	19D. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Formoterol (Foradil, Perforomist): (Freq/Puffs/Ampules per day)
161	CV119E_DOSE	Num	8	19E. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Tiotropium bromide (Spiriva): (Dose/mcg)
162	CV119E_FREQ	Num	8	19E. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Tiotropium bromide (Spiriva): (Freq/Puffs/Ampules per day)
163	CV119F_DOSE	Num	8	19F. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify: (Dose/mcg)
164	CV119F_FREQ	Num	8	19F. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify: (Freq/Puffs/Ampules per day)
165	CV119G_DOSE	Num	8	19G. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify: (Dose/mcg)
166	CV119G_FREQ	Num	8	19G. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify: (Freq/Puffs/Ampules per day)
167	CV119H_DOSE	Num	8	19H. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify: (Dose/mcg)
168	CV119H_FREQ	Num	8	19H. Long-acting bronchodilator drugs participant is currently taking (check all that apply): Other Specify: (Freq/Puffs/Ampules per day)
169	CV120B_DOSE	Num	8	20B. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Beclomethasone (Beclovent, Vanceril, QVar, Vanceril Double Strength): (Dose/mcg)
170	CV120B_FREQ	Num	8	20B. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Beclomethasone (Beclovent, Vanceril, QVar, Vanceril Double Strength): (Freq/Puffs/Ampules per day)

Num	Variable	Type	Len	Label
171	CV120C_DOSE	Num	8	20C. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Budesonide (Pulmicort): (Dose/mcg)
172	CV120C_FREQ	Num	8	20C. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Budesonide (Pulmicort): (Freq/Puffs/Ampules per day)
173	CV120D_DOSE	Num	8	20D. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Flunisolide (AeroBid, Aerospan): (Dose/mcg)
174	CV120D_FREQ	Num	8	20D. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Flunisolide (AeroBid, Aerospan): (Freq/Puffs/Ampules per day)
175	CV120E_DOSE	Num	8	20E. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Fluticasone (Flovent): (Dose/mcg)
176	CV120E_FREQ	Num	8	20E. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Fluticasone (Flovent): (Freq/Puffs/Ampules per day)
177	CV120F_DOSE	Num	8	20F. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Triamcinolone (Azmacort): (Dose/mcg)
178	CV120F_FREQ	Num	8	20F. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Triamcinolone (Azmacort): (Freq/Puffs/Ampules per day)
179	CV120G_DOSE	Num	8	20G. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Mometasone furoate (Asmanex): (Dose/mcg)
180	CV120G_FREQ	Num	8	20G. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Mometasone furoate (Asmanex): (Freq/Puffs/Ampules per day)
181	CV120H_DOSE	Num	8	20H. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Ciclesonide (Alvesco): (Dose/mcg)
182	CV120H_FREQ	Num	8	20H. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Ciclesonide (Alvesco): (Freq/Puffs/Ampules per day)
183	CV120I_DOSE	Num	8	20I. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify: (Dose/mcg)
184	CV120I_FREQ	Num	8	20I. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify: (Freq/Puffs/Ampules per day)
185	CV120J_DOSE	Num	8	20J. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify: (Dose/mcg)
186	CV120J_FREQ	Num	8	20J. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify: (Freq/Puffs/Ampules per day)
187	CV120K_DOSE	Num	8	20K. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify: (Dose/mcg)
188	CV120K_FREQ	Num	8	20K. Single agent inhaled corticosteroid participant is currently taking (check all that apply): Other specify: (Freq/Puffs/Ampules per day)
189	CV121B_FREQ	Num	8	21B. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Budesonide and Formoterol (Symbicort): (Freq/Puffs/Ampules per day)
190	CV121C_FREQ	Num	8	21C. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Fluticasone and Salmeterol (Advair): (Freq/Puffs/Ampules per day)
191	CV121D_FREQ	Num	8	21D. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Fluticasone and Salmeterol (Advair HFA): (Freq/Puffs/Ampules per day)
192	CV121E_FREQ	Num	8	21E. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) Other combination:(Freq/Puffs/Ampules per day)
193	CV122B_DOSE	Num	8	22B. Oral corticosteroid participant is taking (check all that apply) Prednisone (Cortan, Deltasone, Orasone, Prednicen-M, Sterpred): (Dose/mg)

Num	Variable	Type	Len	Label
194	CV122B_FREQ	Num	8	22B. Oral corticosteroid participant is taking (check all that apply) Prednisone (Cortan, Deltasone, Orasone, Prednicen-M, Sterpred): (Freq/Puffs/Ampules per day)
195	CV122C_DOSE	Num	8	22C. Oral corticosteroid participant is taking (check all that apply) Prednisolone (Pepiapred, Prelone, Delta-Cortef): (Dose/mg)
196	CV122C_FREQ	Num	8	22C. Oral corticosteroid participant is taking (check all that apply) Prednisolone (Pepiapred, Prelone, Delta-Cortef): (Freq/Puffs/Ampules per day)
197	CV122D_DOSE	Num	8	22D. Oral corticosteroid participant is taking (check all that apply) Methylprednisolone (Medrol): (Dose/mg)
198	CV122D_FREQ	Num	8	22D. Oral corticosteroid participant is taking (check all that apply) Methylprednisolone (Medrol): (Freq/Puffs/Ampules per day)
199	CV122E_DOSE	Num	8	22E. Oral corticosteroid participant is taking (check all that apply) other specify (Dose/mg)
200	CV122E_FREQ	Num	8	22E. Oral corticosteroid participant is taking (check all that apply) other specify (Freq/Puffs/Ampules per day)
201	CV122F_DOSE	Num	8	22F. Oral corticosteroid participant is taking (check all that apply) other specify (Dose/mg)
202	CV122F_FREQ	Num	8	22F. Oral corticosteroid participant is taking (check all that apply) other specify (Freq/Puffs/Ampules per day)
203	CV123B_DOSE	Num	8	23B. Methylxanthines participant is taking (check all that apply) Theophylline, sustained-release (Slo-Phyllin, Uniphyl, Theo-Dur, Slo-Bid, others): (Dose/mg)
204	CV123B_FREQ	Num	8	23B. Methylxanthines participant is taking (check all that apply) Theophylline, sustained-release (Slo-Phyllin, Uniphyl, Theo-Dur, Slo-Bid, others): (Freq/Puffs/Ampules per day)
205	CV123C_DOSE	Num	8	23C. Methylxanthines participant is taking (check all that apply) other specify (Dose/mg)
206	CV123C_FREQ	Num	8	23C. Methylxanthines participant is taking (check all that apply) other specify (Freq/Puffs/Ampules per day)
207	CV124B_DOSE	Num	8	24B. Oral antileukotriene drugs participant is currently taking (check all that apply) Montelukast (Singulair): (Dose/mg)
208	CV124B_FREQ	Num	8	24B. Oral antileukotriene drugs participant is currently taking (check all that apply) Montelukast (Singulair): (Freq/Puffs/Ampules per day)
209	CV124C_DOSE	Num	8	24C. Oral antileukotriene drugs participant is currently taking (check all that apply) Zafirlukast (Accolate): (Dose/mg)
210	CV124C_FREQ	Num	8	24C. Oral antileukotriene drugs participant is currently taking (check all that apply) Zafirlukast (Accolate): (Freq/Puffs/Ampules per day)
211	CV124D_DOSE	Num	8	24D. Oral antileukotriene drugs participant is currently taking (check all that apply) Zileuton (Zyflo): (Dose/mg)
212	CV124D_FREQ	Num	8	24D. Oral antileukotriene drugs participant is currently taking (check all that apply) Zileuton (Zyflo): (Freq/Puffs/Ampules per day)
213	CV124E_DOSE	Num	8	24E. Oral antileukotriene drugs participant is currently taking (check all that apply) other specify (Dose/mg)
214	CV124E_FREQ	Num	8	24E. Oral antileukotriene drugs participant is currently taking (check all that apply) other specify (Freq/Puffs/Ampules per day)
215	CV125B_FREQ	Num	8	25B. Other asthma medications participant is currently taking (check all that apply) Cromolyn sodium (Intal Nebulizer): (Freq/Puffs/Ampules per day)
216	CV125C_FREQ	Num	8	25C. Other asthma medications participant is currently taking (check all that apply) Cromolyn sodium (Intal Metered Dose Inhaler): (Freq/Puffs/Ampules per day)
217	CV125D_FREQ	Num	8	25D. Other asthma medications participant is currently taking (check all that apply) Nedocromil sodium (Tilade): (Freq/Puffs/Ampules per day)

Num	Variable	Type	Len	Label
218	CV125E_FREQ	Num	8	25E. Other asthma medications participant is currently taking (check all that apply) other specify (Freq/Puffs/Ampules per day)
219	CV125F_FREQ	Num	8	25F. Other asthma medications participant is currently taking (check all that apply) other specify (Freq/Puffs/Ampules per day)
220	CV125G_FREQ	Num	8	25G. Other asthma medications participant is currently taking (check all that apply) other specify (Freq/Puffs/Ampules per day)
221	CV125H_FREQ	Num	8	25H. Other asthma medications participant is currently taking (check all that apply) Omalizumab (Xolair): (Freq/Injections per month)
222	CV128A	Num	8	28A. Since the last visit, rate the severity of the following symptoms (ask about all listed symptoms) Skin rash:
223	CV128B	Num	8	28B. Since the last visit, rate the severity of the following symptoms (ask about all listed symptoms) Itching:
224	CV128C	Num	8	28C. Since the last visit, rate the severity of the following symptoms (ask about all listed symptoms) Difficulty breathing:
225	CV128D	Num	8	28D. Since the last visit, rate the severity of the following symptoms (ask about all listed symptoms) Difficulty swallowing:
226	CV128E	Num	8	28E. Since the last visit, rate the severity of the following symptoms (ask about all listed symptoms) Low blood pressure:
227	CV128F	Num	8	28F. Since the last visit, rate the severity of the following symptoms (ask about all listed symptoms) Passing out:
228	CV128G	Num	8	28G. Since the last visit, rate the severity of the following symptoms (ask about all listed symptoms) Breast swelling or tenderness:
229	CV139	Num	8	39. Since the last study visit, how many times have you seen or contacted a healthcare provider for asthma or asthma treatment:
230	CV146A	Num	8	46A. Pre-assessment conditions met: No food or beverage for one hour prior to EBC collection (check only one):
231	CV146B	Num	8	46B. Pre-assessment conditions met: EBC collected before spirometry (check only one):
232	CV149BU	Num	8	49B. CRP and IL-6 collection information: Time sample collected: (am/pm)
233	CV152B	Num	8	52B. Eosinophil count: Record results of eosinophil analysis:
234	VISITDATE	Num	8	

Data Set Name: soya_dc.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	DC103_GRD1	Char	1	3. Awakened by asthma last night: (Mon)
3	DC103_GRD2	Char	1	3. Awakened by asthma last night: (Tue)
4	DC103_GRD3	Char	1	3. Awakened by asthma last night: (Wed)
5	DC103_GRD4	Char	1	3. Awakened by asthma last night: (Thur)
6	DC103_GRD5	Char	1	3. Awakened by asthma last night: (Fri)
7	DC103_GRD6	Char	1	3. Awakened by asthma last night: (Sat)
8	DC103_GRD7	Char	1	3. Awakened by asthma last night: (Sun)
9	DC104_GRD1	Char	1	4. Took morning study tablet: (Mon)
10	DC104_GRD2	Char	1	4. Took morning study tablet: (Tue)
11	DC104_GRD3	Char	1	4. Took morning study tablet: (Wed)
12	DC104_GRD4	Char	1	4. Took morning study tablet: (Thur)
13	DC104_GRD5	Char	1	4. Took morning study tablet: (Fri)
14	DC104_GRD6	Char	1	4. Took morning study tablet: (Sat)
15	DC104_GRD7	Char	1	4. Took morning study tablet: (Sun)
16	DC105_GRD1	Char	1	5. Took evening study tablet: (Mon)
17	DC105_GRD2	Char	1	5. Took evening study tablet: (Tue)
18	DC105_GRD3	Char	1	5. Took evening study tablet: (Wed)
19	DC105_GRD4	Char	1	5. Took evening study tablet: (Thur)
20	DC105_GRD5	Char	1	5. Took evening study tablet: (Fri)
21	DC105_GRD6	Char	1	5. Took evening study tablet: (Sat)
22	DC105_GRD7	Char	1	5. Took evening study tablet: (Sun)
23	DC108_GRD1	Char	1	8. Used oral predisone/steroids for asthma: (Mon)
24	DC108_GRD2	Char	1	8. Used oral predisone/steroids for asthma: (Tue)
25	DC108_GRD3	Char	1	8. Used oral predisone/steroids for asthma: (Wed)
26	DC108_GRD4	Char	1	8. Used oral predisone/steroids for asthma: (Thur)
27	DC108_GRD5	Char	1	8. Used oral predisone/steroids for asthma: (Fri)
28	DC108_GRD6	Char	1	8. Used oral predisone/steroids for asthma: (Sat)
29	DC108_GRD7	Char	1	8. Used oral predisone/steroids for asthma: (Sun)
30	DC109_GRD1	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 4, 5, 6a, 6b or 8: (Mon)
31	DC109_GRD2	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 4, 5, 6a, 6b or 8: (Tue)
32	DC109_GRD3	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 4, 5, 6a, 6b or 8: (Wed)
33	DC109_GRD4	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 4, 5, 6a, 6b or 8: (Thur)
34	DC109_GRD5	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 4, 5, 6a, 6b or 8: (Fri)
35	DC109_GRD6	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 4, 5, 6a, 6b or 8: (Sat)
36	DC109_GRD7	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 4, 5, 6a, 6b or 8: (Sun)

Num	Variable	Type	Len	Label
37	DC110_GRD1	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): (Mon)
38	DC110_GRD2	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): (Tue)
39	DC110_GRD3	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): (Wed)
40	DC110_GRD4	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): (Thur)
41	DC110_GRD5	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): (Fri)
42	DC110_GRD6	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): (Sat)
43	DC110_GRD7	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): (Sun)
44	DC102_GRD1	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): (Mon)
45	DC102_GRD2	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): (Tue)
46	DC102_GRD3	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): (Wed)
47	DC102_GRD4	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): (Thur)
48	DC102_GRD5	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): (Fri)
49	DC102_GRD6	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): (Sat)
50	DC102_GRD7	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): (Sun)
51	DC106A_GRD1	Num	8	6a. Drug use for quick relief of asthma symptoms: (Mon)
52	DC106A_GRD2	Num	8	6a. Drug use for quick relief of asthma symptoms: (Tue)
53	DC106A_GRD3	Num	8	6a. Drug use for quick relief of asthma symptoms: (Wed)
54	DC106A_GRD4	Num	8	6a. Drug use for quick relief of asthma symptoms: (Thur)
55	DC106A_GRD5	Num	8	6a. Drug use for quick relief of asthma symptoms: (Fri)
56	DC106A_GRD6	Num	8	6a. Drug use for quick relief of asthma symptoms: (Sat)
57	DC106A_GRD7	Num	8	6a. Drug use for quick relief of asthma symptoms: (Sun)
58	DC106B_GRD1	Num	8	6b. Drug use for quick relief of asthma symptoms: (Mon)
59	DC106B_GRD2	Num	8	6b. Drug use for quick relief of asthma symptoms: (Tue)
60	DC106B_GRD3	Num	8	6b. Drug use for quick relief of asthma symptoms: (Wed)
61	DC106B_GRD4	Num	8	6b. Drug use for quick relief of asthma symptoms: (Thur)
62	DC106B_GRD5	Num	8	6b. Drug use for quick relief of asthma symptoms: (Fri)
63	DC106B_GRD6	Num	8	6b. Drug use for quick relief of asthma symptoms: (Sat)
64	DC106B_GRD7	Num	8	6b. Drug use for quick relief of asthma symptoms: (Sun)
65	DC107_GRD1	Num	8	7. Asthma score: (Mon)
66	DC107_GRD2	Num	8	7. Asthma score: (Tue)
67	DC107_GRD3	Num	8	7. Asthma score: (Wed)
68	DC107_GRD4	Num	8	7. Asthma score: (Thur)
69	DC107_GRD5	Num	8	7. Asthma score: (Fri)
70	DC107_GRD6	Num	8	7. Asthma score: (Sat)
71	DC107_GRD7	Num	8	7. Asthma score: (Sun)
72	DC101MON	Num	8	1. Date(Month/Day)
73	DC101TUE	Num	8	1. Date(Month/Day)
74	DC101WED	Num	8	1. Date(Month/Day)
75	DC101THUR	Num	8	1. Date(Month/Day)

Num	Variable	Type	Len	Label
76	DC101FRI	Num	8	1. Date(Month/Day)
77	DC101SAT	Num	8	1. Date(Month/Day)
78	DC101SUN	Num	8	1. Date(Month/Day)
79	DC111	Num	8	11.
80	DC115	Num	8	15.

Data Set Name: soya_dd.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	DD117	Char	1	17. Does tablet count suggest a compliance problem:
3	DD118	Char	1	18. Was compliance reviewed with participant:
4	DD119	Char	1	19. Were all outstanding bottles returned:
5	DD105	Char	2	5. Visit ID (V2-V9, N): (record "N" if not associated with a clinic visit)
6	DD108_A	Char	1	8. Action taken (check all that apply) Dispense bottle of study tablets
7	DD108_B	Char	1	8. Action taken (check all that apply) Bottles returned/tablets counted
8	DD120_A	Char	1	20A. If some or all bottles were not returned, give reason (check all that apply) Consumed and discarded:
9	DD120_B	Char	1	20B. If some or all bottles were not returned, give reason (check all that apply) Lost/destroyed:
10	DD120_C	Char	1	20C. If some or all bottles were not returned, give reason (check all that apply) Forgot, still at home:
11	DD120_D	Char	1	20D. If some or all bottles were not returned, give reason (check all that apply) Open, still using:
12	DD120_E	Char	1	20E. If some or all bottles were not returned, give reason (check all that apply) Other (specify):
13	DD110	Num	8	10. Number of bottles dispensed:
14	DD111	Num	8	11. Delivered to the participant (check only one):
15	DD113	Num	8	13. Total bottles returned:
16	DD116	Num	8	16. Total tablets counted:
17	VISITDATE	Num	8	
18	DD109DATE	Num	8	9. Dispense study tablet bottles
19	DD115DATE	Num	8	15. Date of count:

Data Set Name: soya_ei.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	EI108B	Char	1	8B. Exit questions for participant: Do you want to continue with this treatment:
3	EI109	Char	1	9. Was participant's parent/guardian at clinic for this visit:
4	EI111B	Char	1	11B. Do you want your child to continue with this treatment:
5	EI112A	Char	1	12A. Exit materials distributed: Exit letter:
6	EI112B	Char	1	12B. Exit materials distributed: Final spirometry test results:
7	EI112C	Char	1	12C. Exit materials distributed: Treatment unmasking envelope:
8	EI105	Char	2	5. Visit ID:
9	EI116_A	Char	1	16A. Who was interviewed (check all that apply): Participant:
10	EI116_B	Char	1	16B. Who was interviewed (check all that apply): Parent/guardian:
11	EI116_C	Char	1	16C. Who was interviewed (check all that apply): Other (specify):
12	EI107B	Num	8	7B. Exit questions for participant How would you rate your experience as a study participant in the study (check only one):
13	EI108A	Num	8	8A. Exit questions for participant: Do you have any idea which study medication was assigned (check only one):
14	EI110B	Num	8	10B. Exit questions for parent/guardian: How would you rate the study overall (check only one):
15	EI111A	Num	8	11A. Exit questions for parent/guardian: Do you have any idea which study medication was assigned (check only one):
16	VISITDATE	Num	8	

Data Set Name: soya_epac.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	PF_DAYS	Num	8	pf_ex days of fu
3	PF_EX	Num	8	pf_ex exacerbation
4	PF_PT	Num	8	pf_pt, patients
5	ORAL_DAYS	Num	8	oral_ex days of fu
6	ORAL_EX	Num	8	oral_ex exacerbation
7	ORAL_PT	Num	8	oral_pt, patients
8	CARE_DAYS	Num	8	care_ex days of fu
9	CARE_EX	Num	8	care_ex exacerbation
10	CARE_PT	Num	8	care_pt, patients
11	ANY_DAYS	Num	8	any_ex days of fu
12	ANY_EX	Num	8	any_ex exacerbation
13	ANY_PT	Num	8	any_pt, patients
14	RES_DAYS	Num	8	res_ex days of fu
15	RES_EX	Num	8	res_ex exacerbation
16	RES_PT	Num	8	res_pt, patients
17	AWK_DAYS	Num	8	awk_ex days of fu
18	AWK_EX	Num	8	awk_ex exacerbation
19	AWK_PT	Num	8	awk_pt, patients

Data Set Name: soya_mc.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	MC107	Char	1	7. Is participant taking any beta-adrenergic blocking agent:
3	MC108	Char	1	8. Has participant had a stroke or heart attack in last three months:
4	MC109	Char	1	9. Does participant have a known aortic aneurysm:
5	MC110	Char	1	10. Does the participant have uncontrolled hypertension (ie, SBP > 200, DBP > 100):
6	MC111	Char	1	11. Did the participant have a positive pregnancy test:
7	MC112	Char	1	12. Are any of items 7-11 answered "Yes:"
8	MC114	Char	1	14. Is participant wheezing or showing other signs of asthma:
9	MC115	Char	1	15. Are any items 13 a-h checked or is item 14 answered "Yes:"
10	MC116	Char	1	16. Has a study physician reviewed the relative contraindications:
11	MC117	Char	1	17. Based on review of relative contraindications, did study physician approve the performance of the MeCl test:
12	MC119	Char	1	19. Has participant consumed caffeine (eg, tea, coffee, cola drink, energy drink, Anacin, chocolate) within past 6 hours:
13	MC120	Char	1	20. Has participant engaged in vigorous exercise within the past 6 hours:
14	MC121	Char	1	21. Has participant smoked a cigarette, cigar, or pipe within the past 6 hours:
15	MC122	Char	1	22. Has participant had a cold or upper respiratory infection within the past 4 weeks:
16	MC123	Char	1	23. Has participant had a known exposure to an allergen causing asthma within the past week:
17	MC124	Char	1	24. Were vials of methacholine prepared and handled according to guidelines in SOYA Manual of Procedures:
18	MC125A	Char	1	25A. Equipment: KoKo spirometer:
19	MC125B	Char	1	25B. Equipment: KoKo dosimeter:
20	MC125C	Char	1	25C. Equipment: Nebulizer cups, pre-calibrated for ACRC:
21	MC126	Char	1	26. Is a supervising physician immediately available in case of emergency:
22	MC127	Char	1	27. Are oxygen, stethoscope, pulse oximeter, and sphygmomanometer available in case of emergency:
23	MC128	Char	1	28. Is albuterol (both via MDI and via nebulizer) immediately available:
24	MC129	Char	1	29. Is atropine immediately available:
25	MC130	Char	1	30. Are all of items 24-29 answered "Yes:"
26	MC134	Char	1	34. Is baseline FEV1 (item 33) less than 1 liter:
27	MC138	Char	1	38. Is baseline FEV1 predicted (item 37) less than 70%:
28	MC142	Char	1	42. Is Post-diluent FEV1 (item 40) less than or equal to 80% of the baseline FEV1 (0.8 * item 33):
29	MC144E	Char	1	44E. Is column c less than or equal to item 43?
30	MC145E	Char	1	45E. Is column c less than or equal to item 43?
31	MC146E	Char	1	46E. Is column c less than or equal to item 43?
32	MC147E	Char	1	47E. Is column c less than or equal to item 43?
33	MC148E	Char	1	48E. Is column c less than or equal to item 43?
34	MC149E	Char	1	49E. Is column c less than or equal to item 43?

Num	Variable	Type	Len	Label
35	MC150E	Char	1	50E. Is column c less than or equal to item 43?
36	MC151E	Char	1	51E. Is column c less than or equal to item 43?
37	MC152E	Char	1	52E. Is column c less than or equal to item 43?
38	MC153E	Char	1	53E. Is column c less than or equal to item 43?
39	MC154	Char	1	54. Is vial A FEV1 (item 53) less than 90% of baseline FEV1 (0.9*item 33):
40	MC163	Char	1	63. Is Post-BD FEV1 (item 61) greater or equal to 90% of the baseline FEV1 (0.9 * item 33):
41	MC166	Char	1	66. Is 2nd Post-BD FEV1 (item 64) greater or equal to 90% of the baseline FEV1 (0.9 * item 33):
42	MC167	Char	1	67. Was physician consulted:
43	MC168	Char	1	68. Did participant experience any complications of the methacholine challenge:
44	MC170	Char	1	70. Did participant's FEV1 fall below the target FEV1 following the administration of any concentration of methacholine (ie, are any responses in column e, items 44-53, checked "Yes"):
45	MC105	Char	2	5. Visit ID:
46	MC139	Char	7	39. Time diluent administered:
47	MC160	Char	7	60. Time of bronchodilator administration:
48	MC113_A	Char	1	13A. Does the participant have any of the following (check all that apply): Epilepsy:
49	MC113_B	Char	1	13B. Does the participant have any of the following (check all that apply): Any cardiovascular disease accompanied by bradycardia (slow heart beat):
50	MC113_C	Char	1	13C. Does the participant have any of the following (check all that apply): Vagotonia:
51	MC113_D	Char	1	13D. Does the participant have any of the following (check all that apply): Peptic ulcer disease:
52	MC113_E	Char	1	13E. Does the participant have any of the following (check all that apply): Thyroid disease:
53	MC113_F	Char	1	13F. Does the participant have any of the following (check all that apply): Urinary tract obstruction:
54	MC113_G	Char	1	13G. Does the participant have any of the following (check all that apply): Current use of cholinesterase-inhibitor medication:
55	MC113_H	Char	1	13H. Does the participant have any of the following (check all that apply): Other serious illness in last four weeks (specify):
56	MC118_A	Char	1	18A. Has participant taken any of the following medications within the indicated time period: Short-acting bronchodilator within past 6 hours (eg, albuterol, Ventolin, Proair, Proventil, Xopenex, isoproterenol, metaproterenol):
57	MC118_B	Char	1	18B. Has participant taken any of the following medications within the indicated time period: Medium-acting bronchodilator within past 24 hours (eg, ipratropium, Combivent, oral albuterol, Choledyl):
58	MC118_C	Char	1	18C. Has participant taken any of the following medications within the indicated time period: Long-acting bronchodilator within past 24 hours (eg, salmeterol, formoterol, Advair, Serevent):
59	MC118_D	Char	1	18D. Has participant taken any of the following medications within the indicated time period: Ultra-long-acting bronchodilator within past 72 hours (eg, tiotropium):
60	MC118_E	Char	1	18E. Has participant taken any of the following medications within the indicated time period: Oral theophylline within past 48 hours (eg, Theodur, Uniphyll):
61	MC118_F	Char	1	18F. Has participant taken any of the following medications within the indicated time period: Cromolyn within past 8 hours:
62	MC118_G	Char	1	18G. Has participant taken any of the following medications within the indicated time period: Nedocromil within past 24 hours:
63	MC118_H	Char	1	18H. Has participant taken any of the following medications within the indicated time period: h. Leukotriene modifier within past 24 hours (eg, Singulair, Accolate, montelukast, zafirlukast):

Num	Variable	Type	Len	Label
64	MC118_I	Char	1	18I. Has participant taken any of the following medications within the indicated time period: Antihistamines within past 48 hours (eg, Zyrtec, cetirizine, fexofenadine, Xyzal):
65	MC118_J	Char	1	18J. Has participant taken any of the following medications within the indicated time period: Non-steroidal nasal spray within past 24 hours (eg, Afrin, oxymetazoline):
66	MC118_K	Char	1	18K. Has participant taken any of the following medications within the indicated time period: None of the above:
67	MC144B	Char	7	44B. Dose (Concentration mg/mL)
68	MC145B	Char	6	45B. Dose (Concentration mg/mL)
69	MC146B	Char	5	46B. Dose (Concentration mg/mL)
70	MC147B	Char	4	47B. Dose (Concentration mg/mL)
71	MC148B	Char	3	48B. Dose (Concentration mg/mL)
72	MC149B	Char	3	49B. Dose (Concentration mg/mL)
73	MC150B	Char	3	50B. Dose (Concentration mg/mL)
74	MC151B	Char	3	51B. Dose (Concentration mg/mL)
75	MC152B	Char	3	52B. Dose (Concentration mg/mL)
76	MC153B	Char	4	53B. Dose (Concentration mg/mL)
77	MC131A	Num	8	31A. Height (measured; enter only a or b): Inches:
78	MC131B	Num	8	31B. Height (measured; enter only a or b): Centimeters:
79	MC132A	Num	8	32A. Weight (measured; enter only a or b): Pounds:
80	MC132B	Num	8	32B. Weight (measured; enter only a or b): Kilograms:
81	MC133	Num	8	33. Baseline FEV1:
82	MC135	Num	8	35. Baseline FVC:
83	MC136	Num	8	36. Predicted FEV1 (from Manual of Procedures or as calculated online at www.cctrials.org/alaacrc):
84	MC137	Num	8	37. Baseline FEV1 % Predicted (100* item 33 / item 36):
85	MC140	Num	8	40. Post-diluent FEV1:
86	MC141	Num	8	41. Post-diluent FVC:
87	MC143	Num	8	43. Target FEV1 (0.8 * item 40):
88	MC144C	Num	8	44C. FEV1 (Liters)
89	MC144D	Num	8	44D. FVC (Liters)
90	MC145C	Num	8	45C. FEV1 (Liters)
91	MC145D	Num	8	45D. FVC (Liters)
92	MC146C	Num	8	46C. FEV1 (Liters)
93	MC146D	Num	8	46D. FVC (Liters)
94	MC147C	Num	8	47C. FEV1 (Liters)
95	MC147D	Num	8	47D. FVC (Liters)
96	MC148C	Num	8	48C. FEV1 (Liters)
97	MC148D	Num	8	48D. FVC (Liters)
98	MC149C	Num	8	49C. FEV1 (Liters)
99	MC149D	Num	8	49D. FVC (Liters)
100	MC150C	Num	8	50C. FEV1 (Liters)

Num	Variable	Type	Len	Label
101	MC150D	Num	8	50D. FVC (Liters)
102	MC151C	Num	8	51C. FEV1 (Liters)
103	MC151D	Num	8	51D. FVC (Liters)
104	MC152C	Num	8	52C. FEV1 (Liters)
105	MC152D	Num	8	52D. FVC (Liters)
106	MC153C	Num	8	53C. FEV1 (Liters)
107	MC153D	Num	8	53D. FVC (Liters)
108	MC161	Num	8	61. Post-BD FEV1:
109	MC162	Num	8	62. Post-BD FVC:
110	MC164	Num	8	64. 2nd Post-BD FEV1:
111	MC165	Num	8	65. 2nd Post-BD FVC:
112	VISITDATE	Num	8	

Data Set Name: soya_md.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	MD107	Char	1	7. Was visit or phone contact missed completely:
3	MD109	Char	1	9. Are diary cards missing:
4	MD105	Char	2	5. Visit ID:
5	MD108_A	Char	1	8A. AS (Asthma Symptom Utility Index):
6	MD108_B	Char	1	8B. BA (Baseline Asthma and Medical History):
7	MD108_C	Char	1	8C. BF (Block 2005 Food Frequency Questionnaire):
8	MD108_D	Char	1	8D. BK (Block 2004 Kids Food Frequency Questionnaire):
9	MD108_E	Char	1	8E. BS (Block Soy Foods Screener):
10	MD108_F	Char	1	8F. CH (Child Health Questionnaire):
11	MD108_G	Char	1	8G. CV (Clinic Visit Form):
12	MD108_H	Char	1	8H. DC (Diary Card):
13	MD108_I	Char	1	8I. DD (Tablet Dispensing and Counting):
14	MD108_J	Char	1	8J. EI (Exit Interview):
15	MD108_K	Char	1	8K. FQ (Asthma in Females Questionnaire):
16	MD108_L	Char	1	8L. MC (Methacholine Challenge Testing):
17	MD108_M	Char	1	8M. MO (Medical Outcomes Study):
18	MD108_N	Char	1	8N. MQ (Marks Asthma Quality of Life Questionnaire):
19	MD108_O	Char	1	8O. NO (Nitric Oxide Form):
20	MD108_P	Char	1	8P. PC (Phone Contact):
21	MD108_Q	Char	1	8Q. PE (Physical Exam):
22	MD108_R	Char	1	8R. PF (Pulmonary Function Testing):
23	MD108_S	Char	1	8S. PI (Participant Information):
24	MD108_T	Char	1	8T. PQ (Children's Health Survey for Asthma - Child Version):
25	MD108_U	Char	1	8U. SQ (Home Smoking Activity and Exposure to Tobacco Smoke):
26	MD108_V	Char	1	8V. TA (Asthma Control Test, 12+):
27	MD108_W	Char	1	8W. TT (Treatment Termination):
28	MD108_X	Char	1	8X. UM (Unmasking):
29	MD108_Y	Char	1	8Y. Other (specify):
30	MD108_Z	Char	1	8Z. N/A, none missed:
31	MD113_A	Char	1	13A. Reason for missed visit or data (check all that apply) Participant was ill:
32	MD113_B	Char	1	13B. Reason for missed visit or data (check all that apply) Participant was temporarily away from area:
33	MD113_C	Char	1	13C. Reason for missed visit or data (check all that apply) Participant refused:
34	MD113_D	Char	1	13D. Reason for missed visit or data (check all that apply) Participant has permanently moved from area:
35	MD113_E	Char	1	13E. Reason for missed visit or data (check all that apply) Unable to contact participant:
36	MD113_F	Char	1	13F. Reason for missed visit or data (check all that apply) Participant forgot:

Num	Variable	Type	Len	Label
37	MD113_G	Char	1	13G. Reason for missed visit or data (check all that apply) Other (specify):
38	MD113_H	Char	1	13H. Reason for missed visit or data (check all that apply) N/A, none missed:
39	VISITDATE	Num	8	
40	MD111A	Num	8	11A. Second Interval: Start Date
41	MD111B	Num	8	11B. Second Interval: End Date
42	MD112A	Num	8	12A. Third Interval: Start Date
43	MD112B	Num	8	12B. Third Interval: End Date
44	MD110A	Num	8	10A. First Interval: Start Date
45	MD110B	Num	8	10B. First Interval: End Date

Data Set Name: soya_no.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	NO109A	Char	1	9A. Oral/inhaled corticosteroid use: Did participant use oral/inhaled corticosteroids today:
3	NO110	Char	1	10. Participating in eNO Comparison Substudy:
4	NO105	Char	2	5. Visit ID:
5	NO114	Char	8	14. Time participant eNO tested (read off the NIOX MINO A device):
6	NO119	Char	7	19. Time participant eNO tested (read off the NIOX MINO B device):
7	NO109B	Char	7	9B. Oral/inhaled corticosteroid use: Time most recently used:
8	NO107A	Num	8	7A. Confounders (check only one for each subitem) : Did participant have a methacholine challenge test before eNO testing:
9	NO107B	Num	8	7B. Confounders (check only one for each subitem) : Did participant have a spirometry test before eNO testing:
10	NO107C	Num	8	7C. Confounders (check only one for each subitem) : Did participant have an EBC collection before eNO testing:
11	NO107D	Num	8	7D. Confounders (check only one for each subitem) : Did participant eat or drink anything for 1 hour before eNO testing:
12	NO107E	Num	8	7E. Confounders (check only one for each subitem) : Did participant do any strenuous exercise for 1 hour before eNO testing:
13	NO107F	Num	8	7F. Confounders (check only one for each subitem) : Did participant use a bronchodilator for 2 hours before eNO testing:
14	NO108	Num	8	8. Current acute upper and/or lower respiratory tract viral infection:
15	NO109BU	Num	8	9BU. Oral/inhaled corticosteroid use: Time most recently used: (Units)
16	NO111	Num	8	11. Order of testing for eNO Comparison Substudy (assigned by data system):
17	NO112	Num	8	12. Result of daily quality control test for NIOX MINO A:
18	NO114U	Num	8	14U. Time participant eNO tested (read off the NIOX MINO A device): (am/pm)
19	NO115A	Num	8	15A. Participant eNO test results for the NIOX MINO A: Test one
20	NO115B	Num	8	15B. Participant eNO test results for the NIOX MINO A: Test two
21	NO116	Num	8	16. Ambient NO result for the NIOX MINO A (record as "0" if result is < 5 ppb):
22	NO117	Num	8	17. Result of daily quality control test for NIOX MINO B:
23	NO119U	Num	8	19U. Time participant eNO tested (read off the NIOX MINO B device): (am/pm)
24	NO120A	Num	8	20. Participant eNO test results for the NIOX MINO B: Test one
25	NO120B	Num	8	20. Participant eNO test results for the NIOX MINO B: Test two
26	NO121	Num	8	21. Ambient NO results for the NIOX MINO B (record as "0" if result is < 5 ppb):
27	VISITDATE	Num	8	
28	NO113	Num	8	13. Date participant eNO tested (read off the NIOX MINO A device):
29	NO118	Num	8	18. Date participant eNO tested (read off the NIOX MINO B device):

Data Set Name: soya_pc.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	PC108A	Char	1	8A. Missed study tablets: Since Visit 2, have there been any missed doses of study tablet:
3	PC110A	Char	1	10A. Since Visit 2, were there any symptoms (skin rash, itching, difficulty breathing, difficulty swallowing, low blood pressure or passing out) that may be related to the study tablets:
4	PC111	Char	1	11. Were any rescue medications (ie, short acting bronchodilator) used since beginning study tablets (do not count uses to prevent symptoms, eg, medication before exercise):
5	PC116C	Char	1	16C. Visit 4 appointment: Participant can make appointment:
6	PC105	Char	2	5. Visit ID:
7	PC109_A	Char	1	9A. Why was study tablet missed (check all that apply): Forgot:
8	PC109_B	Char	1	9B. Why was study tablet missed (check all that apply): Out of study tablets:
9	PC109_C	Char	1	9C. Why was study tablet missed (check all that apply): Side effects (specify):
10	PC109_D	Char	1	9D. Why was study tablet missed (check all that apply): Lost bottle:
11	PC109_E	Char	1	9E. Why was study tablet missed (check all that apply): Too busy:
12	PC109_F	Char	1	9F. Why was study tablet missed (check all that apply): Other (specify):
13	PC109_G	Char	1	9G. Why was study tablet missed (check all that apply): N/A, none missed:
14	PC114_A	Char	1	14A. Were there significant events since beginning study tablets (check all that apply) Hospitalization or urgent care visit for asthma:
15	PC114_B	Char	1	14B. Were there significant events since beginning study tablets (check all that apply) Used oral corticosteroids:
16	PC114_C	Char	1	14C. Were there significant events since beginning study tablets (check all that apply) Other (specify):
17	PC114_D	Char	1	14D. Were there significant events since beginning study tablets (check all that apply) N/A, no significant events occurred:
18	PC115_A	Char	1	15A. Have you been filling out diary cards, do you have any confusion (check all that apply) Answered questions about filling out diary cards:
19	PC115_B	Char	1	15B. Have you been filling out diary cards, do you have any confusion (check all that apply) Checked number of diary cards returned to clinical center:
20	PC115_C	Char	1	15C. Have you been filling out diary cards, do you have any confusion (check all that apply) Reviewed quality of diary cards returned to clinical center:
21	PC115_D	Char	1	15D. Have you been filling out diary cards, do you have any confusion (check all that apply) Encouraged participant to complete and bring diary cards to next visit:
22	PC115_E	Char	1	15E. Have you been filling out diary cards, do you have any confusion (check all that apply) Discussed problems, impediments to completing the diary cards and returning them to the clinical center (specify):
23	PC115_F	Char	1	15F. Have you been filling out diary cards, do you have any confusion (check all that apply) N/A, diary cards not reviewed:
24	PC116B	Char	7	16B. Visit 4 appointment: Time:
25	PC117B	Char	7	17B. Rescheduled Visit 4 appointment: Time:
26	PC118_A	Char	1	18A. Participant reminded to (check all that apply): Use Asthma Action Plan in an emergency:
27	PC118_B	Char	1	18B. Participant reminded to (check all that apply): Consult private physician for asthma care:
28	PC118_C	Char	1	18C. Participant reminded to (check all that apply): N/A, no reminders given:
29	PC122_A	Char	1	22A. Who was interviewed (check all that apply): Participant

Num	Variable	Type	Len	Label
30	PC122_B	Char	1	22B. Who was interviewed (check all that apply): Parent/guardian
31	PC122_C	Char	1	22C. Who was interviewed (check all that apply): Other (specify)
32	PC108B	Num	8	8B. Missed study tablets: How many doses:
33	PC112	Num	8	12. How many times since beginning study tablets were rescue medication used other than to prevent symptoms (2 puff of MDI=1 use):
34	PC113	Num	8	13. How many times were you awakened by asthma symptoms since beginning study tablets:
35	PC116BU	Num	8	16BU. Visit 4 appointment: Time: (Units)
36	PC117BU	Num	8	17BU. Rescheduled Visit 4 appointment: Time: (Units)
37	VISITDATE	Num	8	
38	PC116A	Num	8	16A. Visit 4 appointment: Date:
39	PC117A	Num	8	17A. Rescheduled Visit 4 appointment: Date:

Data Set Name: soya_pe.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	PE120	Char	1	20. Is examiner a SOYA certified study physician:
3	PE105	Char	2	5. Visit ID:
4	PE107A	Num	8	7a. Blood Pressure: (Systolic)
5	PE107B	Num	8	7b. Blood Pressure: (Diastolic)
6	PE108	Num	8	8. Heart Rate:
7	PE109	Num	8	9. Temperature:
8	PE109U	Num	8	9u. Temperature: (Units)
9	PE110	Num	8	10. Respiration Rate:
10	PE111	Num	8	11. General appearance:
11	PE112	Num	8	12. Chest:
12	PE113	Num	8	13. Heart:
13	PE114	Num	8	14. HEENT/Neck:
14	PE115	Num	8	15. Abdomen:
15	PE116	Num	8	16. Extremities:
16	PE117	Num	8	17. Skin:
17	PE118	Num	8	18. Neurological:
18	PE119	Num	8	19. Other (specify):
19	VISITDATE	Num	8	

Data Set Name: soya_pf.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	PF110A	Char	1	10A. Did participant take any of the following medications before visit: Short-acting bronchodilator within last 4 hours:
3	PF110B	Char	1	10B. Did participant take any of the following medications before visit: Long-acting bronchodilator within last 12 hours:
4	PF105	Char	2	5. Visit ID:
5	PF107A	Num	8	7A. Height (measured; enter only a or b): In inches:
6	PF107B	Num	8	7B. Height (measured; enter only a or b): In centimeters:
7	PF108A	Num	8	8A. Weight (measured; enter only a or b): In pounds:
8	PF108B	Num	8	8B. Weight (measured; enter only a or b): In kilograms:
9	PF109	Num	8	9. Choose one dominant race category as identified by participant (used to calculate predicted values):
10	PF111	Num	8	11. Mini-Wright peak flow measurement (highest of 3 at clinic):
11	PF112	Num	8	12. Pre-bronchodilator FVC:
12	PF113	Num	8	13. Pre-bronchodilator FEV1:
13	PF114	Num	8	14. Predicted FEV1 (from Manual of Procedures or as calculated online at www.cctrials.org/alaacrc):
14	PF116	Num	8	16. Post-bronchodilator FVC:
15	PF117	Num	8	17. Post-bronchodilator FEV1:
16	PF119	Num	8	19. Percent reversibility:
17	VISITDATE	Num	8	

Data Set Name: soya_rz.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	RZ107	Char	1	7. Age 12 or older:
3	RZ108	Char	1	8. Physician diagnosed asthma:
4	RZ109	Char	1	9. Currently on a prescribed dose of daily controller asthma medication(s) (eg, inhaled corticosteroids and/or leukotriene modifier):
5	RZ110	Char	1	10. Non-smoker for the past 6 months or longer:
6	RZ111	Char	1	11. Less than 10 pack-year smoking history (10 pack-years = 1 pack a day for 10 years; 2 packs a day for 5 years, etc):
7	RZ112	Char	1	12. Percent predicted pre-bronchodilator FEV1 greater than or equal to 50%:
8	RZ113A	Char	1	13a. Bronchodilator reversibility: Participant demonstrated 12% or greater reversibility within the last 2 years:
9	RZ114A	Char	1	14a. Methacholine PC20: Participant demonstrated PC20 less than 16 mg/mL within the last 2 years:
10	RZ115	Char	1	15. Participant scored 19 or less on Asthma Control Test (TA) at V1 or V2:
11	RZ116	Char	1	16. Participant used a beta-agonist for asthma symptoms two or more times per week on average over the past 4 weeks:
12	RZ117	Char	1	17. Nocturnal awakenings with asthma symptoms more than once per week on average over the past 4 weeks:
13	RZ118	Char	1	18. Two or more episodes of asthma symptoms in the past 12 months with each episode requiring at least one of the following: ER visit, unscheduled physician visit, prednisone course, or hospitalization:
14	RZ119	Char	1	19. Signed consent and/or assent as per local IRB requirements
15	RZ120	Char	1	20. Permission granted in main or separate onsent/assent to donate DNA and have it stored:
16	RZ121A	Char	1	21a. Medication use: Oral corticosteroid use within past 6 weeks:
17	RZ121B	Char	1	21b. Medication use: Current or previous use of tamoxifen:
18	RZ121C	Char	1	21c. Medication use: Use of any investigational treatments in previous 30 days:
19	RZ122	Char	1	22. Intake of soy, soy supplements or soy enriched foods four or more times within past 30 days:
20	RZ123	Char	1	23. Previous adverse effects from genistein, other phytoestrogens or soy products:
21	RZ124	Char	1	24. History or physician diagnosis of chronic bronchitis, emphysema, or COPD:
22	RZ125	Char	1	25. Active thyroid disease:
23	RZ126	Char	1	26. History of endometrial, breast or ovarian cancer:
24	RZ127	Char	1	27. Condition which in the judgment of the study physician may interfere with participation in the study
25	RZ129	Char	1	29. Asthma exacerbation within past 6 weeks:
26	RZ130	Char	1	30. Upper respiratory infection within past 2 weeks:
27	RZ131	Char	1	31. Body weight less than 77 pounds (35 kg):
28	RZ132	Char	1	32. Change in diet over the past month or expected change in diet (eg, will initiate weight loss diet) during the study:
29	RZ133	Char	1	33. Able to swallow study tablets:
30	RZ134	Char	1	34. Accessible by telephone:
31	RZ135	Char	1	35. Intention to stay in the area for at least the next 6 months:
32	RZ136A	Char	1	36a. Were the following baseline procedures completed or checked: Baseline history (BA form):

Num	Variable	Type	Len	Label
33	RZ136B	Char	1	36b. Were the following baseline procedures completed or checked: Physical exam:
34	RZ136C	Char	1	36c. Were the following baseline procedures completed or checked: Urine specimen collected:
35	RZ136D	Char	1	36d. Were the following baseline procedures completed or checked: Pregnancy test (at V1 and V2):
36	RZ136E	Char	1	36e. Were the following baseline procedures completed or checked: Diary cards reviewed:
37	RZ136F	Char	1	36f. Were the following baseline procedures completed or checked: Questionnaires completed:
38	RZ136G	Char	1	36g. Were the following baseline procedures completed or checked: Spirometry (at V1 and V2):
39	RZ136H	Char	1	36h. Were the following baseline procedures completed or checked: Exhaled nitric oxide (eNO) test:
40	RZ136I	Char	1	36i. Were the following baseline procedures completed or checked: Exhaled Breath Condensate (EBC) collected:
41	RZ136J	Char	1	36j. Were the following baseline procedures completed or checked: Blood specimen collected:
42	RZ137A	Char	1	37a. Were the following V1 forms keyed into the data system: Screening form (SC):
43	RZ137B	Char	1	37b. Were the following V1 forms keyed into the data system: Pulmonary Function Testing (PF):
44	RZ139	Char	1	39. Participant meets all eligibility criteria for randomization:
45	RZ105	Char	2	5. Visit ID:
46	RZ144	Char	1	44. Kit ID (assigned by data system):
47	RZ143A	Char	3	43a. Asthma action plan values (use values calculated by data system): Personal best peak flow:
48	RZ143B	Char	3	43b. Asthma action plan values (use values calculated by data system): Red zone:
49	RZ143D	Char	3	43d. Asthma action plan values (use values calculated by data system): Green zone:
50	RZ128	Num	8	28. For women of childbearing potential: currently pregnant, lactating, or unwilling to practice effective contraception for duration of study:
51	RZ138A	Num	8	38a. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 1
52	RZ138B	Num	8	38b. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 2
53	RZ138C	Num	8	38c. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 3
54	RZ138D	Num	8	38d. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 4
55	RZ138E	Num	8	38e. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 5
56	RZ138F	Num	8	38f. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 6
57	RZ138G	Num	8	38g. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 7
58	RZ138H	Num	8	38h. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 8
59	RZ138I	Num	8	38i. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 9
60	RZ138J	Num	8	38j. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 10
61	RZ138K	Num	8	38k. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 11
62	RZ138L	Num	8	38l. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 12

Num	Variable	Type	Len	Label
63	RZ138M	Num	8	38m. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 13
64	RZ138N	Num	8	38n. Peak flow from diary cards for last 14 days of run-in period (participant must complete diary cards on at least 10 of last 14 days to be eligible): Day 14
65	VISITDATE	Num	8	
66	RZ114B	Num	8	14b. Methacholine PC20: Date PC20 FEV1 demonstrated:
67	RZ113B	Num	8	13b. Bronchodilator reversibility: Date reversibility demonstrated:

Data Set Name: soya_sae.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	VISITDATE	Num	8	
3	SAE	Char	51	

Data Set Name: soya_sc.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	SC107	Char	1	7. Age 12 years or older:
3	SC108	Char	1	8. Body weight greater than or equal to 77 pounds (35 kg):
4	SC109	Char	1	9. Currently on a prescribed dose of daily controller asthma medication(s) (eg, inhaled corticosteroid and/or leukotriene modifier):
5	SC110	Char	1	10. Physician diagnosed asthma:
6	SC111	Char	1	11. Non-smoker for the past 6 months or longer:
7	SC112	Char	1	12. Less than 10 pack-year smoking history (10 pack-years = 1 pack a day for 10 years; 2 packs a day for 5 years, etc):
8	SC113	Char	1	13. Percent predicted pre-bronchodilator FEV1 greater than or equal to 50%:
9	SC114A	Char	1	14A. Participant demonstrated 12% or greater reversibility within the last 2 years:
10	SC115A	Char	1	15A. Participant demonstrated PC20 less than 16 mg/mL within the last 2 years:
11	SC117	Char	1	17. Participant scored 19 or less on the Asthma Control Test (TA) at V1:
12	SC118	Char	1	18. Participant used a beta-agonist for asthma symptoms two or more times per week on average over the past 4 weeks:
13	SC119	Char	1	19. Nocturnal awakenings with asthma symptoms more than once per week on average over the past 4 weeks:
14	SC120	Char	1	20. Two or more episodes of asthma symptoms in the past 12 months with each episode requiring at least one of the following: ER visit, unscheduled physician visit, prednisone course, or hospitalization:
15	SC121	Char	1	21. Current or previous use of tamoxifen:
16	SC122	Char	1	22. Previous adverse effects from genistein, other phytoestrogens, or soy products:
17	SC123	Char	1	23. History or physician diagnosis of chronic bronchitis, emphysema or COPD:
18	SC124	Char	1	24. Active thyroid disease:
19	SC125	Char	1	25. History of endometrial, breast or ovarian cancer:
20	SC128	Char	1	28. Appears able and willing to complete baseline procedures (peak flow measurement, >=10 of 14 diary cards, etc):
21	SC129	Char	1	29. Accessible by telephone:
22	SC130	Char	1	30. Intention to stay in the area for at least the next 6 months:
23	SC131	Char	1	31. Signed consent statement:
24	SC132	Char	1	32. Oral corticosteroid use within past 6 weeks:
25	SC133	Char	1	33. Use of any investigational treatments in previous 30 days:
26	SC134	Char	1	34. Intake of soy, soy supplements or soy-enriched foods four or more times within the past 30 days:
27	SC135	Char	1	35. Change in diet over past month or expected change in diet (eg, will initiate weight loss diet) during the study:
28	SC136	Char	1	36. Asthma exacerbation within past 6 weeks:
29	SC137	Char	1	37. Unable to swallow study tablets:
30	SC138A	Char	1	38A. Major chronic illness or other condition that may interfere with participation in the study: Non-skin cancer:
31	SC138B	Char	1	38B. Major chronic illness or other condition that may interfere with participation in the study: Endocrine disease including insulin-dependent diabetes mellitus:

Num	Variable	Type	Len	Label
32	SC138C	Char	1	38C. Major chronic illness or other condition that may interfere with participation in the study: Coronary artery disease:
33	SC138D	Char	1	38D. Major chronic illness or other condition that may interfere with participation in the study: Congestive heart failure:
34	SC138E	Char	1	38E. Major chronic illness or other condition that may interfere with participation in the study: Stroke:
35	SC138F	Char	1	38F. Major chronic illness or other condition that may interfere with participation in the study: Severe hypertension:
36	SC138G	Char	1	38G. Major chronic illness or other condition that may interfere with participation in the study: Renal failure:
37	SC138H	Char	1	38H. Major chronic illness or other condition that may interfere with participation in the study: Liver disorder:
38	SC138I	Char	1	38I. Major chronic illness or other condition that may interfere with participation in the study: Immunodeficiency state:
39	SC138J	Char	1	38J. Major chronic illness or other condition that may interfere with participation in the study: Malabsorption disorder:
40	SC138K	Char	1	38K. Major chronic illness or other condition that may interfere with participation in the study: Major neuropsychiatric disorder:
41	SC138L	Char	1	38L. Major chronic illness or other condition that may interfere with participation in the study: Other (specify):
42	SC139	Char	1	39. Upper respiratory infection within past 2 weeks:
43	SC105	Char	2	5. Visit ID:
44	SC116	Num	8	16. Asthma Control Test (TA) score at V1:
45	SC126	Num	8	26. Was a pregnancy test conducted at this visit for women of child bearing ability:
46	SC127	Num	8	27. Currently pregnant, lactating, or unwilling to practice adequate birth control for duration of study:
47	VISITDATE	Num	8	
48	SC114DATE	Num	8	14D. Participant demonstrated 12% or greater reversibility within the last 2 years: (Demonstration Date)
49	SC115DATE	Num	8	15D. Participant demonstrated PC20 less than 16 mg/mL within the last 2 years: (Demonstration Date)

Data Set Name: soya_scores.sas7bdat

Num	Variable	Type	Len	Format	Label
1	VISITID	Char	2	\$2.	
2	SNQ	Num	8		Sino-nasal Questionnaire (0-3); Symptoms
3	PCT_FEV	Num	8		Pulmonary Function % predicted FEV1; pre/pred
4	PCT_FVC	Num	8		Pulmonary Function % predicted FVC; pre/pred
5	PCT_PF	Num	8		% predicted Peak Flow; pf*60/pred
6	ACT	Num	8		Asthma Control Test-adult (5-25); Asthma Control
7	ASUI	Num	8		Asthma Symptom Utility Index (0-1); Symptoms
8	MARKS	Num	8		Marks Asthma Questionnaire (0-80); Asthma Control
9	ID	Char	5		BioLINCC ID
10	PCS	Num	8		SF-36 (0-100); Physical Health and Well-Being
11	MCS	Num	8		SF-36 (0-100); Mental Health and Well-Being
12	PHYSICAL	Num	8		CHSA Physical Health Scale (0-100)
13	ACTIVITYC	Num	8		CHSA Physical Activities [child] Scale (0-100)
14	ACTIVITYF	Num	8		CHSA Physical Activity [family] Scale (0-100)
15	EMOTIONALC	Num	8		CHSA Emotional Health [child] Scale (0-100)
16	EMOTIONALF	Num	8		CHSA Emotional Health [family] Scale (0-100)

Data Set Name: soya_trt.sas7bdat

Num	Variable	Type	Len	Label
1	TRT	Char	3	
2	ID	Char	5	BioLINCC ID

Data Set Name: soya_tt.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	TT110	Char	1	10. Were some or all study tablets collected from participant at this time:
3	TT105	Char	2	5. Visit ID:
4	TT109_A	Char	1	9A. Main reasons for treatment termination (check all that apply): Participant completed study:
5	TT109_B	Char	1	9B. Main reasons for treatment termination (check all that apply): Adverse event (specify):
6	TT109_C	Char	1	9C. Main reasons for treatment termination (check all that apply): Side effects (specify):
7	TT109_D	Char	1	9D. Main reasons for treatment termination (check all that apply): Poor asthma control:
8	TT109_E	Char	1	9E. Main reasons for treatment termination (check all that apply): Participant request:
9	TT109_F	Char	1	9F. Main reasons for treatment termination (check all that apply): Lost to followup:
10	TT109_G	Char	1	9G. Main reasons for treatment termination (check all that apply): Pregnancy:
11	TT109_H	Char	1	9H. Main reasons for treatment termination (check all that apply): Other (specify):
12	TT109_I	Char	1	9I. Main reasons for treatment termination (check all that apply): N/A, treatment not terminated:
13	TT108	Num	8	8. Type of termination (check only one):
14	VISITDATE	Num	8	
15	TT107DATE	Num	8	7. Date of last study tablet:

Data Set Name: soya_um.sas7bdat

Num	Variable	Type	Len	Label
1	ID	Char	5	BioLINCC ID
2	UM112	Char	1	12. Were any SOYA staff unmasked:
3	UM114	Char	1	14. Was treatment terminated:
4	UM105	Char	2	5. Visit ID:
5	UM109	Num	8	9. Type of unmasking (check only one):
6	UM111	Num	8	11. Treatment assignment revealed from (check only one):
7	VISITDATE	Num	8	
8	UM108	Num	8	8. Date unmasked: