

**Data Set Name: stan\_ba.sas7bdat**

Num	Variable	Type	Len	Label
1	age_rz	Num	8	Age at Randomization
2	ID	Char	14	BioLINCC ID
3	BA115	Char	1	15. Do you have allergies that make your asthma worse:
4	BA135	Char	1	35. Are you on hormone replacement therapy or had an ovariectomy:
5	BA137	Char	1	37. Have you had sinus surgery:
6	BA151	Char	1	51. Are you exposed to second hand smoke in your home or work place:
7	BA152	Char	1	52. Do you frequently go places other than your home or work place where you are exposed to second hand smoke:
8	BA153	Char	1	53. Have you had hay fever or allergic rhinitis in the last year:
9	BA158	Char	1	58. Have you ever had sinus surgery:
10	BA159	Char	1	59. Have you ever had nasal polyps:
11	BA161g	Char	1	61. Over the past 3 months, on average, how often did you use the following medications specifically for your nose and/or sinus symptoms g. Other (specify):
12	BA162a	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list a. COPD Chronic Obstructive Pulmonary Disease):
13	BA162b	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list b. Gastroesophageal reflux:
14	BA162c	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list c. Eczema:
15	BA162d	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list d. Hay fever or allergic rhinitis:
16	BA162e	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list e. Food allergies:
17	BA162f	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list f. Other allergies specify):
18	BA162g	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list g. Cancer other than skin cancer):
19	BA162h	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list h. Endocrine disease:
20	BA162i	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list i. Thyroid disease:
21	BA162j	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list j. Coronary artery disease:
22	BA162k	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list k. Congestive heart failure:
23	BA162l	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list l. Stroke:
24	BA162m	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list m. Severe hypertension:
25	BA162n	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list n. Diabetes mellitus:
26	BA162o	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list o. Renal failure:

Num	Variable	Type	Len	Label
27	BA162p	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list p. Liver disorders:
28	BA162q	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list q. Immunodeficiency states:
29	BA162r	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list r. Major neuropsychiatric disorder:
30	BA162s	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list s. Glaucoma or any other condition leading to an increase in intraocular pressure:
31	BA162t	Char	1	62. Do you have now or have you had during the last year any of the medical conditions from the following list t. Other conditions) that would interfere with participation in the study:
32	BA163	Char	1	63. Have you ever been diagnosed with sleep apnea:
33	BA164	Char	1	64. Do you use Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP):
34	BA165	Char	1	65. Have you ever been told you snore:
35	BA166	Char	1	66. Has anyone ever noticed that you stop breathing during your sleep:
36	BA167	Char	1	67. Do you often take naps during the day:
37	BA168	Char	1	68. Have you ever been diagnosed with Gastroesophageal Reflux disease:
38	BA173	Char	1	73. Do you have diabetes:
39	BA105	Char	2	5. Visit ID:
40	BA131_a	Char	1	31. Exposure to animals (check all that apply) a. Cat:
41	BA131_b	Char	1	31. Exposure to animals (check all that apply) b. Dog:
42	BA131_c	Char	1	31. Exposure to animals (check all that apply) c. Rodent:
43	BA131_d	Char	1	31. Exposure to animals (check all that apply) d. Other (specify):
44	BA131_e	Char	1	31. Exposure to animals (check all that apply) e. None
45	BA132_a	Char	1	32. A particular season (check all that apply) a. Winter:
46	BA132_b	Char	1	32. A particular season (check all that apply) b. Spring:
47	BA132_c	Char	1	32. A particular season (check all that apply) c. Summer:
48	BA132_d	Char	1	32. A particular season (check all that apply) d. Fall:
49	BA132_e	Char	1	32. A particular season (check all that apply) e. None:
50	BA136_a	Char	1	36. Do you have any conditions related to allergies (check all that apply) a. Nasal polyps:
51	BA136_b	Char	1	36. Do you have any conditions related to allergies (check all that apply) b. Runny nose:
52	BA136_c	Char	1	36. Do you have any conditions related to allergies (check all that apply) c. Nasal congestion:
53	BA136_d	Char	1	36. Do you have any conditions related to allergies (check all that apply) d. Sinus infections:
54	BA136_e	Char	1	36. Do you have any conditions related to allergies (check all that apply) e. Other (specify):
55	BA136_f	Char	1	36. Do you have any conditions related to allergies (check all that apply) f. None:
56	BA138_a	Char	1	38. Do you have any of the following conditions (check all that apply): a. Vocal cord dysfunction:
57	BA138_b	Char	1	38. Do you have any of the following conditions (check all that apply): b. Anxiety:
58	BA138_c	Char	1	38. Do you have any of the following conditions (check all that apply): c. Depression:
59	BA138_d	Char	1	38. Do you have any of the following conditions (check all that apply): d. Hyperventilation syndrome:
60	BA138_e	Char	1	38. Do you have any of the following conditions (check all that apply): e. Panic attacks:
61	BA138_f	Char	1	38. Do you have any of the following conditions (check all that apply): f. None:

Num	Variable	Type	Len	Label
62	BA142_a	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Asthma: a. Father
63	BA142_b	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Asthma: b. Mother
64	BA142_c	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Asthma: c. Any brothers or sisters
65	BA142_d	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Asthma: d. Any of your children
66	BA142_e	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Asthma: e. None
67	BA143_a	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Hay fever or allergies: a. Father
68	BA143_b	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Hay fever or allergies: b. Mother
69	BA143_c	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Hay fever or allergies: c. Any brothers or sisters
70	BA143_d	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Hay fever or allergies: d. Any of your children
71	BA143_e	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Hay fever or allergies: e. None
72	BA144_a	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Eczema: a. Father
73	BA144_b	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Eczema: b. Mother
74	BA144_c	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Eczema: c. Any brothers or sisters
75	BA144_d	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Eczema: d. Any of your children
76	BA144_e	Char	1	42. Do any of your biological family members have the following conditions (check as applicable): Eczema: e. None
77	BA154_a	Char	1	54. Which seasons do you have symptoms of hay fever/allergic rhinitis (check all that apply)
78	BA154_b	Char	1	54. Which seasons do you have symptoms of hay fever/allergic rhinitis (check all that apply)
79	BA154_c	Char	1	54. Which seasons do you have symptoms of hay fever/allergic rhinitis (check all that apply)
80	BA154_d	Char	1	54. Which seasons do you have symptoms of hay fever/allergic rhinitis (check all that apply)
81	BA154_e	Char	1	54. Which seasons do you have symptoms of hay fever/allergic rhinitis (check all that apply)
82	BA178s	Char	2	78. What was your age of first menstrual period
83	BA107	Num	8	7. Gender (check only one):
84	BA108	Num	8	8. Ethnicity (check only one):
85	BA112	Num	8	12. Age of onset of asthma symptoms (years; if onset before first birthday, record as "01"):
86	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:
87	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:
88	BA116	Num	8	16. Who made your original diagnosis of asthma (check only one):

Num	Variable	Type	Len	Label
89	BA117	Num	8	17. Who makes the main decisions about your asthma care (eg, who is currently prescribing your asthma medications; check only one):
90	BA118	Num	8	18. Did your asthma develop after an upper respiratory tract infection/bronchitis:
91	BA119	Num	8	19. When were you last seen by a doctor because of breathing problems (check only one):
92	BA120	Num	8	20. When did you last visit a hospital emergency room or urgent care facility because of breathing problems (check only one):
93	BA121	Num	8	21. When did you last spend a night in the hospital because of breathing problems (check only one):
94	BA122	Num	8	22. When did you last have an Intensive Care Unit (ICU) admission because of an asthma attack (check only one):
95	BA123	Num	8	23. Respiratory infections (eg, cold):
96	BA124	Num	8	24. Irritants (eg, smoke, chemicals):
97	BA125	Num	8	25. Emotions (eg, crying, anger, etc):
98	BA126	Num	8	26. Drugs (eg, aspirin, NSAIDs, beta-blockers, ACE-inhibitors):
99	BA127	Num	8	27. Food additives:
100	BA128	Num	8	28. Weather changes:
101	BA129	Num	8	29. Exercise:
102	BA130	Num	8	30. Cleaning supplies:
103	BA133	Num	8	33. Menstruation (premenstruation or during menses):
104	BA134	Num	8	34. Association of your asthma with pregnancy:
105	BA140	Num	8	40. Effect of change of occupation on your asthma (check only one):
106	BA141	Num	8	41. Effect of change of residence on your asthma (check only one):
107	BA145a	Num	8	45. In general, over the last 3 months, how often did you have the following symptoms: a. Cough - deep, chest, chronic:
108	BA145b	Num	8	45. In general, over the last 3 months, how often did you have the following symptoms: b. Sputum - phlegm or mucus while coughing:
109	BA145c	Num	8	45. In general, over the last 3 months, how often did you have the following symptoms: c. Chest tightness - difficulty taking a deep breath or pressure in the chest:
110	BA145d	Num	8	45. In general, over the last 3 months, how often did you have the following symptoms: d. Wheezy, whistling, or musical sound in the chest:
111	BA145e	Num	8	45. In general, over the last 3 months, how often did you have the following symptoms: e. Shortness of breath:
112	BA145f	Num	8	45. In general, over the last 3 months, how often did you have the following symptoms: f. Nighttime symptoms - includes waking from sleep, nighttime use of albuterol, early morning chest tightness:
113	BA146a	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: a. Inhaled corticosteroids (eg, Beclovent, Pulmicort, Flovent, etc):
114	BA146b	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: b. Steroidal combination medications for asthma (eg, Advair, Symbicort):
115	BA146c	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: c. Oral anti-leukotriene (eg, Singulair, Accolate, Zylflo):
116	BA146d	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: d. Inhaled anticholinergic bronchodilators (eg, Atrovent, Spiriva):

Num	Variable	Type	Len	Label
117	BA146e	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: e. Inhaled short-acting beta-agonist bronchodilators (eg, Albuterol, Proventil, Ventolin, Maxair, Xopenex, etc):
118	BA146f	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: f. Inhaled long-acting beta-agonist bronchodilators (eg, Serevent, Foradil):
119	BA146g	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: g. Cromolyn sodium/nedocromil (eg, Intal, Nasalcrom/Alocril, Tilade):
120	BA146h	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: h. Oral beta-agonist (eg, Proventil repetabs):
121	BA146i	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: i. Methylxanthines (theophylline):
122	BA146j	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: j. Oral corticosteroid (eg, prednisone pills or liquid):
123	BA146k	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: k. Omalizumab (Xolair):
124	BA146l	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: l. Steroid injections:
125	BA146m	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: m. Non-steroidal combination medications for asthma (eg, Combivent):
126	BA146n	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: n. Acupuncture:
127	BA146o	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: o. Allergy shots:
128	BA146p	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: p. Chiropractic treatments:
129	BA146q	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: q. Herbal or natural treatments, vitamins, etc:
130	BA146r	Num	8	46. Over the past 6 months, on average, how often did you use the following medications/therapies specifically for treatment of asthma: r. Other asthma treatment:
131	BA147	Num	8	47. Smoking status (check only one):
132	BA148	Num	8	48. How many years in total did you smoke (years; use decimal value for less than 1 year):
133	BA149	Num	8	49. On average, how many packs of cigarettes per day did you smoke:
134	BA150	Num	8	50. Total number of pack-years (multiply item 48 and item 49):
135	BA155	Num	8	55. How old were you when these symptoms of allergic rhinitis or hay fever started:
136	BA156	Num	8	56. Number of episodes of sinusitis in last year:
137	BA157	Num	8	57. Number of courses of antibiotics for sinusitis in last year:
138	BA160a	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms a. Runny nose:
139	BA160b	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms b. Post nasal drip:
140	BA160c	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms c. Need to blow nose:
141	BA160d	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms d. Cough:
142	BA160e	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms e. Sneezing:

Num	Variable	Type	Len	Label
143	BA160f	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms f. Facial pain/pressure:
144	BA160g	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms g. Thin clear nasal discharge:
145	BA160h	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms h. Thick nasal discharge:
146	BA160i	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms i. Discolored nasal discharge:
147	BA160j	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms j. Nasal obstruction:
148	BA160k	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms k. Nasal itching:
149	BA160l	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms l. Loss of or altered sense of smell:
150	BA160m	Num	8	60. Over the last 6 months, how often, on average, did you have the following symptoms m. Loss of or altered sense of taste:
151	BA161a	Num	8	61. Over the past 3 months, on average, how often did you use the following medications specifically for your nose and/or sinus symptoms a. Nasal steroids (Rhinocort, Nasonex, Flonase, Nasocort):
152	BA161b	Num	8	61. Over the past 3 months, on average, how often did you use the following medications specifically for your nose and/or sinus symptoms b. Nasal spray decongestants (Afrin, phenylephrine):
153	BA161c	Num	8	61. Over the past 3 months, on average, how often did you use the following medications specifically for your nose and/or sinus symptoms c. Oral decongestants:
154	BA161d	Num	8	61. Over the past 3 months, on average, how often did you use the following medications specifically for your nose and/or sinus symptoms d. Antihistamines (Benadryl, Claritin, Allegra, Astelin, Zyrtec):
155	BA161e	Num	8	61. Over the past 3 months, on average, how often did you use the following medications specifically for your nose and/or sinus symptoms e. Nasal saline:
156	BA161f	Num	8	61. Over the past 3 months, on average, how often did you use the following medications specifically for your nose and/or sinus symptoms f. Allergy shots:
157	BA169	Num	8	69. How often do you get symptoms of indigestion or heartburn:
158	BA170	Num	8	70. How often do you take an over the counter antacid (eg, Tums, Maalox, Mylanta, etc):
159	BA171	Num	8	71. How often do you take H2 antagonists (eg, Zantac, Pepcid, Ranitidine, Famotidine, Cimetidine):
160	BA172	Num	8	72. How often do you take proton pump inhibitors (eg, Prilosec, Omeperazole, Protonix, Aciphex, Nexium):
161	BA174	Num	8	74. How old were you when you were diagnosed with diabetes:
162	BA175	Num	8	75. How is your diabetes controlled (check only one):
163	BA176	Num	8	76. What was your birthweight (check only one):
164	BA177	Num	8	77. What was (is) your approximate weight at the age of 18 years (skip this question if less than 18 years):
165	BA178	Num	8	78. What was your age of first menstrual period
166	BA179a	Num	8	79. Waist circumference (measured; enter only a or b): a. Inches:
167	BA179b	Num	8	79. Waist circumference (measured; enter only a or b): b. Centimeters:
168	BA180a	Num	8	80. Hip circumference (measured; enter only a or b): a. Inches:
169	BA180b	Num	8	80. Hip circumference (measured; enter only a or b): b. Centimeters:
170	BA181a	Num	8	81. Neck circumference (measured; enter only a or b) a. Inches:
171	BA181b	Num	8	81. Neck circumference (measured; enter only a or b) b. Centimeters:
172	visitdate	Num	8	Visit Date

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
173	race	Num	8	Race

**Data Set Name: stan\_cv.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	14	BioLINCC ID
2	CV112a	Char	1	12. Phone contacts a. Did you have any unscheduled phone contacts with this clinic since the last study visit (ignore calls to change appointment time or schedule phone visits):
3	CV113a	Char	1	13. Clinic visits a. Did you have any extra visits at this clinic since the last scheduled study visit:
4	CV114	Char	1	14. Is this Visit 2:
5	CV117	Char	1	17. Since the last study visit, have you taken medications specifically for the treatment of asthma:
6	CV126	Char	1	26. Since the last study 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 nasal steroids other than the study nasal spray (eg, Rhinocort, Flonase, Nasocort):
8	CV128a	Char	1	28. Since the last study visit, did you take the following medication to treat sinus symptoms a. Nasal spray decongestants: eg, Afrin, phenylephrine
9	CV128b	Char	1	28. Since the last study visit, did you take the following medication to treat sinus symptoms b. Oral decongestants: eg, Sudafed, Contac
10	CV128c	Char	1	28. Since the last study visit, did you take the following medication to treat sinus symptoms c. Antihistamines: eg, Benadryl, Claritin, Allegra, Astelin, Zyrtec
11	CV128d	Char	1	28. Since the last study visit, did you take the following medication to treat sinus symptoms d. Nasal saline:
12	CV128e	Char	1	28. Since the last study visit, did you take the following medication to treat sinus symptoms e. Allergy immunotherapy: eg, allergy shots, sublingual immunotherapy
13	CV129	Char	1	29. Since the last study visit, did you take other prescription medications (besides study nasal spray and those listed for asthma or nasal symptoms):
14	CV133a	Char	1	33. Serious adverse events a. Since the last study visit, have you experienced a serious adverse event or been hospitalized:
15	CV138a	Char	1	38. Were the following procedures and their forms completed a. Asthma Control Test (TA or TP) (all clinic visits):
16	CV138b	Char	1	38. Were the following procedures and their forms completed b. Asthma Symptom Utility Index (AS) (all clinic visits):
17	CV138c	Char	1	38. Were the following procedures and their forms completed c. Marks Asthma Quality of Life (MQ or PQ) (all clinic visits):
18	CV138d	Char	1	38. Were the following procedures and their forms completed d. Health Quality of Life (MO or CH) (all clinic visits):
19	CV138e	Char	1	38. Were the following procedures and their forms completed e. Sinus and Nasal Quality of Life (SN or SV) (all clinic visits):
20	CV138f	Char	1	38. Were the following procedures and their forms completed f. Sinus Symptom Score (SS) (all clinic visits):
21	CV138g	Char	1	38. Were the following procedures and their forms completed g. Sino-nasal Questionnaire (SI) (visits 1 and 2):
22	CV138h	Char	1	38. Were the following procedures and their forms completed h. Exhaled Nitric Oxide (NO) (visits 2 and 5):
23	CV138i	Char	1	38. Were the following procedures and their forms completed i. Methacholine Testing (MC) (visits 1 and 5):



Num	Variable	Type	Len	Label
24	CV138j	Char	1	38. Were the following procedures and their forms completed j. Pulmonary Function Testing (PF) (all clinic visits):
25	CV138k	Char	1	38. Were the following procedures and their forms completed k. Asthma in Females Questionnaire (FQ) (visit 2):
26	CV138l	Char	1	38. Were the following procedures and their forms completed l. Smoking Questionnaire (SQ) (visit 2):
27	CV138m	Char	1	38. Were the following procedures and their forms completed m. Drug dispensed/collected (DD) (visits 2, 3-5 if applicable):
28	CV138n	Char	1	38. Were the following procedures and their forms completed n. Physical exam (PE) (visits 1 and 5):
29	CV138o	Char	1	38. Were the following procedures and their forms completed o. Allergy Skin Testing (ST) (visit 2):
30	CV138p	Char	1	38. Were the following procedures and their forms completed p. Exit Interview (EI) (visit 5):
31	CV138q	Char	1	38. Were the following procedures and their forms completed q. Treatment Termination (TT) (visit 5 or as needed):
32	CV138r	Char	1	38. Were the following procedures and their forms completed r. Unmasking (UM) (visit 5 or as needed):
33	CV141	Char	1	41. Serum collected for ECP and eotaxins evaluation (visits 2 and 5):
34	CV143	Char	1	43. Nasal lavage specimen collected (visits 2 and 5):
35	CV145	Char	1	45. Whole blood collected for pharmacogenetics (expected at Visit 2; only if participant consented to donate DNA and have it stored):
36	CV105	Char	2	5. Visit ID:
37	CV109_a	Char	1	9. Reason for missing Diary Cards (check all that apply) a. N/A, none missing:
38	CV109_b	Char	1	9. Reason for missing Diary Cards (check all that apply) b. Participant forgot to return:
39	CV109_c	Char	1	9. Reason for missing Diary Cards (check all that apply) c. Did not complete:
40	CV109_d	Char	1	9. Reason for missing Diary Cards (check all that apply) d. Lost or destroyed:
41	CV109_e	Char	1	9. Reason for missing Diary Cards (check all that apply) e. In the mail:
42	CV109_f	Char	1	9. Reason for missing Diary Cards (check all that apply) f. Other (specify):
43	CV110_a	Char	1	10. Review of proper completion of Diary Card with participant (check all that apply) a. N/A, diary card completion not reviewed:
44	CV110_b	Char	1	10. Review of proper completion of Diary Card with participant (check all that apply) b. Dates:
45	CV110_c	Char	1	10. Review of proper completion of Diary Card with participant (check all that apply) c. Peak flow:
46	CV110_d	Char	1	10. Review of proper completion of Diary Card with participant (check all that apply) d. Drug use for quick relief:
47	CV110_e	Char	1	10. Review of proper completion of Diary Card with participant (check all that apply) e. Study nasal spray:
48	CV110_f	Char	1	10. Review of proper completion of Diary Card with participant (check all that apply) f. Other diary card items:
49	CV116_a	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) a. N/A, took study nasal spray everyday:
50	CV116_b	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) b. Permanently stopped study nasal spray:
51	CV116_c	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) c. Temporarily stopped study nasal spray (specify):
52	CV116_d	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) d. Forgot:
53	CV116_e	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) e. Ran out of study nasal spray:

Num	Variable	Type	Len	Label
54	CV116_f	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) f. Did not have study nasal spray on hand:
55	CV116_g	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) g. Lost study nasal spray:
56	CV116_h	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) h. Side effects (specify):
57	CV116_i	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) i. Too busy:
58	CV116_j	Char	1	16. Why did you miss taking your study nasal spray (check all that apply) j. Other (specify):
59	CV120l	Char	1	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) l. Fluticasone (Flovent):
60	CV120m	Char	1	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) m. Triamcinolone (Azmanex):
61	CV120n	Char	1	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) n. Mometasone furoate (Asmanex):
62	CV120o	Char	1	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) o. Ciclesonide (Alvesco):
63	CV120p	Char	1	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) p. Other:
64	CV120q	Char	1	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) q. Other:
65	CV120r	Char	1	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) r. Other:
66	CV132_a	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) a. Upper respiratory tract infection:
67	CV132_b	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) b. Thrush:
68	CV132_c	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) c. Strep throat:
69	CV132_d	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) d. Bronchitis:
70	CV132_e	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) e. Pneumonia:
71	CV132_f	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) f. Ear infection:
72	CV132_g	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) g. Acute sinusitis (sinus infection):
73	CV132_h	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) h. Other viral infection:
74	CV132_i	Char	1	32. Since the last study visit, did you have any of the following (check all that apply) i. N/A, none since last study visit:
75	CV140_a	Char	1	40. Presence of nasal symptoms/complications (check all that apply) a. Normal and healthy:
76	CV140_b	Char	1	40. Presence of nasal symptoms/complications (check all that apply) b. Epistaxis (nasal bleeding):
77	CV140_c	Char	1	40. Presence of nasal symptoms/complications (check all that apply) c. Nasal perforation:
78	CV140_d	Char	1	40. Presence of nasal symptoms/complications (check all that apply) d. Other (specify):
79	CV142_a	Char	1	42. Serum aliquots collected (check all that apply) a. Aliquot 1:
80	CV142_b	Char	1	42. Serum aliquots collected (check all that apply) b. Aliquot 2:
81	CV144_a	Char	1	44. Nasal lavage (1.0 mL) aliquots were collected (check all that apply) a. Aliquot 1:
82	CV144_b	Char	1	44. Nasal lavage (1.0 mL) aliquots were collected (check all that apply) b. Aliquot 2:
83	CV144_c	Char	1	44. Nasal lavage (1.0 mL) aliquots were collected (check all that apply) c. Aliquot 3:
84	CV144_d	Char	1	44. Nasal lavage (1.0 mL) aliquots were collected (check all that apply) d. Aliquot 4:
85	CV144_e	Char	1	44. Nasal lavage (1.0 mL) aliquots were collected (check all that apply) e. Aliquot 5:

Num	Variable	Type	Len	Label
86	CV118a	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) a. NA, no bronchodilator drugs taken:
87	CV118a_dose	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) a. NA, no bronchodilator drugs taken: (Dose)
88	CV118b	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) b. Albuterol nebulizer (0.083%):
89	CV118c	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) c. Albuterol nebulizer (0.5%):
90	CV118d	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) d. Albuterol metered dose inhaler:
91	CV118e	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) e. Levalbuterol (Xopenex):
92	CV118f	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) f. Pirbuterol (Maxair):
93	CV118g	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) g. Ipratropium bromide (Atrovent Nebulizer):
94	CV118h	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) h. Ipratropium bromide (Atrovent HFA):
95	CV118i	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) i. Ipratropium bromide and albuterol (Combivent DuoNeb):
96	CV118j	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) j. Other: specify
97	CV118k	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) k. Other: specify
98	CV118l	Char	7	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) l. Other: specify
99	CV119a	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) a. NA, no bronchodilator drugs taken:
100	CV119a_dose	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) a. NA, no bronchodilator drugs taken: (Dose)
101	CV119a_freq	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) a. NA, no bronchodilator drugs taken: (Freq)
102	CV119b	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) b. Salmeterol (Serevent inhalation aerosol, Serevent Diskus inhalation powder):
103	CV119c	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) c. Albuterol, sustained-release (Volmax, Proventil Repetabs, VoSpire ER)
104	CV119d	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) d. Formoterol (Foradil, Perforomist):
105	CV119e	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) e. Tiotropium bromide (Spiriva):
106	CV119f	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) f. Other: specify
107	CV119g	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) g. Other: specify
108	CV119h	Char	7	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) h. Other: specify

Num	Variable	Type	Len	Label
109	CV120h	Char	7	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) h. NA, no inhaled corticosteroid drugs taken:
110	CV120h_dose	Char	7	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) h. NA, no inhaled corticosteroid drugs taken: (Dose)
111	CV120h_freq	Char	7	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) h. NA, no inhaled corticosteroid drugs taken: (Freq)
112	CV120i	Char	7	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) i. Beclomethasone (Beclivent, Vanceril, QVar, Vanceril Double Strength):
113	CV120j	Char	7	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) j. Budesonide (Pulmicort):
114	CV120k	Char	7	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) k. Flunisolide (AeroBid, Aerospan):
115	CV121a	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) a. NA, no inhaled corticosteroid drugs taken:
116	CV121a_dose	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) a. NA, no inhaled corticosteroid drugs taken: (Dose)
117	CV121a_freq	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) a. NA, no inhaled corticosteroid drugs taken: (Freq)
118	CV121b	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) b. Budesonide and Formoterol (Symbicort):
119	CV121b_dose	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) b. Budesonide and Formoterol (Symbicort): (Dose)
120	CV121c	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) c. Fluticasone and Salmeterol (Advair):
121	CV121c_dose	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) c. Fluticasone and Salmeterol (Advair): (Dose)
122	CV121d	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) d. Fluticasone and Salmeterol (Advair HFA):
123	CV121d_dose	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) d. Fluticasone and Salmeterol (Advair HFA): (Dose)
124	CV121e	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) e. Other combination:
125	CV121e_dose	Char	7	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) e. Other combination: (Dose)
126	CV122a	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) a. NA, no oral corticosteroid drugs taken:
127	CV122a_dose	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) a. NA, no oral corticosteroid drugs taken: (Dose)
128	CV122a_freq	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) a. NA, no oral corticosteroid drugs taken: (Freq)
129	CV122b	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) b. Prednisone (Cortan, Deltasone, Orasone, Prednicen-M, Sterpred):
130	CV122c	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) c. Prednisolone (Pepiapred, Prelone, Delta-Cortef):
131	CV122d	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) d. Methylprednisolone (Medrol):
132	CV122e	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) e. Other:

Num	Variable	Type	Len	Label
133	CV122f	Char	7	22. Oral corticosteroid participant is currently taking (check all that apply) f. Other:
134	CV123a	Char	7	23. Methylxanthines participant is currently taking (check all that apply) a. NA, no methylxanthines taken:
135	CV123a_dose	Char	7	23. Methylxanthines participant is currently taking (check all that apply) a. NA, no methylxanthines taken: (Dose)
136	CV123a_freq	Char	7	23. Methylxanthines participant is currently taking (check all that apply) a. NA, no methylxanthines taken: (Freq)
137	CV123b	Char	7	23. Methylxanthines participant is currently taking (check all that apply) b. Theophylline, sustained-release (Slo-Phyllin, Uniphyll, Theo-Dur, Slo-Bid, others):
138	CV123c	Char	7	23. Methylxanthines participant is currently taking (check all that apply) c. Other:
139	CV124a	Char	7	24. Oral antileukotriene drugs participant is currently taking (check all that apply) a. NA, no oral antileukotriene drugs taken:
140	CV124a_dose	Char	7	24. Oral antileukotriene drugs participant is currently taking (check all that apply) a. NA, no oral antileukotriene drugs taken: (Dose)
141	CV124a_freq	Char	7	24. Oral antileukotriene drugs participant is currently taking (check all that apply) a. NA, no oral antileukotriene drugs taken: (Freq)
142	CV124b	Char	7	24. Oral antileukotriene drugs participant is currently taking (check all that apply) b. Montelukast (Singulair):
143	CV124c	Char	7	24. Oral antileukotriene drugs participant is currently taking (check all that apply) c. Zafirlukast (Accolate):
144	CV124d	Char	7	24. Oral antileukotriene drugs participant is currently taking (check all that apply) d. Zileuton (Zyflo):
145	CV124e	Char	7	24. Oral antileukotriene drugs participant is currently taking (check all that apply) e. Other:
146	CV125a	Char	7	25. Other asthma medications participant is currently taking (check all that apply) a. NA, no non-steroidal drugs taken:
147	CV125a_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) a. NA, no non-steroidal drugs taken:
148	CV125a_freq	Char	7	25. Other asthma medications participant is currently taking (check all that apply) a. NA, no non-steroidal drugs taken:
149	CV125b	Char	7	25. Other asthma medications participant is currently taking (check all that apply) b. Cromolyn sodium (Intal Nebulizer):
150	CV125b_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) b. Cromolyn sodium (Intal Nebulizer):
151	CV125c	Char	7	25. Other asthma medications participant is currently taking (check all that apply) c. Cromolyn sodium (Intal Metered Dose Inhaler):
152	CV125c_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) c. Cromolyn sodium (Intal Metered Dose Inhaler):
153	CV125d	Char	7	25. Other asthma medications participant is currently taking (check all that apply) d. Nedocromil sodium (Tilade):
154	CV125d_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) d. Nedocromil sodium (Tilade):
155	CV125e	Char	7	25. Other asthma medications participant is currently taking (check all that apply) e. Other:
156	CV125e_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) e. Other:
157	CV125f	Char	7	25. Other asthma medications participant is currently taking (check all that apply) f. Other:
158	CV125f_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) f. Other:
159	CV125g	Char	7	25. Other asthma medications participant is currently taking (check all that apply) g. Other:

Num	Variable	Type	Len	Label
160	CV125g_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) g. Other:
161	CV125h	Char	7	25. Other asthma medications participant is currently taking (check all that apply) h. Omalizumab (Xolair):
162	CV125h_dose	Char	7	25. Other asthma medications participant is currently taking (check all that apply) h. Omalizumab (Xolair):
163	CV107	Num	8	7. Since the last study visit, how many Diary Cards has the participant submitted:
164	CV108	Num	8	8. Number of Diary Cards not returned since last study visit:
165	CV112b	Num	8	12. Phone contacts b. If Yes, specify how many:
166	CV113b	Num	8	13. Clinic visits b. If Yes, specify how many:
167	CV115	Num	8	15. Since the last study visit, how many days have you NOT used your study nasal spray:
168	CV118b_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) b. Albuterol nebulizer (0.083%): (Dose)
169	CV118c_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) c. Albuterol nebulizer (0.5%): (Dose)
170	CV118d_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) d. Albuterol metered dose inhaler: (Dose)
171	CV118e_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) e. Levalbuterol (Xopenex): (Dose)
172	CV118f_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) f. Pirbuterol (Maxair): (Dose)
173	CV118g_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) g. Ipratropium bromide (Atrovent Nebulizer): (Dose)
174	CV118h_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) h. Ipratropium bromide (Atrovent HFA): (Dose)
175	CV118i_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) i. Ipratropium bromide and albuterol (Combivent DuoNeb): (Dose)
176	CV118j_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) j. Other: specify (Dose)
177	CV118k_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) k. Other: specify (Dose)
178	CV118l_dose	Num	8	18. Rescue bronchodilator drugs participant taken since last visit (check all that apply) l. Other: specify (Dose)
179	CV119b_dose	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) b. Salmeterol (Serevent inhalation aerosol, Serevent Diskus inhalation powder): (Dose)
180	CV119b_freq	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) b. Salmeterol (Serevent inhalation aerosol, Serevent Diskus inhalation powder): (Freq)
181	CV119c_dose	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) c. Albuterol, sustained-release (Volmax, Proventil Repetabs, VoSpire ER) (Dose)
182	CV119c_freq	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) c. Albuterol, sustained-release (Volmax, Proventil Repetabs, VoSpire ER) (Freq)
183	CV119d_dose	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) d. Formoterol (Foradil, Perforomist): (Dose)
184	CV119d_freq	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) d. Formoterol (Foradil, Perforomist): (Freq)
185	CV119e_dose	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) e. Tiotropium bromide (Spiriva): (Dose)

Num	Variable	Type	Len	Label
186	CV119e_freq	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) e. Tiotropium bromide (Spiriva): (Freq)
187	CV119f_dose	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) f. Other: specify (Dose)
188	CV119f_freq	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) f. Other: specify (Freq)
189	CV119g_dose	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) g. Other: specify (Dose)
190	CV119g_freq	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) g. Other: specify (Freq)
191	CV119h_dose	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) h. Other: specify (Dose)
192	CV119h_freq	Num	8	19. Long-acting bronchodilator drugs participant is currently taking (check all that apply) h. Other: specify (Freq)
193	CV120i_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) i. Beclomethasone (Becloment, Vanceril, QVar, Vanceril Double Strength): (Dose)
194	CV120i_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) i. Beclomethasone (Becloment, Vanceril, QVar, Vanceril Double Strength): (Freq)
195	CV120j_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) j. Budesonide (Pulmicort): (Dose)
196	CV120j_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) j. Budesonide (Pulmicort): (Freq)
197	CV120k_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) k. Flunisolide (AeroBid, Aerospan): (Dose)
198	CV120k_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) k. Flunisolide (AeroBid, Aerospan): (Freq)
199	CV120l_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) l. Fluticasone (Flovent): (Dose)
200	CV120l_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) l. Fluticasone (Flovent): (Freq)
201	CV120m_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) m. Triamcinolone (Azmacort): (Dose)
202	CV120m_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) m. Triamcinolone (Azmacort): (Freq)
203	CV120n_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) n. Mometasone furoate (Asmanex): (Dose)
204	CV120n_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) n. Mometasone furoate (Asmanex): (Freq)
205	CV120o_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) o. Ciclesonide (Alvesco): (Dose)
206	CV120o_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) o. Ciclesonide (Alvesco): (Freq)
207	CV120p_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) p. Other: (Dose)
208	CV120p_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) p. Other: (Freq)

Num	Variable	Type	Len	Label
209	CV120q_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) q. Other: (Dose)
210	CV120q_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) q. Other: (Freq)
211	CV120r_dose	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) r. Other: (Dose)
212	CV120r_freq	Num	8	20. Single agent inhaled corticosteroid participant is currently taking (check all that apply) r. Other: (Freq)
213	CV121b_freq	Num	8	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) b. Budesonide and Formoterol (Symbicort): (Freq)
214	CV121c_freq	Num	8	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) c. Fluticasone and Salmeterol (Advair): (Freq)
215	CV121d_freq	Num	8	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) d. Fluticasone and Salmeterol (Advair HFA): (Freq)
216	CV121e_freq	Num	8	21. Combination of inhaled corticosteroid and long-acting beta-agonist participant is currently taking (check all that apply) e. Other combination: (Freq)
217	CV122b_dose	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) b. Prednisone (Cortan, Deltasone, Orasone, Prednicen-M, Sterpred) (Dose):
218	CV122b_freq	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) b. Prednisone (Cortan, Deltasone, Orasone, Prednicen-M, Sterpred) (Freq):
219	CV122c_dose	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) c. Prednisolone (Pepiapred, Prelone, Delta-Cortef): (Dose)
220	CV122c_freq	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) c. Prednisolone (Pepiapred, Prelone, Delta-Cortef): (Freq)
221	CV122d_dose	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) d. Methylprednisolone (Medrol): (Dose)
222	CV122d_freq	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) d. Methylprednisolone (Medrol): (Freq)
223	CV122e_dose	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) e. Other: (Dose)
224	CV122e_freq	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) e. Other: (Freq)
225	CV122f_dose	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) f. Other: (Dose)
226	CV122f_freq	Num	8	22. Oral corticosteroid participant is currently taking (check all that apply) f. Other: (Freq)
227	CV123b_dose	Num	8	23. Methylxanthines participant is currently taking (check all that apply) b. Theophylline, sustained-release (Slo-Phyllin, Uniphyl, Theo-Dur, Slo-Bid, others): (Dose)
228	CV123b_freq	Num	8	23. Methylxanthines participant is currently taking (check all that apply) b. Theophylline, sustained-release (Slo-Phyllin, Uniphyl, Theo-Dur, Slo-Bid, others): (Freq)
229	CV123c_dose	Num	8	23. Methylxanthines participant is currently taking (check all that apply) c. Other: (Dose)
230	CV123c_freq	Num	8	23. Methylxanthines participant is currently taking (check all that apply) c. Other: (Freq)
231	CV124b_dose	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) b. Montelukast (Singulair): (Dose)
232	CV124b_freq	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) b. Montelukast (Singulair): (Freq)
233	CV124c_dose	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) c. Zafirlukast (Accolate): (Dose)
234	CV124c_freq	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) c. Zafirlukast (Accolate): (Freq)



Num	Variable	Type	Len	Label
235	CV124d_dose	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) d. Zileuton (Zyflo): (Dose)
236	CV124d_freq	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) d. Zileuton (Zyflo): (Freq)
237	CV124e_dose	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) e. Other: (Dose)
238	CV124e_freq	Num	8	24. Oral antileukotriene drugs participant is currently taking (check all that apply) e. Other: (Freq)
239	CV125b_freq	Num	8	25. Other asthma medications participant is currently taking (check all that apply) b. Cromolyn sodium (Intal Nebulizer):
240	CV125c_freq	Num	8	25. Other asthma medications participant is currently taking (check all that apply) c. Cromolyn sodium (Intal Metered Dose Inhaler):
241	CV125d_freq	Num	8	25. Other asthma medications participant is currently taking (check all that apply) d. Nedocromil sodium (Tilade):
242	CV125e_freq	Num	8	25. Other asthma medications participant is currently taking (check all that apply) e. Other:
243	CV125f_freq	Num	8	25. Other asthma medications participant is currently taking (check all that apply) f. Other:
244	CV125g_freq	Num	8	25. Other asthma medications participant is currently taking (check all that apply) g. Other:
245	CV125h_freq	Num	8	25. Other asthma medications participant is currently taking (check all that apply) h. Omalizumab (Xolair):
246	CV130a	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) a. Headache:
247	CV130b	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) b. Sore throat:
248	CV130c	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) c. Nasal bleeding:
249	CV130d	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) d. Nasal irritation/pain:
250	CV130e	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) e. Rash:
251	CV130f	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) f. Itching:
252	CV130g	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) g. Dizziness:
253	CV130h	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) h. Upper respiratory tract infection:
254	CV130i	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) i. Trouble breathing:
255	CV130j	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) j. Swelling:
256	CV130k	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) k. Coughing:
257	CV130l	Num	8	30. Since the last study visit, rate the severity of the following symptoms (ask about all listed symptoms) l. Severe menstrual symptoms (dysmenorrhea) (if applicable):
258	CV134	Num	8	34. Since the last study visit, number of hospitalizations:
259	CV135	Num	8	35. Since the last study visit, how many times have you seen or contacted a healthcare provider for asthma or asthma treatment:
260	CV136	Num	8	36. Since last study visit, how many times have you seen or contacted a healthcare provider for upper airway symptoms (cold, sinusitis, rhinitis):

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
261	visitdate	Num	8	Visit Date

**Data Set Name: stan\_dc.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	DC103_Grd1	Char	1	3. Used study nasal spray: Monday
3	DC103_Grd2	Char	1	3. Used study nasal spray: Tuesday
4	DC103_Grd3	Char	1	3. Used study nasal spray: Wednesday
5	DC103_Grd4	Char	1	3. Used study nasal spray: Thursday
6	DC103_Grd5	Char	1	3. Used study nasal spray: Friday
7	DC103_Grd6	Char	1	3. Used study nasal spray: Saturday
8	DC103_Grd7	Char	1	3. Used study nasal spray: Sunday
9	DC104_Grd1	Char	1	4. Awakened by asthma last night: Monday
10	DC104_Grd2	Char	1	4. Awakened by asthma last night: Tuesday
11	DC104_Grd3	Char	1	4. Awakened by asthma last night: Wednesday
12	DC104_Grd4	Char	1	4. Awakened by asthma last night: Thursday
13	DC104_Grd5	Char	1	4. Awakened by asthma last night: Friday
14	DC104_Grd6	Char	1	4. Awakened by asthma last night: Saturday
15	DC104_Grd7	Char	1	4. Awakened by asthma last night: Sunday
16	DC108_Grd1	Char	1	8. Used oral prednisone/steroids for asthma: Monday
17	DC108_Grd2	Char	1	8. Used oral prednisone/steroids for asthma: Tuesday
18	DC108_Grd3	Char	1	8. Used oral prednisone/steroids for asthma: Wednesday
19	DC108_Grd4	Char	1	8. Used oral prednisone/steroids for asthma: Thursday
20	DC108_Grd5	Char	1	8. Used oral prednisone/steroids for asthma: Friday
21	DC108_Grd6	Char	1	8. Used oral prednisone/steroids for asthma: Saturday
22	DC108_Grd7	Char	1	8. Used oral prednisone/steroids for asthma: Sunday
23	DC109_Grd1	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 3, 5a, 5b, or 8: Monday
24	DC109_Grd2	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 3, 5a, 5b, or 8: Tuesday
25	DC109_Grd3	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 3, 5a, 5b, or 8: Wednesday
26	DC109_Grd4	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 3, 5a, 5b, or 8: Thursday
27	DC109_Grd5	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 3, 5a, 5b, or 8: Friday
28	DC109_Grd6	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 3, 5a, 5b, or 8: Saturday
29	DC109_Grd7	Char	1	9. New or increased dose of asthma medicine other than drugs listed in 3, 5a, 5b, or 8: Sunday
30	DC110_Grd1	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): Monday
31	DC110_Grd2	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): Tuesday
32	DC110_Grd3	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): Wednesday
33	DC110_Grd4	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): Thursday
34	DC110_Grd5	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): Friday
35	DC110_Grd6	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): Saturday
36	DC110_Grd7	Char	1	10. Urgent unscheduled healthcare contact for asthma (ER/hospital/clinic or doctor visit): Sunday

Num	Variable	Type	Len	Label
37	DC111_Grd1	Char	1	11. Used additional medication for nasal or sinus symptoms (eg, cold or allergy medicine): Monday
38	DC111_Grd2	Char	1	11. Used additional medication for nasal or sinus symptoms (eg, cold or allergy medicine): Tuesday
39	DC111_Grd3	Char	1	11. Used additional medication for nasal or sinus symptoms (eg, cold or allergy medicine): Wednesday
40	DC111_Grd4	Char	1	11. Used additional medication for nasal or sinus symptoms (eg, cold or allergy medicine): Thursday
41	DC111_Grd5	Char	1	11. Used additional medication for nasal or sinus symptoms (eg, cold or allergy medicine): Friday
42	DC111_Grd6	Char	1	11. Used additional medication for nasal or sinus symptoms (eg, cold or allergy medicine): Saturday
43	DC111_Grd7	Char	1	11. Used additional medication for nasal or sinus symptoms (eg, cold or allergy medicine): Sunday
44	DC112_Grd1	Char	1	12. Urgent unscheduled healthcare contact for nasal or sinus symptoms (ER/hospital/clinic or doctor visit): Monday
45	DC112_Grd2	Char	1	12. Urgent unscheduled healthcare contact for nasal or sinus symptoms (ER/hospital/clinic or doctor visit): Tuesday
46	DC112_Grd3	Char	1	12. Urgent unscheduled healthcare contact for nasal or sinus symptoms (ER/hospital/clinic or doctor visit): Wednesday
47	DC112_Grd4	Char	1	12. Urgent unscheduled healthcare contact for nasal or sinus symptoms (ER/hospital/clinic or doctor visit): Thursday
48	DC112_Grd5	Char	1	12. Urgent unscheduled healthcare contact for nasal or sinus symptoms (ER/hospital/clinic or doctor visit): Friday
49	DC112_Grd6	Char	1	12. Urgent unscheduled healthcare contact for nasal or sinus symptoms (ER/hospital/clinic or doctor visit): Saturday
50	DC112_Grd7	Char	1	12. Urgent unscheduled healthcare contact for nasal or sinus symptoms (ER/hospital/clinic or doctor visit): Sunday
51	DC102_Grd1	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): Monday
52	DC102_Grd2	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): Tuesday
53	DC102_Grd3	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): Wednesday
54	DC102_Grd4	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): Thursday
55	DC102_Grd5	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): Friday
56	DC102_Grd6	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): Saturday
57	DC102_Grd7	Num	8	2. Morning peak flow (highest of 3, before bronchodilator): Sunday
58	DC105a_Grd1	Num	8	5. Rescue drug use for quick relief of asthma symptoms: a. # puffs per day by metered dose inhaler: Monday
59	DC105a_Grd2	Num	8	5. Rescue drug use for quick relief of asthma symptoms: a. # puffs per day by metered dose inhaler: Tuesday
60	DC105a_Grd3	Num	8	5. Rescue drug use for quick relief of asthma symptoms: a. # puffs per day by metered dose inhaler: Wednesday
61	DC105a_Grd4	Num	8	5. Rescue drug use for quick relief of asthma symptoms: a. # puffs per day by metered dose inhaler: Thursday
62	DC105a_Grd5	Num	8	5. Rescue drug use for quick relief of asthma symptoms: a. # puffs per day by metered dose inhaler: Friday
63	DC105a_Grd6	Num	8	5. Rescue drug use for quick relief of asthma symptoms: a. # puffs per day by metered dose inhaler: Saturday
64	DC105a_Grd7	Num	8	5. Rescue drug use for quick relief of asthma symptoms: a. # puffs per day by metered dose inhaler: Sunday
65	DC105b_Grd1	Num	8	5. Rescue drug use for quick relief of asthma symptoms: b. # uses per day by nebulizer: Monday
66	DC105b_Grd2	Num	8	5. Rescue drug use for quick relief of asthma symptoms: b. # uses per day by nebulizer: Tuesday

Num	Variable	Type	Len	Label
67	DC105b_Grd3	Num	8	5. Rescue drug use for quick relief of asthma symptoms: b. # uses per day by nebulizer: Wednesday
68	DC105b_Grd4	Num	8	5. Rescue drug use for quick relief of asthma symptoms: b. # uses per day by nebulizer: Thursday
69	DC105b_Grd5	Num	8	5. Rescue drug use for quick relief of asthma symptoms: b. # uses per day by nebulizer: Friday
70	DC105b_Grd6	Num	8	5. Rescue drug use for quick relief of asthma symptoms: b. # uses per day by nebulizer: Saturday
71	DC105b_Grd7	Num	8	5. Rescue drug use for quick relief of asthma symptoms: b. # uses per day by nebulizer: Sunday
72	DC106_Grd1	Num	8	6. Asthma score: Monday
73	DC106_Grd2	Num	8	6. Asthma score: Tuesday
74	DC106_Grd3	Num	8	6. Asthma score: Wednesday
75	DC106_Grd4	Num	8	6. Asthma score: Thursday
76	DC106_Grd5	Num	8	6. Asthma score: Friday
77	DC106_Grd6	Num	8	6. Asthma score: Saturday
78	DC106_Grd7	Num	8	6. Asthma score: Sunday
79	DC107_Grd1	Num	8	7. Sinus symptom score (sinus symptoms include runny nose, nasal congestion, itching, or sneezing): Monday
80	DC107_Grd2	Num	8	7. Sinus symptom score (sinus symptoms include runny nose, nasal congestion, itching, or sneezing): Tuesday
81	DC107_Grd3	Num	8	7. Sinus symptom score (sinus symptoms include runny nose, nasal congestion, itching, or sneezing): Wednesday
82	DC107_Grd4	Num	8	7. Sinus symptom score (sinus symptoms include runny nose, nasal congestion, itching, or sneezing): Thursday
83	DC107_Grd5	Num	8	7. Sinus symptom score (sinus symptoms include runny nose, nasal congestion, itching, or sneezing): Friday
84	DC107_Grd6	Num	8	7. Sinus symptom score (sinus symptoms include runny nose, nasal congestion, itching, or sneezing): Saturday
85	DC107_Grd7	Num	8	7. Sinus symptom score (sinus symptoms include runny nose, nasal congestion, itching, or sneezing): Sunday
86	DC101MON	Num	8	1. Date (month/day): Monday
87	DC101TUE	Num	8	1. Date (month/day): Tuesday
88	DC101WED	Num	8	1. Date (month/day): Wednesday
89	DC101THUR	Num	8	1. Date (month/day): Thursday
90	DC101FRI	Num	8	1. Date (month/day): Friday
91	DC101SAT	Num	8	1. Date (month/day): Saturday
92	DC101SUN	Num	8	1. Date (month/day): Sunday
93	DC113	Num	8	13. Start date of diary:

**Data Set Name: stan\_dd.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	DD115	Char	1	15. Was compliance reviewed with participant:
3	DD116	Char	1	16. Were all outstanding bottles returned:
4	DD105	Char	2	5. Visit ID (V2-V4, N): (record "N" if not associated with a clinic visit)
5	DD107b	Char	6	b. Kit ID:
6	DD108_a	Char	1	8. Action taken (check all that apply) Dispense bottle of study nasal spray (complete items 9-12):
7	DD108_b	Char	1	8. Action taken (check all that apply) Bottles returned (complete items 13-17):
8	DD112a	Char	11	12. Study spray bottle(s) issued (record kit number followed by the letter written on bottom of bottle by coordinator; eg, Bottle "D" for Kit N-7654 would be N-7654-D) First bottle:
9	DD112b	Char	10	12. Study spray bottle(s) issued (record kit number followed by the letter written on bottom of bottle by coordinator; eg, Bottle "D" for Kit N-7654 would be N-7654-D) Second bottle:
10	DD112c	Char	9	12. Study spray bottle(s) issued (record kit number followed by the letter written on bottom of bottle by coordinator; eg, Bottle "D" for Kit N-7654 would be N-7654-D) Third bottle:
11	DD112d	Char	8	12. Study spray bottle(s) issued (record kit number followed by the letter written on bottom of bottle by coordinator; eg, Bottle "D" for Kit N-7654 would be N-7654-D) Fourth bottle:
12	DD112e	Char	8	12. Study spray bottle(s) issued (record kit number followed by the letter written on bottom of bottle by coordinator; eg, Bottle "D" for Kit N-7654 would be N-7654-D) Fifth bottle:
13	DD112f	Char	8	12. Study spray bottle(s) issued (record kit number followed by the letter written on bottom of bottle by coordinator; eg, Bottle "D" for Kit N-7654 would be N-7654-D) Sixth bottle:
14	DD112g	Char	8	12. Study spray bottle(s) issued (record kit number followed by the letter written on bottom of bottle by coordinator; eg, Bottle "D" for Kit N-7654 would be N-7654-D) Seventh bottle:
15	DD114a	Char	10	14. Sequence of bottle(s) returned First bottle:
16	DD114b	Char	9	14. Sequence of bottle(s) returned Second bottle (if applicable):
17	DD114c	Char	9	14. Sequence of bottle(s) returned Third bottle (if applicable):
18	DD114d	Char	10	14. Sequence of bottle(s) returned Fourth bottle (if applicable):
19	DD114e	Char	8	14. Sequence of bottle(s) returned Fifth bottle (if applicable):
20	DD114f	Char	8	14. Sequence of bottle(s) returned Sixth bottle (if applicable):
21	DD114g	Char	8	14. Sequence of bottle(s) returned Seventh bottle (if applicable):
22	DD117_a	Char	1	17. If some or all bottles were not returned, give reason (check all that apply) a. Consumed and discarded:
23	DD117_b	Char	1	17. If some or all bottles were not returned, give reason (check all that apply) b. Lost/destroyed:
24	DD117_c	Char	1	17. If some or all bottles were not returned, give reason (check all that apply) c. Forgot, still at home:
25	DD117_d	Char	1	17. If some or all bottles were not returned, give reason (check all that apply) d. Open, still using:
26	DD117_e	Char	1	17. If some or all bottles were not returned, give reason (check all that apply) e. Other (specify):
27	DD110	Num	8	10. Number of bottles dispensed:
28	DD111	Num	8	11. Delivered to the participant (check only one):
29	DD113	Num	8	13. Total bottles returned:
30	visitdate	Num	8	Visit Date
31	dd109	Num	8	9. Date dispensed:



**Data Set Name: stan\_ei.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	EI108b	Char	1	8. Exit questions for participant b. 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	11. Exit questions for parent/guardian b. Do you want your child to continue with this treatment:
5	EI112a	Char	1	12. Exit materials distributed a. Exit letter:
6	EI112b	Char	1	12. Exit materials distributed b. Final spirometry test results:
7	EI112c	Char	1	12. Exit materials distributed c. Treatment unmasking envelope:
8	EI105	Char	2	5. Visit ID:
9	EI116_a	Char	1	16. Who was interviewed (check all that apply) a. Participant:
10	EI116_b	Char	1	16. Who was interviewed (check all that apply) b. Parent/guardian:
11	EI116_c	Char	1	16. Who was interviewed (check all that apply) c. Other (specify):
12	EI107a	Num	8	7. Exit questions for participant a. How would you rate your experience as a study participant in the study (check only one):
13	EI108a	Num	8	8. Exit questions for participant a. Do you have any idea which study medication was assigned (check only one):
14	EI110a	Num	8	10. Exit questions for parent/guardian a. How would you rate the study overall (check only one):
15	EI111a	Num	8	11. Exit questions for parent/guardian a. Do you have any idea which study medication was assigned (check only one):
16	visitdate	Num	8	Visit Date



**Data Set Name: stan\_epac.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	adult	Num	8	18 or older
3	pf_days	Num	8	pf_ex days of fu
4	pf_ex	Num	8	pf_ex exacerbation
5	pf_pt	Num	8	pf_pt, patients
6	oral_days	Num	8	oral_ex days of fu
7	oral_ex	Num	8	oral_ex exacerbation
8	oral_pt	Num	8	oral_pt, patients
9	care_days	Num	8	care_ex days of fu
10	care_ex	Num	8	care_ex exacerbation
11	care_pt	Num	8	care_pt, patients
12	any_days	Num	8	any_ex days of fu
13	any_ex	Num	8	any_ex exacerbation
14	any_pt	Num	8	any_pt, patients
15	res_days	Num	8	res_ex days of fu
16	res_ex	Num	8	res_ex exacerbation
17	res_pt	Num	8	res_pt, patients
18	awk_days	Num	8	awk_ex days of fu
19	awk_ex	Num	8	awk_ex exacerbation
20	awk_pt	Num	8	awk_pt, patients

**Data Set Name: stan\_mc.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	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, Mountain Dew, 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 STAN Manual of Operations guidelines:
18	MC125a	Char	1	25. Equipment a. KoKo spirometer:
19	MC125b	Char	1	25. Equipment b. KoKo dosimeter:
20	MC125c	Char	1	25. Equipment c. Nebulizer cups, pre-calibrated for STAN:
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 or equivalent anticholinergic medication (eg, Ipratropium) 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	44. Administer methacholine vials: J e. Is column c less than or equal to item 43?
30	MC145e	Char	1	45. Administer methacholine vials: I e. Is column c less than or equal to item 43?
31	MC146e	Char	1	46. Administer methacholine vials: H e. Is column c less than or equal to item 43?
32	MC147e	Char	1	47. Administer methacholine vials: G e. Is column c less than or equal to item 43?
33	MC148e	Char	1	48. Administer methacholine vials: F e. Is column c less than or equal to item 43?
34	MC149e	Char	1	49. Administer methacholine vials: E e. Is column c less than or equal to item 43?

Num	Variable	Type	Len	Label
35	MC150e	Char	1	50. Administer methacholine vials: D e. Is column c less than or equal to item 43?
36	MC151e	Char	1	51. Administer methacholine vials: C e. Is column c less than or equal to item 43?
37	MC152e	Char	1	52. Administer methacholine vials: B e. Is column c less than or equal to item 43?
38	MC153e	Char	1	53. Administer methacholine vials: A e. Is column c less than or equal to item 43?
39	MC154	Char	1	54. Is vial A FEV1 (item 53c) 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 44-54, checked "Yes"):
45	MC105	Char	2	5. Visit ID (indicate visit nearest to date of test):
46	MC139	Char	7	39. Time diluent administered
47	MC160	Char	7	60. Time of bronchodilator administration:
48	MC113_a	Char	1	13. Does the participant have any of the following conditions (check all that apply) a. Epilepsy:
49	MC113_b	Char	1	13. Does the participant have any of the following conditions (check all that apply) b. Any cardiovascular disease accompanied by bradycardia (slow heart beat):
50	MC113_c	Char	1	13. Does the participant have any of the following conditions (check all that apply) c. Vagotonia:
51	MC113_d	Char	1	13. Does the participant have any of the following conditions (check all that apply) d. Peptic ulcer disease:
52	MC113_e	Char	1	13. Does the participant have any of the following conditions (check all that apply) e. Thyroid disease:
53	MC113_f	Char	1	13. Does the participant have any of the following conditions (check all that apply) f. Urinary tract obstruction:
54	MC113_g	Char	1	13. Does the participant have any of the following conditions (check all that apply) g. Current use of cholinesterase-inhibitor medication:
55	MC113_h	Char	1	13. Does the participant have any of the following conditions (check all that apply) h. Other serious illness in last four weeks (specify):
56	MC113_i	Char	1	13. Does the participant have any of the following conditions (check all that apply) i. None of the above:
57	MC118_a	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) a. Short-acting bronchodilator within past 6 hours (eg, albuterol, Ventolin, Proair, Proventil, Xopenex, isoproterenol, metaproterenol):
58	MC118_b	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) b. Medium-acting bronchodilator within past 24 hours (eg, ipratropium, Combivent, oral albuterol, Choledyl):
59	MC118_c	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) c. Long-acting bronchodilator within past 24 hours (eg, salmeterol, formoterol, Advair, Serevent):
60	MC118_d	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) d. Ultra-long-acting bronchodilator within past 72 hours (eg, tiotropium):
61	MC118_e	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) e. Oral theophylline within past 48 hours (eg, Theodur, Uniphyll):
62	MC118_f	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) f. Cromolyn within past 8 hours:
63	MC118_g	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) g. Nedocromil within past 24 hours:

Num	Variable	Type	Len	Label
64	MC118_h	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) h. Leukotriene modifier within past 24 hours (eg, Singulair, Accolate, montelukast, zafirlukast):
65	MC118_i	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) i. Antihistamines within past 48 hours (eg, Zyrtec, cetirizine, fexofenadine, Xyzal):
66	MC118_j	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) j. Non-steroidal nasal spray within past 24 hours (eg, Afrin, oxymetazoline):
67	MC118_k	Char	1	18. Has participant taken any of the following medications within the indicated time period (check all that apply) k. None of the above:
68	MC144b	Char	7	44. Administer methacholine vials: J b. Dose (Concentration mg/mL)
69	MC145b	Char	6	45. Administer methacholine vials: I b. Dose (Concentration mg/mL)
70	MC146b	Char	5	46. Administer methacholine vials: H b. Dose (Concentration mg/mL)
71	MC147b	Char	4	47. Administer methacholine vials: G b. Dose (Concentration mg/mL)
72	MC148b	Char	3	48. Administer methacholine vials: F b. Dose (Concentration mg/mL)
73	MC149b	Char	3	49. Administer methacholine vials: E b. Dose (Concentration mg/mL)
74	MC150b	Char	3	50. Administer methacholine vials: D b. Dose (Concentration mg/mL)
75	MC151b	Char	3	51. Administer methacholine vials: C b. Dose (Concentration mg/mL)
76	MC152b	Char	3	52. Administer methacholine vials: B b. Dose (Concentration mg/mL)
77	MC153b	Char	4	53. Administer methacholine vials: A b. Dose (Concentration mg/mL)
78	MC131a	Num	8	31. Height (measured; enter only a or b) a. Inches:
79	MC131b	Num	8	31. Height (measured; enter only a or b) b. Centimeters:
80	MC132a	Num	8	32. Weight (measured; enter only a or b) a. Pounds:
81	MC132b	Num	8	32. Weight (measured; enter only a or b) b. Kilograms:
82	MC133	Num	8	33. Baseline FEV1:
83	MC135	Num	8	35. Baseline FVC:
84	MC136	Num	8	36. Predicted FEV1 (from Manual of Operations or as calculated online at <a href="http://www.cctrials.org/alaacrc">www.cctrials.org/alaacrc</a> ):
85	MC137	Num	8	37. Baseline FEV1 % predicted (100* item 33 / item 36):
86	MC140	Num	8	40. Post-diluent FEV1:
87	MC141	Num	8	41. Post-diluent FVC:
88	MC143	Num	8	43. Target FEV1 (0.8 * item 40):
89	MC144c	Num	8	44. Administer methacholine vials: J c. FEV1 (Liters)
90	MC144d	Num	8	44. Administer methacholine vials: J d. FVC (Liters)
91	MC145c	Num	8	45. Administer methacholine vials: I c. FEV1 (Liters)
92	MC145d	Num	8	45. Administer methacholine vials: I d. FVC (Liters)
93	MC146c	Num	8	46. Administer methacholine vials: H c. FEV1 (Liters)
94	MC146d	Num	8	46. Administer methacholine vials: H d. FVC (Liters)
95	MC147c	Num	8	47. Administer methacholine vials: G c. FEV1 (Liters)
96	MC147d	Num	8	47. Administer methacholine vials: G d. FVC (Liters)
97	MC148c	Num	8	48. Administer methacholine vials: F c. FEV1 (Liters)
98	MC148d	Num	8	48. Administer methacholine vials: F d. FVC (Liters)
99	MC149c	Num	8	49. Administer methacholine vials: E c. FEV1 (Liters)

Num	Variable	Type	Len	Label
100	MC149d	Num	8	49. Administer methacholine vials: E d. FVC (Liters)
101	MC150c	Num	8	50. Administer methacholine vials: D c. FEV1 (Liters)
102	MC150d	Num	8	50. Administer methacholine vials: D d. FVC (Liters)
103	MC151c	Num	8	51. Administer methacholine vials: C c. FEV1 (Liters)
104	MC151d	Num	8	51. Administer methacholine vials: C d. FVC (Liters)
105	MC152c	Num	8	52. Administer methacholine vials: B c. FEV1 (Liters)
106	MC152d	Num	8	52. Administer methacholine vials: B d. FVC (Liters)
107	MC153c	Num	8	53. Administer methacholine vials: A c. FEV1 (Liters)
108	MC153d	Num	8	53. Administer methacholine vials: A d. FVC (Liters)
109	MC161	Num	8	61. Post-BD FEV1:
110	MC162	Num	8	62. Post-BD FVC:
111	MC164	Num	8	64. 2nd Post-BD FEV1:
112	MC165	Num	8	65. 2nd Post-BD FVC:
113	visitdate	Num	8	Visit Date

**Data Set Name: stan\_md.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	MD107	Char	1	7. Was visit or phone contact missed completely:
3	MD110	Char	1	10. Are diary cards missing:
4	MD105	Char	2	5. Visit ID:
5	MD108_a	Char	1	8. Forms missed (check all that apply) a. BA (Baseline Asthma and Medical History) (visit 1):
6	MD108_b	Char	1	8. Forms missed (check all that apply) b. CV (Clinic Visit Form) (all clinic visits):
7	MD108_c	Char	1	8. Forms missed (check all that apply) c. DD (Drug Dispensing and Counting Form):
8	MD108_d	Char	1	8. Forms missed (check all that apply) d. EI (Exit Interview):
9	MD108_e	Char	1	8. Forms missed (check all that apply) e. MC (Methacholine Challenge Testing) (visits 1 and 5):
10	MD108_f	Char	1	8. Forms missed (check all that apply) f. NO (Nitric Oxide Form) (visits 2 and 5):
11	MD108_g	Char	1	8. Forms missed (check all that apply) g. PC (Phone Contact) (visits P1, 2 and 3):
12	MD108_h	Char	1	8. Forms missed (check all that apply) h. PE (Physical Exam):
13	MD108_i	Char	1	8. Forms missed (check all that apply) i. PF (Pulmonary Function Testing) (all clinic visits):
14	MD108_j	Char	1	8. Forms missed (check all that apply) j. TT (Treatment Termination):
15	MD108_k	Char	1	8. Forms missed (check all that apply) k. UM (Unmasking):
16	MD108_l	Char	1	8. Forms missed (check all that apply) l. Other (specify):
17	MD108_m	Char	1	8. Forms missed (check all that apply) m. N/A, none missed:
18	MD109_a	Char	1	9. Questionnaires missed (check all that apply) a. AS (Asthma Symptom Utility Index):
19	MD109_b	Char	1	9. Questionnaires missed (check all that apply) b. TA (Asthma Control Test - 12 years and older) [all clinic visits]:
20	MD109_c	Char	1	9. Questionnaires missed (check all that apply) c. TP (Asthma Control Test 4-11 years) [all clinic visits]:
21	MD109_d	Char	1	9. Questionnaires missed (check all that apply) d. CH (Child Health Questionnaire) (all clinic visits):
22	MD109_e	Char	1	9. Questionnaires missed (check all that apply) e. FQ (Asthma in Females Questionnaire) (visit 2):
23	MD109_f	Char	1	9. Questionnaires missed (check all that apply) f. MO (Medical Outcomes Study) (all clinic visits):
24	MD109_g	Char	1	9. Questionnaires missed (check all that apply) g. MQ (Marks Quality of Life Questionnaire) (all clinic visits):
25	MD109_h	Char	1	9. Questionnaires missed (check all that apply) h. PQ (Children's Health Survey for Asthma (CHSA)) (all clinic visits):
26	MD109_i	Char	1	9. Questionnaires missed (check all that apply) i. SI (Sino-nasal Questionnaire (SNQ)) (visits 1 and 2):
27	MD109_j	Char	1	9. Questionnaires missed (check all that apply) j. SN (Sino-nasal Outcome Test (SNOT-20)) (all clinic visits):
28	MD109_k	Char	1	9. Questionnaires missed (check all that apply) k. SQ (Smoking Questionnaire) (visit 2):
29	MD109_l	Char	1	9. Questionnaires missed (check all that apply) l. SS (Sinus Symptom Score) (all clinic visits):
30	MD109_m	Char	1	9. Questionnaires missed (check all that apply) m. ST (Allergy Skin Testing) (visits 2 and 5):
31	MD109_n	Char	1	9. Questionnaires missed (check all that apply) n. SV (Sinus and Nasal Quality of Life (SN-5)) (all clinic visits):
32	MD109_o	Char	1	9. Questionnaires missed (check all that apply) o. Other (specify):
33	MD109_p	Char	1	9. Questionnaires missed (check all that apply) p. N/A, none missed:

Num	Variable	Type	Len	Label
34	MD114_a	Char	1	14. Reason for missed visit or data (check all that apply) a. Participant was ill:
35	MD114_b	Char	1	14. Reason for missed visit or data (check all that apply) b. Participant was temporarily away from area:
36	MD114_c	Char	1	14. Reason for missed visit or data (check all that apply) c. Participant refused:
37	MD114_d	Char	1	14. Reason for missed visit or data (check all that apply) d. Participant has permanently moved from area:
38	MD114_e	Char	1	14. Reason for missed visit or data (check all that apply) e. Unable to contact participant:
39	MD114_f	Char	1	14. Reason for missed visit or data (check all that apply) f. Participant forgot:
40	MD114_g	Char	1	14. Reason for missed visit or data (check all that apply) g. Other (specify):
41	visitdate	Num	8	Visit Date
42	MD111a	Num	8	11. First interval a. Start date:
43	MD111b	Num	8	11. First interval b. End date:
44	MD112a	Num	8	12. Second interval a. Start date:
45	MD112b	Num	8	12. Second interval b. End date:
46	MD113a	Num	8	13. Third interval a. Start date:
47	MD113b	Num	8	13. Third interval b. End date:

**Data Set Name: stan\_no.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	NO109a	Char	1	9. Oral/inhaled corticosteroid use a. 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	7	14. Time participant eNO tested (read off the NIOX MINO A device): (hh:mm)
6	NO119	Char	7	19. Time participant eNO tested (read off the NIOX MINO B device):
7	NO109b	Char	7	9. Oral/inhaled corticosteroid use b. Time most recently used: (hh:mm)
8	NO107a	Num	8	7. Confounders (check only one for each subitem)
9	NO107b	Num	8	7. Confounders (check only one for each subitem)
10	NO107c	Num	8	7. Confounders (check only one for each subitem)
11	NO107d	Num	8	7. Confounders (check only one for each subitem)
12	NO108	Num	8	8. Current acute upper and/or lower respiratory tract viral infection:
13	NO109bu	Num	8	9. Oral/inhaled corticosteroid use b. Time most recently used: (am/pm)
14	NO111	Num	8	11. Order of testing for eNO Comparison Substudy (assigned by data system at each clinic visit):
15	NO112	Num	8	12. Result of daily quality control test for NIOX MINO A:
16	NO114u	Num	8	14. Time participant eNO tested (read off the NIOX MINO A device): (am/pm)
17	NO115a	Num	8	15. Participant eNO test results for the NIOX MINO A
18	NO115b	Num	8	15. Participant eNO test results for the NIOX MINO A
19	NO116	Num	8	16. Ambient NO result for the NIOX MINO A (record as "0" if result is < 5 ppb):
20	NO117	Num	8	17. Result of daily quality control test for NIOX MINO B:
21	NO119u	Num	8	19. Time participant eNO tested (read off the NIOX MINO B device):
22	NO120a	Num	8	20. Participant eNO test results for the NIOX MINO B a. Test one:
23	NO120b	Num	8	20. Participant eNO test results for the NIOX MINO B b. Test two:
24	NO121	Num	8	21. Ambient NO results for the NIOX MINO B (record as "0" if result is < 5 ppb):
25	visitdate	Num	8	Visit Date
26	NO113	Num	8	13. Date participant eNO tested (read off the NIOX MINO A device):
27	NO118	Num	8	18. Date participant eNO tested (read off the NIOX MINO B device):



*Data Set Name: stan\_pc.sas7bdat*

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	PC110a	Char	1	10. Symptoms a. Since your last clinic visit or phone contact, were there any symptoms (eg, headache, sore throat, nasal bleeding, nasal irritation/pain, rash, itching, dizziness, trouble breathing, swelling) that may be related to the study nasal spray:
3	PC111	Char	1	11. Were any rescue medications (ie, short acting bronchodilator) used for asthma since the last clinic visit or phone contact (do not count uses to prevent symptoms, eg, medication before exercise):
4	PC114	Char	1	14. Did you use nasal medications (saline, anti-histamines, allergy medications, decongestant, anti-leukotrienes) for sinus symptoms since last clinic visit or phone contact:
5	PC115	Char	1	15. Have you been filling out your diary cards:
6	PC117	Char	1	17. Do you have any questions:
7	PC118c	Char	1	18. Next clinic visit appointment c. Participant able to keep appointment:
8	PC105	Char	2	5. Phone visit ID:
9	PC109_a	Char	1	9. Why did you miss taking your nasal spray (check all that apply) a. N/A, took study nasal spray every day:
10	PC109_b	Char	1	9. Why did you miss taking your nasal spray (check all that apply) b. Permanently stopped study nasal spray:
11	PC109_c	Char	1	9. Why did you miss taking your nasal spray (check all that apply) c. Temporarily stopped study nasal spray (specify):
12	PC109_d	Char	1	9. Why did you miss taking your nasal spray (check all that apply) d. Forgot:
13	PC109_e	Char	1	9. Why did you miss taking your nasal spray (check all that apply) e. Ran out of study nasal spray:
14	PC109_f	Char	1	9. Why did you miss taking your nasal spray (check all that apply) f. Did not have study nasal spray on hand:
15	PC109_g	Char	1	9. Why did you miss taking your nasal spray (check all that apply) g. Lost study nasal spray:
16	PC109_h	Char	1	9. Why did you miss taking your nasal spray (check all that apply) h. Side effects (specify):
17	PC109_i	Char	1	9. Why did you miss taking your nasal spray (check all that apply) i. Too busy:
18	PC109_j	Char	1	9. Why did you miss taking your nasal spray (check all that apply) j. Other (specify):
19	PC113_a	Char	1	13. Were there significant events since your last clinic visit or phone contact (check all that apply) a. Hospitalization or urgent care visit for asthma:
20	PC113_b	Char	1	13. Were there significant events since your last clinic visit or phone contact (check all that apply) b. Used oral corticosteroids:
21	PC113_c	Char	1	13. Were there significant events since your last clinic visit or phone contact (check all that apply) c. Upper respiratory infection (eg, cold or sinus infection):
22	PC113_d	Char	1	13. Were there significant events since your last clinic visit or phone contact (check all that apply) d. Other (specify):
23	PC113_e	Char	1	13. Were there significant events since your last clinic visit or phone contact (check all that apply) e. N/A, no significant events occurred:
24	PC116_a	Char	1	16. Have you missed any days (check all that apply) a. N/A, none missing:
25	PC116_b	Char	1	16. Have you missed any days (check all that apply) b. Forgot:
26	PC116_c	Char	1	16. Have you missed any days (check all that apply) c. Hard to understand:
27	PC116_d	Char	1	16. Have you missed any days (check all that apply) d. Lost or destroyed:
28	PC116_e	Char	1	16. Have you missed any days (check all that apply) e. Other (specify):

Num	Variable	Type	Len	Label
29	PC118b	Char	7	18. Next clinic visit appointment b. Time: (hh:mm)
30	PC119b	Char	7	19. Rescheduled clinic visit appointment 19. Rescheduled clinic visit appointment b. Time: (hh:mm)
31	PC120_a	Char	1	20. Participant reminded to (check all that apply) a. Use Asthma Action Plan in an emergency:
32	PC120_b	Char	1	20. Participant reminded to (check all that apply) b. Consult private physician for asthma care:
33	PC120_c	Char	1	20. Participant reminded to (check all that apply) c. Complete diary cards:
34	PC120_d	Char	1	20. Participant reminded to (check all that apply) d. N/A, no reminders given:
35	PC108	Num	8	8. Since the last clinic visit, how many days have you NOT used your study nasal spray:
36	PC112	Num	8	12. How many times since your last clinic visit or phone contact was asthma rescue medication used other than to prevent symptoms:
37	PC118bu	Num	8	18. Next clinic visit appointment b. Time: (am/pm)
38	PC119bu	Num	8	19. Rescheduled clinic visit appointment 19. Rescheduled clinic visit appointment b. Time: (am/pm)
39	visitdate	Num	8	Visit Date
40	PC118a	Num	8	18. Next clinic visit appointment a. Date:
41	PC119a	Num	8	19. Rescheduled clinic visit appointment 19. Rescheduled clinic visit appointment a. Date:

*Data Set Name: stan\_pe.sas7bdat*

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	PE122	Char	1	22. Is examiner a STAN certified study physician:
3	PE105	Char	2	5. Visit ID:
4	PE107a	Num	8	*7. Blood Pressure a. Systolic:
5	PE107b	Num	8	*7. Blood Pressure b. Diastolic:
6	PE108	Num	8	*8. Heart Rate:
7	PE109	Num	8	*9. Temperature:
8	PE109u	Num	8	*9. 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. Nasal polyps:
15	PE116	Num	8	16. Abdomen:
16	PE117	Num	8	17. Extremities:
17	PE118	Num	8	18. Skin:
18	PE119	Num	8	19. Neurological:
19	PE120	Num	8	20. Other (specify):
20	visitdate	Num	8	Visit Date

**Data Set Name: stan\_pf.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	PF110a	Char	1	10. Did participant take any of the following medications before visit a. Short-acting bronchodilator within last 4 hours:
3	PF110b	Char	1	10. Did participant take any of the following medications before visit b. Long-acting bronchodilator within last 12 hours:
4	PF116	Char	1	16. Was post-bronchodilator testing done:
5	PF105	Char	2	5. Visit ID:
6	PF107a	Num	8	7. Height (measured; enter only a or b) a. In inches:
7	PF107b	Num	8	7. Height (measured; enter only a or b) b. In centimeters:
8	PF108a	Num	8	8. Weight (measured; enter only a or b) a. In pounds:
9	PF108b	Num	8	8. Weight (measured; enter only a or b) b. In kilograms:
10	PF109	Num	8	9. Choose one dominant race category as identified by participant (used to calculate predicted values):
11	PF111	Num	8	11. Mini-Wright peak flow measurement (highest of 3 at clinic):
12	PF112	Num	8	12. Pre-bronchodilator FVC:
13	PF113	Num	8	13. Pre-bronchodilator FEV1:
14	PF114	Num	8	14. Predicted FEV1 (from Manual of Operations or as calculated online at <a href="http://www.cctrials.org/alaacrc">www.cctrials.org/alaacrc</a> ):
15	PF117	Num	8	17. Post-bronchodilator FVC:
16	PF118	Num	8	18. Post-bronchodilator FEV1:
17	PF120	Num	8	20. Percent reversibility:
18	visitdate	Num	8	Visit Date

**Data Set Name: stan\_rz.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	RZ107	Char	1	7. Age 6 or older:
3	RZ108	Char	1	8. Physician diagnosed asthma:
4	RZ109	Char	1	9. A mean score of 1 or greater on the Sino-Nasal Questionnaire (SI) at V1 and V2:
5	RZ110a	Char	1	10. Score on Asthma Control Test (TP or TA; answer as appropriate) Participants 6-11 years (TP form) a. A score of 19 or less on the Child - Asthma Control Test (TP) at V1 and V2:
6	RZ110d	Char	1	10. Score on Asthma Control Test (TP or TA; answer as appropriate) Participants 12 or older (TA form) d. A score of 19 or less on the Asthma Control Test (TA) at V1 and V2:
7	RZ111	Char	1	11. Percent predicted pre-bronchodilator FEV1 greater than or equal to 50% at V1 and V2:
8	RZ112a	Char	1	12. Bronchodilator reversibility (documented within last 2 years) a. Participant demonstrate 12% or greater reversibility:
9	RZ113a	Char	1	13. Methacholine PC20 FEV1 (documented within last 2 years) a. PC20 less than 16 mg/mL:
10	RZ114a	Char	1	14. Medication use a. Systemic corticosteroid use within past 4 weeks:
11	RZ114b	Char	1	14. Medication use b. Nasal corticosteroid use within past 4 weeks:
12	RZ114c	Char	1	14. Medication use c. Anti-leukotriene use within past 2 weeks:
13	RZ114d	Char	1	14. Medication use d. Use of investigational treatments within past 6 weeks:
14	RZ115	Char	1	15. Sinus surgery within last 6 months:
15	RZ116	Char	1	16. History of fever greater than 38.3° C (100.9° F) within last 10 days:
16	RZ117	Char	1	17. Active smoking within 6 months:
17	RZ118	Char	1	18. Greater than 10 pack-years smoking history (10 pack-years = 1 pack a day for 10 years; 2 packs a day for 5 years, etc):
18	RZ119	Char	1	19. History or physician diagnosis of cystic fibrosis, insulin dependent diabetes mellitus or immunodeficiency disorders, or other co-morbidity that predisposes to complicated rhinosinusitis:
19	RZ120	Char	1	20. Cataracts or history of glaucoma, or other conditions resulting in increased intraocular pressure:
20	RZ122	Char	1	22. Current upper airway symptoms lasting less than 8 weeks (eg, seasonal allergies):
21	RZ123	Char	1	23. Acute respiratory illness (eg, cold) within past 8 weeks:
22	RZ124	Char	1	24. Allergy or intolerance to nasal mometasone:
23	RZ125	Char	1	25. Chronic diseases (other than asthma) that in the opinion of the investigator would prevent participation in the trial or put participant at risk by participation:
24	RZ126	Char	1	26. Inaccessible by telephone:
25	RZ127	Char	1	27. Intention to move out of the area in the next 6 months:
26	RZ128	Char	1	28. Signed consent and/or assent as per local IRB requirements:
27	RZ129	Char	1	29. Permission granted in main or separate consent/assent to donate DNA and have it stored:
28	RZ130a	Char	1	30. Were the following baseline procedures completed or checked: a. Baseline history (BA form) (at V1):
29	RZ130b	Char	1	30. Were the following baseline procedures completed or checked: b. Physical exam (at V1):
30	RZ130c	Char	1	30. Were the following baseline procedures completed or checked: c. Pregnancy test (at V1 and V2):
31	RZ130d	Char	1	30. Were the following baseline procedures completed or checked: d. Diary cards reviewed (at V2):
32	RZ130e	Char	1	30. Were the following baseline procedures completed or checked: e. Questionnaires completed (TA/TP, AS, SN/SV, SQ, SS, FQ, SI, MQ/PQ, and CH/MO):

Num	Variable	Type	Len	Label
33	RZ130f	Char	1	30. Were the following baseline procedures completed or checked: f. Spirometry (at V1 and V2):
34	RZ130g	Char	1	30. Were the following baseline procedures completed or checked: g. Methacholine challenge test (at V1):
35	RZ130h	Char	1	30. Were the following baseline procedures completed or checked: h. Exhaled nitric oxide (eNO) test (at V2):
36	RZ130i	Char	1	30. Were the following baseline procedures completed or checked: i. Nasal lavage (at V2):
37	RZ130j	Char	1	30. Were the following baseline procedures completed or checked: j. Allergy skin test (at V2):
38	RZ130k	Char	1	30. Were the following baseline procedures completed or checked: k. Blood specimen collected (at V2):
39	RZ131a	Char	1	31. Was the following V1 form keyed into the data system (SC form must be entered before participant can be randomized)
40	RZ133	Char	1	33. Participant meets all eligibility criteria for randomization:
41	RZ105	Char	2	5. Visit ID:
42	RZ138	Char	1	38. Kit ID(assigned by data system):
43	RZ139	Char	1	39. Dose assignment (sprays per nostril once daily in the morning):
44	RZ137a	Char	3	37. Asthma action plan values (use values calculated by data system) a. Personal best peak flow:
45	RZ137b	Char	3	37. Asthma action plan values (use values calculated by data system) b. Red zone:
46	RZ137d	Char	3	37. Asthma action plan values (use values calculated by data system) d. Green zone:
47	RZ107b	Num	8	7. Age 6 or older: b. Age on date of randomization (do not round):
48	RZ109a	Num	8	9. A mean score of 1 or greater on the Sino-Nasal Questionnaire (SI) at V1 and V2: a. Score at V1:
49	RZ109b	Num	8	9. A mean score of 1 or greater on the Sino-Nasal Questionnaire (SI) at V1 and V2: b. Score at V2:
50	RZ110b	Num	8	10. Score on Asthma Control Test (TP or TA; answer as appropriate) Participants 6-11 years (TP form) b. Score at V1:
51	RZ110c	Num	8	10. Score on Asthma Control Test (TP or TA; answer as appropriate) Participants 6-11 years (TP form) c. Score at V2:
52	RZ110e	Num	8	10. Score on Asthma Control Test (TP or TA; answer as appropriate) Participants 12 or older (TA form) e. Score at V1:
53	RZ110f	Num	8	10. Score on Asthma Control Test (TP or TA; answer as appropriate) Participants 12 or older (TA form) f. Score at V2:
54	RZ112b	Num	8	12. Bronchodilator reversibility (documented within last 2 years) b. Pre-bronchodilator FEV1:
55	RZ112c	Num	8	12. Bronchodilator reversibility (documented within last 2 years) c. Post-bronchodilator FEV1:
56	RZ113b	Num	8	13. Methacholine PC20 FEV1 (documented within last 2 years) b. PC20 value:
57	RZ121	Num	8	21. Women of childbearing potential: currently pregnant, lactating, or unwilling to practice effective contraception for duration of study:
58	RZ132a	Num	8	32. 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) a. Day 1:
59	RZ132b	Num	8	32. 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) b. Day 2:
60	RZ132c	Num	8	32. 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) c. Day 3:
61	RZ132d	Num	8	32. 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) d. Day 4:
62	RZ132e	Num	8	32. 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) e. Day 5:

Num	Variable	Type	Len	Label
63	RZ132f	Num	8	32. 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) f. Day 6:
64	RZ132g	Num	8	32. 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) g. Day 7:
65	RZ132h	Num	8	32. 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) h. Day 8:
66	RZ132i	Num	8	32. 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) i. Day 9:
67	RZ132j	Num	8	32. 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) j. Day 10:
68	RZ132k	Num	8	32. 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) k. Day 11:
69	RZ132l	Num	8	32. 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) l. Day 12:
70	RZ132m	Num	8	32. 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) m. Day 13:
71	RZ132n	Num	8	32. 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) n. Day 14:
72	visitdate	Num	8	Visit Date
73	rz112d	Num	8	12. Bronchodilator reversibility (documented within last 2 years) d. Date reversibility demonstrated: (Converted to days)
74	rz113c	Num	8	13. Methacholine PC20 FEV1 (documented within last 2 years) c. Date PC20 FEV1 demonstrated:

**Data Set Name: stan\_sae.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	Summary	Char	52	Summary of Serious Adverse Event
2	ID	Char	14	BioLINCC ID
3	visitdate	Num	8	Visit Date



**Data Set Name: stan\_sc.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	SC107	Char	1	7. Age 6 or older:
3	SC108	Char	1	8. Physician diagnosed asthma:
4	SC109a	Char	1	9. Score on Asthma Control Test (TA or TP) (answer as appropriate) a. Participants 6-11 years: A score of 19 or less on Child - Asthma Control Test (TP):
5	SC109c	Char	1	9. Score on Asthma Control Test (TA or TP) (answer as appropriate) c. Participants 12 or older: A score of 19 or less on Asthma Control Test (TA):
6	SC110	Char	1	10. Mean score of 1 or greater on the Sino-nasal Questionnaire (SI):
7	SC111	Char	1	11. Did participant demonstrate 12% or greater reversibility within the last two years:
8	SC112	Char	1	12. Methacholine PC20 less than 16 mg/mL (within last two years):
9	SC113	Char	1	13. Are items 11 or 12 marked "Yes:"
10	SC114	Char	1	14. Active smoking within last 6 months:
11	SC115	Char	1	15. Greater than 10 pack-years smoking history (10 pack-years = 1 pack a day for 10 years; 2 packs a day for 5 years, etc):
12	SC116	Char	1	16. Percent predicted pre-bronchodilator FEV1 less than or equal to 50%:
13	SC117	Char	1	17. History or physician diagnosis of cystic fibrosis, insulin dependent diabetes mellitus or immunodeficiency disorders, or other co-morbidity that predisposes to complicated rhinosinusitis:
14	SC118	Char	1	18. Cataracts or history of glaucoma or other conditions resulting in increased intraocular pressure:
15	SC120	Char	1	20. Allergy or intolerance to nasal mometasone:
16	SC121a	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study a. Non-skin cancer:
17	SC121b	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study b. Bronchiectasis:
18	SC121c	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study c. Myelomeningocele:
19	SC121d	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study d. Sickle cell anemia:
20	SC121e	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study e. Endocrine disease:
21	SC121f	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study f. Congenital heart disease:
22	SC121g	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study g. Congestive heart failure:
23	SC121h	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study h. Stroke:
24	SC121i	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study i. Severe hypertension:
25	SC121j	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study j. Renal failure:
26	SC121k	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study k. Liver disorder:
27	SC121l	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study l. Significant neurodevelopmental delay:

Num	Variable	Type	Len	Label
28	SC121m	Char	1	21. Major chronic illness or other condition that may interfere with participation in the study m. Behavioral disorders (excluding mild attention deficit hyperactivity disorder):
29	SC122	Char	1	22. Acute respiratory illness (eg, cold) within past 8 weeks:
30	SC123	Char	1	23. History of sinus surgery in last 6 months:
31	SC124a	Char	1	24. Medication use a. Systemic corticosteroid use within past 4 weeks:
32	SC124b	Char	1	24. Medication use b. Nasal corticosteroid use within past 4 weeks:
33	SC124c	Char	1	24. Medication use c. Anti-leukotriene medication use within past 2 weeks:
34	SC124d	Char	1	24. Medication use d. Use of any investigational treatments in previous 6 weeks:
35	SC125	Char	1	25. Appears able and willing to complete baseline procedures (peak flow measurement, 10 of 14 diary cards, etc):
36	SC126	Char	1	26. Accessible by telephone:
37	SC127	Char	1	27. Intention to stay in the area for at least the next 6 months:
38	SC105	Char	2	5. Visit ID:
39	SC109b	Num	8	9. Score on Asthma Control Test (TA or TP) (answer as appropriate) b. Score:
40	SC109d	Num	8	9. Score on Asthma Control Test (TA or TP) (answer as appropriate) d. Score:
41	SC110a	Num	8	10. Mean score of 1 or greater on the Sino-nasal Questionnaire (SI):
42	SC119	Num	8	19. For women of childbearing potential: currently pregnant, lactating, or unwilling to practice effective contraception for duration of study:
43	visitdate	Num	8	Visit Date
44	sc111a	Num	8	11. Did participant demonstrate 12% or greater reversibility within the last two years: a. Date reversibility demonstrated:
45	sc112a	Num	8	12. Methacholine PC20 less than 16 mg/mL (within last two years):

**Data Set Name: stan\_scores.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	VisitID	Char	10	Visit ID
3	ASUI	Num	8	Asthma Symptom Utility Index (0-1); Symptoms
4	ACT	Num	8	Asthma Control Test-adult (5-25); Asthma Control
5	cACT	Num	8	Asthma Control Test-child (0-27); Asthma Control
6	SINUSscore	Num	8	Sinus Symptom Score (0-60); Symptoms
7	SNOT22	Num	8	Sino-Nasal Outcomes Test (0-110); symptoms & emotion health
8	SN5	Num	8	SN-5 Sinus & Nasal Quality of Life Survey (1-7); Impact Symptoms on Quality of Life
9	SNQ	Num	8	Sino-nasal Questionnaire (0-3); Symptoms
10	MARKs	Num	8	Marks Asthma Questionnaire (0-80); Asthma Control
11	PCS	Num	8	SF-36 (0-100); Physical Health and Well-Being
12	MCS	Num	8	SF-36 (0-100); Mental Health and Well-Being
13	PHYSICAL	Num	8	CHSA Physical Health Scale (0-100)
14	ACTIVITYC	Num	8	CHSA Physical Activities [child] Scale (0-100)
15	ACTIVITYF	Num	8	CHSA Physical Activity [family] Scale (0-100)
16	EMOTIONALC	Num	8	CHSA Emotional Health [child] Scale (0-100)
17	EMOTIONALF	Num	8	CHSA Emotional Health [family] Scale (0-100)
18	pct_fev	Num	8	Pulmonary Function % predicted FEV1; pre/pred
19	pct_fvc	Num	8	Pulmonary Function % predicted FVC; pre/pred
20	pct_pf	Num	8	% predicted Peak Flow; pf*60/pred
21	pc20	Num	8	Bronchial hyper reactivity; concentration causes a 20% fall

**Data Set Name: stan\_st.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	ST107	Char	1	7. Current use of a beta-blocker:
3	ST108	Char	1	8. Ever had a significant adverse reaction to a skin testing procedure (eg, anaphylaxis, urticaria, angioedema, asthma, hypotension):
4	ST109	Char	1	9. Dermatographia:
5	ST110	Char	1	10. FEV1 below 70% predicted on the day of test
6	ST111	Char	1	11. Symptoms of an acute asthma exacerbation on day of test:
7	ST112	Char	1	12. Either 10 or 11 answered "Yes":
8	ST113	Char	1	13. Has supervising physician given permission to proceed with allergy skin test (permission from supervising physician must be obtained in order to proceed with skin test if 10 or 11 are "Yes"):
9	ST114a	Char	1	14. Antihistamine use a. Use of first-generation (short-acting) antihistamine in the past 3 days (72 hours):
10	ST114b	Char	1	14. Antihistamine use b. Use of a second-generation (longer-acting) antihistamine in the past 7 days:
11	ST114c	Char	1	14. Antihistamine use c. Use of a topical nasal antihistamine such as Astelin (azelastine) in the past 5 days:
12	ST115a	Char	1	15. Antidepressant use a. Use of doxepin (topical or oral) in the past 7 days:
13	ST115b	Char	1	15. Antidepressant use b. Use of a tricyclic antidepressant in the past 3 days:
14	ST116	Char	1	16. Use of an H2 antagonist in the past 3 days (72 hours):
15	ST117	Char	1	17. Use of restricted herbal supplements (see MOP) in the past 3 days:
16	ST118a	Char	1	18. Are the following readily available a. Physician knowledgeable in anaphylaxis treatment:
17	ST118b	Char	1	18. Are the following readily available b. Injectable epinephrine (1:1000):
18	ST105	Char	2	5. Visit ID:
19	ST119	Char	7	19. Time testing started (allergens applied):
20	ST120	Char	7	20. Time tests were read ("time read" is time when wheals were outlined with felt tip pen):
21	ST129d	Char	37	29. Center-specific allergen (1st): d. Name of allergen tested:
22	ST130d	Char	28	30. Center-specific allergen (2nd): d. Name of allergen tested:
23	ST131d	Char	50	31. Center-specific allergen (3rd): d. Name of allergen tested:
24	ST132d	Char	29	32. Center-specific allergen (4th): d. Name of allergen tested:
25	ST119u	Num	8	19. Time testing started (allergens applied):
26	ST120u	Num	8	20. Time tests were read ("time read" is time when wheals were outlined with felt tip pen):
27	ST121a	Num	8	21. Positive control: a. Largest diameter (A):
28	ST121b	Num	8	21. Positive control: b. Perpendicular diameter (B):
29	ST121c	Num	8	21. Positive control: c. Mean diameter (C):
30	ST122a	Num	8	22. Standardized house dust mite mix: a. Largest diameter (A):
31	ST122b	Num	8	22. Standardized house dust mite mix: b. Perpendicular diameter (B):
32	ST122c	Num	8	22. Standardized house dust mite mix: c. Mean diameter (C):
33	ST123a	Num	8	23. Mouse epithelia: a. Largest diameter (A):
34	ST123b	Num	8	23. Mouse epithelia: b. Perpendicular diameter (B):
35	ST123c	Num	8	23. Mouse epithelia: c. Mean diameter (C):

Num	Variable	Type	Len	Label
36	ST124a	Num	8	24. Penicillium mix: a. Largest diameter (A):
37	ST124b	Num	8	24. Penicillium mix: b. Perpendicular diameter (B):
38	ST124c	Num	8	24. Penicillium mix: c. Mean diameter (C):
39	ST125a	Num	8	25. Negative control: a. Largest diameter (A):
40	ST125b	Num	8	25. Negative control: b. Perpendicular diameter (B):
41	ST125c	Num	8	25. Negative control: c. Mean diameter (C):
42	ST126a	Num	8	26. Cockroach mix: a. Largest diameter (A):
43	ST126b	Num	8	26. Cockroach mix: b. Perpendicular diameter (B):
44	ST126c	Num	8	26. Cockroach mix: c. Mean diameter (C):
45	ST127a	Num	8	27. Rat epithelia: a. Largest diameter (A):
46	ST127b	Num	8	27. Rat epithelia: b. Perpendicular diameter (B):
47	ST127c	Num	8	27. Rat epithelia: c. Mean diameter (C):
48	ST128a	Num	8	28. Alternaria alternata: a. Largest diameter (A):
49	ST128b	Num	8	28. Alternaria alternata: b. Perpendicular diameter (B):
50	ST128c	Num	8	28. Alternaria alternata: c. Mean diameter (C):
51	ST129a	Num	8	29. Center-specific allergen (1st): a. Largest diameter (A):
52	ST129b	Num	8	29. Center-specific allergen (1st): b. Perpendicular diameter (B):
53	ST129c	Num	8	29. Center-specific allergen (1st): c. Mean diameter (C):
54	ST130a	Num	8	30. Center-specific allergen (2nd): a. Largest diameter (A):
55	ST130b	Num	8	30. Center-specific allergen (2nd): b. Perpendicular diameter (B):
56	ST130c	Num	8	30. Center-specific allergen (2nd): c. Mean diameter (C):
57	ST131a	Num	8	31. Center-specific allergen (3rd): a. Largest diameter (A):
58	ST131b	Num	8	31. Center-specific allergen (3rd): b. Perpendicular diameter (B):
59	ST131c	Num	8	31. Center-specific allergen (3rd): c. Mean diameter (C):
60	ST132a	Num	8	32. Center-specific allergen (4th): a. Largest diameter (A):
61	ST132b	Num	8	32. Center-specific allergen (4th): b. Perpendicular diameter (B):
62	ST132c	Num	8	32. Center-specific allergen (4th): c. Mean diameter (C):
63	ST133a	Num	8	33. Cladosporium herbarium: a. Largest diameter (A):
64	ST133b	Num	8	33. Cladosporium herbarium: b. Perpendicular diameter (B):
65	ST133c	Num	8	33. Cladosporium herbarium: c. Mean diameter (C):
66	ST134a	Num	8	34. Dog epithelia: a. Largest diameter (A):
67	ST134b	Num	8	34. Dog epithelia: b. Perpendicular diameter (B):
68	ST134c	Num	8	34. Dog epithelia: c. Mean diameter (C):
69	ST135a	Num	8	35. Standardized cat hair: a. Largest diameter (A):
70	ST135b	Num	8	35. Standardized cat hair: b. Perpendicular diameter (B):
71	ST135c	Num	8	35. Standardized cat hair: c. Mean diameter (C):
72	ST136a	Num	8	36. Aspergillus mix: a. Largest diameter (A):
73	ST136b	Num	8	36. Aspergillus mix: b. Perpendicular diameter (B):
74	ST136c	Num	8	36. Aspergillus mix: c. Mean diameter (C):

Num	Variable	Type	Len	Label
75	visitdate	Num	8	Visit Date

*Data Set Name: stan\_trt.sas7bdat*

Num	Variable	Type	Len	Label
1	Dose	Char	8	High or Low Dose
2	Trt	Char	3	Treatment
3	ID	Char	14	BioLINCC ID

**Data Set Name: stan\_tt.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	TT110	Char	1	10. Were some or all study nasal spray bottles collected from participant at this time:
3	TT105	Char	2	5. Visit ID:
4	TT109_a	Char	1	9. Main reasons for treatment termination (check all that apply)
5	TT109_b	Char	1	9. Main reasons for treatment termination (check all that apply)
6	TT109_c	Char	1	9. Main reasons for treatment termination (check all that apply)
7	TT109_d	Char	1	9. Main reasons for treatment termination (check all that apply)
8	TT109_e	Char	1	9. Main reasons for treatment termination (check all that apply)
9	TT109_f	Char	1	9. Main reasons for treatment termination (check all that apply)
10	TT109_g	Char	1	9. Main reasons for treatment termination (check all that apply)
11	TT109_h	Char	1	9. Main reasons for treatment termination (check all that apply)
12	TT109_i	Char	1	9. Main reasons for treatment termination (check all that apply)
13	TT108	Num	8	8. Type of termination (check only one):
14	visitdate	Num	8	Visit Date
15	tt107	Num	8	7. Date of last study nasal spray use:



**Data Set Name: stan\_um.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	14	BioLINCC ID
2	UM112	Char	1	12. Were any STAN staff unmasked:
3	UM114	Char	1	14. Was treatment terminated:
4	UM105	Char	2	5. Visit ID:
5	UM107	Char	6	7. Kit ID:
6	UM109	Num	8	9. Type of unmasking (check only one):
7	UM111	Num	8	11. Treatment assignment revealed from (check only one):
8	visitdate	Num	8	Visit Date
9	um108	Num	8	8. Date unmasked: