Participant ID

Variable # 1
Sas Name: ID
Sas Label: Participant ID
Type: Continuous

Usage Notes: none

Categories: Study: Administration

F30 Days since randomization/enrollment

Variable # 2
Sas Name: F30DAYS
Sas Label: F30 Days since randomization/enrollment
Type: Continuous

Usage Notes: none

Categories: Study: Administration

F30 Hospitalized in last two years

Have you been hospitalized overnight at any time during the past two years?

Variable # 3
Sas Name: HOSP2Y
Sas Label: Hospitalized overnight last two years
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History

Values

0	No
1	Yes

F30 Glaucoma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Glaucoma

Variable # 4
Sas Name: GLAUCOMA
Sas Label: Glaucoma ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Cataracts

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Cataract(s)

Variable # 5
Sas Name: CATARACT
Sas Label: Cataract ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 High cholesterol

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High cholesterol requiring pills

Variable # 6

Sas Name: HICHOLRP

Sas Label: High cholesterol requiring pills ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Asthma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Asthma

Variable # 7

Sas Name: ASTHMA

Sas Label: Asthma ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Emphysema/chronic bronchitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Emphysema or chronic bronchitis

Variable # 8

Sas Name: EMPHYSEM

Sas Label: Emphysema ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Kidney stones

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Kidney or bladder stones (renal or urinary calculi)

Variable # 9

Sas Name: KIDNEYST

Sas Label: Kidney or bladder stones ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 High blood calcium

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High blood calcium

Variable # 10

Sas Name: HIBLDCA

Sas Label: High blood calcium

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Stomach or duodenal ulcer

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Stomach or duodenal ulcer

Variable # 11

Sas Name: STOMULCR

Sas Label: Stomach of duodenal ulcer ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Diverticulitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Diverticulitis

Variable # 12

Sas Name: DIVERTIC

Sas Label: Diverticulitis ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Ulcerative colitis or Crohns

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Ulcerative colitis or Crohn's disease

Variable # 13

Sas Name: COLITIS

Sas Label: Ulcerative colitis ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Systemic erythematosus

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Systemic erythematosus ("lupus" or SLE)

Variable # 14
Sas Name: LUPUS
Sas Label: Lupus ever
Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Pancreatitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Pancreatitis (inflamed pancreas)

Variable # 15
Sas Name: PANCREAT
Sas Label: Pancreatitis ever
Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Osteoporosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Osteoporosis (weak, thin, or brittle bones)

Variable # 16
Sas Name: OSTEOPOR
Sas Label: Osteoporosis ever
Type: Categorical

Usage Notes: none

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Hip replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Hip replacement

Variable # 17
Sas Name: HIPREP
Sas Label: Hip replacement ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures
Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Other joint replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Other joint replacement

Variable # 18

Sas Name: OTHJREP

Sas Label: Other joint replacement ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Part of intestines removed

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Part of intestines taken out

Variable # 19

Sas Name: INTESTRM

Sas Label: Part of intestines removed ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Migraine headaches

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Migraine headaches

Variable # 20

Sas Name: MIGRAINE

Sas Label: Migraine headaches ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Alzheimers disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Alzheimer's disease

Variable # 21

Sas Name: ALZHEIM

Sas Label: Alzheimer's disease ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Multiple sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Multiple sclerosis

Variable # 22
Sas Name: MS
Sas Label: MS ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Parkinsons disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Parkinson's disease

Variable # 23
Sas Name: PARKINS
Sas Label: Parkinson's disease ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Amyotropic lateral sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)

Variable # 24
Sas Name: ALS
Sas Label: ALS ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 None of the above conditions

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
None of the above

Variable # 25
Sas Name: NACOND
Sas Label: None of listed medical conditions ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Heart or circulation problems

Has a doctor ever told you that you had heart problems, problems with your blood circulation, or blood clots?

Variable # 26
Sas Name: CVD
Sas Label: Cardiovascular disease ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Cardiac arrest

Please mark the conditions or procedures below that a doctor said you had. Cardiac arrest (where your heart stopped and needed to be restarted)

Variable # 27
Sas Name: CARDREST
Sas Label: Cardiac arrest ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Heart failure

Please mark the conditions or procedures below that a doctor said you had. Heart failure or congestive heart failure

Variable # 28
Sas Name: CHF_F30
Sas Label: Congestive heart failure ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Cardiac catheterization

Please mark the conditions or procedures below that a doctor said you had. Cardiac catheterization (heart catheterization or coronary angiogram)

Variable # 29
Sas Name: CARDCATH
Sas Label: Cardiac catheterization ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Heart bypass

Please mark the conditions or procedures below that a doctor said you had. Heart bypass operation or coronary bypass surgery for blocked or clogged arteries in you heart

Variable # 30
Sas Name: CABG
Sas Label: Coronary bypass surgery ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Angioplasty-coronary artery

Please mark the conditions or procedures below that a doctor said you had. Angioplasty of the coronary arteries (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA)

Variable # 31
Sas Name: PTCA
Sas Label: Angioplasty of coronary arteries ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Carotid endarterectomy

Please mark the conditions or procedures below that a doctor said you had. Carotid endarterectomy or carotid angioplasty (operation for blockage or narrowing of the arteries in your neck)

Variable # 32
Sas Name: CAROTID
Sas Label: Carotid endarterectomy/angioplasty ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Atrial fibrillation

Please mark the conditions or procedures below that a doctor said you had. Atrial fibrillation (a type of irregular heart beat)

Variable # 33
Sas Name: ATRIALFB
Sas Label: Atrial fibrillation ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Aortic aneurysm

Please mark the conditions or procedures below that a doctor said you had. Aortic aneurysm

Variable # 34
Sas Name: AORTICAN
Sas Label: Aortic aneurysm ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 None of above heart problems

Please mark the conditions or procedures below that a doctor said you had. None of the above

Variable # 35
Sas Name: NACVD
Sas Label: None of the listed CVD conditions ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Arthritis ever

Did your doctor ever say that you had arthritis?

Variable # 36
Sas Name: ARTHRIT
Sas Label: Arthritis ever
Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Type of Arthritis

What type of arthritis do you have?

Variable # 37
Sas Name: RHEUMAT
Sas Label: Rheumatoid arthritis ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q4 "Arthritis ever". Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values

1	Rheumatoid Arthritis
8	Other/Don't Know

F30 Gallbladder disease/gallstones

Did a doctor ever say that you had gallbladder disease or gallstones?

Variable # 38
Sas Name: GALLBS
Sas Label: Gallbladder disease or gallstones ever
Type: Categorical

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Gallbladder disease now

Do you now have gallbladder disease or gallstones?

Variable # 39
Sas Name: GALLBSNW
Sas Label: Gallbladder disease or gallstones now
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Gallstones removed

Did you ever have a procedure to remove gallstones?

Variable # 40
Sas Name: GALLSTRM
Sas Label: Gallstones removed
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Gallbladder removed

Did you have your gallbladder removed?

Variable # 41
Sas Name: GALLBLRM
Sas Label: Gallbladder removed
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Categories: Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Thyroid gland problem ever

Did a doctor ever say that you had a thyroid gland problem (not including thyroid cancer)?

Variable # 42
Sas Name: THYROID
Sas Label: Thyroid gland problem ever
Type: Categorical

Usage Notes: none

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Goiter ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Goiter (large thyroid gland)

Variable # 43
Sas Name: GOITER
Sas Label: Goiter ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes
9	Don't know

F30 Goiter now

If yes do you now have this problem? Goiter (large thyroid gland)

Variable # 44
Sas Name: GOITERNW
Sas Label: Goiter now
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.1 "Goiter ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Nodule ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Nodule (lumps in the thyroid gland)

Variable # 45
Sas Name: NODULE
Sas Label: Thyroid nodule ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes
9	Don't know

F30 Nodule now

If yes do you now have this problem? Nodule (lumps in the thyroid gland)

Variable # 46

Sas Name: NODULENW

Sas Label: Thyroid nodule now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.2 "Nodule ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Overactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Overactive thyroid

Variable # 47

Sas Name: OVRTHY

Sas Label: Overactive thyroid ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes
9	Don't know

F30 Overactive thyroid now

If yes do you now have this problem? Overactive thyroid

Variable # 48

Sas Name: OVRTHYNW

Sas Label: Overactive thyroid now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.3 "Overactive thyroid ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Underactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Underactive thyroid

Variable # 49

Sas Name: UNDTHY

Sas Label: Underactive thyroid ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes
9	Don't know

F30 Underactive thyroid now

If yes do you now have this problem? Underactive thyroid

Variable # 50

Sas Name: UNDTHYNW

Sas Label: Underactive thyroid now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Sub-question of F30 V3 Q6.1.4 "Underactive thyroid ever". Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values

0	No
1	Yes

F30 Hypertension

Did a doctor ever say that you had hypertension or high blood pressure? (Do not include high blood pressure that you had only when you were pregnant.)

Variable # 51

Sas Name: HYPT

Sas Label: Hypertension ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Age when told hypertension

How old were you when you were told you had high blood pressure? (Give your best guess.)

Variable # 52

Sas Name: HYPTAGE

Sas Label: Age told of hypertension

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q7 "Hypertension".

Categories: Medical History: Cardiovascular

Values

1	Less than 20
2	20-29
3	30-39
4	40-49
5	50-59
6	60-69
7	70 or older

F30 Ever pills for high blood pressure

Did you ever take pills for high blood pressure?

Variable # 53

Sas Name: HYPTPILL

Sas Label: Pills for hypertension ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Taking pills now for high BP

Do you now take pills for high blood pressure?

Variable # 54

Sas Name: HYPTPILN

Sas Label: Pills for hypertension now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q7 "Hypertension". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Angina

Did a doctor ever say that you had angina (chest pains from a heart problem)?

Variable # 55

Sas Name: ANGINA

Sas Label: Angina ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Taking pills for angina now

Do you now take pills for angina?

Variable # 56

Sas Name: ANGNPILN

Sas Label: Pills for angina now

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q8 "Angina".

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Peripheral arterial disease

Did a doctor ever say that you had claudication or peripheral arterial disease (poor blood flow to the legs or blocked or narrowed arteries to the legs)? Do not include varicose veins or phlebitis.

Variable # 57

Sas Name: PAD

Sas Label: Peripheral arterial disease ever

Type: Categorical

Usage Notes: none

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Angiography ever

For the above condition, have you ever had: Angiography (dye in the arteries of the legs)?

Variable # 58

Sas Name: PADANGGR

Sas Label: Angiography for PAD ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Angioplasty-peripheral artery

For the above condition, have you ever had: Angioplasty (balloon catheter to open blockage)?

Variable # 59

Sas Name: PADANGP

Sas Label: Angioplasty for PAD ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Surgery to improve flow ever

For the above condition, have you ever had: Surgery to improve blood flow in your legs (do not include surgery for varicose veins)?

Variable # 60

Sas Name: PADSURG

Sas Label: Surgery to improve flow to legs for PAD

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

F30 Colonoscopy or sigmoidoscopy

Have you ever had a colonoscopy or sigmoidoscopy or flex sig (where a doctor inserts a tube in the rectum to check for bowel problems)?

Variable # 61

Sas Name: COLNSCPY

Sas Label: Colonoscopy ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

0	No
1	Yes

F30 When was last colonoscopy test

When was the last test?

Variable # 62

Sas Name: COLNSCDT

Sas Label: Date of last colonoscopy

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q10 "Colonscopy or sigmoidoscopy". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

1	Less than 5 years ago
2	5 or more years ago

F30 Ever had polyps removed

Did you ever have any polyps of the colon, intestine, bowel, or rectum removed?

Variable # 63

Sas Name: PCOLONRM

Sas Label: Polyps of colon removed

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q10 "Colonscopy or sigmoidoscopy". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

0	No
1	Yes

F30 Rectal stool exam ever

Have you ever given a sample of your stool (BM, bowel movement, or feces) to be checked or had a rectal stool exam by a doctor or nurse? This is sometimes called a stool guaiac or hemoccult test.

Variable # 64

Sas Name: HEMOCCUL

Sas Label: Hemoccult test ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

0	No
1	Yes

F30 When was last stool test

When was the last test?

Variable # 65

Sas Name: HEMOCCDT

Sas Label: Date of last hemoccult test

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q11 "Rectal stool exam ever". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

1	Less than 5 years ago
2	5 or more years ago

F30 Cancer ever (excluding non-melan. skin cancer)

Did a doctor ever say that you had cancer, a malignant growth, or tumor? (This does not include "fibroids" of the uterus.)

Variable # 66
Sas Name: CANC_F30
Sas Label: Cancer ever
Type: Categorical

Usage Notes: none

Categories: Medical History: Cancer

Values

0	No
1	Yes

F30 Cancer - breast

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Breast

Variable # 67
Sas Name: BRCA_F30
Sas Label: Breast cancer ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Breast
Medical History: Cancer

Values

0	No
1	Yes

F30 Age cancer - breast

How old were you when a doctor first told you that you had this cancer. Breast

Variable # 68
Sas Name: BRCA55
Sas Label: Breast cancer 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.1 "Cancer - breast".
Not collected on all versions of form 30.

Categories: Medical History: Breast
Medical History: Cancer

Values

1	Less than 55
2	55 or older

F30 Cancer - colon, rectum

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Colon, rectum, bowel or intestine

Variable # 69
Sas Name: COLN_F30
Sas Label: Colorectal cancer ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Colorectal

Values

0	No
1	Yes

F30 Age cancer - colon, rectum

How old were you when a doctor first told you that you had this cancer? Colon, rectum, bowel, or intestine

Variable # 70
Sas Name: COLOCA55
Sas Label: Colorectal cancer 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.4 "Cancer - colon, rectum".
Not collected on all versions of Form 30.

Categories: Medical History: Cancer
Medical History: Colorectal

Values

1	Less than 55
2	55 or older

F30 Cancer - thyroid

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Thyroid

Variable # 71
Sas Name: THYRCA
Sas Label: Thyroid cancer ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Thyroid

Values

0	No
1	Yes

F30 Age cancer - thyroid

How old were you when a doctor first told you that you had this cancer? Thyroid

Variable # 72
Sas Name: THYRCA55
Sas Label: Thyroid cancer 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.5 "Cancer - thyroid".
Not collected on all versions of Form 30.

Categories: Medical History: Cancer
Medical History: Thyroid

Values

1	Less than 55
2	55 or older

F30 Cancer - cervix

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Cervix (opening to the uterus or womb)

Variable # 73
Sas Name: CERVCA
Sas Label: Cervix cancer ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Reproductive

Values

0	No
1	Yes

F30 Cancer - skin (not melanoma)

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Skin cancer (not melanoma)

Variable # 74

Sas Name: SKINCA

Sas Label: Skin cancer (not melanoma) ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

F30 Cancer - melanoma

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Melanoma

Variable # 75

Sas Name: MELN_F30

Sas Label: Melanoma cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

F30 Cancer - bladder

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Bladder

Variable # 76

Sas Name: BLADCA

Sas Label: Bladder cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

F30 Other cancers ever

Had other cancer ever (e.g. ovarian, endometrial, brain, liver, lung, bone, stomach, blood, lymphoma, Hodgkins, or other).

Variable # 77

Sas Name: OTHERCA

Sas Label: Other cancers ever

Type: Categorical

Usage Notes: Sub-questions of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Computed Variables
Medical History: Cancer

Values

0	No
1	Yes

F30 How many falls/past 12 months

During the past 12 months, how many times did you fall and land on the floor or ground?

Variable # 78
Sas Name: NUMFALLS
Sas Label: Times fell down last 12 months
Type: Categorical

Usage Notes: none

Categories: Medical History: Bone/Fractures

Values

0	None
1	1 time
2	2 times
3	3 or more times

F30 Fainted or blacked out

During the past 12 months, have you fainted, blacked out, passed out, or lost consciousness?

Variable # 79
Sas Name: FAINTED
Sas Label: Fainted last 12 months
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History
Medical History: Other Disease/Condition

Values

0	No
1	Yes

F30 Broke bone ever

Did a doctor, nurse, or physician assistant ever say you had a broken, fractured, or crushed bone?

Variable # 80
Sas Name: BKBONE
Sas Label: Broke bone ever
Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Broke hip

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hip

Variable # 81
Sas Name: BKHIP
Sas Label: Broke hip ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke hip

How old were you when you first broke this bone? Hip

Variable # 82
Sas Name: BKHIP55
Sas Label: Broke hip first time 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.1 "Broke hip".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke back or spine

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Spine or back (vertebra)

Variable # 83
Sas Name: BKBACK
Sas Label: Broke spine ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke back or spine

How old were you when you first broke this bone? Spine or back (vertebra)

Variable # 84
Sas Name: BKBACK55
Sas Label: Broke spine first time 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.2 "Broke back or spine".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke upper arm

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Upper arm (humerus)

Variable # 85
Sas Name: BKUARM
Sas Label: Broke upper arm ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke upper arm

How old were you when you first broke this bone? Upper arm (humerus)

Variable # 86
Sas Name: BKUARM55
Sas Label: Broke upper arm first time 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.3 "Broke upper arm".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke lower arm or wrist

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower arm or wrist

Variable # 87
Sas Name: BKLARM
Sas Label: Broke lower arm ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke lower arm or wrist

How old were you when you first broke this bone? Lower arm or wrist

Variable # 88
Sas Name: BKLARM55
Sas Label: Broke lower arm first time 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.4 "Broke lower arm or wrist".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke hand

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hand (not finger)

Variable # 89
Sas Name: BKHAND
Sas Label: Broke hand ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke hand

How old were you when you first broke this bone? Hand (not finger)

Variable # 90
Sas Name: BKHAND55
Sas Label: Broke hand first time 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.5 "Broke hand".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke lower leg or ankle

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower leg or ankle

Variable # 91
Sas Name: BKLLEG
Sas Label: Broke lower leg ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke lower leg or ankle

How old were you when you first broke this bone? Lower leg or ankle

Variable # 92
Sas Name: BKLLEG55
Sas Label: Broke lower leg first time 55 or older
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.6 "Broke lower leg or ankle".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke foot

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Foot (not toe)

Variable # 93
Sas Name: BKFOOT
Sas Label: Broke foot ever
Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke foot

How old were you when you first broke this bone? Foot (not toe)

Variable # 94

Sas Name: BKFOOT55

Sas Label: Broke foot first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.7 "Broke foot".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

F30 Broke other bone

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Other (Specify):

Variable # 95

Sas Name: BKOTHB

Sas Label: Broke other bone ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

F30 Age broke other bone

How old were you when you first broke this bone? Other (Specify):

Variable # 96

Sas Name: BKOTHB55

Sas Label: Broke other bone first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.8 "Broke other bone" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

Hypertension

Computed from Form 30, questions 7, 7.2, and 7.3. Three category variable on history of hypertension including information on current treatment. The three groups are never, currently untreated and currently treated hypertensive.

Variable # 97

Sas Name: HTNTRT

Sas Label: Hypertension

Type: Categorical

Usage Notes: none

Categories: Computed Variables
Medical History: Cardiovascular

Values

0	Never hypertensive
1	Untreated hypertensive
2	Treated hypertensive

Hip fracture age 55 or older

Computed from Form 30, questions 15.1 and 15.2. Indicator of whether participant has had a hip fracture at age 55 or older. Set to missing if age at screening is less than 55.

Variable # 98

Sas Name: HIP55

Sas Label: Hip fracture age 55 or older

Type: Categorical

Usage Notes: none

Categories: Computed Variables
Medical History: Bone/Fractures

Values

0	No
1	Yes

Fracture at age 55+

Computed from Form 30, questions 15, 15.1 and 15.2. Indicator of whether the participant has ever broken a bone for the first time at age 55 or older.

Variable # 99

Sas Name: FRACT55

Sas Label: Fracture at Age 55+

Type: Categorical

Usage Notes: none

Categories: Computed Variables
Medical History: Bone/Fractures

Values

0	No
1	Yes

CABG/PTCA ever

Computed from Form 30, questions 3.1.4 and 3.1.5. Indicator for whether the participant has a history of either CABG or PTCA.

Variable # 100

Sas Name: REVASC

Sas Label: CABG/PTCA Ever

Type: Categorical

Usage Notes: none

Categories: Computed Variables
Medical History: Cardiovascular

Values

0	No
1	Yes