

**Data Set Name: abdominal\_sonogram.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	SONO_LBL	Char	5	F033 II.5 Film Label Number:
3	ABDOMINAL_SONO_FM20	Num	8	F020 3. Abdominal Sonogram Performed
4	ABDRDRSIG	Char	20	F033 II.2 Reader Signature:
5	VISIT_NBR	Char	4	Visit Number
6	ABDRDRNM	Char	20	F033 II.1 Reader's Last Name:
7	ABDRDRNBR	Char	2	F033 II.3 Reader Number:
8	ABD_QLTY	Num	8	F033 II.6 Current status of this reading
9	QLTY2_SP	Char	500	F033 II.6.A If returned for reprocessing, explain:
10	QLTY3_SP	Char	500	F033 II.6.B If inadequate, explain:
11	GALBLA	Num	8	F033 III.1 Gallbladder
12	GBWALL	Num	8	F033 III.1.A If Present
13	GBCDV	Num	8	F033 III.1.B Color Doppler vascularity
14	GBNSTN	Num	8	F033 III.1.C.1 Number of stones
15	GBMSTN	Num	8	F033 III.1.C.2 Multiple stones not countable
16	GBLGST	Num	8	F033 III.1.D Largest stone
17	GBLGSTNA	Char	1	F033 III.1.DNA N/A
18	GBSFM	Num	8	F033 III.1.E Stones freely mobile?
19	GBCBD	Num	8	F033 III.1.F.1 Common bile duct
20	GBPAND	Num	8	F033 III.1.F.2 Pancreatic duct
21	GBIHEP	Num	8	F033 III.1.F.3 Intrahepatic ducts
22	GBSLDG	Num	8	F033 III.1.G Sludge
23	GBPRFL	Num	8	F033 III.1.H Pericholecystic fluid
24	SPLEEN	Num	8	F033 III.2 Spleen
25	ACCSPL	Num	8	F033 III.2.A Accessory spleen(s)
26	SPLCLN	Num	8	F033 III.2.B Cephalocaudad length
27	SPLTRN	Num	8	F033 III.2.C Transverse
28	SPLANP	Num	8	F033 III.2.D Anterior - Posterior
29	SPLVOL	Num	8	F033 III.2.E Estimated total spleen volume
30	SPLVOLND	Char	1	F033 III.2.END N/D
31	SPLHOM	Num	8	F033 III.2.F Homogeneity
32	INHOM_SP	Char	500	F033 III.2.F.1 *1. If inhomogeneous, explain:
33	RKID	Num	8	F033 III.3 Right Kidney
34	RKVOL	Num	8	F033 III.3.A Estimated volume
35	RKRPAR	Num	8	F033 III.3.B Renal parenchyma
36	RKRPEX	Char	500	F033 III.3.B.1 *1. If abnormal, explain:
37	RKECHO	Num	8	F033 III.3.C Echogenicity

Num	Variable	Type	Len	Label
38	RKECEX	Char	500	F033 III.3.C.1 *1. If abnormal, explain:
39	LKID	Num	8	F033 III.4 Left Kidney
40	LKVOL	Num	8	F033 III.4.A Estimated volume
41	LKRPAR	Num	8	F033 III.4.B Renal parenchyma
42	LKRPEX	Char	500	F033 III.4.B.1 *1. If abnormal, explain:
43	LKECHO	Num	8	F033 III.4.C Echogenicity
44	LKECEX	Char	500	F033 III.4.C.1 *1. If abnormal, explain:
45	LVRENL	Num	8	F033 III.5 Liver enlarged
46	ABDABN	Num	8	F033 III.6 Any other abdominal abnormalities
47	ABDABNEX	Char	500	F033 III.6.A If yes, explain:
48	ABDSEQPT	Char	30	F023 II_1 1. Equipment
49	ABDSTRNS	Char	20	F023 II_2 2. Transducer
50	STATUS45	Num	8	F023 II_3 3. Quality of study
51	VISIT_DT_FM23_DAYS	Num	8	F023 1. Date of interview (recode: number of days after date of initial follow-up visit)
52	ABDOMINAL_SONO_DT_FM20_DAYS	Num	8	F020 3A. Abdominal Sonogram Date Performed (recode: number of days after date of initial follow-up visit)
53	ABDRD_DT_DAYS	Num	8	F033 II.4 Date of Reading: (recode: number of days after date of initial follow-up visit)

**Data Set Name: blood.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	FORM ID
3	BLOOD_LABEL5	Char	5	Blood Label Number
4	VISIT_NBR	Char	4	Visit Number
5	CELLS	Char	20	F200 Cells
6	PLASMA	Char	20	F200 Plasma
7	VISIT_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of initial follow-up visit)
8	BLOOD_DT_DAYS	Num	8	F003 B. Date Collected (recode: number of days after date of initial follow-up visit)
9	COLLECTION_DT_DAYS	Num	8	COLLECTION DATE (recode: number of days after date of initial follow-up visit)

**Data Set Name: creatinine.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	FORM ID
3	CREATININE_LABEL	Char	5	Creatinine Label Number
4	VISIT_NBR	Char	4	Visit Number
5	S_CREAT	Char	20	F200 S_CREAT
6	RESIDUAL_VOL1	Char	20	F200 RESIDUAL_VOL1
7	VISIT_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of initial follow-up visit)
8	CREATININE_DT_DAYS	Num	8	F011 B. Date Collected: (recode: number of days after date of initial follow-up visit)
9	COLLECTION_DT_DAYS	Num	8	COLLECTION DATE (recode: number of days after date of initial follow-up visit)

**Data Set Name: *cystatin.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	FORM ID
3	CYSTATIN_C_LABEL	Char	5	Cystatin C Label Number
4	VISIT_NBR	Char	4	Visit Number
5	CYS_AVG	Num	8	Cystatin C Average
6	VISIT_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of initial follow-up visit)
7	CYSTATIN_C_DT_DAYS	Num	8	F003 B.Date Collected (recode: number of days after date of initial follow-up visit)
8	COLLECTION_DT_DAYS	Num	8	COLLECTION DATE (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm001.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	TREAT_COMPLET	Num	8	F001 1. Did this child complete at least 18 mos. of randomized treatment in BABY HUG?
7	FOLLOWUP_STUDY	Num	8	F001 2. Has informed consent been obtained?
8	FOLLOWUP_GROUP	Num	8	F001 4. Follow-up Group
9	HYDROXYUREA	Num	8	F001 A. Open Label Hydroxyurea?
10	NO_HYDROXYUREA	Num	8	F001 B. No hydroxyurea (standard care)?
11	CHRONIC_TRANSFUSION	Num	8	F001 C. Chronic Transfusion?
12	OTHER	Num	8	F001 D. Other?
13	SP	Char	500	F001 If other, specify
14	DATA_CONSENT	Num	8	F001 B. Consent for data file to include child's information?
15	BLOOD_SAVE_CONSENT	Num	8	F001 C. Consent for blood specimens to be saved indefinitely?
16	BLOOD_FUTURE_CONSENT	Num	8	F001 D. Consent for blood specimens to be used for future research on sickle cell disease and related disorders?
17	CONSENT_DT_DAYS	Num	8	F001 A. Consent Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm002.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	DOSE_WEIGHT	Num	8	F002 2. Dose Started
7	DOSE_FORM	Num	8	F002 3. Dose Form (choose one):
8	ANC_LOW	Num	8	F002 1. A. Is there an ANC below which you will hold open label HU treatment?
9	TREAT_DOSE1	Num	8	F002 B. If Yes,
10	PLATELET_LOW	Num	8	F002 2. A. Is there a platelet count below which your institution will hold open label HU treatment?
11	TREAT_DOSE2	Num	8	F002 B. If Yes,
12	DOSE_SP2	Char	500	F002 1. If Other, then specify:
13	SPLEEN_CHANGE	Num	8	F002 C. Is there a hold that can be started based on spleen size or change in spleen size?
14	HEMOGLOBIN_LOW	Num	8	F002 1. A. Is there an ANC below which you will hold open label HU treatment?
15	HEMO_6GM_DL	Num	8	F002 1. 6 gm/dl or below
16	HEMO_5_5GM_DL	Num	8	F002 2. 5.5 gm/dl or below
17	HEMO_5GM_DL	Num	8	F002 3. 5 gm/dl or below
18	PCT_BELOW_BASELINE	Num	8	F002 4. Percentage below baseline
19	BELOW_BASLINE_PERC	Num	8	F002 a. If percentage below baseline, specify percentage:
20	HEMO_LOW_OTHER	Num	8	F002 5. Other
21	HEMO_AMOUNT_SP	Char	500	F002 a. If Other, specify:
22	HEMO_RETICULO	Num	8	F002 4. A. Is there a hemoglobin/reticulocyte combination at which your institution will hold open label HU treatment?
23	HEMO_AMOUNT2	Num	8	F002 1. Hemoglobin of:
24	RETICULOCYTE_NUM	Num	8	F002 2. Absolute Reticulocyte of
25	NEXT_COUNT	Num	8	F002 5. If your institution holds HU, when will the patient return for the next blood count (choose one)?
26	MEDICATION	Num	8	F002 6. How much HU does your institution prescribe at each blood count check?
27	MEDICATION_SP	Char	500	F002 A. If Other, then specify:
28	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
29	START_DT_DAYS	Num	8	F002 1. Date HU Started (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm003.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	URINE_LABEL	Char	5	F003 A. Label number
7	URINE_LABEL_ND	Num	8	F003 Not Done
8	BLOOD_LABEL	Char	5	F003 A. Label number
9	BLOOD_LABEL_ND	Num	8	F003 Not Done
10	CYSTATIN_C_LABEL	Char	5	F003 A. Label Number
11	CYSTATIN_C_ND	Num	8	F003 Not Done
12	VISIT_DT_DAYS	Num	8	F003 (recode: number of days after date of initial follow-up visit)
13	URINE_DT_DAYS	Num	8	F003 B. Date collected (recode: number of days after date of initial follow-up visit)
14	BLOOD_DT_DAYS	Num	8	F003 B. Date Collected (recode: number of days after date of initial follow-up visit)
15	CYSTATIN_C_DT_DAYS	Num	8	F003 B.Date Collected (recode: number of days after date of initial follow-up visit)



**Data Set Name: fm010.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	PATIENT_CONTACT	Char	1	F010 4. Any patient contact during this interval?
7	HU_PRESCRIBED	Num	8	F010 1. Was the pateint prescribed HU at any time during this interval?
8	HU_DOSE_WEIGHT	Num	8	F010 1. Dose at the first time it was prescribed this interval:
9	HU_DOSE_FORM	Num	8	F010 2. Dose form
10	HU_INTERVAL_END	Num	8	F010 2. Was the patient still being prescribed HU at the end of the interval?
11	HU_DOSE_WEIGHT2	Num	8	F010 1. Dose at the end of the interval
12	HU_DOSE_FORM2	Num	8	F010 2. Dose form
13	HU_TOXICITY	Num	8	F010 3. Did the patient have HU held because of possible drug toxicity during this interval?
14	LOW_ANC	Num	8	F010 1. Low ANC
15	LOW_HGB	Num	8	F010 2. Low Hgb
16	LOW_PHS	Num	8	F010 3. Low PHs
17	OTHER_INFECTION	Num	8	F010 4. Other bacterial or viral infection
18	OTHER_TOXICITY_FTR	Num	8	F010 5. Other
19	HU_TOXICITY_SP	Char	500	F010 If Other, then specify:
20	HU_TREAT_WEEKS	Num	8	F010 4. Estimate how many weeks during this interval the patient actually took HU:
21	BLOOD_COLLECT	Num	8	F010 1. Were any blood specimens collected for clinical reasons during this interval?
22	FIRST_HEMGLOBIN	Num	8	F010 B. Hemoglobin
23	FIRST_MCV	Num	8	F010 C: MCV
24	FIRST_RETIC_CNT	Num	8	F010 D. Reticulocyte (% of RBC)
25	FIRST_WBC_ACOUNT	Num	8	F010 E. White Blood Cell Count
26	FIRST_NEUTROPHIL_CNT	Num	8	F010 F. Absolute Neutrophil Count
27	FIRST_PLATELETS_CNT	Num	8	F010 G. Platelet Count
28	LAST_HEMGLOBIN	Num	8	F010 B. Hemoglobin
29	LAST_MCV	Num	8	F010 C. MCV
30	LAST_RETIC_CNT	Num	8	F010 D. Reticulotyte (% of RBC)
31	LAST_WBC_ACOUNT	Num	8	F010 E. White Blood Cell Count
32	LAST_NEUTROPHIL_CNT	Num	8	F010 F. Absolute Neutrophil Count
33	LAST_PLATELETS_CNT	Num	8	F010 G. Platelet Count
34	LAB_VALUES	Num	8	F010 4. Were any of the following laboratory values obtained during this interval?

Num	Variable	Type	Len	Label
35	NO_LAB_REASON	Num	8	F010 *A. If No, reason:
36	CRATININE_NOT_DONE	Num	8	F010 4B. Creatinine Not Done
37	CRATININE_VALUE	Num	8	F010 2. Creatinne Value:
38	ALT_NOT_DONE	Num	8	F010 4C. ALT Not Done
39	ALT_VALUE	Num	8	F010 2. ALT Value:
40	GGT_NOT_DONE	Num	8	F010 4D. GGT Not Done
41	GGT_VALUE	Num	8	F010 2. GGT Value:
42	FETAL_NOT_DONE	Num	8	F010 4E. Fetal Hemoglobin Not Done
43	FETAL_HEMO_VAL	Num	8	F010 2. Fetal Hemoglobin Value:
44	TCD_IMAGE_RESULTS	Char	1	F010 1. TCD Results:
45	MRI_NOT_DONE	Num	8	F010 2. MRI Not Done
46	MRI_RESULTS	Num	8	F010 CHECK THE MOST SEVERE RESULT
47	MRA_NOT_DONE	Num	8	F010 3. MRA Not Done
48	MRA_ABNORMAL	Num	8	F010 A. If MRA done, any result abnormal?
49	CT_NOT_DONE	Num	8	F010 4. CT Not Done
50	CT_ABNORMAL	Num	8	F010 A. If CT done, any result abnormal?
51	EEG_NOT_DONE	Num	8	F010 1. EEG Not Done
52	EEG_ABNORMAL	Num	8	F010 A. If EEG done, any result abnormal?
53	PFTS_NOT_DONE	Num	8	F010 2. PFTS Not Done
54	PFTS_ABNORMAL	Num	8	F010 A. If Pulmonary Function Tests done, any result abnormal?
55	NEUROPSYCH_NOT_DONE	Num	8	F010 3. Neuropsych Not Done
56	NEUROPSYCH_ABNORMAL	Num	8	F010 A. If neuropsychology testing done, any result abnormal?
57	NEUROPSYCH_SP	Char	500	F010 1. Specify test:
58	OTHER_TEST	Num	8	F010 4. Other clinical tests done:
59	CLINIC_VISITS	Num	8	F010 1. Clinic Visits
60	PERIODIC_CLIN_VIS	Num	8	F010 1. Periodic Clinical Visit (physical examination by sickle cell team)
61	HU_TOXICITY_ASSESS	Num	8	F010 2. HU toxicity assessment (routine HU counts)
62	OTHER_VISITS	Num	8	F010 3. Other clinical service (including follow-up of crisis event and general pediatrics)
63	ER_VISITS	Num	8	F010 A. How many times was this patient seen in an ER or day hospital during this interval (in your facility or another):
64	ACUTE_SPLENIC_SEQUES	Char	1	F010 1. Acute splenic sequestration crisis
65	ACUTE_CHEST_SYNDROME	Char	1	F010 2. Acute chest syndrome
66	STROKE_SEIZURE	Char	1	F010 3. Neurologic event (stroke or seizure)
67	APLASTIC_CRISIS	Char	1	F010 4. Aplastic Crisis
68	URINARY_TRACT_INFECT	Char	1	F010 5. Urinary tract infection
69	FEVER_FEBRILE	Char	1	F010 6. Fever or febrile illness including URI/sinusitis/cold/flu
70	NO_FEVER	Char	1	F010 7. Other acute illness, no fever
71	TRAUMA	Char	1	F010 8. Trauma including broken bones and sprains

Num	Variable	Type	Len	Label
72	PAIN	Char	1	F010 9. Sickle Cell Pain Crisis (including dactylitis)
73	OTHER_CRISIS	Char	1	F010 10. Other
74	HOSPITAL_TIMES	Num	8	F010 3. How many times was the patient admitted to the hospital during this interval (in your facility or another)?
75	DIAGNOSIS_STROKE	Num	8	F010 1. Neurologic event (stroke or seizure)
76	DIAG_SPENIC_SEQUES	Num	8	F010 2. Acute splenic sequestration crisis
77	DIAGNOSIS_CHEST	Num	8	F010 3. Acute chest syndrome
78	DIAGNOSIS_APLASTIC	Num	8	F010 4. Aplastic Crisis
79	DIAGNOSIS_URINARY	Num	8	F010 5. Urinary tract infection
80	DIAGNOSIS_FEVER	Num	8	F010 6. Fever or febrile illness including URI/sinusitis/cold/flu
81	DIAGNOSIS_NO_FEVER	Num	8	F010 7. Other acute illness, no fever
82	DIAGNOSIS_TRAUMA	Num	8	F010 8. Trauma including broken bones and sprains
83	DIAGNOSIS_PAIN	Num	8	F010 9. Sickle Cell Pain Crisis (including dactylitis)
84	DIAGNOSIS_SURGERY	Num	8	F010 10. Surgery (see part VII, item 5 below)
85	DIAGNOSIS_OTHER	Num	8	F010 11. Other:
86	DIAGNOSIS_OTHER_SP	Char	500	F010 a. If Other, specify:
87	PAIN2	Num	8	F010 A. Has the child experienced pain (defined as pain lasting four hours or more without other obvious cause for which medication such as ibuprofen, acetamino
88	PAIN_EPISODES	Num	8	F010 1. If yes, how many episodes of pain has the patient experienced during this interval?
89	SURGERY	Num	8	F010 A. Did the patient have at least one surgery during this interval?
90	TONSILLECTOMY_ND	Num	8	F010 a. Tonsillectomy, Adenoidectomy or both
91	SPLENECTOMY_NOT_DONE	Num	8	F010 c. Cholecystectomy and/or ERCP
92	CHOLECYSTECTOMY_ND	Num	8	F010 c. Cholecystectomy and/or ERCP
93	EAR_NOT_DONE	Num	8	F010 d. Ear tubes, hernia repair, dental rehabilitation
94	SURGERY_OTHER	Num	8	F010 e. Other
95	CHRONIC_TRANSFUSION	Num	8	F010 A. Was the patient on a chronic transfusion program during this interval (meaning scheduled transfusions every two-six weeks for three months or more)?
96	CHRONIC_TRANS_REASON	Num	8	F010 1. If yes, what was the main reason for the chronic transfusion program:
97	CHRONIC_TRANS_SP	Char	500	F010 a. If Other, specify:
98	EPISODIC_TRANSFUSION	Num	8	F010 B. Did the patient receive an episodic transfusion during this interval (meaning a transfusion, scheduled or not that was for a specific problem or to prep
99	EPISODIC_TRANS_RSN	Num	8	F010 1. If yes, what was the main reason for the episodic transfusion?
100	PHISICAL_EXAM	Num	8	F010 1. Was a physical examination performed during this interval?
101	MID_CLA_NOTDONE	Num	8	F010 3B1. Mid-clavicular Line Not Done
102	FIRST_HEIGHT	Num	8	F010 1. Height
103	FIRST_HEIGHT_NOTDONE	Num	8	F010 2A1. First Encounter Height Not Done
104	FIRST_WEIGHT	Num	8	F010 2. Weight

Num	Variable	Type	Len	Label
105	FIRST_WEIGHT_NOTDONE	Num	8	F010 2A2. First Encounter Weight Not Done
106	FIRST_HEAD_CIRCUM	Num	8	F010 3. Head Circumference
107	FIRST_HEAD_NOTDONE	Num	8	F010 2A3. First Encounter Head Circumference Not Done
108	SECOND_ENCOUNTER_ND	Num	8	F010 2B. Second Encounter Not Done
109	SECOND_HEIGHT	Num	8	F010 1. Height
110	SECOND_HEIGHT_ND	Num	8	F010 2B1. Second Encounter Height Not Done
111	SECOND_WEIGHT	Num	8	F010 2. Weight
112	SECOND_WEIGHT_ND	Num	8	F010 2B2. Second Encounter Weight Not Done
113	SECOND_HEAD_CIRCUM	Num	8	F010 3. Head Circumference
114	SECOND_HEAD_NOTDONE	Num	8	F010 2B3. Second Encounter Head Circumference Not Done
115	LAST_ENCOUNTER_ND	Num	8	F010 2C. Last Encounter Not Done
116	LAST_HEIGHT	Num	8	F010 1. Height
117	LAST_HEIGHT_NOTDONE	Num	8	F010 2C1. Last Encounter Height Not Done
118	LAST_WEIGHT	Num	8	F010 2. Weight
119	LAST_WEIGHT_NOTDONE	Num	8	F010 2C2. Last Encounter Weight Not Done
120	LAST_HEAD_CIRCUM	Num	8	F010 3. Head Circumference
121	LAST_HEAD_NOTDONE	Num	8	F010 2C3. Last Encounter Head Circumference Not Done
122	SPLEEN_PALPABLE	Num	8	F010 3. A. Was the spleen reported to be palpable below the costal margin at any time during this interval?
123	MID_CLAVICULAR	Num	8	F010 1. Mid-clavicular line
124	ANTEROR_AXILLARY	Num	8	F010 2. Anterior axillary line
125	DIAG_SPLENIC_SEQU	Num	8	F010 C. Was the child diagnosed with acute splenic sequestration during this interval?
126	FIRST_RBC	Num	8	F010 H. Red Blood Cell Count
127	LAST_RBC	Num	8	F010 H. Red Blood Cell Count
128	VISIT	Num	8	F010 1. Visit
129	ANT_AXI_NOTDONE	Num	8	F010 3B2. Anterior Axillary Line Not Done
130	OTHER_VISITS_2	Num	8	F010 4. Other
131	FIRST_RETIC_NOT_DONE	Num	8	F010 2D. First Reticulocyte (% of RBC) Not Done
132	FIRST_NEUTROPHIL_NOT_DONE	Num	8	F010 2F. First Absolute Neutrophil Count Not Done
133	LAST_CBC_NOT_DONE	Num	8	F010 3A. Last CBC in interval Not Done
134	LAST_RETIC_NOT_DONE	Num	8	F010 3D. Last Reticulocyte (% of RBC) Not Done
135	LAST_NEUTROPHIL_NOT_DONE	Num	8	F010 3F. Last Absolute Neutrophil Count Not Done
136	HU_TOXICITY_ASSESS4	Num	8	F010 2. HU toxicity assessment (routine HU therapy)
137	TCD1	Char	9	TCD Result 1
138	TCD2	Char	9	TCD Result 2
139	TCD3	Char	9	TCD Result 3
140	TCD4	Char	9	TCD Result 4
141	VISIT_DT_DAYS	Num	8	F010 Visit Date (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
142	INTERVAL_START_DT_DAYS	Num	8	F010 2. Interval Start Date: (recode: number of days after date of initial follow-up visit)
143	INTERVAL_END_DT_DAYS	Num	8	F010 3. Interval End Date: (recode: number of days after date of initial follow-up visit)
144	HU_END_DT_DAYS	Num	8	F010 B. If No, what was the date the patient stopped being prescribed HU? (recode: number of days after date of initial follow-up visit)
145	FIRST_CBC_DT_DAYS	Num	8	F010 2A. Date of first CBC in interval (recode: number of days after date of initial follow-up visit)
146	LAST_CBC_DT_DAYS	Num	8	F010 3A. Date of last CBC in interval (recode: number of days after date of initial follow-up visit)
147	CREATININE_DT_DAYS	Num	8	F010 4B1. Creatinine Date (recode: number of days after date of initial follow-up visit)
148	ALT_DT_DAYS	Num	8	F010 4C1. ALT Date (recode: number of days after date of initial follow-up visit)
149	GGT_DT_DAYS	Num	8	F010 4D1. GGT Date (recode: number of days after date of initial follow-up visit)
150	FETAL_HEMOGLOBIN_DT_DAYS	Num	8	F010 4E1. Fetal Hemoglobin Date (recode: number of days after date of initial follow-up visit)
151	MRI_DT_DAYS	Num	8	F010 2. MRI Date (recode: number of days after date of initial follow-up visit)
152	MRA_DT_DAYS	Num	8	F010 3. MRA Date (recode: number of days after date of initial follow-up visit)
153	CT_DT_DAYS	Num	8	F010 4. CT Date (recode: number of days after date of initial follow-up visit)
154	EEG_DT_DAYS	Num	8	F010 1. EEG Date (recode: number of days after date of initial follow-up visit)
155	PFTS_DT_DAYS	Num	8	F010 2. PFTs Date (recode: number of days after date of initial follow-up visit)
156	NEUROPSYCH_DT_DAYS	Num	8	F010 3. Neuropsych Date (recode: number of days after date of initial follow-up visit)
157	TONSILLECTOMY_DT_DAYS	Num	8	F010 5A1A. Tonsillectomy Date (recode: number of days after date of initial follow-up visit)
158	SPLENECTOMY_DT_DAYS	Num	8	F010 5A1B. Splenectomy Date (recode: number of days after date of initial follow-up visit)
159	CHOLECYSTECTOMY_DT_DAYS	Num	8	F010 5A1C. Cholecystectomy and/or ERCP Date (recode: number of days after date of initial follow-up visit)
160	EAR_DT_DAYS	Num	8	F010 5A1D. Date of Ear tubes, hernia repair, or dental rehabilitation (recode: number of days after date of initial follow-up visit)
161	FIRST_ENCOUNTER_DT_DAYS	Num	8	F010 2A. Growth Parameters: First Encounter Date (recode: number of days after date of initial follow-up visit)
162	SECOND_ENCOUNTER_DT_DAYS	Num	8	F010 2B. Growth Parameters: Second Encounter Date (recode: number of days after date of initial follow-up visit)
163	LAST_ENCOUNTER_DT_DAYS	Num	8	F010 2C. Growth Parameters: Last Encounter Date (recode: number of days after date of initial follow-up visit)
164	SPLEEN_LARGEST_DT_DAYS	Num	8	F010 B. On what date was it the largest (most centimeters below costal margin) (recode: number of days after date of initial follow-up visit)
165	TCD_DT1_DAYS	Num	8	F010 Date of TCD 1 (recode: number of days after date of initial follow-up visit)

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
166	TCD_DT2_DAYS	Num	8	F010 Date of TCD 2 (recode: number of days after date of initial follow-up visit)
167	TCD_DT3_DAYS	Num	8	F010 Date of TCD 3 (recode: number of days after date of initial follow-up visit)
168	TCD_DT4_DAYS	Num	8	F010 Date of TCD 4 (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm010\_20190910.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	PATIENT_CONTACT	Char	1	F010 4. Any patient contact during this interval?
7	HU_PRESCRIBED	Num	8	F010 1. Was the pateint prescribed HU at any time during this interval?
8	HU_DOSE_WEIGHT	Num	8	F010 1. Dose at the first time it was prescribed this interval:
9	HU_DOSE_FORM	Num	8	F010 2. Dose form
10	HU_INTERVAL_END	Num	8	F010 2. Was the patient still being prescribed HU at the end of the interval?
11	HU_DOSE_WEIGHT2	Num	8	F010 1. Dose at the end of the interval
12	HU_DOSE_FORM2	Num	8	F010 2. Dose form
13	HU_TOXICITY	Num	8	F010 3. Did the patient have HU held because of possible drug toxicity during this interval?
14	LOW_ANC	Num	8	F010 1. Low ANC
15	LOW_HGB	Num	8	F010 2. Low Hgb
16	LOW_PHS	Num	8	F010 3. Low PHs
17	OTHER_INFECTION	Num	8	F010 4. Other bacterial or viral infection
18	OTHER_TOXICITY_FTR	Num	8	F010 5. Other
19	HU_TOXICITY_SP	Char	500	F010 If Other, then specify:
20	HU_TREAT_WEEKS	Num	8	F010 4. Estimate how many weeks during this interval the patient actually took HU:
21	BLOOD_COLLECT	Num	8	F010 1. Were any blood specimens collected for clinical reasons during this interval?
22	FIRST_HEMGLOBIN	Num	8	F010 B. Hemoglobin
23	FIRST_MCV	Num	8	F010 C: MCV
24	FIRST_RETIC_CNT	Num	8	F010 D. Reticulocyte (% of RBC)
25	FIRST_WBC_ACOUNT	Num	8	F010 E. White Blood Cell Count
26	FIRST_NEUTROPHIL_CNT	Num	8	F010 F. Absolute Neutrophil Count
27	FIRST_PLATELETS_CNT	Num	8	F010 G. Platelet Count
28	LAST_HEMGLOBIN	Num	8	F010 B. Hemoglobin
29	LAST_MCV	Num	8	F010 C. MCV
30	LAST_RETIC_CNT	Num	8	F010 D. Reticulotyte (% of RBC)
31	LAST_WBC_ACOUNT	Num	8	F010 E. White Blood Cell Count
32	LAST_NEUTROPHIL_CNT	Num	8	F010 F. Absolute Neutrophil Count
33	LAST_PLATELETS_CNT	Num	8	F010 G. Platelet Count
34	LAB_VALUES	Num	8	F010 4. Were any of the following laboratory values obtained during this interval?

Num	Variable	Type	Len	Label
35	NO_LAB_REASON	Num	8	F010 *A. If No, reason:
36	CRATININE_NOT_DONE	Num	8	F010 4B. Creatinine Not Done
37	CRATININE_VALUE	Num	8	F010 2. Creatinne Value:
38	ALT_NOT_DONE	Num	8	F010 4C. ALT Not Done
39	ALT_VALUE	Num	8	F010 2. ALT Value:
40	GGT_NOT_DONE	Num	8	F010 4D. GGT Not Done
41	GGT_VALUE	Num	8	F010 2. GGT Value:
42	FETAL_NOT_DONE	Num	8	F010 4E. Fetal Hemoglobin Not Done
43	FETAL_HEMO_VAL	Num	8	F010 2. Fetal Hemoglobin Value:
44	TCD_IMAGE_RESULTS	Char	1	F010 1. TCD Results:
45	MRI_NOT_DONE	Num	8	F010 2. MRI Not Done
46	MRI_RESULTS	Num	8	F010 CHECK THE MOST SEVERE RESULT
47	MRA_NOT_DONE	Num	8	F010 3. MRA Not Done
48	MRA_ABNORMAL	Num	8	F010 A. If MRA done, any result abnormal?
49	CT_NOT_DONE	Num	8	F010 4. CT Not Done
50	CT_ABNORMAL	Num	8	F010 A. If CT done, any result abnormal?
51	EEG_NOT_DONE	Num	8	F010 1. EEG Not Done
52	EEG_ABNORMAL	Num	8	F010 A. If EEG done, any result abnormal?
53	PFTS_NOT_DONE	Num	8	F010 2. PFTS Not Done
54	PFTS_ABNORMAL	Num	8	F010 A. If Pulmonary Function Tests done, any result abnormal?
55	NEUROPSYCH_NOT_DONE	Num	8	F010 3. Neuropsych Not Done
56	NEUROPSYCH_ABNORMAL	Num	8	F010 A. If neuropsychology testing done, any result abnormal?
57	NEUROPSYCH_SP	Char	500	F010 1. Specify test:
58	OTHER_TEST	Num	8	F010 4. Other clinical tests done:
59	CLINIC_VISITS	Num	8	F010 1. Clinic Visits
60	PERIODIC_CLIN_VIS	Num	8	F010 1. Periodic Clinical Visit (physical examination by sickle cell team)
61	HU_TOXICITY_ASSESS	Num	8	F010 2. HU toxicity assessment (routine HU counts)
62	OTHER_VISITS	Num	8	F010 3. Other clinical service (including follow-up of crisis event and general pediatrics)
63	ER_VISITS	Num	8	F010 A. How many times was this patient seen in an ER or day hospital during this interval (in your facility or another):
64	ACUTE_SPLENIC_SEQUES	Char	1	F010 1. Acute splenic sequestration crisis
65	ACUTE_CHEST_SYNDROME	Char	1	F010 2. Acute chest syndrome
66	STROKE_SEIZURE	Char	1	F010 3. Neurologic event (stroke or seizure)
67	APLASTIC_CRISIS	Char	1	F010 4. Aplastic Crisis
68	URINARY_TRACT_INFECT	Char	1	F010 5. Urinary tract infection
69	FEVER_FEBRILE	Char	1	F010 6. Fever or febrile illness including URI/sinusitis/cold/flu
70	NO_FEVER	Char	1	F010 7. Other acute illness, no fever
71	TRAUMA	Char	1	F010 8. Trauma including broken bones and sprains



Num	Variable	Type	Len	Label
72	PAIN	Char	1	F010 9. Sickle Cell Pain Crisis (including dactylitis)
73	OTHER_CRISIS	Char	1	F010 10. Other
74	HOSPITAL_TIMES	Num	8	F010 3. How many times was the patient admitted to the hospital during this interval (in your facility or another)?
75	DIAGNOSIS_STROKE	Num	8	F010 1. Neurologic event (stroke or seizure)
76	DIAG_SPENIC_SEQUES	Num	8	F010 2. Acute splenic sequestration crisis
77	DIAGNOSIS_CHEST	Num	8	F010 3. Acute chest syndrome
78	DIAGNOSIS_APLASTIC	Num	8	F010 4. Aplastic Crisis
79	DIAGNOSIS_URINARY	Num	8	F010 5. Urinary tract infection
80	DIAGNOSIS_FEVER	Num	8	F010 6. Fever or febrile illness including URI/sinusitis/cold/flu
81	DIAGNOSIS_NO_FEVER	Num	8	F010 7. Other acute illness, no fever
82	DIAGNOSIS_TRAUMA	Num	8	F010 8. Trauma including broken bones and sprains
83	DIAGNOSIS_PAIN	Num	8	F010 9. Sickle Cell Pain Crisis (including dactylitis)
84	DIAGNOSIS_SURGERY	Num	8	F010 10. Surgery (see part VII, item 5 below)
85	DIAGNOSIS_OTHER	Num	8	F010 11. Other:
86	DIAGNOSIS_OTHER_SP	Char	500	F010 a. If Other, specify:
87	PAIN2	Num	8	F010 A. Has the child experienced pain (defined as pain lasting four hours or more without other obvious cause for which medication such as ibuprofen, acetamino
88	PAIN_EPISODES	Num	8	F010 1. If yes, how many episodes of pain has the patient experienced during this interval?
89	SURGERY	Num	8	F010 A. Did the patient have at least one surgery during this interval?
90	TONSILLECTOMY_ND	Num	8	F010 a. Tonsillectomy, Adenoidectomy or both
91	SPLENECTOMY_NOT_DONE	Num	8	F010 c. Cholecystectomy and/or ERCP
92	CHOLECYSTECTOMY_ND	Num	8	F010 c. Cholecystectomy and/or ERCP
93	EAR_NOT_DONE	Num	8	F010 d. Ear tubes, hernia repair, dental rehabilitation
94	SURGERY_OTHER	Num	8	F010 e. Other
95	CHRONIC_TRANSFUSION	Num	8	F010 A. Was the patient on a chronic transfusion program during this interval (meaning scheduled transfusions every two-six weeks for three months or more)?
96	CHRONIC_TRANS_REASON	Num	8	F010 1. If yes, what was the main reason for the chronic transfusion program:
97	CHRONIC_TRANS_SP	Char	500	F010 a. If Other, specify:
98	EPISODIC_TRANSFUSION	Num	8	F010 B. Did the patient receive an episodic transfusion during this interval (meaning a transfusion, scheduled or not that was for a specific problem or to prep
99	EPISODIC_TRANS_RSN	Num	8	F010 1. If yes, what was the main reason for the episodic transfusion?
100	PHISICAL_EXAM	Num	8	F010 1. Was a physical examination performed during this interval?
101	MID_CLA_NOTDONE	Num	8	F010 3B1. Mid-clavicular Line Not Done
102	FIRST_HEIGHT	Num	8	F010 1. Height
103	FIRST_HEIGHT_NOTDONE	Num	8	F010 2A1. First Encounter Height Not Done
104	FIRST_WEIGHT	Num	8	F010 2. Weight

Num	Variable	Type	Len	Label
105	FIRST_WEIGHT_NOTDONE	Num	8	F010 2A2. First Encounter Weight Not Done
106	FIRST_HEAD_CIRCUM	Num	8	F010 3. Head Circumference
107	FIRST_HEAD_NOTDONE	Num	8	F010 2A3. First Encounter Head Circumference Not Done
108	SECOND_ENCOUNTER_ND	Num	8	F010 2B. Second Encounter Not Done
109	SECOND_HEIGHT	Num	8	F010 1. Height
110	SECOND_HEIGHT_ND	Num	8	F010 2B1. Second Encounter Height Not Done
111	SECOND_WEIGHT	Num	8	F010 2. Weight
112	SECOND_WEIGHT_ND	Num	8	F010 2B2. Second Encounter Weight Not Done
113	SECOND_HEAD_CIRCUM	Num	8	F010 3. Head Circumference
114	SECOND_HEAD_NOTDONE	Num	8	F010 2B3. Second Encounter Head Circumference Not Done
115	LAST_ENCOUNTER_ND	Num	8	F010 2C. Last Encounter Not Done
116	LAST_HEIGHT	Num	8	F010 1. Height
117	LAST_HEIGHT_NOTDONE	Num	8	F010 2C1. Last Encounter Height Not Done
118	LAST_WEIGHT	Num	8	F010 2. Weight
119	LAST_WEIGHT_NOTDONE	Num	8	F010 2C2. Last Encounter Weight Not Done
120	LAST_HEAD_CIRCUM	Num	8	F010 3. Head Circumference
121	LAST_HEAD_NOTDONE	Num	8	F010 2C3. Last Encounter Head Circumference Not Done
122	SPLEEN_PALPABLE	Num	8	F010 3. A. Was the spleen reported to be palpable below the costal margin at any time during this interval?
123	MID_CLAVICULAR	Num	8	F010 1. Mid-clavicular line
124	ANTEROR_AXILLARY	Num	8	F010 2. Anterior anillary line
125	DIAG_SPLENIC_SEQU	Num	8	F010 C. Was the child diagnosed with acute splenic sequestration during this interval?
126	FIRST_RBC	Num	8	F010 H. Red Blood Cell Count
127	LAST_RBC	Num	8	F010 H. Red Blood Cell Count
128	VISIT	Num	8	F010 1. Visit
129	ANT_AXI_NOTDONE	Num	8	F010 3B2. Anterior Anillary Line Not Done
130	OTHER_VISITS_2	Num	8	F010 4. Other
131	FIRST_RETIC_NOT_DONE	Num	8	F010 2D. First Reticulocyte (% of RBC) Not Done
132	FIRST_NEUTROPHIL_NOT_DONE	Num	8	F010 2F. First Absolute Neutrophil Count Not Done
133	LAST_CBC_NOT_DONE	Num	8	F010 3A. Last CBC in interval Not Done
134	LAST_RETIC_NOT_DONE	Num	8	F010 3D. Last Reticulocyte (% of RBC) Not Done
135	LAST_NEUTROPHIL_NOT_DONE	Num	8	F010 3F. Last Absolute Neutrophil Count Not Done
136	HU_TOXICITY_ASSESS4	Num	8	F010 2. HU toxicity assessment (routine HU therapy)
137	TCD1	Char	9	TCD Result 1
138	TCD2	Char	9	TCD Result 2
139	TCD3	Char	9	TCD Result 3
140	TCD4	Char	9	TCD Result 4
141	VISIT_DT_DAYS	Num	8	F010 Visit Date (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
142	INTERVAL_START_DT_DAYS	Num	8	F010 2. Interval Start Date: (recode: number of days after date of initial follow-up visit)
143	INTERVAL_END_DT_DAYS	Num	8	F010 3. Interval End Date: (recode: number of days after date of initial follow-up visit)
144	HU_END_DT_DAYS	Num	8	F010 B. If No, what was the date the patient stopped being prescribed HU? (recode: number of days after date of initial follow-up visit)
145	FIRST_CBC_DT_DAYS	Num	8	F010 2A. Date of first CBC in interval (recode: number of days after date of initial follow-up visit)
146	LAST_CBC_DT_DAYS	Num	8	F010 3A. Date of last CBC in interval (recode: number of days after date of initial follow-up visit)
147	CREATININE_DT_DAYS	Num	8	F010 4B1. Creatinine Date (recode: number of days after date of initial follow-up visit)
148	ALT_DT_DAYS	Num	8	F010 4C1. ALT Date (recode: number of days after date of initial follow-up visit)
149	GGT_DT_DAYS	Num	8	F010 4D1. GGT Date (recode: number of days after date of initial follow-up visit)
150	FETAL_HEMOGLOBIN_DT_DAYS	Num	8	F010 4E1. Fetal Hemoglobin Date (recode: number of days after date of initial follow-up visit)
151	MRI_DT_DAYS	Num	8	F010 2. MRI Date (recode: number of days after date of initial follow-up visit)
152	MRA_DT_DAYS	Num	8	F010 3. MRA Date (recode: number of days after date of initial follow-up visit)
153	CT_DT_DAYS	Num	8	F010 4. CT Date (recode: number of days after date of initial follow-up visit)
154	EEG_DT_DAYS	Num	8	F010 1. EEG Date (recode: number of days after date of initial follow-up visit)
155	PFTS_DT_DAYS	Num	8	F010 2. PFTs Date (recode: number of days after date of initial follow-up visit)
156	NEUROPSYCH_DT_DAYS	Num	8	F010 3. Neuropsych Date (recode: number of days after date of initial follow-up visit)
157	TONSILLECTOMY_DT_DAYS	Num	8	F010 5A1A. Tonsillectomy Date (recode: number of days after date of initial follow-up visit)
158	SPLENECTOMY_DT_DAYS	Num	8	F010 5A1B. Splenectomy Date (recode: number of days after date of initial follow-up visit)
159	CHOLECYSTECTOMY_DT_DAYS	Num	8	F010 5A1C. Cholecystectomy and/or ERCP Date (recode: number of days after date of initial follow-up visit)
160	EAR_DT_DAYS	Num	8	F010 5A1D. Date of Ear tubes, hernia repair, or dental rehabilitation (recode: number of days after date of initial follow-up visit)
161	FIRST_ENCOUNTER_DT_DAYS	Num	8	F010 2A. Growth Parameters: First Encounter Date (recode: number of days after date of initial follow-up visit)
162	SECOND_ENCOUNTER_DT_DAYS	Num	8	F010 2B. Growth Parameters: Second Encounter Date (recode: number of days after date of initial follow-up visit)
163	LAST_ENCOUNTER_DT_DAYS	Num	8	F010 2C. Growth Parameters: Last Encounter Date (recode: number of days after date of initial follow-up visit)
164	SPLEEN_LARGEST_DT_DAYS	Num	8	F010 B. On what date was it the largest (most centimeters below costal margin) (recode: number of days after date of initial follow-up visit)
165	TCD_DT1_DAYS	Num	8	F010 Date of TCD 1 (recode: number of days after date of initial follow-up visit)

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
166	TCD_DT2_DAYS	Num	8	F010 Date of TCD 2 (recode: number of days after date of initial follow-up visit)
167	TCD_DT3_DAYS	Num	8	F010 Date of TCD 3 (recode: number of days after date of initial follow-up visit)
168	TCD_DT4_DAYS	Num	8	F010 Date of TCD 4 (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm011.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	URINE_LABEL	Num	8	F011 Urine Microalbumin: Creatinine Not Done
7	URINE_LABEL_NUM	Char	27	F011 Urine Microalbumin: Creatinine Label Number
8	BLOOD_LABEL	Num	8	F011 Stored Blood Sample Not Done
9	BLOOD_LABEL_NUM	Char	27	F011 Stored Blood Sample Label Number
10	VDJ_LABEL	Num	8	F011 VDJ/HJB Not Done
11	VDJ_LABEL_NUM	Char	27	F011 VDJ/HJB Label Number
12	CELL_LABEL	Num	8	F011 Pitted Cell Not Done
13	CELL_LABEL_NUM	Char	27	F011 Pitted Cell Label Number
14	CYSTATIN_LABEL	Num	8	F011 Cystatin C Not Done
15	CYSTATIN_LABEL_NUM	Char	27	F011 Cystatin C Label Number
16	CREATININE_LABEL	Num	8	F011 Creatinine Not Done
17	CREATININE_LABEL_NUM	Char	27	F011 Creatinine Label Number
18	VISIT_DT_DAYS	Num	8	F011 1. Date of Interview (recode: number of days after date of initial follow-up visit)
19	URINE_DT_DAYS	Num	8	F011 Urine Microalbumin: Creatinine Date Collected (recode: number of days after date of initial follow-up visit)
20	BLOOD_DT_DAYS	Num	8	F011 Stored Blood Sample Date Collected (recode: number of days after date of initial follow-up visit)
21	VDJ_DT_DAYS	Num	8	F011 VDJ/HJB Date Collected (recode: number of days after date of initial follow-up visit)
22	CELL_DT_DAYS	Num	8	F011 Pitted Cell Date Collected (recode: number of days after date of initial follow-up visit)
23	CYSTATIN_DT_DAYS	Num	8	F011 Cystatin C Date Collected (recode: number of days after date of initial follow-up visit)
24	CREATININE_DT_DAYS	Num	8	F011 Creatinine Date Collected (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm012.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	END_PARTICIPATION	Num	8	F012 A. Planned end of follow-up participation
7	INACTIVE	Num	8	F012 1. Inactive follow-up status
8	RELOCATION	Num	8	F012 2. Permanent relocation to area with no BABY HUG Clinic
9	WITHDRAW	Num	8	F012 3. Withdrew consent
10	DEATH	Num	8	F012 4. Death
11	OTHER	Num	8	F012 5. Other condition requiring end of participation
12	OTHER_SP	Char	500	F012 If Yes, then specify:
13	VISIT_DT_DAYS	Num	8	F012 1. Date of Interview (recode: number of days after date of initial follow-up visit)
14	LAST_CONTACT_DT_DAYS	Num	8	F012 2. Date of last contact with family (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm013.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	30	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	RDR46	Char	15	F013 tcd Examiner's last name
7	PTNTPOS	Num	8	F013 PATIENT'S POSITION DURING EXAM
8	POS_SP	Char	500	F013 SPECIFY
9	COMPEXAM	Num	8	F013 COMPLETENESS OF EXAM
10	INCEXAM	Num	8	F013 REASON FOR INCOMPLETE EXAM
11	INCEX_SP	Char	500	F013 SPECIFY
12	TCD_LBL	Char	5	F013 TCD LABEL
13	VISIT_DT_DAYS	Num	8	F013 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm020.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	BLOOD_COLLECT	Num	8	F020 1. Were blood specimens collected as part of active follow-up?
7	HBF_LABEL	Char	5	F020 2A. HbF Label Number
8	HBF_LABEL_ND	Num	8	F020 2A1. HbF Label Number Not Done
9	HOWELL_LABEL	Char	5	F020 3A. Howell Jolly Bodies Label Number
10	HOWELL_LABEL_ND	Num	8	F020 3A1. Howell Jolly Bodies Label Number Not Done
11	CELL_LABEL	Char	5	F020 4A. Pitted Cell Label Number
12	CELL_LABEL_ND	Num	8	F020 4A1. Pitted Cell Label Number Not Done
13	CYSTATIN_LABEL	Char	5	F020 5A. Cystain C LLabel number
14	CYSTATIN_LABEL_ND	Num	8	F020 5A1. Cystain C LLabel number Not Done
15	CREATININE_LABEL	Char	5	F020 6A. Creatinine Label Number
16	CREATININE_LABEL_ND	Num	8	F020 6A1. Creatinine Label Number Not Done
17	LIVER_SCAN	Num	8	F020 1. Liver/Spleen Scan Performed
18	DTPA_CLEAR	Num	8	F020 2. DTPA Clearance Performed
19	ABDOMINAL_SONO	Num	8	F020 3. Abdominal Sonogram Performed
20	NEUROPSYCH_TEST	Num	8	F020 4. Neuropsychology Testing Performed
21	VISIT_DT_DAYS	Num	8	F020 1. Date of Interview (recode: number of days after date of initial follow-up visit)
22	HBF_DT_DAYS	Num	8	F020 2B. HbF Date Collected (recode: number of days after date of initial follow-up visit)
23	HOWELL_DT_DAYS	Num	8	F020 3B. Howell Jolly Bodies Date Collected (recode: number of days after date of initial follow-up visit)
24	CELL_DT_DAYS	Num	8	F020 4B. Pitted Cell Date Collected (recode: number of days after date of initial follow-up visit)
25	CYSTATIN_DT_DAYS	Num	8	F020 5B. Cystain C Date Collected (recode: number of days after date of initial follow-up visit)
26	CREATININE_DT_DAYS	Num	8	F020 6B. Creatinine Date Collected (recode: number of days after date of initial follow-up visit)
27	LIVER_SCAN_DT_DAYS	Num	8	F020 1A. Liver/Spleen Scan Date Performed (recode: number of days after date of initial follow-up visit)
28	DTPA_CLEAR_DT_DAYS	Num	8	F020 2A. DTPA Clearance Date Performed (recode: number of days after date of initial follow-up visit)
29	ABDOMINAL_SONO_DT_DAYS	Num	8	F020 3A. Abdominal Sonogram Date Performed (recode: number of days after date of initial follow-up visit)
30	NEUROPSYCH_DT_DAYS	Num	8	F020 4A. Neuropsychology Testing Date Performed (recode: number of days after date of initial follow-up visit)





**Data Set Name: fm021.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	CAMTYPE	Char	18	F021 II_1 Camera manufacturer:
7	CAMMODEL	Char	18	F021 II-2 Camera Model:
8	COLLIMAT	Char	18	F021 II_3 Collimator:
9	SUPCOLLD	Char	18	F021 II_4 Supplier of TC-sulfur colloid:
10	DOSINJ44	Num	8	F021 II_5 Dose injected:
11	INJ44HR	Num	8	F021 II_6HR Time of injection (24-hour clock) HR
12	INJ44MN	Num	8	F021 II_6MN Time of injection (24-hour clock) MN
13	IMSTRHR	Num	8	F021 II_7HR Time imaging started HR
14	IMSTRMN	Num	8	F021 II_7MN Time imaging started MN
15	IMCOMHR	Num	8	F021 II_8HR Time imaging completed HR
16	IMCOMMN	Num	8	F021 II_8MN Time imaging completed MN
17	CAMANGLE	Num	8	F021 II_9 Camera angle:
18	ANTPOSMN	Num	8	F021 II_10MN True Posterior imaging time (min:sec) MN
19	ANTPOSSC	Num	8	F021 II_10SC True Posterior imaging time (min:sec) SC
20	OBLIMCNT	Num	8	F021 II_11 Right Posterior Oblique Image Counts:
21	LSSCNLBL	Char	5	F021 II_12 Film Label:
22	AOI400K	Num	8	F021 II_13A 400 K Image adequate?
23	AOITIMED	Num	8	F021 II_13B Timed Image adequate?
24	KASPLTOT	Num	8	F021 III_1A1a Anterior View Spleen total counts
25	KASPLPIX	Num	8	F021 III_1A1b Anterior View Spleen # pixels in ROI
26	KASPLCNT	Num	8	F021 III_1A1c Anterior View Spleen counts/pixel
27	KALIVTOT	Num	8	F021 III_1A2a Anterior View Liver total counts
28	KALIVPIX	Num	8	F021 III_1A2b Anterior View Liver # pixels in ROI
29	KALIVCNT	Num	8	F021 III_1A2c Anterior View Liver counts/pixel
30	KPSPLTOT	Num	8	F021 III_1B1a Posterior View Spleen total counts
31	KPSPLPIX	Num	8	F021 III_1B1b Posterior View Spleen # pixels in ROI
32	KPSPLCNT	Num	8	F021 III_1B1c Posterior View Spleen counts/pixel
33	KPLIVTOT	Num	8	F021 III_1B2a Posterior View Liver total counts
34	KPLIVPIX	Num	8	F021 III_1B2b Posterior View Liver # pixels in ROI
35	KPLIVCNT	Num	8	F021 III_1B2c Posterior View Liver counts/pixel
36	KSLRTTOT	Num	8	F021 III_1C1 Spleen/Liver Ratio Total counts

Num	Variable	Type	Len	Label
37	KSLRTCNT	Num	8	F021 III_1C2 Spleen/Liver Ratio Counts/pixel
38	TASPLTOT	Num	8	F021 III_2A1a Timed Image Left Anterior Oblique View Spleen total counts
39	TASPLPIX	Num	8	F021 III_2A1b Timed Image Left Anterior Oblique View Spleen # pixels in ROI
40	TASPLCNT	Num	8	F021 III_2A1c Timed Image Left Anterior Oblique View Spleen counts/pixel
41	TALIVTOT	Num	8	F021 III_2A2a Timed Image Left Anterior Oblique View Liver total counts
42	TALIVPIX	Num	8	F021 III_2A2b Timed Image Left Anterior Oblique View Liver # pixels in ROI
43	TALIVCNT	Num	8	F021 III_2A2c Timed Image Left Anterior Oblique View Liver counts/pixel
44	TPSPLTOT	Num	8	F021 III_2B1a Timed Image Right Anterior Oblique View Spleen total counts
45	TPSPLPIX	Num	8	F021 III_2B1b Timed Image Right Anterior Oblique View Spleen # pixels in ROI
46	TPSPLCNT	Num	8	F021 III_2B1c Timed Image Right Anterior Oblique View Spleen counts/pixel
47	TPLIVTOT	Num	8	F021 III_2B2a Timed Image Right Anterior Oblique View Liver total counts
48	TPLIVPIX	Num	8	F021 III_2B2b Timed Image Right Anterior Oblique View Liver # pixels in ROI
49	TPLIVCNT	Num	8	F021 III_2B2c Timed Image Right Anterior Oblique View Liver counts/pixel
50	TSLRTTOT	Num	8	F021 III_2C1 Spleen/Liver Ratio Total counts
51	TSLRTCNT	Num	8	F021 III_2C2 Spleen/Liver Ratio Counts/pixel
52	SIGNATURE	Num	8	F021 2. Signature:
53	VISIT_DT_DAYS	Num	8	F021 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm022.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	HEIGHT	Num	8	F022 1. Height
7	WEIGHT	Num	8	F022 2. Weight
8	STSAPRE	Num	8	F022 II_IA Standard syringe activity Pre
9	STSAPOST	Num	8	F022 II_IB Standard syringe activity Post
10	STSASTAC	Num	8	F022 II_IC Standard syringe activity Standard Activity:
11	DSSAPRE	Num	8	F022 II_2A Dose syringe activity Pre
12	DSSAPOST	Num	8	F022 II_2B Dose syringe activity Post
13	DTPADOSE	Num	8	F022 II_2C DTPA dose administered:
14	DTPAHR	Num	8	F022 II_2Dhr Time DTPA administered Hour
15	DTPAMN	Num	8	F022 II_2Dmn Time DTPA administered Minutes
16	ROOMFRST	Num	8	F022 II_4A Room (water) background First count:
17	ROOMSEC	Num	8	F022 II_4B Room (water) background Second count:
18	STNDFRST	Num	8	F022 II_5A Standard First count:
19	STNDSEC	Num	8	F022 II_5B Standard Second count:
20	ONEHR	Num	8	F022 II_6Ahr One-hour time Hour
21	ONEMN	Num	8	F022 II_6Amn One-hour time Minutes
22	ONEDTPA	Num	8	F022 II_6B DTPA measurement
23	ONEDTPA2	Num	8	F022 II_6C Second DTPA measurement
24	ONEHULBL	Char	5	F022 II_6D Tube label (3 ml in EDTA):
25	TWOHR	Num	8	F022 II_7Ahr Two-hour time Hour
26	TWOMN	Num	8	F022 II_7Amn Two-hour time Minutes
27	TWODTPA	Num	8	F022 II_7B DTPA measurement
28	TWODTPA2	Num	8	F022 II_7C Second DTPA measurement
29	TWOHULBL	Char	5	F022 II_7D Tube label (3 ml in EDTA):
30	FORHR	Num	8	F022 II_8Ahr Four-hour time Hour
31	FORMN	Num	8	F022 II_8Amn Four-hour time Minutes
32	FORDTPA	Num	8	F022 II_8B DTPA measurement
33	FORDTPA2	Num	8	F022 II_8C Second DTPA measurement
34	FORHULBL	Char	5	F022 II_8D Tube label (3 ml in EDTA):
35	GFRDTP_A	Num	8	F022 II_9A GFR from DTPA ml/min
36	GFRDTP_B	Num	8	F022 II_9B GFR from DTPA ml/min/m <sup>2</sup>

Num	Variable	Type	Len	Label
37	GFRDTP_C	Num	8	F022 II_9C GFR from DTPA ml/min/1.73m <sup>2</sup>
38	SIGNATURE	Num	8	F022 2. Signature:
39	VISIT_DT_DAYS	Num	8	F022 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm023.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	ABDSEQPT	Char	30	F023 II_1 1. Equipment
7	ABDSTRNS	Char	20	F023 II_2 2. Transducer
8	STATUS45	Num	8	F023 II_3 3. Quality of study
9	SONO_LBL	Char	5	F023 II_4 4. Film label
10	SIGNATURE	Num	8	F023 2. Signature:
11	VISIT_DT_DAYS	Num	8	F023 1. Date of interview (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm024.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	30	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	BD_1	Num	8	F024 1. 4 Red
7	BD_2	Num	8	F024 2. 6 Red
8	BD_3	Num	8	F024 3. 6 Red
9	BD_4	Num	8	F024 4. 4 Red
10	BD_5	Num	8	F024 5. 2 Red, 2 White
11	BD_6	Num	8	F024 6. 4 Red , 2 White
12	BD_7	Num	8	F024 7. 2 Red, 2 White
13	BD_8	Num	8	F024 8. 6 Red
14	BD_9	Num	8	F024 9. 4 Red, 4 White
15	BD_10	Num	8	F024 10. 4 Red, 4 White
16	BD_11	Num	8	F024 11. 4 two-color
17	BD_12	Num	8	F024 12. 4 two-color
18	BD_13	Num	8	F024 13. 4 two-color
19	BD_14	Num	8	F024 14. 4 two-color
20	BD_15	Num	8	F024 15. 4 two-color
21	BD_16	Num	8	F024 16. 4 two-color
22	BD_17	Num	8	F024 17. 4 two-color
23	BD_18	Num	8	F024 18. 4 two-color
24	BD_19	Num	8	F024 19. 4 two-color
25	BD_20	Num	8	F024 20. 4 two-color
26	BD_SCORE	Char	3	F024 Total Raw Score
27	INFO_1	Num	8	F024 1. Eat
28	INFO_2	Num	8	F024 2. Bath
29	INFO_3	Num	8	F024 3. Drink
30	INFO_4	Num	8	F024 4. Meow
31	INFO_5	Num	8	F024 5. Cut
32	INFO_6	Num	8	F024 6. Water
33	INFO_7	Num	8	F024 7. Nose
34	INFO_8	Num	8	F024 8. Knee
35	INFO_9	Num	8	F024 9. Old
36	INFO_10	Num	8	F024 10. Write

Num	Variable	Type	Len	Label
37	INFO_11	Num	8	F024 11. Grass
38	INFO_12	Num	8	F024 12. Ears
39	INFO_13	Num	8	F024 13. Paper
40	INFO_14	Num	8	F024 14. Bottle
41	INFO_15	Num	8	F024 15. Finger
42	INFO_16	Num	8	F024 16. Rainbow
43	INFO_17	Num	8	F024 17. Legs
44	INFO_18	Num	8	F024 18. Animals
45	INFO_19	Num	8	F024 19. Gives milk
46	INFO_20	Num	8	F024 20. Rain
47	INFO_21	Num	8	F024 21. Shines
48	INFO_22	Num	8	F024 22. Wheels
49	INFO_23	Num	8	F024 23. Chew
50	INFO_24	Num	8	F024 24. Veget0-1le
51	INFO_25	Num	8	F024 25. Letter
52	INFO_26	Num	8	F024 26. Saturday
53	INFO_27	Num	8	F024 27. Shoes
54	INFO_28	Num	8	F024 28. Week
55	INFO_29	Num	8	F024 29. Seasons
56	INFO_30	Num	8	F024 30. Opposite
57	INFO_31	Num	8	F024 31. Bread
58	INFO_32	Num	8	F024 32. Milk
59	INFO_33	Num	8	F024 33. Ocean
60	INFO_34	Num	8	F024 34. Sun
61	INFO_SCORE	Char	3	F024 Total Raw Score
62	MR_1	Num	8	F024 Matrix Reasoning 1
63	MR_2	Num	8	F024 Matrix Reasoning 2
64	MR_3	Num	8	F024 Matrix Reasoning 3
65	MR_4	Num	8	F024 Matrix Reasoning 4
66	MR_5	Num	8	F024 Matrix Reasoning 5
67	MR_6	Num	8	F024 Matrix Reasoning 6
68	MR_7	Num	8	F024 Matrix Reasoning 7
69	MR_8	Num	8	F024 Matrix Reasoning 8
70	MR_9	Num	8	F024 Matrix Reasoning 9
71	MR_10	Num	8	F024 Matrix Reasoning 10
72	MR_11	Num	8	F024 Matrix Reasoning 11
73	MR_12	Num	8	F024 Matrix Reasoning 12
74	MR_13	Num	8	F024 Matrix Reasoning 13
75	MR_14	Num	8	F024 Matrix Reasoning 14



Num	Variable	Type	Len	Label
76	MR_15	Num	8	F024 Matrix Reasoning 15
77	MR_16	Num	8	F024 Matrix Reasoning 16
78	MR_17	Num	8	F024 Matrix Reasoning 17
79	MR_18	Num	8	F024 Matrix Reasoning 18
80	MR_19	Num	8	F024 Matrix Reasoning 19
81	MR_20	Num	8	F024 Matrix Reasoning 20
82	MR_21	Num	8	F024 Matrix Reasoning 21
83	MR_22	Num	8	F024 Matrix Reasoning 22
84	MR_23	Num	8	F024 Matrix Reasoning 23
85	MR_24	Num	8	F024 Matrix Reasoning 24
86	MR_25	Num	8	F024 Matrix Reasoning 25
87	MR_26	Num	8	F024 Matrix Reasoning 26
88	MR_27	Num	8	F024 Matrix Reasoning 27
89	MR_28	Num	8	F024 Matrix Reasoning 28
90	MR_29	Num	8	F024 Matrix Reasoning 29
91	MR_SCORE	Char	3	F024 Total Raw Score
92	VOC_1	Num	8	F024 1. Car
93	VOC_2	Num	8	F024 2. Clock
94	VOC_3	Num	8	F024 3. Fork
95	VOC_4	Num	8	F024 4. Turtle
96	VOC_5	Num	8	F024 5. Pumpkin
97	VOC_6	Num	8	F024 6. Shoe
98	VOC_7	Num	8	F024 7. Telephone
99	VOC_8	Num	8	F024 8. Umbrella
100	VOC_9	Num	8	F024 9. Bicycle
101	VOC_10	Num	8	F024 10. Candy
102	VOC_11	Num	8	F024 11. Dog
103	VOC_12	Num	8	F024 12. Letter
104	VOC_13	Num	8	F024 13. Train
105	VOC_14	Num	8	F024 14. Leaf
106	VOC_15	Num	8	F024 15. Hero
107	VOC_16	Num	8	F024 16. Castle
108	VOC_17	Num	8	F024 17. Glow
109	VOC_18	Num	8	F024 18. Polite
110	VOC_19	Num	8	F024 19. Holiday
111	VOC_20	Num	8	F024 20. Swing
112	VOC_21	Num	8	F024 21. Double
113	VOC_22	Num	8	F024 22. Courage
114	VOC_23	Num	8	F024 23. Ancient

Num	Variable	Type	Len	Label
115	VOC_24	Num	8	F024 24. Microscope
116	VOC_25	Num	8	F024 25. Nuisance
117	VOC_SCORE	Char	3	F024 Total Raw Score
118	PCON_1	Num	8	F024 Picture Concepts 1
119	PCON_2	Num	8	F024 Picture Concepts 2
120	PCON_3	Num	8	F024 Picture Concepts 3
121	PCON_4	Num	8	F024 Picture Concepts 4
122	PCON_5	Num	8	F024 Picture Concepts 5
123	PCON_6	Num	8	F024 Picture Concepts 6
124	PCON_7	Num	8	F024 Picture Concepts 7
125	PCON_8	Num	8	F024 Picture Concepts 8
126	PCON_9	Num	8	F024 Picture Concepts 9
127	PCON_10	Num	8	F024 Picture Concepts 10
128	PCON_11	Num	8	F024 Picture Concepts 11
129	PCON_12	Num	8	F024 Picture Concepts 12
130	PCON_13	Num	8	F024 Picture Concepts 13
131	PCON_14	Num	8	F024 Picture Concepts 14
132	PCON_15	Num	8	F024 Picture Concepts 15
133	PCON_16	Num	8	F024 Picture Concepts 16
134	PCON_17	Num	8	F024 Picture Concepts 17
135	PCON_18	Num	8	F024 Picture Concepts 18
136	PCON_19	Num	8	F024 Picture Concepts 19
137	PCON_20	Num	8	F024 Picture Concepts 20
138	PCON_21	Num	8	F024 Picture Concepts 21
139	PCON_22	Num	8	F024 Picture Concepts 22
140	PCON_23	Num	8	F024 Picture Concepts 23
141	PCON_24	Num	8	F024 Picture Concepts 24
142	PCON_25	Num	8	F024 Picture Concepts 25
143	PCON_26	Num	8	F024 Picture Concepts 26
144	PCON_27	Num	8	F024 Picture Concepts 27
145	PCON_28	Num	8	F024 Picture Concepts 28
146	PCON_SCORE	Char	3	F024 Total Raw Score
147	SS_SCORE	Char	3	F024 Total Raw Score
148	WR_1	Num	8	F024 Word Reasoning 1
149	WR_2	Num	8	F024 Word Reasoning 2
150	WR_3	Num	8	F024 Word Reasoning 3
151	WR_4	Num	8	F024 Word Reasoning 4
152	WR_5	Num	8	F024 Word Reasoning 5
153	WR_6	Num	8	F024 Word Reasoning 6

Num	Variable	Type	Len	Label
154	WR_7	Num	8	F024 Word Reasoning 7
155	WR_8	Num	8	F024 Word Reasoning 8
156	WR_9	Num	8	F024 Word Reasoning 9
157	WR_10	Num	8	F024 Word Reasoning 10
158	WR_11	Num	8	F024 Word Reasoning 11
159	WR_12	Num	8	F024 Word Reasoning 12
160	WR_13	Num	8	F024 Word Reasoning 13
161	WR_14	Num	8	F024 Word Reasoning 14
162	WR_15	Num	8	F024 Word Reasoning 15
163	WR_16	Num	8	F024 Word Reasoning 16
164	WR_17	Num	8	F024 Word Reasoning 17
165	WR_18	Num	8	F024 Word Reasoning 18
166	WR_19	Num	8	F024 Word Reasoning 19
167	WR_20	Num	8	F024 Word Reasoning 20
168	WR_21	Num	8	F024 Word Reasoning 21
169	WR_22	Num	8	F024 Word Reasoning 22
170	WR_23	Num	8	F024 Word Reasoning 23
171	WR_24	Num	8	F024 Word Reasoning 24
172	WR_25	Num	8	F024 Word Reasoning 25
173	WR_26	Num	8	F024 Word Reasoning 26
174	WR_27	Num	8	F024 Word Reasoning 27
175	WR_28	Num	8	F024 Word Reasoning 28
176	WR_SCORE	Char	3	F024 Total Raw Score
177	COD_SCORE	Num	8	F024 Total Raw Score
178	CMPHN_1	Num	8	F024 1. Stove
179	CMPHN_2	Num	8	F024 2. Street
180	CMPHN_3	Num	8	F024 3. Thank you
181	CMPHN_4	Num	8	F024 4. Hands
182	CMPHN_5	Num	8	F024 5. Shoes
183	CMPHN_6	Num	8	F024 6. School
184	CMPHN_7	Num	8	F024 7. Babysitters
185	CMPHN_8	Num	8	F024 8. Strangers
186	CMPHN_9	Num	8	F024 9. Home
187	CMPHN_10	Num	8	F024 10. Tags
188	CMPHN_11	Num	8	F024 11. Share
189	CMPHN_12	Num	8	F024 12. Names
190	CMPHN_13	Num	8	F024 13. Take turns
191	CMPHN_14	Num	8	F024 14. On time
192	CMPHN_15	Num	8	F024 15. Line

Num	Variable	Type	Len	Label
193	CMPHN_16	Num	8	F024 16. Permission
194	CMPHN_17	Num	8	F024 17. Water
195	CMPHN_18	Num	8	F024 18. Shots
196	CMPHN_19	Num	8	F024 19. Buses and trains
197	CMPHN_20	Num	8	F024 20. Vote
198	CMPHN_SCORE	Char	3	F024 Total Raw Score
199	PCOMP_1	Num	8	F024 1. Boy
200	PCOMP_2	Num	8	F024 2. Doll
201	PCOMP_3	Num	8	F024 3. Blocks
202	PCOMP_4	Num	8	F024 4. Jacket
203	PCOMP_5	Num	8	F024 5. Tricycle
204	PCOMP_6	Num	8	F024 6. Chair
205	PCOMP_7	Num	8	F024 7. Rose
206	PCOMP_8	Num	8	F024 8. Screws
207	PCOMP_9	Num	8	F024 9. Apple
208	PCOMP_10	Num	8	F024 10. Clothesline
209	PCOMP_11	Num	8	F024 11. Gloves
210	PCOMP_12	Num	8	F024 12. Kites
211	PCOMP_13	Num	8	F024 13. Boat
212	PCOMP_14	Num	8	F024 14. Clock
213	PCOMP_15	Num	8	F024 15. Ruler
214	PCOMP_16	Num	8	F024 16. Smile
215	PCOMP_17	Num	8	F024 17. Duck
216	PCOMP_18	Num	8	F024 18. Lunchbox
217	PCOMP_19	Num	8	F024 19. Swings
218	PCOMP_20	Num	8	F024 20. Door
219	PCOMP_21	Num	8	F024 21. Braids
220	PCOMP_22	Num	8	F024 22. Skating
221	PCOMP_23	Num	8	F024 23. Power lines
222	PCOMP_24	Num	8	F024 24. Desk
223	PCOMP_25	Num	8	F024 25. Car
224	PCOMP_26	Num	8	F024 26. Fishing
225	PCOMP_27	Num	8	F024 27. Coat
226	PCOMP_28	Num	8	F024 28. Ponytail
227	PCOMP_29	Num	8	F024 29. Hand
228	PCOMP_30	Num	8	F024 30. House
229	PCOMP_31	Num	8	F024 31. Clown
230	PCOMP_32	Num	8	F024 32. Rooster
231	PCOMP_SCORE	Char	3	F024 Total Raw Score

Num	Variable	Type	Len	Label
232	SIM_1	Num	8	F024 1. Red and yellow
233	SIM_2	Num	8	F024 2. Cookies and ice cream
234	SIM_3	Num	8	F024 3. Juice and milk
235	SIM_4	Num	8	F024 4. Socks and shirts
236	SIM_5	Num	8	F024 5. Dogs and cats
237	SIM_6	Num	8	F024 6. Apples and oranges
238	SIM_7	Num	8	F024 7. Pencils and crayons
239	SIM_8	Num	8	F024 8. Dolls and balls
240	SIM_9	Num	8	F024 9. Two and three
241	SIM_10	Num	8	F024 10. Books and newspapers
242	SIM_11	Num	8	F024 11. Guitars and drums
243	SIM_12	Num	8	F024 12. Arms and legs
244	SIM_13	Num	8	F024 13. Mothers and sisters
245	SIM_14	Num	8	F024 14. Plates and bowls
246	SIM_15	Num	8	F024 15. Circles and squares
247	SIM_16	Num	8	F024 16. Cars and trucks
248	SIM_17	Num	8	F024 17. Ears and noses
249	SIM_18	Num	8	F024 18. Rain and snow
250	SIM_19	Num	8	F024 19. Buttons and zippers
251	SIM_20	Num	8	F024 20. Happy and sad
252	SIM_21	Num	8	F024 21. Tables and chairs
253	SIM_22	Num	8	F024 22. Sweet and sour
254	SIM_23	Num	8	F024 23. Heavy and light
255	SIM_24	Num	8	F024 24. Asleep and awake
256	SIM_SCORE	Char	3	F024 Total Raw Score
257	RV_1	Num	8	F024 1. Foot
258	RV_2	Num	8	F024 2. Cup
259	RV_3	Num	8	F024 3. Doll
260	RV_4	Num	8	F024 4. Butterfly
261	RV_5	Num	8	F024 5. Giraffe
262	RV_6	Num	8	F024 6. Painting
263	RV_7	Num	8	F024 7. Toaster
264	RV_8	Num	8	F024 8. Snail
265	RV_9	Num	8	F024 9. Raining
266	RV_10	Num	8	F024 10. Vacuum Cleaner
267	RV_11	Num	8	F024 11. Basketball
268	RV_12	Num	8	F024 12. Lamp
269	RV_13	Num	8	F024 13. Kicking
270	RV_14	Num	8	F024 14. Triangle

Num	Variable	Type	Len	Label
271	RV_15	Num	8	F024 15. Stirring
272	RV_16	Num	8	F024 16. Lying down
273	RV_17	Num	8	F024 17. Carrying
274	RV_18	Num	8	F024 18. Desert
275	RV_19	Num	8	F024 19. Paying
276	RV_20	Num	8	F024 20. Curly tail
277	RV_21	Num	8	F024 21. Cash Register
278	RV_22	Num	8	F024 22. Telescope
279	RV_23	Num	8	F024 23. Beneath the tree
280	RV_24	Num	8	F024 24. Cymbals
281	RV_25	Num	8	F024 25. Fancy
282	RV_26	Num	8	F024 26. Shaggy
283	RV_27	Num	8	F024 27. Balancing
284	RV_28	Num	8	F024 28. Bulldozer
285	RV_29	Num	8	F024 29. Easel
286	RV_30	Num	8	F024 30. Gnawing
287	RV_31	Num	8	F024 31. Carousel
288	RV_32	Num	8	F024 32. Crouching
289	RV_33	Num	8	F024 33. Prancing
290	RV_34	Num	8	F024 34. Clenching
291	RV_35	Num	8	F024 35. Parallel
292	RV_36	Num	8	F024 36. Cylinder
293	RV_37	Num	8	F024 37. Equivalent
294	RV_38	Num	8	F024 38. Horizontal
295	RV_SCORE	Char	3	F024 Total Raw Score
296	OA_1	Num	8	F024 1. Ball
297	OA_2	Num	8	F024 2. Hot dog
298	OA_3	Num	8	F024 3. Bird
299	OA_4	Num	8	F024 4. Clock
300	OA_5	Num	8	F024 5. Car
301	OA_6	Num	8	F024 6. Fish
302	OA_7	Num	8	F024 7. Bear
303	OA_8	Num	8	F024 8. Hand
304	OA_9	Num	8	F024 9. House
305	OA_10	Num	8	F024 10. Apple
306	OA_11	Num	8	F024 11. Dog
307	OA_12	Num	8	F024 12. Star
308	OA_13	Num	8	F024 13. Calf
309	OA_14	Num	8	F024 14. Tree

Num	Variable	Type	Len	Label
310	OA_SCORE	Char	3	F024 Total Raw Score
311	PN_1	Num	8	F024 1. Car
312	PN_2	Num	8	F024 2. Bear
313	PN_3	Num	8	F024 3. Banana
314	PN_4	Num	8	F024 4. Star
315	PN_5	Num	8	F024 5. Clock
316	PN_6	Num	8	F024 6. Fork
317	PN_7	Num	8	F024 7. Scissors
318	PN_8	Num	8	F024 8. Turtle
319	PN_9	Num	8	F024 9. Toothbrush
320	PN_10	Num	8	F024 10. Pumpkin
321	PN_11	Num	8	F024 11. Ladybug
322	PN_12	Num	8	F024 12. Broom
323	PN_13	Num	8	F024 13. Whistle
324	PN_14	Num	8	F024 14. Zebra
325	PN_15	Num	8	F024 15. Kangaroo
326	PN_16	Num	8	F024 16. Guitar
327	PN_17	Num	8	F024 17. Shell
328	PN_18	Num	8	F024 18. Rake
329	PN_19	Num	8	F024 19. Nail
330	PN_20	Num	8	F024 20. Lock
331	PN_21	Num	8	F024 21. Ambulance
332	PN_22	Num	8	F024 22. Rhinoceros
333	PN_23	Num	8	F024 23. Iron
334	PN_24	Num	8	F024 24. Pineapple
335	PN_25	Num	8	F024 25. Teapot
336	PN_26	Num	8	F024 26. Globe
337	PN_27	Num	8	F024 27. Xylophone
338	PN_28	Num	8	F024 28. Thermometer
339	PN_29	Num	8	F024 29. Harp
340	PN_30	Num	8	F024 30. Fire extinguisher
341	PN_SCORE	Num	8	F024 Total Raw Score
342	AGE_YEARS	Num	8	F024 Years
343	AGE_MONTHS	Num	8	F024 Months
344	VIQ_SCALED	Num	8	F024 A. Sum of Scaled Score
345	VIQ_COMP	Num	8	F024 B. Composite Score
346	VIQ_PERCENT	Num	8	F024 C. Percentile Rank
347	VIQ_CONFINT	Num	8	F024 D. Confidence Interval
348	VIQ_CONFINT_HIGH	Num	8	Verbal IQ Confidence Interval High

Num	Variable	Type	Len	Label
349	PIQ_SCALED	Num	8	F024 A. Sum of Scaled Score
350	PIQ_COMP	Num	8	F024 B. Composite Score
351	PIQ_PERCENT	Num	8	F024 C. Percentile Rank
352	PIQ_CONFINT	Num	8	F024 D. Confidence Interval
353	PIQ_CONFINT_HIGH	Num	8	Performance IQ Confidence Interval High
354	PS_SCALED	Num	8	F024 A. Sum of Scaled Score
355	PS_COMP	Num	8	F024 B. Composite Score
356	PS_PERCENT	Num	8	F024 C. Percentile Rank
357	PS_CONFINT	Num	8	F024 D. Confidence Interval
358	PS_CONFINT_HIGH	Num	8	Processing Speed Confidence Interval High
359	FSIQ_SCALED	Num	8	F024 A. Sum of Scaled Score
360	FSIQ_COMP	Num	8	F024 B. Composite Score
361	FSIQ_PERCENT	Num	8	F024 C. Percentile Rank
362	FSIQ_CONFINT	Num	8	F024 D. Confidence Interval
363	FSIQ_CONFINT_HIGH	Num	8	Full Scale IQ Confidence Interval High
364	GL_SCALED	Num	8	F024 A. Sum of Scaled Score
365	GL_COMP	Num	8	F024 B. Composite Score
366	GL_PERCENT	Num	8	F024 C. Percentile Rank
367	GL_CONFINT	Num	8	F024 D. Confidence Interval
368	GL_CONFINT_HIGH	Num	8	General Language Confidence Interval High
369	VISIT_DT_DAYS	Num	8	F024 Visit Date (recode: number of days after date of initial follow-up visit)



**Data Set Name: fm025.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	DTPA_NA	Num	8	F025 II_2A_NA DTPA/GFR N/A
7	WPPSI_NA	Num	8	F025 II_2D_NA WPPSI N/A
8	HX_ACS	Num	8	F025 III_1A Acute chest syndrome
9	HXSPLSEQ	Num	8	F025 III_1B Splenic Sequestration Crisis
10	LONGHOSP	Num	8	F025 III_1C Prolonged Hospitalization (greater than 7 days)
11	HX_STROKE_TIA	Num	8	F025 III_1D Stroke or TIA
12	LIFE_THREAT_EVT	Num	8	F025 III_1E Life Threatening Event
13	HX_DEATH	Num	8	F025 III_1F Death
14	ICU	Num	8	F025 III_1G ICU
15	ACSNINF	Num	8	F025 IV_1A New Infiltrate
16	ACSSRAP	Num	8	F025 IV_1B O2% Saturation on Room Air at Presentation
17	ACSOXADM	Num	8	F025 IV_1C Oxygen Administered
18	ACSMVENT	Num	8	F025 IV_1D Mechanical Ventilation
19	SPLNSIZE_PRIOR	Num	8	F025 IV_2A Spleen size below LCM prior to SAE
20	SPLNSIZE_DURING	Num	8	F025 IV_2B Spleen size below LCM during SAE
21	SPLNHMGL	Num	8	F025 IV_2C Nadir hemoglobin
22	SPLPTCNT	Num	8	F025 IV_2D Platelet count at time of nadir hemoglobin
23	TRANSFUS	Num	8	F025 VI_1A Transfusion
24	TR_TYPE	Num	8	F025 VI_1A1a Transfusion Type
25	TRVOLWBL	Num	8	F025 VI_1A1b1 Whole Blood
26	TRVOLPR2	Num	8	F025 VI_1A1b2 Packed Red Cells
27	CHRTRAN	Num	8	F025 VI_1B Placement on chronic transfusion therapy
28	SPLCTMY	Num	8	F025 VI_1C Splenectomy
29	PAR_ANTI	Num	8	F025 VI_1D Parenteral antibiotics
30	DIALYS_L	Num	8	F025 VI_1E Dialysis, limited course
31	SNEWDISA	Num	8	F025 VIII_1 Significant new disability
32	PNEWDISA	Num	8	F025 VIII_2 Persistent new disability
33	PERMDISA	Num	8	F025 VIII_3 Permanent new disability
34	DEATH	Num	8	F025 VIII_4 Death
35	PROBLEM	Num	8	F025A V_1 Diagnosis/Problem
36	NUMDAYS	Num	8	F025A V_3 Number of Days

Num	Variable	Type	Len	Label
37	SEVERITY	Num	8	F025A V_4 Severity
38	ATTR_TRT	Num	8	F025A V_5 Attribution to Study Treatment
39	DIAGUNXP	Num	8	F025A V_6 Diagnosis Unexpected
40	VISIT_DT_DAYS	Num	8	F025 I_4 Reporting Date (recode: number of days after date of initial follow-up visit)
41	START_DT_DAYS	Num	8	F025 II_1A Event Start Date (recode: number of days after date of initial follow-up visit)
42	E_END_DT_DAYS	Num	8	F025 II_1B Event Ending Date (recode: number of days after date of initial follow-up visit)
43	LIVER_SPLEEN_DT_DAYS	Num	8	F025 II_2B_DT Liver/Spleen Scan date (recode: number of days after date of initial follow-up visit)
44	ABD_SONO_DT_DAYS	Num	8	F025 II_2C_DT Abdominal Sonogram date (recode: number of days after date of initial follow-up visit)
45	BLOOD_SPEC_DT_DAYS	Num	8	F025 II_2E_DT Blood Specimens date (recode: number of days after date of initial follow-up visit)
46	TSTRT_DT_DAYS	Num	8	F025 VI_1A1c Transfusion Start Date (recode: number of days after date of initial follow-up visit)
47	TSTOP_DT_DAYS	Num	8	F025 VI_1A1d Transfusion Stop Date (recode: number of days after date of initial follow-up visit)
48	ADM_DT_DAYS	Num	8	F025 VII_5 Admission Date (recode: number of days after date of initial follow-up visit)
49	DISCH_DT_DAYS	Num	8	F025 VII_6 Discharge Date (recode: number of days after date of initial follow-up visit)
50	ONSET_DT_DAYS	Num	8	F025A V_2 Date of Onset (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm026.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	30	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	TRANSPLANT_RN	Num	8	F026 3. Reason for Transplant in Sickle Cell Disease:
7	RN_SP1	Char	80	F026 *If Other, Specify
8	GRAFT_TP	Num	8	F026 4. Type of Graft:
9	BMT_OTHER	Char	1	F026 E. Other
10	BMT_OTH_SP	Char	80	F026 i. If other please specify,
11	VISIT_DT_DAYS	Num	8	F026 Visit Date (recode: number of days after date of initial follow-up visit)
12	TRANSPLANT_DT_DAYS	Num	8	F026 1. Date of Transplant: (recode: number of days after date of initial follow-up visit)
13	BMT_DEATH_DT_DAYS	Num	8	F026 A. Death Date (recode: number of days after date of initial follow-up visit)
14	BMT_GRFT_RJ_DT_DAYS	Num	8	F026 B. Graft Rejection Date (recode: number of days after date of initial follow-up visit)
15	BMT_CHIM_DT_DAYS	Num	8	F026 C. Stable Mixed Chimerism Date (recode: number of days after date of initial follow-up visit)
16	BMT_CURE_DT_DAYS	Num	8	F026 D. Cured of Sickle Cell Disease Date (recode: number of days after date of initial follow-up visit)
17	BMT_OTH_DT_DAYS	Num	8	F026 ii. Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm027.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	30	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	COM95CL	Num	8	F027 5. 95% Conf. Level
7	CHRAGEMN	Num	8	F027 1.01 Age ( months )
8	CDSTROW	Num	8	F027 1. Starting Row
9	CDENDROW	Num	8	F027 2. Ending Row
10	COMPCTL	Num	8	F027 6. Percentile Rank
11	COMRAW	Num	8	F027 3. Raw Domain Score
12	COMSTRD	Num	8	F027 4. Standard Score
13	CHRAGEYR	Num	8	F027 1. Age ( years )
14	SOCPCTL	Num	8	F027 6. Percentile Rank
15	SOCRAW	Num	8	F027 3. Raw Domain Score
16	SOCSTRD	Num	8	F027 4. Standard Score
17	SOC95CL	Num	8	F027 5. 95% Conf. Level
18	SDSTROW	Num	8	F027 1. Starting Row
19	SDENDROW	Num	8	F027 2. Ending Row
20	MTSKSTRD	Num	8	F027 4. Standard Score
21	MTSKRAW	Num	8	F027 3. Raw Domain Score
22	MTSKPCTL	Num	8	F027 6. Percentile Rank
23	MTSK95CL	Num	8	F027 5. 95% Conf. Level
24	MSSTROW	Num	8	F027 1. Starting Row
25	MSENDROW	Num	8	F027 2. Ending Row
26	DDENDROW	Num	8	F027 2. Ending Row
27	DLSSTRD	Num	8	F027 4. Standard Score
28	DLSRAW	Num	8	F027 3. Raw Domain Score
29	DDSTROW	Num	8	F027 1. Starting Row
30	DLS95CL	Num	8	F027 5. 95% Conf. Level
31	DLSPCTL	Num	8	F027 6. Percentile Rank
32	MOTOR_ND	Num	8	F027 Part VI: Motor Skills N/D
33	VISIT_DT_DAYS	Num	8	F027 Visit Date (recode: number of days after date of initial follow-up visit)
34	CARE41G	Num	8	F027 2. Caregiver's Relationship to Child (regrouped: 1 = Mother; 2 = Father; 3 = Grandparent, Aunt, or Uncle)

**Data Set Name: fm031.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	30	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	LSRDRSIG	Char	1	F031 II.2 Reader Signature
7	LSRDRNBR	Char	2	F031 II.3 Reader Number
8	LSSCNLBL	Char	5	F031 II.5 Film Label Number
9	LSSCN_QLTY	Num	8	F031 II.6 Current Status of this Reading:
10	SPLUPT	Num	8	F031 III.1 Splenic uptake (answer only one):
11	SPL_DCRS	Num	8	F031 III.1.D If decreased,
12	VISIT_DT_DAYS	Num	8	F031 Visit Date (recode: number of days after date of initial follow-up visit)
13	LSRD_DT_DAYS	Num	8	F031 II.4 Date of Reading (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm033.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	REVISION	Char	1	Form Revision
4	VISIT_NBR	Char	4	Visit Number
5	SEQ_NBR	Num	8	Sequence Number
6	ABDRDRSIG	Char	1	F033 II.2 Reader Signature:
7	ABDRDRNBR	Char	2	F033 II.3 Reader Number:
8	SONO_LBL	Char	5	F033 II.5 Film Label Number:
9	ABD_QLTY	Num	8	F033 II.6 Current status of this reading
10	QLTY2_SP	Char	500	F033 II.6.A If returned for reprocessing, explain:
11	GALBLA	Num	8	F033 III.1 Gallbladder
12	GBWALL	Num	8	F033 III.1.A If Present
13	GBCDV	Num	8	F033 III.1.B Color Doppler vascularity
14	GBNSTN	Num	8	F033 III.1.C.1 Number of stones
15	GBMSTN	Num	8	F033 III.1.C.2 Multiple stones not countable
16	GBLGST	Num	8	F033 III.1.D Largest stone
17	GBLGSTNA	Char	1	F033 III.1.DNA N/A
18	GBSFM	Num	8	F033 III.1.E Stones freely mobile?
19	GBCBD	Num	8	F033 III.1.F.1 Common bile duct
20	GBPAND	Num	8	F033 III.1.F.2 Pancreatic duct
21	GBIHEP	Num	8	F033 III.1.F.3 Intrahepatic ducts
22	GBSLDG	Num	8	F033 III.1.G Sludge
23	GBPRFL	Num	8	F033 III.1.H Pericholecystic fluid
24	SPLEEN	Num	8	F033 III.2 Spleen
25	ACCSPL	Num	8	F033 III.2.A Accessory spleen(s)
26	SPLCLN	Num	8	F033 III.2.B Cephalocaudad length
27	SPLTRN	Num	8	F033 III.2.C Transverse
28	SPLANP	Num	8	F033 III.2.D Anterior - Posterior
29	SPLVOL	Num	8	F033 III.2.E Estimated total spleen volume
30	SPLVOLND	Char	1	F033 III.2.END N/D
31	SPLHOM	Num	8	F033 III.2.F Homogeneity
32	INHOM_SP	Char	500	F033 III.2.F.1 *1. If inhomogeneous, explain:
33	RKID	Num	8	F033 III.3 Right Kidney
34	RKVOL	Num	8	F033 III.3.A Estimated volume
35	RKRPAR	Num	8	F033 III.3.B Renal parenchyma
36	RKECHO	Num	8	F033 III.3.C Echogenicity

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
37	LKID	Num	8	F033 III.4 Left Kidney
38	LKVOL	Num	8	F033 III.4.A Estimated volume
39	LKRPAR	Num	8	F033 III.4.B Renal parenchyma
40	LKECHO	Num	8	F033 III.4.C Echogenicity
41	LVRENL	Num	8	F033 III.5 Liver enlarged
42	ABDABN	Num	8	F033 III.6 Any other abdominal abnormalities
43	ABDABNEX	Char	500	F033 III.6.A If yes, explain:
44	VISIT_DT_DAYS	Num	8	F033 Visit Date (recode: number of days after date of initial follow-up visit)
45	ABDRD_DT_DAYS	Num	8	F033 II.4 Date of Reading (recode: number of days after date of initial follow-up visit)

**Data Set Name: hbf.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	HBF_LABEL	Char	5	HbF Label Number
4	VISIT_NBR	Char	4	Visit Number
5	HBF_PCT	Char	20	F200 HBF_PCT
6	RV_CELLS	Char	20	F200 RV_CELLS
7	RV_PLASMA	Char	20	F200 RV_PLASMA
8	VISIT_DT_DAYS	Num	8	F020 1. Date of Interview (recode: number of days after date of initial follow-up visit)
9	HBF_DT_DAYS	Num	8	F020 2B. HbF Date Collected (recode: number of days after date of initial follow-up visit)
10	COLLECTION_DT_DAYS	Num	8	Collection Date (recode: number of days after date of initial follow-up visit)



**Data Set Name: hjb.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	HOWELL_LABEL	Char	5	Howell Jolly Bodies Label Number
4	VISIT_NBR	Char	4	Visit Number
5	HJBRETPCT	Num	8	Young Reticulocytes (%)
6	HJBRET	Num	8	Young Reticulocytes With HJB (%)
7	HJBMRBC	Num	8	Mature RBC With HJB (%)
8	HJBYRBC	Num	8	Mature RBC With HJB (No.)
9	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
10	HOWELL_DT_DAYS	Num	8	F020 3B. Howell Jolly Bodies Date Collected (recode: number of days after date of initial follow-up visit)

**Data Set Name: liver\_spleen\_scan.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	LSSCNLBL	Char	5	F031 II.5 Film Label Number
3	VISIT_NBR	Char	3	Visit Number
4	LSRDRNBR	Char	2	F031 II.3 Reader Number
5	LSSCN_QLTY	Num	8	F031 II.6 Current Status of this Reading:
6	SPLUPT	Num	8	F031 III.1 Splenic uptake (answer only one):
7	SPL_DCRS	Num	8	F031 III.1.D If decreased,
8	LSRDRSIG	Char	1	F031 II.2 Reader Signature
9	CAMTYPE	Char	18	F021 II_1 Camera manufacturer:
10	CAMMODEL	Char	18	F021 II-2 Camera Model:
11	COLLIMAT	Char	18	F021 II_3 Collimator:
12	SUPCOLLD	Char	18	F021 II_4 Supplier of TC-sulfur colloid:
13	DOSINJ44	Num	8	F021 II_5 Dose injected:
14	INJ44HR	Num	8	F021 II_6HR Time of injection (24-hour clock) HR
15	INJ44MN	Num	8	F021 II_6MN Time of injection (24-hour clock) MN
16	IMSTRHR	Num	8	F021 II_7HR Time imaging started HR
17	IMSTRMN	Num	8	F021 II_7MN Time imaging started MN
18	IMCOMHR	Num	8	F021 II_8HR Time imaging completed HR
19	IMCOMMN	Num	8	F021 II_8MN Time imaging completed MN
20	CAMANGLE	Num	8	F021 II_9 Camera angle:
21	ANTPOSMN	Num	8	F021 II_10MN True Posterior imaging time (min:sec) MN
22	ANTPOSSC	Num	8	F021 II_10SC True Posterior imaging time (min:sec) SC
23	OBLIMCNT	Num	8	F021 II_11 Right Posterior Oblique Image Counts:
24	AOI400K	Num	8	F021 II_13A 400 K Image adequate?
25	AOITIMED	Num	8	F021 II_13B Timed Image adequate?
26	KASPLTOT	Num	8	F021 III_1A1a Anterior View Spleen total counts
27	KASPLPIX	Num	8	F021 III_1A1b Anterior View Spleen # pixels in ROI
28	KASPLCNT	Num	8	F021 III_1A1c Anterior View Spleen counts/pixel
29	KALIVTOT	Num	8	F021 III_1A2a Anterior View Liver total counts
30	KALIVPIX	Num	8	F021 III_1A2b Anterior View Liver # pixels in ROI
31	KALIVCNT	Num	8	F021 III_1A2c Anterior View Liver counts/pixel
32	KPSPLTOT	Num	8	F021 III_1B1a Posterior View Spleen total counts
33	KPSPLPIX	Num	8	F021 III_1B1b Posterior View Spleen # pixels in ROI
34	KPSPLCNT	Num	8	F021 III_1B1c Posterior View Spleen counts/pixel
35	KPLIVTOT	Num	8	F021 III_1B2a Posterior View Liver total counts
36	KPLIVPIX	Num	8	F021 III_1B2b Posterior View Liver # pixels in ROI

Num	Variable	Type	Len	Label
37	KPLIVCNT	Num	8	F021 III_1B2c Posterior View Liver counts/pixel
38	KSLRTTOT	Num	8	F021 III_1C1 Spleen/Liver Ratio Total counts
39	KSLRTCNT	Num	8	F021 III_1C2 Spleen/Liver Ratio Counts/pixel
40	TASPLTOT	Num	8	F021 III_2A1a Timed Image Left Anterior Oblique View Spleen total counts
41	TASPLPIX	Num	8	F021 III_2A1b Timed Image Left Anterior Oblique View Spleen # pixels in ROI
42	TASPLCNT	Num	8	F021 III_2A1c Timed Image Left Anterior Oblique View Spleen counts/pixel
43	TALIVTOT	Num	8	F021 III_2A2a Timed Image Left Anterior Oblique View Liver total counts
44	TALIVPIX	Num	8	F021 III_2A2b Timed Image Left Anterior Oblique View Liver # pixels in ROI
45	TALIVCNT	Num	8	F021 III_2A2c Timed Image Left Anterior Oblique View Liver counts/pixel
46	TPSPLTOT	Num	8	F021 III_2B1a Timed Image Right Anterior Oblique View Spleen total counts
47	TPSPLPIX	Num	8	F021 III_2B1b Timed Image Right Anterior Oblique View Spleen # pixels in ROI
48	TPSPLCNT	Num	8	F021 III_2B1c Timed Image Right Anterior Oblique View Spleen counts/pixel
49	TPLIVTOT	Num	8	F021 III_2B2a Timed Image Right Anterior Oblique View Liver total counts
50	TPLIVPIX	Num	8	F021 III_2B2b Timed Image Right Anterior Oblique View Liver # pixels in ROI
51	TPLIVCNT	Num	8	F021 III_2B2c Timed Image Right Anterior Oblique View Liver counts/pixel
52	TSLRTTOT	Num	8	F021 III_2C1 Spleen/Liver Ratio Total counts
53	TSLRTCNT	Num	8	F021 III_2C2 Spleen/Liver Ratio Counts/pixel
54	VISIT_DT_DAYS	Num	8	F021 (recode: number of days after date of initial follow-up visit)
55	LIVER_SCAN_DT_DAYS	Num	8	F020 1A. Liver/Spleen Scan Date Performed (recode: number of days after date of initial follow-up visit)
56	LSRD_DT_DAYS	Num	8	F031 II.4 Date of Reading (recode: number of days after date of initial follow-up visit)

**Data Set Name: *pitted\_cell.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	FORM ID
3	CELL_LABEL	Char	5	Pitted Cell Label Number
4	VISIT_NBR	Char	4	Visit Number
5	PIT_CELL	Char	15	Pitted Cells (%)
6	VISIT_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of initial follow-up visit)
7	CELL_DT_DAYS	Num	8	F011 B. Date Collected: (recode: number of days after date of initial follow-up visit)
8	LABDATE_DAYS	Num	8	Lab Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: tcd.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT_NBR	Char	4	Visit Number
3	PTNTPOS	Num	8	F013 PATIENT'S POSITION DURING EXAM
4	POS_SP	Char	500	F013 PATIENT'S POSITION DURING EXAM, SPECIFY
5	COMPEXAM	Num	8	F013 COMPLETENESS OF EXAM
6	INCEXAM	Num	8	F013 REASON FOR INCOMPLETE EXAM
7	INCEX_SP	Char	500	F013 REASON FOR INCOMPLETE EXAM, SPECIFY
8	TCD_LABEL	Char	5	TCD LABEL
9	HDIAM	Char	15	HEAD DIAMETER (cm)
10	LM1DE	Char	15	Left Side M-1: Depth
11	LM1M	Char	15	Left Side M-1: Mean Velocity (cm/s)
12	LM1S	Char	15	Left Side M-1: Waveform Systolic Measurement (cm/s)
13	LM1D	Char	15	Left Side M-1: Waveform Diastolic Measurement (cm/s)
14	LM1PI	Char	15	Left Side M-1: Waveform Pulsatility Index
15	LM1RI	Char	15	Left Side M-1: Waveform Resistance Index
16	LMCADE	Char	15	Left Side MCA: Depth
17	LMCAM	Char	15	Left Side MCA: Mean Velocity (cm/s)
18	LMCAS	Char	15	Left Side MCA: Waveform Systolic Measurement (cm/s)
19	LMCAD	Char	15	Left Side MCA: Waveform Diastolic Measurement (cm/s)
20	LMCAPI	Char	15	Left Side MCA: Waveform Pulsatility Index
21	LMCARI	Char	15	Left Side MCA: Waveform Resistance Index
22	LBIFDE	Char	15	Left Side BIF: Depth
23	LBIFM	Char	15	Left Side BIF: Mean Velocity (cm/s)
24	LBIFS	Char	15	Left Side BIF: Waveform Systolic Measurement (cm/s)
25	LBIFD	Char	15	Left Side BIF: Waveform Diastolic Measurement (cm/s)
26	LBIFPI	Char	15	Left Side BIF: Waveform Pulsatility Index
27	LBIFRI	Char	15	Left Side BIF: Waveform Resistance Index
28	LACADE	Char	15	Left Side ACA: Depth
29	LACAM	Char	15	Left Side ACA: Mean Velocity (cm/s)
30	LACAS	Char	15	Left Side ACA: Waveform Systolic Measurement (cm/s)
31	LACAD	Char	15	Left Side ACA: Waveform Diastolic Measurement (cm/s)
32	LACAPI	Char	15	Left Side ACA: Waveform Pulsatility Index
33	LACARI	Char	15	Left Side ACA: Waveform Resistance Index
34	LICADE	Char	15	Left Side dICA: Depth
35	LICAM	Char	15	Left Side dICA: Mean Velocity (cm/s)
36	LICAS	Char	15	Left Side dICA: Waveform Systolic Measurement (cm/s)

Num	Variable	Type	Len	Label
37	LICAD	Char	15	Left Side dICA: Waveform Diastolic Measurement (cm/s)
38	LICAPI	Char	15	Left Side dICA: Waveform Pulsatility Index
39	LICARI	Char	15	Left Side dICA: Waveform Resistance Index
40	LPCADE	Char	15	Left Side PCA: Depth
41	LPCAM	Char	15	Left Side PCA: Mean Velocity (cm/s)
42	LPCAS	Char	15	Left Side PCA: Waveform Systolic Measurement (cm/s)
43	LPCAD	Char	15	Left Side PCA: Waveform Diastolic Measurement (cm/s)
44	LPCAPI	Char	15	Left Side PCA: Waveform Pulsatility Index
45	LPCARI	Char	15	Left Side PCA: Waveform Resistance Index
46	LTOBDE	Char	15	Left Side TOB: Depth
47	LTOBM	Char	15	Left Side TOB: Mean Velocity (cm/s)
48	LTOBS	Char	15	Left Side TOB: Waveform Systolic Measurement (cm/s)
49	LTOBD	Char	15	Left Side TOB: Waveform Diastolic Measurement (cm/s)
50	LTOBPI	Char	15	Left Side TOB: Waveform Pulsatility Index
51	LTOBRI	Char	15	Left Side TOB: Waveform Resistance Index
52	RM1DE	Char	15	Right Side M-1: Depth
53	RM1M	Char	15	Right Side M-1: Mean Velocity (cm/s)
54	RM1S	Char	15	Right Side M-1: Waveform Systolic Measurement (cm/s)
55	RM1D	Char	15	Right Side M-1: Waveform Diastolic Measurement (cm/s)
56	RM1PI	Char	15	Right Side M-1: Waveform Pulsatility Index
57	RM1RI	Char	15	Right Side M-1: Waveform Resistance Index
58	RMCAD	Char	15	Right Side MCA: Depth
59	RMCAM	Char	15	Right Side MCA: Mean Velocity (cm/s)
60	RMCAS	Char	15	Right Side MCA: Waveform Systolic Measurement (cm/s)
61	RMCAD	Char	15	Right Side MCA: Waveform Diastolic Measurement (cm/s)
62	RMCAPI	Char	15	Right Side MCA: Waveform Pulsatility Index
63	RMCARI	Char	15	Right Side MCA: Waveform Resistance Index
64	RBIFDE	Char	15	Right Side BIF: Depth
65	RBIFM	Char	15	Right Side BIF: Mean Velocity (cm/s)
66	RBIFS	Char	15	Right Side BIF: Waveform Systolic Measurement (cm/s)
67	RBIFD	Char	15	Right Side BIF: Waveform Diastolic Measurement (cm/s)
68	RBIFPI	Char	15	Right Side BIF: Waveform Pulsatility Index
69	RBIFRI	Char	15	Right Side BIF: Waveform Resistance Index
70	RACADE	Char	15	Right Side ACA: Depth
71	RACAM	Char	15	Right Side ACA: Mean Velocity (cm/s)
72	RACAS	Char	15	Right Side ACA: Waveform Systolic Measurement (cm/s)
73	RACAD	Char	15	Right Side ACA: Waveform Diastolic Measurement (cm/s)
74	RACAPI	Char	15	Right Side ACA: Waveform Pulsatility Index
75	RACARI	Char	15	Right Side ACA: Waveform Resistance Index

Num	Variable	Type	Len	Label
76	RICADE	Char	15	Right Side dICA: Depth
77	RICAM	Char	15	Right Side dICA: Mean Velocity (cm/s)
78	RICAS	Char	15	Right Side dICA: Waveform Systolic Measurement (cm/s)
79	RICAD	Char	15	Right Side dICA: Waveform Diastolic Measurement (cm/s)
80	RICAPI	Char	15	Right Side dICA: Waveform Pulsatility Index
81	RICARI	Char	15	Right Side dICA: Waveform Resistance Index
82	RPCADE	Char	15	Right Side PCA: Depth
83	RPCAM	Char	15	Right Side PCA: Mean Velocity (cm/s)
84	RPCAS	Char	15	Right Side PCA: Waveform Systolic Measurement (cm/s)
85	RPCAD	Char	15	Right Side PCA: Waveform Diastolic Measurement (cm/s)
86	RPCAPI	Char	15	Right Side PCA: Waveform Pulsatility Index
87	RPCARI	Char	15	Right Side PCA: Waveform Resistance Index
88	RTOBDE	Char	15	Right Side TOB: Depth
89	RTOBM	Char	15	Right Side TOB: Mean Velocity (cm/s)
90	RTOBS	Char	15	Right Side TOB: Waveform Systolic Measurement (cm/s)
91	RTOBD	Char	15	Right Side TOB: Waveform Diastolic Measurement (cm/s)
92	RTOBPI	Char	15	Right Side TOB: Waveform Pulsatility Index
93	RTOBRI	Char	15	Right Side TOB: Waveform Resistance Index
94	RESULTS	Char	20	RESULTS
95	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
96	LABDATE_DAYS	Num	8	Lab Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: urine.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	URINE_LABEL	Char	5	Urine Label Number
4	VISIT_NBR	Char	4	Visit Number
5	UR_ALB_CREAT	Char	20	F200 UR_ALB_CREAT
6	UR_CREATININE	Char	20	F200 UR_CREATININE
7	UR_MICROALB	Char	20	F200 UR_MICROALB
8	VISIT_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of initial follow-up visit)
9	URINE_DT_DAYS	Num	8	F003 B. Date collected (recode: number of days after date of initial follow-up visit)
10	COLLECTION_DT_DAYS	Num	8	Collection Date (recode: number of days after date of initial follow-up visit)



**Data Set Name: vdj.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	4	Form ID
3	VDJ_LABEL	Char	5	VDJ Label Number
4	VISIT_NBR	Char	4	Visit Number
5	PCR1	Num	8	PCR Result 1
6	PCR2	Num	8	PCR Result 2
7	PCR3	Num	8	PCR Result 3
8	SUM	Num	8	PCR1 + PCR2 + PCR3
9	REPS	Num	8	Number of non-missing from PCR1, PCR2, PCR3
10	FNL_AVG	Num	8	Avg of PCR1, PCR2, PCR3
11	FNL_1AVG	Num	8	1 / fnl_avg
12	VISIT_DT_DAYS	Num	8	F011 1. Date of Interview (recode: number of days after date of initial follow-up visit)
13	VDJ_DT_DAYS	Num	8	F011 B. Date Collected: (recode: number of days after date of initial follow-up visit)
14	SPEC_DATE_DAYS	Num	8	Spec Date in VDJ Lab Data (recode: number of days after date of initial follow-up visit)

**Data Set Name: *abdsono.sas7bdat***

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	32	Form ID
3	SPEC_ID	Char	9	Specimen ID
4	VISIT_NBR	Char	3	Visit Number
5	ABDRDRSIG	Char	32	F041 II.2. Reader Signature
6	ABDRDRNBR	Num	8	F041 II.3. Reader Number
7	QLTY1_SP	Char	78	F041 II.4.A. If returned for reprocessing, explain:
8	QLTY3_SP	Char	48	F041 II.4.B. If inadequate, explain:
9	INHOM_SP	Char	79	F041 III.2.F.1 *1. If inhomogeneous, explain:
10	RKRPEX	Char	47	F041 III.3.B.1. *1. If abnormal, explain:
11	RKECEX	Char	47	F041 III.3.C.1. *1. If abnormal, explain:
12	LKRPEX	Char	47	F041 III.4.B.1 * 1. If abnormal, explain:
13	LKECEX	Char	47	F041 III.4.C.1. *1. If abnormal, explain:
14	ABOABNEX	Char	99	F041 III.6.A. *A. If yes, explain:
15	GEN_CMNT	Char	98	F041 IV.1.C. General Comments:
16	GBCDV	Num	8	F041 III.1.B. Color Doppler Vascularity
17	GBMSTN	Num	8	F041 III.1.C.2. 2. Multiple stones not countable
18	GBLGSTNA	Num	8	F041 III.1.D.NA N/A
19	GBCBD	Num	8	F041 III.1.F.1. Common bile duct
20	GBSLDG	Num	8	F041 III.1.G. Sludge
21	SPLEEN	Num	8	F041 III.2. Spleen
22	ACCSPL	Num	8	F041 III.2.A. Accessory spleen(s)
23	SPLVOLND	Num	8	F041 III.2.E.ND Spleen Volume Not Done
24	SPLHOM	Num	8	F041 III.2.F. Homogeneity
25	RKID	Num	8	F041 III.3. Right Kidney Present
26	RKRPAR	Num	8	F041 III.3.B. Renal parenchyma
27	RKECHO	Num	8	F041 III.3.C. Echogenicity
28	LKID	Num	8	F041 III.4. Left Kidney
29	LKRPAR	Num	8	F041 III.4.B. Renal parenchyma
30	LKECHO	Num	8	F041 III.4.C. Echogenicity
31	GBPRFL	Num	8	F041 III.1.H. Pericholecystic fluid
32	ABD_QLTY	Char	8	F041 II.4. Current Status of this Reading:
33	GALBLA	Char	8	F041 III.1. Gallbladder
34	GBWALL	Char	8	F041 III.1.A If Present, thickness of wall
35	GBSFM	Char	8	F041 III.1.E. Stones Freely Mobile?
36	SPLTRN	Char	8	F041 III.2.C. Transverse

Num	Variable	Type	Len	Label
37	RKVOL	Char	8	F041 III.3.A. Estimated volume
38	LKVOL	Char	8	F041 III.4.A. Estimated volume
39	TEST	Char	18	Test Type
40	ABOABN	Num	8	F041 III.6. Any other abnormalities
41	GBIHEP	Num	8	F041 III.1.F.3. Intrahepatic ducts
42	GBLGST	Num	8	F041 III.1.D. Largest stone
43	GBNSTN	Num	8	F041 III.1.C.1. 1. Number of Stones
44	GBPAND	Num	8	F041 III.1.F.2. Pancreatic duct
45	LVRENL	Num	8	F041 III.5. Liver enlarged
46	SPLANP	Num	8	F041 III.2.D. Anterior - Posterior Length
47	SPLCLN	Num	8	F041 III.2.B. Cephalocaudad length
48	SPLVOL	Num	8	F041 III.2.E. Estimated total spleen volume
49	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
50	REVIEW_RETURN_DATE_DAYS	Num	8	REVIEW RETURN DATE (recode: number of days after date of initial follow-up visit)

**Data Set Name: *abdsono\_20190910.sas7bdat***

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	32	Form ID
3	SPEC_ID	Char	9	Specimen ID
4	SONO_LBL	Char	100	4. Film Label:
5	SONO_LABEL5	Char	100	4. Film Label: (5 Digits only)
6	VISIT_NBR	Char	3	Visit Number
7	ABDRDRSIG	Char	32	F041 II.2. Reader Signature
8	ABDRDRNBR	Num	8	F041 II.3. Reader Number
9	QLTY1_SP	Char	78	F041 II.4.A. If returned for reprocessing, explain:
10	QLTY3_SP	Char	48	F041 II.4.B. If inadequate, explain:
11	INHOM_SP	Char	79	F041 III.2.F.1 *1. If inhomogeneous, explain:
12	RKRPEX	Char	47	F041 III.3.B.1. *1. If abnormal, explain:
13	RKECEX	Char	47	F041 III.3.C.1. *1. If abnormal, explain:
14	LKRPEX	Char	47	F041 III.4.B.1 * 1. If abnormal, explain:
15	LKECEX	Char	47	F041 III.4.C.1. *1. If abnormal, explain:
16	ABOABNEX	Char	99	F041 III.6.A. *A. If yes, explain:
17	GEN_CMNT	Char	98	F041 IV.1.C. General Comments:
18	GBCDV	Num	8	F041 III.1.B. Color Doppler Vascularity
19	GBMSTN	Num	8	F041 III.1.C.2. 2. Multiple stones not countable
20	GBLGSTNA	Num	8	F041 III.1.D.NA N/A
21	GBCBD	Num	8	F041 III.1.F.1. Common bile duct
22	GBSLDG	Num	8	F041 III.1.G. Sludge
23	SPLEEN	Num	8	F041 III.2. Spleen
24	ACCSPL	Num	8	F041 III.2.A. Accessory spleen(s)
25	SPLVOLND	Num	8	F041 III.2.E.ND Spleen Volume Not Done
26	SPLHOM	Num	8	F041 III.2.F. Homogeneity
27	RKID	Num	8	F041 III.3. Right Kidney Present
28	RKRPAR	Num	8	F041 III.3.B. Renal parenchyma
29	RKECHO	Num	8	F041 III.3.C. Echogenicity
30	LKID	Num	8	F041 III.4. Left Kidney
31	LKRPAR	Num	8	F041 III.4.B. Renal parenchyma
32	LKECHO	Num	8	F041 III.4.C. Echogenicity
33	GBPRFL	Num	8	F041 III.1.H. Pericholecystic fluid
34	ABD_QLTY	Char	8	F041 II.4. Current Status of this Reading:
35	GALBLA	Char	8	F041 III.1. Gallbladder
36	GBWALL	Char	8	F041 III.1.A If Present, thickness of wall

Num	Variable	Type	Len	Label
37	GBNSTN	Char	8	F041 III.1.C.1. 1. Number of Stones
38	GBLGST	Char	8	F041 III.1.D. Largest stone
39	GBSFM	Char	8	F041 III.1.E. Stones Freely Mobile?
40	GBPAND	Char	8	F041 III.1.F.2. Pancreatic duct
41	GBIHEP	Char	8	F041 III.1.F.3. Intrahepatic ducts
42	SPLCLN	Char	8	F041 III.2.B. Cephalocaudad length
43	SPLTRN	Char	8	F041 III.2.C. Transverse
44	SPLANP	Char	8	F041 III.2.D. Anterior - Posterior Length
45	SPLVOL	Char	8	F041 III.2.E. Estimated total spleen volume
46	RKVOL	Char	8	F041 III.3.A. Estimated volume
47	LKVOL	Char	8	F041 III.4.A. Estimated volume
48	LVRENL	Char	8	F041 III.5. Liver enlarged
49	ABOABN	Char	8	F041 III.6. Any other abnormalities
50	TEST	Char	18	Test Type
51	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
52	REVIEW_RETURN_DATE_DAYS	Num	8	REVIEW RETURN DATE (recode: number of days after date of initial follow-up visit)

**Data Set Name: creatinine.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	SPECIMEN_TYPE	Char	10	Specimen Type
3	VISIT_NBR	Char	4	Visit Number
4	CREATININE_LABEL	Char	13	F003 II.6A Label Number:
5	CREATININE_SHIP_HR	Num	8	F003 II.5D.HR Time Shipped:
6	CREATININE_SHIP_MN	Num	8	F003 II.5D.MN Minute creatinine shipped
7	CREATININE_TM	Char	8	Creatinine/BUN Time Collected
8	CREATININE_ND	Char	8	Creatinine/BUN Not Done
9	CREATININE_SENT_YN	Num	8	Was the sample sent to GHSU Core Lab?
10	CREATININE_LBL	Char	13	F003 II.6A Label Number: (5 Digits only)
11	SPEC_ID	Char	13	Specimen ID
12	S_CREAT	Num	8	Serum Creatinine
13	BUN	Num	8	Blood Urea Nitrogen
14	CONDITION	Char	4	condition
15	COMMENTS	Char	58	Comments
16	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
17	CREATININE_DT_DAYS	Num	8	F003 II.6B Date Collected: (recode: number of days after date of initial follow-up visit)
18	CREATININE_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
19	COLLECTDATE_DAYS	Num	8	Collect Date (recode: number of days after date of initial follow-up visit)
20	DATE_RECEIVED_DAYS	Num	8	Date Received (recode: number of days after date of initial follow-up visit)

**Data Set Name: *cystatin.sas7bdat***

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	SPECIMEN_TYPE	Char	10	Specimen Type
3	VISIT_NBR	Char	4	Visit Number
4	CYSTATIN_LABEL	Char	13	F003 II.4A Label Number:
5	CYSTATIN_LBL	Char	5	F003 II.4A Label Number: (5 Digits only)
6	CYSTATIN_ND	Char	8	cystatin/BUN Not Done
7	CYSTATIN_SENT_YN	Num	8	Was the sample sent to Baylor Core Lab?
8	CYSTATIN_SHIP_HR	Num	8	F003 II.3D.HR Time Shipped:
9	CYSTATIN_SHIP_MN	Num	8	F003 II.3D.MN Minute cystatin shipped
10	CYSTATIN_TM	Char	8	cystatin/BUN Time Collected
11	CYSTATIN_C_1	Num	8	1st Cystatin C
12	CYSTATIN_C_2	Num	8	2nd Cystatin C
13	CYSTATIN_C_AVERAGE	Num	8	Average Cystatin C
14	VISIT_DT_DAYS	Num	8	F003 Visit Date (recode: number of days after date of initial follow-up visit)
15	CYSTATIN_DT_DAYS	Num	8	F003 II.4B Date Collected: (recode: number of days after date of initial follow-up visit)
16	CYSTATIN_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: echo.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT_NBR	Char	32	Visit Number
3	LABEL_FM32	Char	13	F032 II.5 Label Number:
4	LABEL5	Char	5	Label (5 digit format)
5	ECHO_COMP	Num	8	F032 III.1 Was the echocardiogram completed?
6	ECHO_SENT_YN	Num	8	1. Was the Echocardiogram data sent to Core Lab?
7	FORM_INSTANCE_ID	Num	8	Form Instance ID
8	FORM_ID	Char	32	Form ID
9	REVISION	Char	32	Form Revision
10	SEQ_NBR	Num	8	Sequence Number
11	SOURCE	Num	8	F032 II.3 Source indication:
12	PT_STATE	Num	8	F032 II.4 Patient state:
13	HEIGHT	Num	8	F032 II.6 Height:
14	WEIGHT	Num	8	F032 II.7 Weight:
15	TEMPF	Num	8	F032 II.8.a.i i.
16	TEMPC	Num	8	F032 II.8.a.ii ii.
17	HEARTRATE	Num	8	Heart Rate per min
18	RESP	Num	8	F032 II.10 Respiratory rate:
19	BP_SYSTOLIC	Num	8	F032 II.11.a a. Systolic:
20	BP_DIASTOLIC	Num	8	F032 II.11.b b. Diastolic
21	ILLNESS	Num	8	F032 II.12 Were there any illnesses at today's visit?
22	COMPLICATIONS	Num	8	F032 III.3 Were there any complications from the echocardiogram?
23	BP_SYSTOLIC_1ST	Num	8	F032 III.4.a.i Systolic Blood Pressure
24	BP_DIASTOLIC_1ST	Num	8	F032 III.4.b.i Diastolic Blood Pressure
25	BP_MEAN_1ST	Num	8	F032 III.4.c.i Mean Blood Pressure
26	BP_SYSTOLIC_2ND	Num	8	F032 III.4.a.ii Systolic Blood Pressure
27	BP_DIASTOLIC_2ND	Num	8	F032 III.4.b.ii Diastolic Blood Pressure
28	BP_MEAN_2ND	Num	8	F032 III.4.c.ii Mean Blood Pressure
29	BP_SYSTOLIC_3RD	Num	8	F032 III.4.iii Systolic Blood Pressure
30	BP_DIASTOLIC_3RD	Num	8	F032 III.4.b.iii Diastolic Blood Pressure
31	BP_MEAN_3RD	Num	8	F032 III.4.c.iii Mean Blood Pressure
32	MMODE_STRIP	Num	8	F032 III.5.a a. M-mode strip chart
33	DOPPLER_STRIP	Num	8	F032 III.5.b b. Doppler strip chart
34	PERICARDIAL_EFF	Char	32	F032 IV.1 Pericardial effusion (End diastolic measurement):
35	AORTIC_MV	Num	8	F032 IV.2
36	AORTIC_MV_NA	Char	32	F032 IV.2NA N/A



Num	Variable	Type	Len	Label
37	AORTIC_REG	Num	8	F032 IV.3 Aortic regurgitation:
38	AORTIC_VEG	Num	8	F032 IV.4 Aortic vegetation:
39	PULMONIC_MV	Num	8	F032 IV.5 Pulmonic valve maximum velocity:
40	PULMONIC_MV_NA	Char	32	F032 IV.5NA N/A
41	PULMONIC_REG	Num	8	F032 IV.6 Pulmonic regurgitation:
42	PULMONIC_VEG	Num	8	F032 IV.7 Pulmonic vegetation:
43	MITRAL_MV	Num	8	F032 IV.8
44	MITRAL_MV_NA	Char	32	F032 IV.8NA N/A
45	MITRAL_REG	Char	32	F032 IV.9 Mitral regurgitation:
46	MITRAL_VEG	Num	8	F032 IV.10 Mitral vegetation:
47	TRICUSPID_MV	Num	8	F032 IV.11
48	TRICUSPID_MV_NA	Char	32	F032 IV.11NA N/A
49	TRICUSPID_REG	Char	32	F032 IV.12 Tricuspid regurgitation:
50	TRICUSPID_VEG	Num	8	F032 IV.13 Tricuspid vegetation:
51	ATRIAL_R	Num	8	F032 IV.14.a a. Right atrial enlargement
52	ATRIAL_L	Num	8	F032 IV.14.b b. Left atrial enlargement
53	INVTR_SPTL_POS	Num	8	F032 IV.15 Interventricular septal position in late systole:
54	DIASTOLIC_SEPTAL	Num	8	F032 IV.16 Diastolic septal flattening:
55	REGIONAL_WALL_MOTION	Num	8	F032 IV.17 Regional wall motion abnormalities:
56	CV_ABNORMAL_MORE	Num	8	F032 IV.18 Are there any additional cardiovascular abnormalities that were identified during this procedure and not documented in a previous question on this f
57	CV_ABNORMAL_ABSENT	Num	8	F032 IV.22 Are there any cardiovascular abnormalities not documented in previous questions that were identified on the last echocardiogram that are no longer
58	BNP	Num	8	F032 V.1 BNP Result
59	CV_ABNORMAL	Num	8	F032 IV.18 Are there any cardiovascular abnormalities that were identified during this procedure?
60	P18_STATUS1	Num	8	Status DX 1
61	P18_STATUS2	Num	8	Status DX 2
62	COMPLICATION_SP	Char	4000	*a. What were the complications? (Specify):
63	P18_DX1	Char	4	DX 1 Code:
64	P18_DX2	Char	4	DX 2 Code:
65	BP_METHOD	Num	8	c. Method:
66	CARETAKER_OBJ	Num	8	b. Caretaker objects to participation
67	COMPLIC_DURING	Num	8	d. Subject developed complications during procedure
68	EQUIP_AVAIL	Num	8	a. Equipment availability
69	ILLNESS_SUB	Num	8	c. Illness of subject, test cancelled by physician
70	INCOM_OTHER	Num	8	e. Other (specify)
71	INCOM_UNK	Num	8	f. Unknown

Num	Variable	Type	Len	Label
72	THERM_PLACE	Num	8	b. Thermometer placement:
73	FM32_ND	Char	1	Echocardiogram Performance: data was not collected:
74	ILLNESS_NUM	Num	8	If Yes, how many illnesses?
75	CV_ABNORMAL_NUM	Num	8	18a. If Yes, how many cardiovascular abnormalities?
76	BSA	Num	8	Body Surface Area
77	AORTICSIZECM	Num	8	Aortic valve annulus size (cm)
78	ROOTSIZECM	Num	8	Aortic root size (cm)
79	ASCAORTACM	Num	8	Ascending aorta size (cm)
80	RRINTERVAL1MSEC	Num	8	RRInterval1 (msec)
81	RRINTERVALMSECD10	Num	8	RR interval for calculation of Heart rate (msec/10)
82	HRPMIN	Num	8	Hrpmin
83	SHORTENDODIASTOLECM2	Num	8	Endocardial short axis end diastole dimension area (cm <sup>2</sup> )
84	SHORTEPIDIASOLECM2	Num	8	Short Axis Epicardial end diastole area (cm <sup>2</sup> )
85	LONGENDODIASTOLECM	Num	8	4 Chamber Long axis endocardial end diastole dimension (cms)
86	LONGEPIDIASOLECM	Num	8	4 Chamber long axis epicardial length (cms)
87	EDVEPI56XEDAXEDLCM3	Num	8	Epicardial end diastolic volume (cm <sup>3</sup> )
88	EDVEND56XEDAXEDLCM3	Num	8	Endocardial enddiastole volume (cm <sup>3</sup> )
89	MASSAREALENGTHMETHODGGM	Num	8	Left ventricle mass by area length method (gms)
90	AORTICVTICM	Num	8	Velocity time integral for Left ventricle outflow (cm)
91	MITRALA	Num	8	'MitralB(Lvejectiontime)='
92	MITRALBLVEJECTIONTIME	Num	8	MitralBLvejectiontime
93	LVMPI	Num	8	Left Ventricle Myocardial Performance Index
94	ETC	Num	8	Etcorrected=ET/hearttrate
95	VCF	Num	8	VCF=SF/Etc/100
96	MITRALECMPS	Num	8	Mitral valve peak early velocity (cm/s)
97	MITRALACMPS	Num	8	Mitral valve atrial velocity (cm/s)
98	EDURATIONMSEC	Num	8	Mitral valve E wave duration (msec)
99	ADURATIONMSEC	Num	8	Mitral valve A wave duration
100	DECELTIMESEC	Num	8	Mitral valve E wave Deceleration time (msec)
101	EARATIO	Num	8	Mitral valve pulse E A ratio
102	PULMVEINSCMPS	Num	8	Pulmonary vein Systolic wave velocity
103	PULMVEINDCMPS	Num	8	PulmVeinD (cm/s)
104	PULMADURATIONMSEC	Num	8	PulmAduration (msec)
105	PULMAVELOCITYCMPS	Num	8	PulmAVelocity (cm/s)
106	PULMVEINS_D	Num	8	Pulmonary vein S/D ratio
107	TDIESEPTALCMPS	Num	8	Tissue Doppler Early Septal velocity (cm/s)
108	TDIASEPTALCMPS	Num	8	Tissue Doppler Septal Atrial velocity (cm/s)
109	TDIS1SEPTALCMPS	Num	8	TDIS1Septal (cm/s)
110	TDIS2SEPTALCMPS	Num	8	Tissue Doppler septal Systolic velocity (cm/s)

Num	Variable	Type	Len	Label
111	TDIELATERALCMPS	Num	8	Tissue Doppler Early Mitral valve lateral annulus (cm/s)
112	TDIALATERALCMPS	Num	8	Tissue Doppler Mitral valve A lateral velocity (cm/s)
113	TDIS1LATERALCMPS	Num	8	TDIS1lateral (cm/s)
114	TDIS2LATERALCMPS	Num	8	TDIS2lateralcmps
115	RVECMPS	Num	8	Right free wall Tissue Doppler Early velocity (cm/s)
116	RVACMPS	Num	8	Right free wall (tricuspid valve) tissue Doppler A velocity (cm/s)
117	RVS1CMPS	Num	8	RVS1 (cm/s)
118	RVS2CMPS	Num	8	Tissue Doppler Right Free wall (Tricuspid valve) systolic velocity cm/s)
119	TDIRVAMSEC	Num	8	TDIRVA (msec)
120	TDIRVBMSEC	Num	8	TDIRVB (msec)
121	EEPRIMESEPTAL	Num	8	E /Eprime septal ratio
122	EEPRIMELATEARAL	Num	8	E/E prime lateral mitral annulus ratio
123	MEANEESEPTALLATERAL	Num	8	mean E/E prime septal and lateral
124	RVTDIMPI	Num	8	Right ventricle myocardial performance index as measure by Tissue Doppler imaging
125	IVSDCM	Num	8	End diastolic septal thickness (cm)
126	LVIDDCM	Num	8	Left ventricle internal dimensions in end diastolic (cm)
127	PWDDCM	Num	8	Post wall end diastolic dimensions (cm)
128	IVSSCM	Num	8	Septal end Systolic thickness (cm)
129	LVIDSCM	Num	8	Left ventricle internal dimensions in end systolic (cm)
130	PWDSCM	Num	8	post wall thickness in end systolic (cm)
131	SHORTENINGFRACTION	Num	8	Shortening Fraction
132	LVTOTALDIMENSUMCM	Num	8	Left ventricle total dimensions from the septum to posterior wall (cm)
133	LVTOTALDIMENCUBEDCM3	Num	8	cube of total dimensions (cm^3)
134	LVINTERNALDIMCUBEDCM3	Num	8	cube of internal dimension of left ventricle (cm^3)
135	LEFTVENTRICLEMASSGM	Num	8	Leftventriclemass: $0.8\{1.04[(LVED + \text{left ventricular posterior wall thickness} + \text{interventricular septal thickness})^3 - LVED^3]\} + 0.6$ (gm)
136	TREGUR	Num	8	Tricuspid regurgitation
137	MREGURG	Num	8	Mitral Regurgitation
138	MITRAL4CHCM	Num	8	Mitral valve annulus length in four chamber view (cm)
139	LVMIDCAVITYCM	Num	8	Left ventricle mid cavity length in end diastole (cm)
140	TRICUSPID4CHCM	Num	8	Tricupsid valve annulus dimension in 4 chamber (cm)
141	RVMIDCAVITYCM	Num	8	Right ventricle mid cavity dimensions in end diastole (cm)
142	TRVELOCITYCMPS	Num	8	Tricupsid valve peak velocity (cm/s)
143	TRGRADIENTMMHG	Num	8	Tricuspid regurgitation gradient (mmHg)
144	SDMSEC	Num	8	Right ventricle Systolic time (msec)
145	DDMSEC	Num	8	Right ventricle Diastolic duration (msec)
146	SD_DDRATIO	Num	8	SD:DD ratio
147	PVEJECTIONTIMEMSEC	Num	8	Pulmonary valve ejection time (msec)

Num	Variable	Type	Len	Label
148	PVVTICM	Num	8	Tpulmonary valve Velocity time integral (cm)
149	PIENDDIASTOLEMMHG	Num	8	Pulmonay valve end diastolic gradient (mm Hg)
150	VPLV	Char	5	Left ventricle velocity of propogation
151	LABEL_RESULTS	Char	13	Results Label
152	VISIT_DT_DAYS	Num	8	F032 Visit Date (recode: number of days after date of initial follow-up visit)
153	ECHO_DAYS	Num	8	F032 II.1 Date of echocardiogram visit: (recode: number of days after date of initial follow-up visit)
154	ECHO_SENT_DT_DAYS	Num	8	2. Data sent date: (recode: number of days after date of initial follow-up visit)
155	DATEECHO_DAYS	Num	8	Date of visit or echo (recode: number of days after date of initial follow-up visit)
156	AGE_YR	Num	8	Age at F032 Visit (Years portion)
157	AGE_MON	Num	8	Age at F032 Visit (Months portion)

**Data Set Name: fm001.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	VISIT_NBR	Char	32	Visit Number
6	SEQ_NBR	Num	8	Sequence Number
7	TREAT_COMPLET_1	Num	8	F001 II.1. Did this child complete at least 24 mos of follow-up in BABY HUG Follow-up I?
8	TRANSPLANT	Num	8	F001 II.2. Has this child had a stem cell transplant since December 31, 2011?
9	FOLLOWUP_STUDY	Num	8	F001 II.3. Has informed consent been obtained?
10	DATA_CONSENT	Num	8	F001 II.4.B. Consent for data file to include child's information?
11	BLOOD_SAVE_CONSENT	Num	8	F001 II.4.C. Consent for blood specimens to be saved indefinitely?
12	BLOOD_FUTURE_CONSENT	Num	8	F001 II.4.E. Consent for blood specimens to be used for future research on sickle cell disease and related disorders?
13	DNA_CONSENT	Num	8	F001 II.4.G. Consent for DNA testing to be performed on blood samples?
14	ASSENT	Num	8	F001 II.4.H. Was Assent signed?
15	FOLLOWUP_GROUP	Char	32	F001 II.5. Follow-up Group
16	URINE_SAVE_CONSENT	Num	8	F001 II.4.D. Consent for urine specimens to be saved indefinitely?
17	URINE_FUTURE_CONSENT	Num	8	F001 II.4.F. Consent for urine specimens to be used for future research on sickle cell disease and related disorders?
18	SITE_ID_RECONSENT	Num	8	2. Current Clinic ID:
19	RECONSENT_YN	Num	8	1. Has subject been reconsented?
20	DATA_RECONSENT	Num	8	B. Reconsent for data file to include child's information?
21	BLOOD_SAVE_RECONSENT	Num	8	C. Reconsent for blood specimens to be saved indefinitely?
22	URINE_SAVE_RECONSENT	Num	8	D. Reconsent for urine to be saved indefinitely?
23	BLOOD_FUTURE_RECONSENT	Num	8	E. Reconsent for blood samples to be used for future research on sickle cell disease and related disorders?
24	URINE_FUTURE_RECONSENT	Num	8	F. Reconsent for urine samples to be used for future research on sickle cell disease and related disorders?
25	DNA_RECONSENT	Num	8	G. Reconsent for DNA testing to be performed on blood samples?
26	ASSENT_RECONSENT	Num	8	H. Was Assent signed?
27	FOLLOWUP_GROUP_RECONSENT	Num	8	2. Follow-up Group:
28	CONSENT_DT_DAYS	Num	8	F001 II.4.A. Consent Date: (recode: number of days after date of initial follow-up visit)
29	VISIT_DT_RECONSENT_DAYS	Num	8	Visit Date: (recode: number of days after date of initial follow-up visit)
30	RECONSENT_DT_DAYS	Num	8	A. Reconsent Date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm003.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT_NBR	Char	4	Visit Number
3	FORM_INSTANCE_ID	Num	8	Form Instance ID
4	FORM_ID	Char	32	Form ID
5	REVISION	Char	32	Form Revision
6	SEQ_NBR	Num	8	Sequence Number
7	URINE_LABEL	Char	13	F003 II.2A Label number:
8	URINE_SHIP_HR	Num	8	F003 II.1D.HR Time Shipped:
9	URINE_SHIP_MN	Num	8	F003 II.1D.MN Minutes urine shipped
10	URN_NPO	Num	8	Urine Hours NPO
11	BLOOD_LABEL	Char	13	F003 II.3A Label number:
12	BLOOD_SHIP_HR	Num	8	F003 II.2D.HR Time Shipped:
13	BLOOD_SHIP_MN	Num	8	F003 II.2D.MN Minute blood shipped
14	CYSTATIN_LABEL	Char	13	F003 II.4A Label Number:
15	CYSTATIN_SHIP_HR	Num	8	F003 II.3D.HR Time Shipped:
16	CYSTATIN_SHIP_MN	Num	8	F003 II.3D.MN Minute cystatin shipped
17	HBF_LABEL	Char	13	F003 II.5A Label Number:
18	HBF_SHIP_HR	Num	8	F003 II.4D.HR Time Shipped:
19	HBF_SHIP_MN	Num	8	F003 II.4D.MN Minute HbF shipped
20	CREATININE_LABEL	Char	13	F003 II.6A Label Number:
21	CREATININE_SHIP_HR	Num	8	F003 II.5D.HR Time Shipped:
22	CREATININE_SHIP_MN	Num	8	F003 II.5D.MN Minute creatinine shipped
23	CELL_LABEL	Char	13	F003 II.7A Label Number
24	CELL_SHIP_HR	Num	8	F003 II.6D.HR Time Shipped:
25	CELL_SHIP_MN	Num	8	F003 II.6D.MN Minute pitted cells shipped
26	HJB_LABEL	Char	13	F003 II.8A Label Number:
27	HJB_SHIP_HR	Num	8	F003 II.7D.HR Time Shipped:
28	HJB_SHIP_MN	Num	8	F003 II.7D.MN Minute HJB shipped
29	VDJ_LABEL	Char	13	F003 II.9A Label Number:
30	VDJ_SHIP_HR	Num	8	F003 II.8D.HR Time Shipped:
31	VDJ_SHIP_MN	Num	8	F003 II.8D.MN Minute VDJ shipped
32	URINE_STORED_LABEL	Char	13	F003 II.1A Label number:
33	BLOOD_TM	Char	8	Blood Time Collected
34	CELL_TM	Char	8	Pitted Cell Time Collected
35	CREATININE_TM	Char	8	Creatinine/BUN Time Collected
36	CYSTATIN_TM	Char	8	Cystatin C Time Collected

Num	Variable	Type	Len	Label
37	HBF_TM	Char	8	HBF Time Collected
38	HJB_TM	Char	8	HJB Time Collected
39	URINE_TM	Char	8	Urine Time Collected
40	URINE_STORED_TM	Char	8	Urine for Storage Time Collected
41	VDJ_TM	Char	8	VDJ Time Collected
42	BLOOD_ND	Char	8	Blood Not Done
43	CELL_ND	Char	8	Pitted Cell Not Done
44	CREATININE_ND	Char	8	Creatinine/BUN Not Done
45	CYSTATIN_ND	Char	8	Cystatin C Not Done
46	HBF_ND	Char	8	HBF Not Done
47	HJB_ND	Char	8	HJB Not Done
48	URINE_ND	Char	8	Urine Not Done
49	URINE_STORED_ND	Char	8	Urine for Storage Not Done
50	VDJ_ND	Char	8	VDJ Not Done
51	FM03_ND	Char	1	Central Lab Collection was not done:
52	URINE_STORED_SENT_YN	Num	8	Was the sample sent to Core Lab?
53	URINE_SENT_YN	Num	8	Was the sample sent to GHSU Core Lab?
54	BLOOD_SENT_YN	Num	8	Was the sample sent to GHSU Core Lab?
55	CYSTATIN_SENT_YN	Num	8	Was the sample sent to Baylor Core Lab?
56	HBF_SENT_YN	Num	8	Was the sample sent to GHSU Core Lab?
57	CREATININE_SENT_YN	Num	8	Was the sample sent to GHSU Core Lab?
58	CELL_SENT_YN	Num	8	Was the sample sent to Special Testing Lab?
59	HJB_SENT_YN	Num	8	Was the sample sent to Core Lab?
60	VDJ_SENT_YN	Num	8	Was the sample sent to Core Lab?
61	VISIT_DT_DAYS	Num	8	F003 Visit Date (recode: number of days after date of initial follow-up visit)
62	URINE_DT_DAYS	Num	8	F003 II.2B Date collected: (recode: number of days after date of initial follow-up visit)
63	BLOOD_DT_DAYS	Num	8	F003 II.3B Date Collected: (recode: number of days after date of initial follow-up visit)
64	CYSTATIN_DT_DAYS	Num	8	F003 II.4B Date Collected: (recode: number of days after date of initial follow-up visit)
65	HBF_DT_DAYS	Num	8	F003 II.5B Date Collected: (recode: number of days after date of initial follow-up visit)
66	CREATININE_DT_DAYS	Num	8	F003 II.6B Date Collected: (recode: number of days after date of initial follow-up visit)
67	CELL_DT_DAYS	Num	8	F003 II.7B Date Collected (recode: number of days after date of initial follow-up visit)
68	HJB_DT_DAYS	Num	8	F003 II.8B Date Collected: (recode: number of days after date of initial follow-up visit)
69	VDJ_DT_DAYS	Num	8	F003 II.9B Date Collected: (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
70	URINE_STORED_DT_DAYS	Num	8	F003 II.1B Date collected: (recode: number of days after date of initial follow-up visit)
71	URINE_STORED_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
72	URINE_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
73	BLOOD_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
74	CYSTATIN_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
75	HBF_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
76	CREATININE_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
77	CELL_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
78	HJB_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
79	VDJ_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)



**Data Set Name: fm004.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT_NBR	Char	4	Visit Number
3	FORM_INSTANCE_ID	Num	8	Form Instance ID
4	FORM_ID	Char	32	Form ID
5	REVISION	Char	32	Form Revision
6	SEQ_NBR	Num	8	Sequence Number
7	WBC	Num	8	F004 II.1.A. White Blood Cell Count (WBC)
8	RBC	Num	8	F004 II.1.B. Red Blood Cell Count (RBC)
9	HB	Num	8	F004 II.1.C. Hemoglobin
10	PCV	Num	8	F004 II.1.D. Hematocrit
11	PLAT	Num	8	F004 II.1.E. Platelet Count
12	DIFFTYPE	Num	8	F004 II.2.A. Differential Type:
13	NEUT_CT	Num	8	F004 II.2.B. Absolute Neutrophil Count
14	NEUT_PT	Num	8	F004 II.2.C. Neutrophils (% of WBC)
15	LYMPH_PT	Num	8	F004 II.2.D. Lymphocytes (% of WBC)
16	MONO_PT	Num	8	F004 II.2.E. Monocytes (% of WBC)
17	NRBC	Num	8	F004 II.2.F. Nucleated Red Blood Cells (nRBC)*
18	CWBC	Num	8	F004 II.2.F.1. If not 0, corrected WBC Count?
19	RETIC_PT	Num	8	F004 II.2.G. Reticulocytes (% of RBC)
20	RETIC_CT	Num	8	F004 II.2.H. Absolute Reticulocyte count
21	MCV	Num	8	F004 II.2.I. MCV
22	LDH	Num	8	F004 II.3.A. LDH
23	T_BILI	Num	8	F004 II.3.B. Bilirubin, Total
24	D_BILI	Num	8	F004 II.3.C. Bilirubin, Direct
25	ALT	Num	8	F004 II.3.D. ALT
26	U_OSMO	Num	8	F004 II.4.A. Urine Osmolality (Active-Entry/Exit Only)
27	URN_NPO	Num	8	F004 II.4.A.1. Hours NPO
28	FM04_ND	Char	1	Local Laboratory Results: data was not collected:
29	VISIT_DT_DAYS	Num	8	F004 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm010.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	32	Form ID
3	FORM_INSTANCE_ID	Num	8	Form Instance ID
4	VISIT_NBR	Char	4	Visit Number
5	REVISION	Char	32	Form Revision
6	VISIT	Num	8	F010 II.1 Visit
7	SEQ_NBR	Num	8	Sequence Number
8	PATIENT_CONTACT	Num	8	F010 II.4 Any patient contact during this interval?
9	HU_PRESCRIBED	Num	8	F010 III.1 Was the patient prescribed HU at any time during this interval?
10	HU_DOSE_WEIGHT	Num	8	F010 III.1.A.1 1. Dose at the first time it was prescribed this interval:
11	HU_DOSE_FORM	Num	8	F010 III.1.A.2 2. Dose form:
12	HU_INTERVAL_END	Num	8	F010 III.2 Was the patient still being prescribed HU at the end of the interval?
13	HU_DOSE_WEIGHT2	Num	8	F010 III.2.A.1 1. Dose at the end of the interval
14	HU_DOSE_FORM2	Num	8	F010 III.2.A.2 2. Dose form
15	HU_TOXICITY	Num	8	F010 III.3 Did the patient have HU held because of possible drug toxicity during this interval?
16	LOW_ANC	Num	8	1. Low ANC
17	LOW_HGB	Num	8	2. Low Hgb
18	LOW_PHS	Num	8	3. Low PHs
19	OTHER_INFECTION	Num	8	4. Other bacterial or viral infection
20	OTHER_TOXICITY_FTR	Num	8	5. Other
21	HU_TOXICITY_SP	Char	100	F010 III.3.A.5a a. If Other, then specify:
22	HU_TREAT_WEEKS	Num	8	F010 III.4 Estimate how many weeks during this interval the patient actually took HU:
23	BLOOD_COLLECT	Num	8	F010 IV.1 Were any blood specimens collected for clinical reasons during this interval?
24	BLOOD_COLLECT_REASON	Char	100	F010 IV.1.rsn A. If no, reason
25	FIRST_HEMGLOBIN	Num	8	F010 IV.2.B Hemoglobin
26	FIRST_MCV	Num	8	F010 IV.2.C MCV
27	FIRST_RETIC_CNT	Num	8	F010 IV.2.D Reticulocyte (% of RBC)
28	FIRST_RETIC_NOT_DONE	Num	8	D. First Reticulocytes
29	FIRST_WBC_ACOUNT	Num	8	F010 IV.2.E White Blood Cell Count
30	FIRST_NEUTROPHIL_CNT	Num	8	F010 IV.2.F Absolute Neutrophil Count
31	FIRST_NEUTROPHIL_NOT_DONE	Num	8	F. Absolute Neutrophil Count
32	FIRST_PLATELETS_CNT	Num	8	F010 IV.2.G Platelet Count
33	FIRST_RBC	Num	8	F010 IV.2.H Red Blood Cell Count
34	LAST_CBC_NOT_DONE	Num	8	Last CBC in interval

Num	Variable	Type	Len	Label
35	LAST_HEMGLOBIN	Num	8	F010 IV.3.B Hemoglobin
36	LAST_MCV	Num	8	F010 IV.3.C MCV
37	LAST_RETIC_CNT	Num	8	F010 IV.3.D Reticulocyte (% of RBC)
38	LAST_RETIC_NOT_DONE	Num	8	D. Last Reticulocytes
39	LAST_WBC_ACOUNT	Num	8	F010 IV.3.E White Blood Cell Count
40	LAST_NEUTROPHIL_CNT	Num	8	F010 IV.3.F Absolute Neutrophil Count
41	LAST_NEUTROPHIL_NOT_DONE	Num	8	F. Absolute Neutrophil Count
42	LAST_PLATELETS_CNT	Num	8	F010 IV.3.G Platelet Count
43	LAST_RBC	Num	8	F010 IV.3.H Red Blood Cell Count
44	LAB_VALUES	Num	8	F010 IV.4 Were any of the following laboratory values obtained during this interval?
45	NO_LAB_REASON	Num	8	*A. If No, reason:
46	NOLAB_REASON_SP	Char	100	F010 IV.4.A.a a. If Other, specify:
47	CREATININE_VALUE	Num	8	F010 IV.4.B.2 2. Creatinine Value:
48	CREATININE_NOT_DONE	Num	8	B. Creatinine
49	ALT_VALUE	Num	8	F010 IV.4.C.2 2. ALT Value:
50	ALT_NOT_DONE	Num	8	C. ALT
51	GGT_VALUE	Num	8	F010 IV.4.D.2 2. GGT Value:
52	GGT_NOT_DONE	Num	8	D. GGT
53	FETAL_HEMO_VAL	Num	8	F010 IV.4.E.2 2. Fetal Hemoglobin Value:
54	FETAL_NOT_DONE	Num	8	E. Fetal Hemoglobin
55	LDH_VALUE	Num	8	F010 IV.4.F.2 2. Value:
56	LDH_NOT_DONE	Num	8	F. LDH
57	BILI_VALUE	Num	8	F010 IV.4.G.2 2. Value:
58	BILI_NOT_DONE	Num	8	G. Bilirubin
59	TCD_IMAGE_YN	Num	8	F010 V.1 Were any TCDs performed during this interval?
60	TCD1_RESULT	Num	8	#1 TCD Results:
61	TCD2_RESULT	Num	8	#2 TCD Results:
62	TCD_NUM	Num	8	*If Yes, how many TCD's performed during this interval?
63	TCD3_RESULT	Num	8	#3 TCD Results:
64	TCD4_RESULT	Num	8	#4 TCD Results:
65	TCD5_RESULT	Num	8	#5 TCD Results:
66	TCD6_RESULT	Num	8	#6 TCD Results:
67	MRI_NOT_DONE	Num	8	2.MRI
68	MRI_UNKNOWN	Num	8	F010 V.2.A0 Performed per protocol, results unknown
69	MRI_RESULTS	Num	8	F010 V.2.A. If MRI Done, result:
70	MRI_RESULTS_SP	Char	100	F010 V.2.A.1 1. If Other, specify
71	MRI_PASSIVE	Num	8	Is this test the closest to Age 10?
72	MRA_NOT_DONE	Num	8	3. MRA

Num	Variable	Type	Len	Label
73	MRA_UNKNOWN	Num	8	F010 V.3.A0 Performed per protocol, results unknown
74	MRA_ABNORMAL	Num	8	F010 V.3.A If MRA done, any result abnormal?
75	MRA_PASSIVE	Num	8	Is this test the closest to Age 10?
76	PFT_NOT_DONE	Num	8	4. PFTs
77	PFT_ABNORMAL	Num	8	F010 V.4.A If Pulmonary Function Tests done, any result abnormal?
78	PFT_PASSIVE	Num	8	Is this test the closest to Age 10?
79	CARDIAC_NOT_DONE	Num	8	5. Cardiac Echo
80	CARDIAC_UNKNOWN	Num	8	F010 V.5.A0 Performed per protocol, results unknown
81	CARDIAC_ABNORMAL	Num	8	F010 V.5.A If Cardiac Echo done, any result abnormal?
82	CARDIAC_PASSIVE	Num	8	Is this test the closest to Age 10?
83	LIVSP_NOT_DONE	Num	8	6. L/S Scan
84	LIVSP_UNKNOWN	Num	8	F010 V.6.A0 Performed per protocol, results unknown
85	LIVSP_ABNORMAL	Num	8	F010 V.6.A If L/S Scan done, any result abnormal?
86	LIVSP_PASSIVE	Num	8	Is this test the closest to Age 10?
87	ABD_NOT_DONE	Num	8	7. Abdominal Sonogram
88	ABD_UNKNOWN	Num	8	F010 V.7.A0 Performed per protocol, results unknown
89	ABD_ABNORMAL	Num	8	F010 V.7.A If Abdominal Sonogram done, any result abnormal?
90	ABD_PASSIVE	Num	8	Is this test the closest to Age 10?
91	EEG_NOT_DONE	Num	8	1. EEG
92	EEG_ABNORMAL	Num	8	F010 VI.1.A If EEG done, any result abnormal?
93	CT_NOT_DONE	Num	8	2. CT
94	CT_ABNORMAL	Num	8	F010 VI.2.A If CT done, any result abnormal?
95	NEUROPSYCH_NOT_DONE	Num	8	3. Neuropsych
96	NEUROPSYCH_ABNORMAL	Num	8	F010 VI.3.A If neuropsychology testing done, any result abnormal?
97	NEUROPSYCH_SP	Char	100	F010 VI.3.A.1 1. Specify test:
98	OTHER_TEST_DONE	Num	8	F010 VI.4 Other clinical tests done:
99	CLINIC_VISITS	Num	8	F010 VII.1.A During this interval how many times was this patient seen in clinic (not ER, day unit, or hospital)?
100	PERIODIC_CLIN_VIS	Num	8	F010 VII.1.B.1 1. Routine Clinical Visit (physical examination by sickle cell team)
101	HU_TOXICITY_ASSESS	Num	8	F010 VII.1.B.2 2. HU toxicity assessment (blood count check to monitor HU therapy and possible side effects)
102	OTHER_VISITS	Num	8	F010 VII.1.B.3 3. Other clinical service (including follow-up of crisis event and general pediatrics)
103	OTHER_VISITS_2	Num	8	F010 VII.1.B.4 4. Other
104	ER_VISITS	Num	8	F010 VII.2.A How many times was this patient seen in an ER or day hospital during this interval (in your facility or another):
105	ACUTE_SPLENIC_SEQUES	Num	8	F010 VII.2.B.1 1. Acute splenic sequestration crisis
106	ACUTE_CHEST_SYNDROME	Num	8	F010 VII.2.B.2 2. Acute chest syndrome
107	STROKE_SEIZURE	Num	8	F010 VII.2.B.3 3. Neurologic event (stroke or seizure)

Num	Variable	Type	Len	Label
108	APLASTIC_CRISIS	Num	8	F010 VII.2.B.4 4. Aplastic Crisis
109	URINARY_TRACT_INFECT	Num	8	F010 VII.2.B.5 5. Urinary tract infection
110	FEVER_FEBRILE	Num	8	F010 VII.2.B.6 6. Fever or febrile illness including URI/sinusitis/cold/flu
111	NO_FEVER	Num	8	F010 VII.2.B.7 7. Other acute illness, no fever
112	TRAUMA	Num	8	F010 VII.2.B.8 8. Trauma including broken bones and sprains
113	PAIN	Num	8	F010 VII.2.B.9 9. Sickle Cell Pain Crisis (including dactylitis)
114	OTHER_CRISIS	Num	8	F010 VII.2.B.10 10. Other
115	HOSPITAL_TIMES	Num	8	F010 VII.3 How many times was the patient admitted to the hospital during this interval (in your facility or another)?
116	DIAGNOSIS_STROKE	Num	8	F010 VII.3.A.1 1. Neurologic event (stroke or seizure)
117	DIAG_SPENIC_SEQUES	Num	8	F010 VII.3.A.2 2. Acute splenic sequestration crisis
118	DIAGNOSIS_CHEST	Num	8	F010 VII.3.A.3 3. Acute chest syndrome
119	DIAGNOSIS_APLASTIC	Num	8	F010 VII.3.A.4 4. Aplastic Crisis
120	DIAGNOSIS_URINARY	Num	8	F010 VII.3.A.5 5. Urinary tract infection
121	DIAGNOSIS_FEVER	Num	8	F010 VII.3.A.6 6. Fever or febrile illness including URI/sinusitis/cold/flu
122	DIAGNOSIS_NO_FEVER	Num	8	F010 VII.3.A.7 7. Other acute illness, no fever
123	DIAGNOSIS_TRAUMA	Num	8	F010 VII.3.A.8 8. Trauma including broken bones and sprains
124	DIAGNOSIS_PAIN	Num	8	F010 VII.3.A.9 9. Sickle Cell Pain Crisis (including dactylitis)
125	DIAGNOSIS_SURGERY	Num	8	F010 VII.3.A.10 10. Surgery (see part VII, item 5 below)
126	DIAGNOSIS_OTHER	Num	8	F010 VII.3.A.11 11. Other:
127	DIAGNOSIS_OTHER_SP	Char	100	F010 VII.3.A.11a a. If Other, specify:
128	PAIN2	Num	8	F010 VII.4.A Has the child experienced pain (defined as pain lasting four hours or
129	PAIN_EPISODES	Num	8	F010 VII.4.A.1 1. If yes, how many episodes of pain has the patient experienced during this interval?
130	SURGERY	Num	8	F010 VII.5.A Did the patient have at least one surgery during this interval?
131	TONSILLECTOMY_ND	Num	8	a. Tonsillectomy, Adenoidectomy or both
132	SPLENECTOMY_ND	Num	8	b. Splenectomy (open or aparoscopic)
133	CHOLECYSTECTOMY_ND	Num	8	c. Cholecystectomy and/or ERCP
134	EAR_NOT_DONE	Num	8	d. Ear tubes, hernia repair, dental rehabilitation
135	SURGERY_OTHER	Num	8	F010 VII.5.A.1e e. Other
136	CHRONIC_TRANSFUSION	Num	8	F010 VII.6.A Was the patient on a chronic transfusion program during this interval (meaning scheduled transfusions every two-six weeks for three months or more)
137	CHRONIC_TRANS_REASON	Num	8	F010 VII.6.A.1 1. If yes, what was the main reason for the chronic transfusion program:
138	CHRONIC_TRANS_SP	Char	100	F010 VII.6.A.1a a. If Other, specify:
139	EPISODIC_TRANSFUSION	Num	8	F010 VII.6.B Did the patient receive one or more episodic transfusion during this interval (meaning a transfusion, scheduled or not that was for a specific prob
140	EPISODIC_TRANS_RSN	Num	8	F010 VII.6.B.1 1. If yes, what was the main reason for the episodic transfusion(s)?

Num	Variable	Type	Len	Label
141	EPISODIC_TRANS_SP	Char	100	F010 VII.6.B.1a a. If Other, specify:
142	IRONOVL	Num	8	F010 VII.6.C Was iron overload assessed during this interval?
143	FERRITIN_HIGH	Num	8	F010 VII.6.C.1 1. Ferritin (highest value in interval)
144	FERRISCAN_MRI	Num	8	F010 VII.6.C.2 2. Ferriscan or MRI
145	FERRISCAN_MRI_ND	Num	8	2. Ferriscan or MRI
146	LIVER_BX	Num	8	F010 VII.6.C.3 3. Liver Bx
147	LIVER_BX_ND	Num	8	3. Liver Bx
148	IRONTHPY	Num	8	F010 VII.6.D Was iron chelation therapy prescribed during this interval?
149	IRON_MED	Num	8	F010 VII.6.D.1 1. *If yes,
150	PHYSICAL_EXAM	Num	8	F010 VIII.1 Was a physical examination performed during this interval?
151	FIRST_HEIGHT	Num	8	F010 VIII.2.A.1 1. Height
152	FIRST_HEIGHT_NOT_DONE	Num	8	First Height Not Done
153	FIRST_WEIGHT	Num	8	F010 VIII.2.A.2 2. Weight
154	FIRST_WEIGHT_NOT_DONE	Num	8	First Weight Not Done
155	SECOND_ENCOUNTER_ND	Num	8	B. Second Encounter midpoint
156	SECOND_HEIGHT	Num	8	F010 VIII.2.B.1 1. Height
157	SECOND_HEIGHT_ND	Num	8	Second Height Not Done
158	SECOND_WEIGHT	Num	8	F010 VIII.2.B.2 2. Weight
159	SECOND_WEIGHT_ND	Num	8	Second Weight Not Done
160	LAST_ENCOUNTER_ND	Num	8	C. Last or latest Visit
161	LAST_HEIGHT	Num	8	F010 VIII.2.C.1 1. Height
162	LAST_HEIGHT_NOTDONE	Num	8	Last Height Not Done
163	LAST_WEIGHT	Num	8	F010 VIII.2C.2 2. Weight
164	LAST_WEIGHT_NOTDONE	Num	8	Last Weight Not Done
165	SPLEEN_PALPABLE	Num	8	F010 VIII.3.A Was the spleen reported to be palpable below the costal margin at any time during this interval?
166	MID_CLAVICULAR	Num	8	F010 VIII.3.B.1 1. Mid-clavicular line
167	MID_CLA_NOTDONE	Num	8	1. Mid-clavicular line
168	ANTEROR_AXILLARY	Num	8	F010 VIII.3.B.2 2. Anterior axillary line
169	ANT_AXI_NOTDONE	Num	8	2. Anterior axillary line
170	DIAG_SPLENIC_SEQU	Num	8	F010 VIII.3.C Was the child diagnosed with acute splenic sequestration during this interval?
171	FM10_ND	Char	1	Clinical Data Report: data was not collected:
172	VISIT_DT_DAYS	Num	8	F010 Visit Date (recode: number of days after date of initial follow-up visit)
173	INTERVAL_START_DT_DAYS	Num	8	F010 II.2 Interval Start Date: (recode: number of days after date of initial follow-up visit)
174	INTERVAL_END_DT_DAYS	Num	8	F010 II.3 Interval End Date: (recode: number of days after date of initial follow-up visit)
175	HU_END_DT_DAYS	Num	8	F010 III.2.B If No, what was the date the patient stopped being prescribed HU? (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
176	FIRST_CBC_DT_DAYS	Num	8	F010 IV.2.A Date: (recode: number of days after date of initial follow-up visit)
177	LAST_CBC_DT_DAYS	Num	8	F010 IV.3.A Date: (recode: number of days after date of initial follow-up visit)
178	CREATININE_DT_DAYS	Num	8	F010 IV.4.B.1 1. Date: (recode: number of days after date of initial follow-up visit)
179	ALT_DT_DAYS	Num	8	F010 IV.4.C.1 1. Date (recode: number of days after date of initial follow-up visit)
180	GGT_DT_DAYS	Num	8	F010 IV.4.D.1 1. Date (recode: number of days after date of initial follow-up visit)
181	FETAL_HEMOGLOBIN_DT_DAYS	Num	8	F010 IV.4.E.1 1. Date: (recode: number of days after date of initial follow-up visit)
182	LDH_DT_DAYS	Num	8	F010 IV.4.F.1 1. Date: (recode: number of days after date of initial follow-up visit)
183	BILI_DT_DAYS	Num	8	F010 IV.4.G.1 1. Date: (recode: number of days after date of initial follow-up visit)
184	MRI_DT_DAYS	Num	8	F010 V.2 MRI Date (recode: number of days after date of initial follow-up visit)
185	MRA_DT_DAYS	Num	8	F010 V.3 MRA Date (recode: number of days after date of initial follow-up visit)
186	PFT_DT_DAYS	Num	8	F010 V.4 PFTs Date (recode: number of days after date of initial follow-up visit)
187	CARDIAC_DT_DAYS	Num	8	F010 V.5 Cardiac Echo Date* (recode: number of days after date of initial follow-up visit)
188	LIVSP_DT_DAYS	Num	8	F010 V.6 L/S Scan Date* (recode: number of days after date of initial follow-up visit)
189	ABD_DT_DAYS	Num	8	F010 V.7 Abdominal Sonogram Date* (recode: number of days after date of initial follow-up visit)
190	EEG_DT_DAYS	Num	8	F010 VI.1 EEG Date (recode: number of days after date of initial follow-up visit)
191	CT_DT_DAYS	Num	8	F010 VI.2 CT Date (recode: number of days after date of initial follow-up visit)
192	NEUROPSYCH_DT_DAYS	Num	8	F010 VI.3 Neuropsych Date (recode: number of days after date of initial follow-up visit)
193	TONSILLECTOMY_DT_DAYS	Num	8	F010 VII.5.A.1a Date: (recode: number of days after date of initial follow-up visit)
194	SPLENECTOMY_DT_DAYS	Num	8	F010 VII.5.A.1b Date: (recode: number of days after date of initial follow-up visit)
195	CHOLECYSTECTOMY_DT_DAYS	Num	8	F010 VII.5.A.1c Date: (recode: number of days after date of initial follow-up visit)
196	EAR_DT_DAYS	Num	8	F010 VII.5.A.1d Date: (recode: number of days after date of initial follow-up visit)
197	FIRST_ENCOUNTER_DT_DAYS	Num	8	F010 VIII.2.A First Encounter Date: (recode: number of days after date of initial follow-up visit)
198	SECOND_ENCOUNTER_DT_DAYS	Num	8	F010 VIII.2.B Second Encounter midpoint Date: (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
199	LAST_ENCOUNTER_DT_DAYS	Num	8	F010 VIII.2.C Last or latest Visit Date: (recode: number of days after date of initial follow-up visit)
200	SPLEEN_LARGEST_DT_DAYS	Num	8	F010 VIII.3.B On what date was it the largest (most centimeters below costal margin) (recode: number of days after date of initial follow-up visit)
201	TCD1_DT_DAYS	Num	8	#1 TCD Date: (recode: number of days after date of initial follow-up visit)
202	TCD2_DT_DAYS	Num	8	#2 TCD Date: (recode: number of days after date of initial follow-up visit)
203	TCD3_DT_DAYS	Num	8	#3 TCD Date: (recode: number of days after date of initial follow-up visit)
204	TCD4_DT_DAYS	Num	8	#4 TCD Date: (recode: number of days after date of initial follow-up visit)
205	TCD5_DT_DAYS	Num	8	#5 TCD Date: (recode: number of days after date of initial follow-up visit)
206	TCD6_DT_DAYS	Num	8	#6 TCD Date: (recode: number of days after date of initial follow-up visit)



**Data Set Name: fm010\_20190910.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	BLOOD_COLLECT_REASON	Char	100	F010 IV.1.rsn A. If no, reason
3	CHRONIC_TRANS_SP	Char	100	F010 VII.6.A.1a a. If Other, specify:
4	DIAGNOSIS_OTHER_SP	Char	100	F010 VII.3.A11a a. If Other, specify:
5	EPISODIC_TRANS_SP	Char	100	F010 VII.6.B.1a a. If Other, specify:
6	HU_TOXICITY_SP	Char	100	F010 III.3.A.5a a. If Other, then specify:
7	MRI_RESULTS_SP	Char	100	F010 V.2.A.1 1. If Other, specify
8	NEUROPSYCH_SP	Char	100	F010 VI.3.A.1 1. Specify test:
9	NOLAB_REASON_SP	Char	100	F010 IV.4.A.a a. If Other, specify:
10	VISIT_NBR	Char	4	Visit Number
11	FORM_INSTANCE_ID	Num	8	Form Instance ID
12	FORM_ID	Char	32	Form ID
13	REVISION	Char	32	Form Revision
14	SEQ_NBR	Num	8	Sequence Number
15	VISIT	Num	8	F010 II.1 Visit
16	PATIENT_CONTACT	Num	8	F010 II.4 Any patient contact during this interval?
17	HU_PRESCRIBED	Num	8	F010 III.1 Was the patient prescribed HU at any time during this interval?
18	HU_DOSE_WEIGHT	Num	8	F010 III.1.A.1 1. Dose at the first time it was prescribed this interval:
19	HU_DOSE_FORM	Num	8	F010 III.1.A.2 2. Dose form:
20	HU_INTERVAL_END	Num	8	F010 III.2 Was the patient still being prescribed HU at the end of the interval?
21	HU_DOSE_WEIGHT2	Num	8	F010 III.2.A.1 1. Dose at the end of the interval
22	HU_DOSE_FORM2	Num	8	F010 III.2.A.2 2. Dose form
23	HU_TOXICITY	Num	8	F010 III.3 Did the patient have HU held because of possible drug toxicity during this interval?
24	HU_TREAT_WEEKS	Num	8	F010 III.4 Estimate how many weeks during this interval the patient actually took HU:
25	BLOOD_COLLECT	Num	8	F010 IV.1 Were any blood specimens collected for clinical reasons during this interval?
26	FIRST_HEMGLOBIN	Num	8	F010 IV.2.B Hemoglobin
27	FIRST_MCV	Num	8	F010 IV.2.C MCV
28	FIRST_RETIC_CNT	Num	8	F010 IV.2.D Reticulocyte (% of RBC)
29	FIRST_WBC_ACOUNT	Num	8	F010 IV.2.E White Blood Cell Count
30	FIRST_NEUTROPHIL_CNT	Num	8	F010 IV.2.F Absolute Neutrophil Count
31	FIRST_PLATELETS_CNT	Num	8	F010 IV.2.G Platelet Count
32	FIRST_RBC	Num	8	F010 IV.2.H Red Blood Cell Count
33	LAST_HEMGLOBIN	Num	8	F010 IV.3.B Hemoglobin
34	LAST_MCV	Num	8	F010 IV.3.C MCV

Num	Variable	Type	Len	Label
35	LAST_RETIC_CNT	Num	8	F010 IV.3.D Reticulocyte (% of RBC)
36	LAST_WBC_ACOUNT	Num	8	F010 IV.3.E White Blood Cell Count
37	LAST_NEUTROPHIL_CNT	Num	8	F010 IV.3.F Absolute Neutrophil Count
38	LAST_PLATELETS_CNT	Num	8	F010 IV.3.G Platelet Count
39	LAST_RBC	Num	8	F010 IV.3.H Red Blood Cell Count
40	LAB_VALUES	Num	8	F010 IV.4 Were any of the following laboratory values obtained during this interval?
41	CREATININE_VALUE	Num	8	F010 IV.4.B.2 2. Creatinine Value:
42	ALT_VALUE	Num	8	F010 IV.4.C.2 2. ALT Value:
43	GGT_VALUE	Num	8	F010 IV.4.D.2 2. GGT Value:
44	FETAL_HEMO_VAL	Num	8	F010 IV.4.E.2 2. Fetal Hemoglobin Value:
45	LDH_VALUE	Num	8	F010 IV.4.F.2 2. Value:
46	BILI_VALUE	Num	8	F010 IV.4.G.2 2. Value:
47	TCD_IMAGE_YN	Num	8	F010 V.1 Were any TCDs performed during this interval?
48	MRI_RESULTS	Num	8	F010 V.2.A. If MRI Done, result:
49	MRA_ABNORMAL	Num	8	F010 V.3.A If MRA done, any result abnormal?
50	PFT_ABNORMAL	Num	8	F010 V.4.A If Pulmonary Function Tests done, any result abnormal?
51	CARDIAC_ABNORMAL	Num	8	F010 V.5.A If Cardiac Echo done, any result abnormal?
52	LIVSP_ABNORMAL	Num	8	F010 V.6.A If L/S Scan done, any result abnormal?
53	ABD_ABNORMAL	Num	8	F010 V.7.A If Abdominal Sonogram done, any result abnormal?
54	EEG_ABNORMAL	Num	8	F010 VI.1.A If EEG done, any result abnormal?
55	CT_ABNORMAL	Num	8	F010 VI.2.A If CT done, any result abnormal?
56	NEUROPSYCH_ABNORMAL	Num	8	F010 VI.3.A If neuropsychology testing done, any result abnormal?
57	OTHER_TEST_DONE	Num	8	F010 VI.4 Other clinical tests done:
58	CLINIC_VISITS	Num	8	F010 VII.1.A During this interval how many times was this patient seen in clinic (not ER, day unit, or hospital)?
59	PERIODIC_CLIN_VIS	Num	8	F010 VII.1.B.1 1. Routine Clinical Visit (physical examination by sickle cell team)
60	HU_TOXICITY_ASSESS	Num	8	F010 VII.1.B.2 2. HU toxicity assessment (blood count check to monitor HU therapy and possible side effects)
61	OTHER_VISITS	Num	8	F010 VII.1.B.3 3. Other clinical service (including follow-up of crisis event and general pediatrics)
62	OTHER_VISITS_2	Num	8	F010 VII.1.B.4 4. Other
63	ER_VISITS	Num	8	F010 VII.2.A How many times was this patient seen in an ER or day hospital during this interval (in your facility or another):
64	ACUTE_SPLENIC_SEQUES	Num	8	F010 VII.2.B.1 1. Acute splenic sequestration crisis
65	ACUTE_CHEST_SYNDROME	Num	8	F010 VII.2.B.2 2. Acute chest syndrome
66	STROKE_SEIZURE	Num	8	F010 VII.2.B.3 3. Neurologic event (stroke or seizure)
67	APLASTIC_CRISIS	Num	8	F010 VII.2.B.4 4. Aplastic Crisis
68	URINARY_TRACT_INFECT	Num	8	F010 VII.2.B.5 5. Urinary tract infection
69	FEVER_FEBRILE	Num	8	F010 VII.2.B.6 6. Fever or febrile illness including URI/sinusitis/cold/flu

Num	Variable	Type	Len	Label
70	NO_FEVER	Num	8	F010 VII.2.B.7 7. Other acute illness, no fever
71	TRAUMA	Num	8	F010 VII.2.B.8 8. Trauma including broken bones and sprains
72	PAIN	Num	8	F010 VII.2.B.9 9. Sickle Cell Pain Crisis (including dactylitis)
73	OTHER_CRISIS	Num	8	F010 VII.2.B.10 10. Other
74	HOSPITAL_TIMES	Num	8	F010 VII.3 How many times was the patient admitted to the hospital during this interval (in your facility or another)?
75	DIAGNOSIS_STROKE	Num	8	F010 VII.3.A.1 1. Neurologic event (stroke or seizure)
76	DIAG_SPENIC_SEQUES	Num	8	F010 VII.3.A.2 2. Acute splenic sequestration crisis
77	DIAGNOSIS_CHEST	Num	8	F010 VII.3.A.3 3. Acute chest syndrome
78	DIAGNOSIS_APLASTIC	Num	8	F010 VII.3.A.4 4. Aplastic Crisis
79	DIAGNOSIS_URINARY	Num	8	F010 VII.3.A.5 5. Urinary tract infection
80	DIAGNOSIS_FEVER	Num	8	F010 VII.3.A.6 6. Fever or febrile illness including URI/sinusitis/cold/flu
81	DIAGNOSIS_NO_FEVER	Num	8	F010 VII.3.A.7 7. Other acute illness, no fever
82	DIAGNOSIS_TRAUMA	Num	8	F010 VII.3.A.8 8. Trauma including broken bones and sprains
83	DIAGNOSIS_PAIN	Num	8	F010 VII.3.A.9 9. Sickle Cell Pain Crisis (including dactylitis)
84	DIAGNOSIS_SURGERY	Num	8	F010 VII.3.A.10 10. Surgery (see part VII, item 5 below)
85	DIAGNOSIS_OTHER	Num	8	F010 VII.3.A.11 11. Other:
86	PAIN2	Num	8	F010 VII.4.A Has the child experienced pain (defined as pain lasting four hours or
87	PAIN_EPISODES	Num	8	F010 VII.4.A.1 1. If yes, how many episodes of pain has the patient experienced during this interval?
88	SURGERY	Num	8	F010 VII.5.A Did the patient have at least one surgery during this interval?
89	SURGERY_OTHER	Num	8	F010 VII.5.A.1e e. Other
90	CHRONIC_TRANSFUSION	Num	8	F010 VII.6.A Was the patient on a chronic transfusion program during this interval (meaning scheduled transfusions every two-six weeks for three months or more)
91	CHRONIC_TRANS_REASON	Num	8	F010 VII.6.A.1 1. If yes, what was the main reason for the chronic transfusion program:
92	EPISODIC_TRANSFUSION	Num	8	F010 VII.6.B Did the patient receive one or more episodic transfusion during this interval (meaning a transfusion, scheduled or not that was for a specific prob
93	EPISODIC_TRANS_RSN	Num	8	F010 VII.6.B.1 1. If yes, what was the main reason for the episodic transfusion(s)?
94	IRONOVL	Num	8	F010 VII.6.C Was iron overload assessed during this interval?
95	FERRITIN_HIGH	Num	8	F010 VII.6.C.1 1. Ferritin (highest value in interval)
96	FERRISCAN_MRI	Num	8	F010 VII.6.C.2 2. Ferriscan or MRI
97	LIVER_BX	Num	8	F010 VII.6.C.3 3. Liver Bx
98	IRONTHPY	Num	8	F010 VII.6.D Was iron chelation therapy prescribed during this interval?
99	IRON_MED	Num	8	F010 VII.6.D.1 1. *If yes,
100	PHYSICAL_EXAM	Num	8	F010 VIII.1 Was a physical examination performed during this interval?
101	FIRST_HEIGHT	Num	8	F010 VIII.2.A.1 1. Height
102	FIRST_WEIGHT	Num	8	F010 VIII.2.A.2 2. Weight

Num	Variable	Type	Len	Label
103	SECOND_HEIGHT	Num	8	F010 VIII.2.B.1 1. Height
104	SECOND_WEIGHT	Num	8	F010 VIII.2.B.2 2. Weight
105	LAST_HEIGHT	Num	8	F010 VIII.2.C.1 1. Height
106	LAST_WEIGHT	Num	8	F010 VIII.2.C.2 2. Weight
107	SPLEEN_PALPABLE	Num	8	F010 VIII.3.A Was the spleen reported to be palpable below the costal margin at any time during this interval?
108	MID_CLAVICULAR	Num	8	F010 VIII.3.B.1 1. Mid-clavicular line
109	ANTEROR_AXILLARY	Num	8	F010 VIII.3.B.2 2. Anterior axillary line
110	DIAG_SPLENIC_SEQU	Num	8	F010 VIII.3.C Was the child diagnosed with acute splenic sequestration during this interval?
111	MRI_UNKNOWN	Num	8	F010 V.2.A0 Performed per protocol, results unknown
112	MRA_UNKNOWN	Num	8	F010 V.3.A0 Performed per protocol, results unknown
113	CARDIAC_UNKNOWN	Num	8	F010 V.5.A0 Performed per protocol, results unknown
114	LIVSP_UNKNOWN	Num	8	F010 V.6.A0 Performed per protocol, results unknown
115	ABD_UNKNOWN	Num	8	F010 V.7.A0 Performed per protocol, results unknown
116	ABD_NOT_DONE	Num	8	7. Abdominal Sonogram
117	ALT_NOT_DONE	Num	8	C. ALT
118	ANT_AXI_NOTDONE	Num	8	2. Anterior axillary line
119	BILI_NOT_DONE	Num	8	G. Bilirubin
120	CARDIAC_NOT_DONE	Num	8	5. Cardiac Echo
121	CHOLECYSTECTOMY_ND	Num	8	c. Cholecystectomy and/or ERCP
122	CREATININE_NOT_DONE	Num	8	B. Creatinine
123	CT_NOT_DONE	Num	8	2. CT
124	EAR_NOT_DONE	Num	8	d. Ear tubes, hernia repair, dental rehabilitation
125	EEG_NOT_DONE	Num	8	1. EEG
126	FERRISCAN_MRI_ND	Num	8	2. Ferriscan or MRI
127	FETAL_NOT_DONE	Num	8	E. Fetal Hemoglobin
128	FIRST_NEUTROPHIL_NOT_DONE	Num	8	F. Absolute Neutrophil Count
129	FIRST_RETIC_NOT_DONE	Num	8	D. First Reticulocytes
130	GGT_NOT_DONE	Num	8	D. GGT
131	LAST_CBC_NOT_DONE	Num	8	Last CBC in interval
132	LAST_ENCOUNTER_ND	Num	8	C. Last or latest Visit
133	LAST_HEIGHT_NOTDONE	Num	8	Last Height Not Done
134	LAST_NEUTROPHIL_NOT_DONE	Num	8	F. Absolute Neutrophil Count
135	LAST_RETIC_NOT_DONE	Num	8	D. Last Reticulocytes
136	LAST_WEIGHT_NOTDONE	Num	8	Last Weight Not Done
137	LDH_NOT_DONE	Num	8	F. LDH
138	LIVER_BX_ND	Num	8	3. Liver Bx
139	LIVSP_NOT_DONE	Num	8	6. L/S Scan

Num	Variable	Type	Len	Label
140	LOW_ANC	Num	8	1. Low ANC
141	LOW_HGB	Num	8	2. Low Hgb
142	LOW_PHS	Num	8	3. Low PHs
143	MID_CLA_NOTDONE	Num	8	1. Mid-clavicular line
144	MRA_NOT_DONE	Num	8	3. MRA
145	MRI_NOT_DONE	Num	8	2.MRI
146	NEUROPSYCH_NOT_DONE	Num	8	3. Neuropsych
147	NO_LAB_REASON	Num	8	*A. If No, reason:
148	OTHER_INFECTION	Num	8	4. Other bacterial or viral infection
149	OTHER_TOXICITY_FTR	Num	8	5. Other
150	PFT_NOT_DONE	Num	8	4. PFTs
151	SECOND_ENCOUNTER_ND	Num	8	B. Second Encounter midpoint
152	SECOND_HEIGHT_ND	Num	8	Second Height Not Done
153	SECOND_WEIGHT_ND	Num	8	Second Weight Not Done
154	SPLENECTOMY_ND	Num	8	b. Splenectomy (open or aparoscopic)
155	TCD1_RESULT	Num	8	#1 TCD Results:
156	TCD2_RESULT	Num	8	#2 TCD Results:
157	TCD3_RESULT	Num	8	#3 TCD Results:
158	TCD4_RESULT	Num	8	#4 TCD Results:
159	TCD5_RESULT	Num	8	#5 TCD Results:
160	TCD6_RESULT	Num	8	#6 TCD Results:
161	TONSILLECTOMY_ND	Num	8	a. Tonsillectomy, Adenoidectomy or both
162	FIRST_HEIGHT_NOT_DONE	Num	8	First Height Not Done
163	FIRST_WEIGHT_NOT_DONE	Num	8	First Weight Not Done
164	FM10_ND	Char	1	Clinical Data Report: data was not collected:
165	TCD_NUM	Num	8	*If Yes, how many TCD's performed during this interval?
166	MRI_PASSIVE	Num	8	Is this test the closest to Age 10?
167	MRA_PASSIVE	Num	8	Is this test the closest to Age 10?
168	PFT_PASSIVE	Num	8	Is this test the closest to Age 10?
169	CARDIAC_PASSIVE	Num	8	Is this test the closest to Age 10?
170	LIVSP_PASSIVE	Num	8	Is this test the closest to Age 10?
171	ABD_PASSIVE	Num	8	Is this test the closest to Age 10?
172	VISIT_DT_DAYS	Num	8	F010 Visit Date (recode: number of days after date of initial follow-up visit)
173	INTERVAL_START_DT_DAYS	Num	8	F010 II.2 Interval Start Date: (recode: number of days after date of initial follow-up visit)
174	INTERVAL_END_DT_DAYS	Num	8	F010 II.3 Interval End Date: (recode: number of days after date of initial follow-up visit)
175	HU_END_DT_DAYS	Num	8	F010 III.2.B If No, what was the date the patient stopped being prescribed HU? (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
176	FIRST_CBC_DT_DAYS	Num	8	F010 IV.2.A Date: (recode: number of days after date of initial follow-up visit)
177	LAST_CBC_DT_DAYS	Num	8	F010 IV.3.A Date: (recode: number of days after date of initial follow-up visit)
178	CREATININE_DT_DAYS	Num	8	F010 IV.4.B.1 1. Date: (recode: number of days after date of initial follow-up visit)
179	ALT_DT_DAYS	Num	8	F010 IV.4.C.1 1. Date (recode: number of days after date of initial follow-up visit)
180	GGT_DT_DAYS	Num	8	F010 IV.4.D.1 1. Date (recode: number of days after date of initial follow-up visit)
181	FETAL_HEMOGLOBIN_DT_DAYS	Num	8	F010 IV.4.E.1 1. Date: (recode: number of days after date of initial follow-up visit)
182	LDH_DT_DAYS	Num	8	F010 IV.4.F.1 1. Date: (recode: number of days after date of initial follow-up visit)
183	BILI_DT_DAYS	Num	8	F010 IV.4.G.1 1. Date: (recode: number of days after date of initial follow-up visit)
184	MRI_DT_DAYS	Num	8	F010 V.2 MRI Date (recode: number of days after date of initial follow-up visit)
185	MRA_DT_DAYS	Num	8	F010 V.3 MRA Date (recode: number of days after date of initial follow-up visit)
186	PFT_DT_DAYS	Num	8	F010 V.4 PFTs Date (recode: number of days after date of initial follow-up visit)
187	CARDIAC_DT_DAYS	Num	8	F010 V.5 Cardiac Echo Date* (recode: number of days after date of initial follow-up visit)
188	LIVSP_DT_DAYS	Num	8	F010 V.6 L/S Scan Date* (recode: number of days after date of initial follow-up visit)
189	ABD_DT_DAYS	Num	8	F010 V.7 Abdominal Sonogram Date* (recode: number of days after date of initial follow-up visit)
190	EEG_DT_DAYS	Num	8	F010 VI.1 EEG Date (recode: number of days after date of initial follow-up visit)
191	CT_DT_DAYS	Num	8	F010 VI.2 CT Date (recode: number of days after date of initial follow-up visit)
192	NEUROPSYCH_DT_DAYS	Num	8	F010 VI.3 Neuropsych Date (recode: number of days after date of initial follow-up visit)
193	TONSILLECTOMY_DT_DAYS	Num	8	F010 VII.5.A.1a Date: (recode: number of days after date of initial follow-up visit)
194	SPLENECTOMY_DT_DAYS	Num	8	F010 VII.5.A.1b Date: (recode: number of days after date of initial follow-up visit)
195	CHOLECYSTECTOMY_DT_DAYS	Num	8	F010 VII.5.A.1c Date: (recode: number of days after date of initial follow-up visit)
196	EAR_DT_DAYS	Num	8	F010 VII.5.A.1d Date: (recode: number of days after date of initial follow-up visit)
197	FIRST_ENCOUNTER_DT_DAYS	Num	8	F010 VIII.2.A First Encounter Date: (recode: number of days after date of initial follow-up visit)
198	SECOND_ENCOUNTER_DT_DAYS	Num	8	F010 VIII.2.B Second Encounter midpoint Date: (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
199	LAST_ENCOUNTER_DT_DAYS	Num	8	F010 VIII.2.C Last or latest Visit Date: (recode: number of days after date of initial follow-up visit)
200	SPLEEN_LARGEST_DT_DAYS	Num	8	F010 VIII.3.B On what date was it the largest (most centimeters below costal margin) (recode: number of days after date of initial follow-up visit)
201	TCD1_DT_DAYS	Num	8	#1 TCD Date: (recode: number of days after date of initial follow-up visit)
202	TCD2_DT_DAYS	Num	8	#2 TCD Date: (recode: number of days after date of initial follow-up visit)
203	TCD3_DT_DAYS	Num	8	#3 TCD Date: (recode: number of days after date of initial follow-up visit)
204	TCD4_DT_DAYS	Num	8	#4 TCD Date: (recode: number of days after date of initial follow-up visit)
205	TCD5_DT_DAYS	Num	8	#5 TCD Date: (recode: number of days after date of initial follow-up visit)
206	TCD6_DT_DAYS	Num	8	#6 TCD Date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm012.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT_NBR	Char	8	Visit Number
3	FORM_INSTANCE_ID	Num	8	Form Instance ID
4	FORM_ID	Char	32	Form ID
5	REVISION	Char	32	Form Revision
6	SEQ_NBR	Num	8	Sequence Number
7	END_PARTICIPATION	Num	8	F012 II.1.A. Completed Follow-up Study II
8	INACTIVE	Num	8	F012 II.1.B.1 Inactive follow-up status
9	RELOCATION	Num	8	F012 II.1.B.2 Permanent relocation to area with no BABY HUG Clinic
10	WITHDRAW	Num	8	F012 II.1.B.3. Withdrew consent
11	TRANSPLANT	Num	8	F012 II.1.B.4. Stem Cell Transplant
12	DEATH	Num	8	F012 II.1.B.5. Death
13	OTHER	Num	8	F012 II.1.B.6. Other condition requiring end of participation
14	OTHER_SP	Char	100	a. * If Other, Specify:
15	RECONSENT_PART	Num	8	4. Did subject re consent to participate with NERI as the DCC.
16	VISIT_DT_DAYS	Num	8	F012 1. Date of Interview (recode: number of days after date of initial follow-up visit)
17	LAST_CONTACT_DT_DAYS	Num	8	F012 II.2 Date of last contact with family (recode: number of days after date of initial follow-up visit)



**Data Set Name: fm013.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	PTNTPOS	Num	8	F013 II.2 Patient's position during exam
7	COMPEXAM	Num	8	F013 III.1 Completeness of exam
8	INCEXAM	Num	8	F013 III.1A Reason for incomplete exam
9	VISIT_NBR	Char	32	Visit Number
10	INCEX_SP	Char	120	**1. Specify:
11	POS_SP	Char	100	*A. Specify:
12	TCD_LBL	Char	50	B. TCD Label
13	FM13_ND	Char	1	Transcranial Doppler Exam: data was not collected:
14	LSS_DATA_TRACK_NO	Char	12	3. FedEx Tracking Number:
15	ABD_SONO_TRACK_NO	Char	12	3. FedEx Tracking Number:
16	ECHO_TRACK_NO	Char	12	3. FedEx Tracking Number:
17	MRIMRA_TRACK_NO	Char	12	3. FedEx Tracking Number:
18	TCD_EXAM_SENT_YN	Num	8	1. Was the TCD exam data sent to Core Lab?
19	TCD_EXAM_TRACK_NO	Char	12	3. FedEx Tracking Number:
20	VISIT_DT_DAYS	Num	8	F013 Visit Date (recode: number of days after date of initial follow-up visit)
21	TCD_EXAM_SENT_DT_DAYS	Num	8	F013 2. Data sent date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm014.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	HEIGHT	Num	8	F014 II.1.A Height in centimeters:
7	WEIGHT	Num	8	F014 II.1.B Weight in kilograms:
8	HEARTRATE	Num	8	F014 II.1.C Heart rate in beats per minute:
9	RESP	Num	8	F014 II.1.D Respiratory rate in breaths per minute:
10	BP_SYSTOLIC_1	Num	8	F014 II.1.E1S 1. Measurement
11	BP_DIASTOLIC_1	Num	8	F014 II.1.E1D Diastolic
12	O2SAT	Num	8	F014 II.1.F Oxygen saturation (room air):
13	ROOM_AIR	Char	32	F014 II.1.F1 1. Room air
14	PERC_O2	Num	8	F014 II.1.F1a *a. % oxygen
15	EYE	Num	8	F014 II.3.B B. Eyes
16	THROAT_EXUDATE	Num	8	F014 II.3.E2 2. Tonsillar Exudate present
17	NECK_NDLGST	Num	8	F014 II.3.F1 *1. If enlarged, describe largest
18	ABDOMEN	Num	8	F014 II.3.II. Abdomen
19	LIVER	Num	8	F014 II.3.J J. Liver
20	LIVRCM	Num	8	F014 II.3.J1 *1. cm below right costal margin in midclavicular line
21	MID_CLAVICULAR	Num	8	F014 II.3.K1 *1. cm below left costal margin in midclavicular line AND
22	ANTERIOR_AXILLARY	Num	8	F014 II.3.K2 *2. cm below left costal margin in anterior axillary line
23	MSULSKLTL	Num	8	F014 II.3.L1 1. Hip Range of Motion
24	LGULCER	Num	8	F014 II.3.L2 2. Leg Ulcer
25	NEUROBEH	Num	8	F014 II.3.M1 1. Behavior/Mental Status
26	NEUROLANG	Num	8	F014 II.3.M2 2. Language
27	NEUROCN	Num	8	F014 II.3.M3 3. Cranial Nerves
28	NEURODTR	Num	8	F014 II.3.M4 4. Deep Tendon Reflexes
29	NEUROMOT	Num	8	F014 II.3.M5 5. Motor, Power and Tone
30	NEUROFMC	Num	8	F014 II.3.M6 6. Fine Motor Coordination
31	NEUROGAIT	Num	8	F014 II.3.M7 7. Gait
32	VISIT_NBR	Char	32	Visit Number
33	CARDIAC_OTHER	Char	100	*1. Describe:
34	CHEST_SPECIFY	Char	80	*a. Specify:
35	MSUL_ABN	Char	100	*a. Describe (include side)
36	OTHER_EYE	Char	80	*1. If other, specify:

Num	Variable	Type	Len	Label
37	OTHER_NOSE	Char	80	*1. If other, specify:
38	OTHER_TONGUE	Char	100	*1. Describe:
39	APPEARANCE	Num	8	A. Appearance
40	CARDIAC	Num	8	H. Cardiac
41	CHEST_CLEAR	Num	8	1. Clear to auscultation (normal)
42	CHEST_OTHER	Num	8	6. Other
43	CHEST_RETRACTIONS	Num	8	2. Retractions
44	CHEST_RONCHI	Num	8	4. Ronchi or Rales
45	CHEST_TRANSAIRWAY	Num	8	3. Transmitted upper airway sounds
46	CHEST_WHEEZING	Num	8	5. Wheezing
47	F_BRSTS	Num	8	1. Female A. Breasts Description of Stages for Breast Development: I. Preadolescent form with papilla only II. Breast bud with papilla as mound, areola widening III. Papilla and areola larger and darker, no separation of areola from breast contour
48	F_P_HAIR	Num	8	1. Female B. Pubic Hair Description of Stages for Pubic Hair Development: I. Child or pre-adolescent with no different hair pattern than on abdomen II. Sparse growth of long, fine hairs at base of penis (males) or labia majora (females) III. Dark
49	M_GNTLS	Num	8	2. Male A. Genitals Description of Stages for Genitals Development: I. Preadolescent, penis usually less than 3 cm II. Scrotum reddens and enlarges, testes start to enlarge, penis does not change III. Scrotum enlarges further, testes enlarge, peni
50	M_P_HAIR	Num	8	2. Male B. Pubic Hair Description of Stages for Pubic Hair Development: I. Child or pre-adolescent with no different hair pattern than on abdomen II. Sparse growth of long, fine hairs at base of penis (males) or labia majora (females) III. Darker
51	NECK	Num	8	F. Neck
52	NECK_RT	Num	8	*2. Site:
53	NOSE	Num	8	C. Nose
54	O2S_ND	Num	8	F. Oxygen saturation
55	SITUATION	Num	8	2. Situation where exam performed:
56	SPLEEN	Num	8	K. Spleen
57	TONGUE	Num	8	D. Tongue
58	TONSIL	Num	8	1. Tonsils
59	TONSIL_ENL	Num	8	*a. If enlarged:
60	FM14_ND	Char	1	Physical Examination: data was not collected:
61	ANTEROR_AXILLARY	Num	8	*2. Below left costal margin in anterior axillary line (cm)
62	GENDER	Num	8	Identify subject's gender:
63	VISIT_DT_DAYS	Num	8	F014 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm015.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	VISIT_NBR	Char	3	Visit Number
6	SEQ_NBR	Num	8	Sequence Number
7	SNR_HLFT	Num	8	F015 II.1.A A. snore more than half the time?
8	SNORE	Num	8	F015 II.1.B B. always snore?
9	SNR_LOUD	Num	8	F015 II.1.C C. snore loudly?
10	BRTHLOUD	Num	8	F015 II.1.D D. have heavy or loud breathing?
11	BRTHTRBL	Num	8	F015 II.1.E E. have trouble breathing or struggle to breathe?
12	BRTHSTP	Num	8	F015 II.2 Have you ever seen your child stop breathing during the night?
13	BRTHMTH	Num	8	F015 II.3.A A. tend to breathe through the mouth during the day?
14	DRYMTH	Num	8	F015 II.3.B B. have a dry mouth on waking up in the morning?
15	WETBED	Num	8	F015 II.3.C C. ever, even occasionally, wet the bed?
16	WKPRFRSH	Num	8	F015 II.3.D D. wake up feeling unrefreshed in the morning?
17	SLP_PROB	Num	8	F015 II.3.E E. have a problem with sleepiness during the day?
18	SLPY_DAY	Num	8	F015 II.4 Has a teacher, supervisor or other adult commented that your child appears sleepy during the day?
19	WKP_HARD	Num	8	F015 II.5 Is it hard to wake your child up in the morning?
20	WKP_HDCH	Num	8	F015 II.6 Does your child wake up with headaches in the morning?
21	GROW_STP	Num	8	F015 II.7 Did your child stop growing at a normal rate at any time since birth?
22	OVERWGHT	Num	8	F015 II.8 Is you child overweight?
23	IGNRPPL	Num	8	F015 II.9.A A. not seem to listen when spoken to directly?
24	DIFF_ORG	Num	8	F015 II.9.B B. have difficulty organizing tasks and activities?
25	DISTRACT	Num	8	F015 II.9.C C. seem easily distracted by things going on around him/her?
26	FIDGET	Num	8	F015 II.9.D D. fidget with hands or feet or squirm in seat?
27	OVERACT	Num	8	F015 II.9.E E. seem on the go or act as if driven by a motor?
28	INTRDOTH	Num	8	F015 II.9.F F. interrupt or intrude on others (e.g., butt into conversations or games)?
29	WET_3MON	Num	8	F015 III.1 Has your child wet the bed at night during the last 3 months?
30	WET_DAY	Num	8	F015 III.6 Does your child urinate in his or her clothes during the day?
31	NT_URI	Num	8	F015 III.4 After going to bed, has your child ever woken up at night to urinate in the bathroom during the last 3 months?
32	WTBD_FM	Num	8	F015 III.7.A A. Does your child have an immediate family member (parent, sibling) with history of bedwetting when a child?
33	FM_SCD	Num	8	F015 III.7.B B. Does the family member with bed wetting have sickle cell disease?
34	DRK_CAFF	Num	8	F015 III.8 Does your chld drink any caffeinated beverages (coffee, tea, energy drinks, soda with caffeine) after 4:00 p.m.?

Num	Variable	Type	Len	Label
35	DP_SLPER	Num	8	F015 III.9 Is your child a deep sleeper?
36	CONST	Num	8	F015 III.10 Does your child have constipation?
37	SOILY_UW	Num	8	F015 III.11 Does your child soil their underwear with stool (more than a smear)?
38	ATTNDD	Num	8	F015 III.12 Does your child have a diagnosis of attention deficit disorder?
39	DEVDELAY	Num	8	F015 III.13 Does your child have a diagnosis of developmental delay?
40	FLURES_T	Num	8	F015 III.3.A1 1. Tried
41	FLURES_S	Num	8	F015 III.3.A1a *a. Successful
42	PROT_T	Num	8	F015 III.3.B1 1. Tried
43	PROT_S	Num	8	F015 III.3.B1a *a. Successful
44	WKP_T	Num	8	F015 III.3.C1 1. Tried
45	WKP_S	Num	8	F015 III.3.C1a *a. Successful
46	ALARM_T	Num	8	F015 III.3.D1 1. Tried
47	ALARM_S	Num	8	F015 III.3.D1a *a. Successful
48	DDAVP_T	Num	8	F015 III.3.E1 1. Tried
49	DDAVP_S	Num	8	F015 III.3.E1a *a. Successful
50	TOFR_T	Num	8	F015 III.3.F1 1. Tried
51	TOFR_S	Num	8	F015 III.3.F1a *a. Successful
52	THRPY_T	Num	8	F015 III.3.G1 1. Tried
53	THRPY_S	Num	8	F015 III.3.G1a *a. Successful
54	HU	Num	8	F015 IV.1 Child is taking HU
55	FRGT_HU	Num	8	F015 IV.1.A A. Do you sometimes forget to give your child their hydroxyurea?
56	MISS_HU	Num	8	F015 IV.1.B B. People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when yo
57	STPHU_1	Num	8	F015 IV.1.C C. Have you ever cut back or stopped giving your child hydroxyurea without telling your doctor, because your child felt worse when they took it?
58	HU_TRVL	Num	8	F015 IV.1.D D. When you travel or leave home, do you sometimes forget to bring along your child's hydroxyurea?
59	HUYSTRDY	Num	8	F015 IV.1.E E. Did your child take their hydroxyurea yesterday?
60	STPHU_2	Num	8	F015 IV.1.F F. When you feel like your child's sickle cell anemia is under control, do you sometimes stop giving your child their hydroxyurea?
61	DIFF_HU	Num	8	F015 IV.1.G G. Taking hydroxyurea every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your child's sickle cell tre
62	DIFF_FRQ	Num	8	F015 IV.1.H H. How often do you have difficulty remembering to give your child all of their hydroxyuera? (Please circle the correct number)
63	MALE	Num	8	F015 V.1 1. Is the child male?
64	PRIAPWRD	Num	8	F015 V.1.A A. Have you ever heard the word priapism before?
65	PRIAP30M	Num	8	F015 V.1.C C. Has your son ever had a painful unwanted erection of the penis that lasted 30 minutes or more?
66	PRIAP4HR	Num	8	F015 V.1.D D. Has your son ever had a painful erection of the penis that lasted 4 hours or more?
67	PRIAPEP1	Num	8	F015 V.1.E E. How many episodes of priapism has your son had in the last year?

Num	Variable	Type	Len	Label
68	PRIAPEP2	Num	8	F015 V.1.F F. How many episodes of priapism did your son have before the last year?
69	PRIAPAGE	Num	8	F015 V.1.G G. How old was your son when the first episode happened?
70	PICA_1	Num	8	F015 VI.1 Does your child (currently, or in the last 3 months) chew on, but not swallow, things that are not food (e.g., pencils, eraser, rim of cup)?
71	PICA_2	Num	8	F015 VI.2 Does your child (currently, or in the last 3 months) chew on <u>and</u> swallow things that are not food (e.g., dirt, foam, hair)?
72	PICA_OBS	Num	8	F015 VI.3 Have other people (currently, or in the last 3 months) observed your child chewing on or eating non-food items?
73	GRADE	Num	8	F015 VII.1 What is your child's current grade?
74	AGE_YR	Num	8	F015 VII.2y
75	AGE_MON	Num	8	F015 VII.2m
76	RPGRADE	Num	8	F015 VII.3 Has your child ever been held back or repeated a grade?
77	RPTIMES	Num	8	F015 VII.3.A A. How many grades?
78	RPGRADE1	Num	8	F015 VII.3.B1 GRADE 1
79	RPGRADE2	Num	8	F015 VII.3.B2 GRADE 2
80	RPGRADE3	Num	8	F015 VII.3.B3 GRADE 3
81	SNR_HLFT2	Num	8	F015 II.1.A A. snore more than half the time?
82	SNORE2	Num	8	F015 II.1.B B. always snore?
83	SNR_LOUD2	Num	8	F015 II.1.C C. snore loudly?
84	BRTHLOUD2	Num	8	F015 II.1.D D. have heavy or loud breathing?
85	BRTHTRBL2	Num	8	F015 II.1.E E. have trouble breathing or struggle to breathe?
86	BRTHSTP2	Num	8	F015 II.2 Have you ever seen your child stop breathing during the night?
87	BRTHMTH2	Num	8	F015 II.3.A A. tend to breathe through the mouth during the day?
88	DRYMTH2	Num	8	F015 II.3.B B. have a dry mouth on waking up in the morning?
89	WETBED2	Num	8	F015 II.3.C C. occasionally wet the bed?
90	WKPRFRSH2	Num	8	F015 II.3.D D. wake up feeling unrefreshed in the morning?
91	SLP_PROB2	Num	8	F015 II.3.E E. have a problem with sleepiness during the day?
92	SLPY_DAY2	Num	8	F015 II.4 Has a teacher, supervisor or other adult commented that your child appears sleepy during the day?
93	WKP_HARD2	Num	8	F015 II.5 Is it hard to wake your child up in the morning?
94	WKP_HDCH2	Num	8	F015 II.6 Does your child wake up with headaches in the morning?
95	GROW_STP2	Num	8	F015 II.7 Did your child stop growing at a normal rate at any time since birth?
96	OVERWGHT2	Num	8	F015 II.8 Is your child overweight?
97	IGNRPPL2	Num	8	F015 II.9.A A. Does not seem to listen when spoken to directly
98	DIFF_ORG2	Num	8	F015 II.9.B B. Has difficulty organizing tasks and activities
99	DISTRACT2	Num	8	F015 II.9.C C. Is easily distracted by extraneous stimuli
100	FIDGET2	Num	8	F015 II.9.D D. Fidgets with hands or feet or squirms in seat
101	OVERACT2	Num	8	F015 II.9.E E. Is on the go or act as if driven by a motor'
102	INTRDOTH2	Num	8	F015 II.9.F F. interrupts or intrudes on others (e.g., butt into conversations or games)
103	ACCM_OSP	Char	80	1. * Describe:

Num	Variable	Type	Len	Label
104	SRCOTHSP	Char	100	*a. Specify:
105	ACCM_504	Num	8	B. 504 plan
106	ACCM_IEP	Num	8	C. IEP-individualized education plan
107	ACCM_OTH	Num	8	E. Other
108	ACCM_SES	Num	8	A. Special Education Services
109	ACCM_SPE	Num	8	D. Special tutoring or classes not available to regular students
110	ACCMNONE	Num	8	F. My child does not receive any accommodation for learning differences
111	NTURIFRQ	Num	8	5. If your child urinates in the bathroom during the night, how often?
112	SRC_DR	Num	8	1. Doctor or nurse
113	SRC_FR	Num	8	2. Friend or relative
114	SRC_INFO	Num	8	3. Written information
115	SRC_OTH	Num	8	4. Other
116	WET_FRQ	Num	8	2. If your child wet the bed during the last 3 months, how often have they wet the bed
117	FM15_ND	Char	1	Questionnaire: data was not collected:
118	VISIT_DT_DAYS	Num	8	F015 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm020.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	LIVER_SCAN	Num	8	F020 II.1 Liver/Spleen Scan Performed?
7	ABDOMINAL_SONO	Num	8	F020 II.2 Abdominal Sonogram Performed?
8	TCD	Num	8	F020 II.3 TCD Performed?
9	PFT	Num	8	F020 II.4 PFT Performed?
10	CARDIAC	Num	8	F020 II.5 Cardiac Echocardiogram Performed?
11	MRIMRA	Num	8	F020 II.6 MRI/MRA Performed?
12	VINELAND	Num	8	F020 II.7 Vineland Performed?
13	PEDSQOL	Num	8	F020 II.8 Peds QOL Performed?
14	CONNORCPT2	Num	8	F020 II.9 Connor CPT II performed?
15	WISC4	Num	8	F020 II.10 WISC IV Performed?
16	VISIT_NBR	Char	32	Visit Number
17	FM20_ND	Char	1	Special Tests (Age 10): data was not collected:
18	VISIT_DT_DAYS	Num	8	F020 1. Date of Interview (recode: number of days after date of initial follow-up visit)
19	LIVER_SCAN_DT_DAYS	Num	8	F020 II.1A Date Liver/Spleen Scan Performed: (recode: number of days after date of initial follow-up visit)
20	ABDOMINAL_SONO_DT_DAYS	Num	8	F020 II.2A Date Abdominal Sonogram Performed: (recode: number of days after date of initial follow-up visit)
21	TCD_DT_DAYS	Num	8	F020 II.3A Date TCD Performed: (recode: number of days after date of initial follow-up visit)
22	PFT_DT_DAYS	Num	8	F020 II.4A Date PFT Performed: (recode: number of days after date of initial follow-up visit)
23	CARDIAC_DT_DAYS	Num	8	F020 II.5A Date Echocardiogram Performed: (recode: number of days after date of initial follow-up visit)
24	MRIMRA_DT_DAYS	Num	8	F020 II.6A Date MRI/MRA Performed: (recode: number of days after date of initial follow-up visit)
25	VINELAND_DT_DAYS	Num	8	F020 II.7A Date Vineland Performed: (recode: number of days after date of initial follow-up visit)
26	PEDSQOL_DT_DAYS	Num	8	F020 II.8A Date Peds QOL Performed: (recode: number of days after date of initial follow-up visit)
27	CONNORCPT2_DT_DAYS	Num	8	F020 II.9A Date Connor CPT II Performed: (recode: number of days after date of initial follow-up visit)
28	WISC4_DT_DAYS	Num	8	F020 II.10A Date WISC IV Performed: (recode: number of days after date of initial follow-up visit)



**Data Set Name: fm021.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	VISIT_NBR	Char	3	Visit Number
6	SEQ_NBR	Num	8	Sequence Number
7	DOSINJ44	Num	8	F021 II.5 Dose Injected:
8	CAMANGLE	Num	8	F021 II.9 Camera Angle:
9	ANTPOSMN	Num	8	F021 II.10MN True Posterior Imaging Time (min:sec):
10	ANTPOSSC	Num	8	F021 II.10SC True Posterior Imaging Time (min:sec) SC:
11	OBLIMCNT	Num	8	F021 II.11 Right Posterior Oblique Image Counts:
12	AOI400K	Num	8	F021 II.13.A 400 K Image adequate:
13	AOITIMED	Num	8	F021 II.13.B Timed Image adequate:
14	KASPLTOT	Num	8	F021 III.1.A.1a a. Anterior View Spleen Total Counts:
15	KASPLPIX	Num	8	F021 III.1.A.1b b. Anterior View Spleen # Pixels in ROI:
16	KASPLCNT	Num	8	F021 III.1.A.1c c. Anterior View Spleen Counts/Pixel:
17	KALIVTOT	Num	8	F021 III.1.A.2a a. Anterior View Liver Total Counts:
18	KALIVPIX	Num	8	F021 III.1.A.2b b. Anterior View Liver # Pixels in ROI:
19	KALIVCNT	Num	8	F021 III.1.A.2c c. Anterior View Liver Counts/Pixel:
20	KPSPLTOT	Num	8	F021 III.1.B.1a a. Posterior View Spleen Total Counts:
21	KPSPLPIX	Num	8	F021 III.1.B.1b b. Posterior View Spleen # Pixels in ROI:
22	KPSPLCNT	Num	8	F021 III.1.B.1c c. Posterior View Spleen Counts/Pixel:
23	KPLIVTOT	Num	8	F021 III.1.B.2a a. Posterior View Liver Total Counts:
24	KPLIVPIX	Num	8	F021 III.1.B.2b b. Posterior View Liver # Pixels in ROI:
25	KPLIVCNT	Num	8	F021 III.1.B.2c c. Posterior View Liver Counts/Pixel:
26	KSLRTTOT	Num	8	F021 III.1.C.1 Spleen/Liver Ratio Total Counts:
27	KSLRTCNT	Num	8	F021 III.1.C.2 Spleen/Liver Ratio Counts/Pixel:
28	TASPLTOT	Num	8	F021 III.2.A.1a a. Timed Image Left Anterior Oblique View Spleen Total Counts:
29	TASPLPIX	Num	8	F021 III.2.A.1b b. Timed Image Left Anterior Oblique View Spleen # Pixels in ROI:
30	TASPLCNT	Num	8	F021 III.2.A.1c c. Timed Image Left Anterior Oblique View Spleen Counts/Pixel:
31	TALIVTOT	Num	8	F021 III.2.A.2a a. Timed Image Left Anterior Oblique View Liver Total Counts:
32	TALIVPIX	Num	8	F021 III.2.A.2b b. Timed Image Left Anterior Oblique View Liver # Pixels in ROI:
33	TALIVCNT	Num	8	F021 III.2.A.2c c. Timed Image Left Anterior Oblique View Liver Counts/Pixel:
34	TPSPLTOT	Num	8	F021 III.2.B.1a a. Timed Image Right Posterior Oblique View Spleen Total Counts:
35	TPSPLPIX	Num	8	F021 III.2.B.1b b. Timed Image Right Posterior Oblique View Spleen # Pixels in ROI:
36	TPSPLCNT	Num	8	F021 III.2.B.1c c. Timed Image Right Posterior Oblique View Spleen Counts/Pixel:

Num	Variable	Type	Len	Label
37	TPLIVTOT	Num	8	F021 III.2.B.2a a. Timed Image Right Posterior Oblique View Liver Total Counts:
38	TPLIVPIX	Num	8	F021 III.2.B.2b b. Timed Image Right Posterior Oblique View Liver # Pixels in ROI
39	TPLIVCNT	Num	8	F021 III.2.B.2c c. Timed Image Right Posterior Oblique View Liver Counts/Pixel:
40	TSLRRTOT	Num	8	F021 III.2.C.1 Spleen/Liver Ratio Total Counts:
41	TSLRTCNT	Num	8	F021 III.2.C.2 Spleen/Liver Ratio Counts/Pixel:
42	SIGNATURE	Char	32	F021 IV.2 Signature:
43	CAMMODEL	Char	30	2. Camera Model:
44	CAMTYPE	Char	30	1. Camera Manufacturer:
45	COLLIMAT	Char	30	3. Collimator:
46	LSSCNLBL	Char	30	12. Film Label:
47	SUPCOLLD	Char	30	4. Supplier of TC-Sulfur Colloid:
48	IMCOM_TIME	Char	8	8. Time Imaging Completed
49	IMSTR_TIME	Char	8	7. Time Imaging Started
50	INJ44_TIME	Char	8	6. Time of Injection (24-Hour Clock)
51	LSS_DATA_SENT_YN	Num	8	1. Was the Liver-Spleen scan data sent to the Central Reviewer?
52	VISIT_DT_DAYS	Num	8	F021 Visit Date (recode: number of days after date of initial follow-up visit)
53	LSS_DATA_SENT_DT_DAYS	Num	8	F021 2. Data sent date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm023.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	STATUS45	Num	8	F023 II.3 Quality of study
7	SIGNATURE	Char	32	F023 III.2 Signature
8	VISIT_NBR	Char	32	Visit Number
9	ABDSEQPT	Char	100	1. Equipment:
10	ABDSTRNS	Char	100	2. Transducer:
11	SONO_LBL	Char	100	4. Film Label:
12	ABD_SONO_SENT_YN	Num	8	1. Was the Abdominal Sonogram data sent to the Central Reviewer?
13	VISIT_DT_DAYS	Num	8	F023 1. Date of interview (recode: number of days after date of initial follow-up visit)
14	ABD_SONO_SENT_DT_DAYS	Num	8	F023 2. Data sent date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm026.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	TRANSPLANT_RSN	Num	8	F026 II.3 Reason for Transplant in Sickle Cell Disease:
7	GRAFT_TYPE	Num	8	F026 II.4 Type of Graft:
8	MATCHING_DEGREE	Num	8	F026 II.4.a For non-sibling donor, please indicate degree of matching
9	OTHER	Char	32	F026 III.1.E Other
10	VISIT_NBR	Char	32	Visit Number
11	TRANSPLANT_RSN_SP	Char	100	a. Specify
12	FM26_ND	Char	1	Stem Cell Transplant Report: data was not collected:
13	VISIT_DT_DAYS	Num	8	F026 Visit Date (recode: number of days after date of initial follow-up visit)
14	TRANSPLANT_DT_DAYS	Num	8	F026 II.1 Date of Transplant: (recode: number of days after date of initial follow-up visit)
15	DEATH_DT_DAYS	Num	8	F026 III.1.A Death Date (recode: number of days after date of initial follow-up visit)
16	GRAFTREJ_DT_DAYS	Num	8	F026 III.1.B Graft Rejection Date (recode: number of days after date of initial follow-up visit)
17	STABLE_DT_DAYS	Num	8	F026 III.1.C Stable Mixed Chimerism Date (recode: number of days after date of initial follow-up visit)
18	CURED_DT_DAYS	Num	8	F026 III.1.D Cured of Sickle Cell Disease Date (recode: number of days after date of initial follow-up visit)
19	TPCON_DT_DAYS	Num	8	F026 II.1A Date started conditioning for transplant (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm027.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	VISIT_NBR	Char	3	Visit Number
6	SEQ_NBR	Num	8	Sequence Number
7	CHRAGEYR	Num	8	F027 II.1.yr. Chronological Age:
8	CHRAGEMN	Num	8	F027 II.1.mn.
9	CDSTROW	Num	8	F027 III.1 Starting Row
10	CDENDROW	Num	8	F027 III.2 Ending Row
11	COMRAW	Num	8	F027 III.3 Raw Domain Score
12	COMSTRD	Num	8	F027 III.4 Standard Score
13	COM95CL	Num	8	F027 III.5 95% Conf. Level
14	COMPCTL	Num	8	F027 III.6 Percentile Rank
15	DDSTROW	Num	8	F027 IV.1 Starting Row
16	DDENDROW	Num	8	F027 IV.2 Ending Row
17	DLSRAW	Num	8	F027 IV.3 Raw Domain Score
18	DLSSTRD	Num	8	F027 IV.4 Standard Score
19	DLS95CL	Num	8	F027 IV.5 95% Conf. Level
20	DLSPCTL	Num	8	F027 IV.6 Percentile Rank
21	SDSTROW	Num	8	F027 V.1 Starting Row
22	SDENDROW	Num	8	F027 V.2 Ending Row
23	SOCRAW	Num	8	F027 V.3 Raw Domain Score
24	SOCSTRD	Num	8	F027 V.4 Standard Score
25	SOC95CL	Num	8	F027 V.5 95% Conf. Level
26	SOCPCTL	Num	8	F027 V.6 Percentile Rank
27	MOTOR_ND_LN	Char	32	F027 VI.nd
28	MSSTROW	Num	8	F027 VI.1 Starting Row
29	MSENDROW	Num	8	F027 VI.2 Ending Row
30	MTSKRAW	Num	8	F027 VI.3 Raw Domain Score
31	MTSKSTRD	Num	8	F027 VI.4 Standard Score
32	MTSK95CL	Num	8	F027 VI.5 95% Conf. Level
33	MTSKPCTL	Num	8	F027 VI.6 Percentile Rank
34	FM27_ND	Char	1	Vineland Summary: data was not collected:
35	CARE_OTHER	Char	100	2a. If Other, Specify:
36	MOTOR_ND	Num	8	Was Motor Skills NOT DONE

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
37	VISIT_DT_DAYS	Num	8	F027 Visit Date (recode: number of days after date of initial follow-up visit)
38	CARE41G	Num	8	F027 II.2. Caregiver's Relationship to Child (regrouped: 1 = Mother; 2 = Father; 3 = Grandparent, Other)

**Data Set Name: fm028.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	VISIT_NBR	Char	3	Visit Number
6	SEQ_NBR	Num	8	Sequence Number
7	FAIQ	Num	8	F028 II.1 Full scale IQ:
8	VCI	Num	8	F028 II.2 Verbal comprehension composite score:
9	PRI	Num	8	F028 II.3 Perceptual reasoning composite score:
10	WMI	Num	8	F028 II.4 Working memory composite score:
11	PSI	Num	8	F028 II.5 Processing speed composite score:
12	BD	Num	8	F028 II.6 Block design scaled score:
13	SI	Num	8	F028 II.7 Similarities scaled score:
14	DS	Num	8	F028 II.8 Digit span scaled score:
15	PC	Num	8	F028 II.9 Picture concepts scaled score:
16	CD	Num	8	F028 II.10 Coding scaled score:
17	VC	Num	8	F028 II.11 Vocabulary scaled score:
18	LN	Num	8	F028 II.12 Letter-number sequence scaled score:
19	MR	Num	8	F028 II.13 Matrix reasoning scaled score:
20	CO	Num	8	F028 II.14 Comprehension scaled score:
21	SS	Num	8	F028 II.15 Symbol search scaled score:
22	VISIT_DT_DAYS	Num	8	F028 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm029.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	VISIT_NBR	Char	3	Visit Number
6	SEQ_NBR	Num	8	Sequence Number
7	RLTNSHP	Num	8	F029 II.1 1. What is your relationship to this child (please check and/or circle)?
8	SEX	Num	8	F029 II.2.B B. Child is:
9	CHC_6M	Num	8	F029 II.5.A A. Had a chronic health condition (defined as a physical or mental health condition that has lasted or is expected to last at least 6 months, and
10	OVNT_12M	Num	8	F029 II.5.B B. Any overnight visits to the hospital?
11	OVNT_NUM	Num	8	F029 II.5.B.1 *1. If YES, how many times?
12	ER_12M	Num	8	F029 II.5.C C. Any Emergency Room/Urgent Care Visits?
13	ER_NUM	Num	8	F029 II.5.C.1 *1. If YES, how many times?
14	ABST_30D	Num	8	F029 II.5.D D. How many days did your child miss from school due to physical or mental health?
15	SICK_30D	Num	8	F029 II.5.E E. How many days was your child sick in bed or too ill to play?
16	CARE_30D	Num	8	F029 II.5.F F. How many days did your child need someone to care for him/her due to physical or mental health?
17	WKOTSDHM	Num	8	F029 II.6 6. Does caregiver work outside the home?
18	MSWK_30D	Num	8	F029 II.6.A *A. In the past 30 days, how many days have you missed from work due to your child's physical or mental health?
19	RTN_WK	Num	8	F029 II.6.B.1 1. Your daily routine at work
20	CONC_WK	Num	8	F029 II.6.B.2 2. Your ability to concentrate at work
21	GCRPT_A1	Num	8	F029 III.1.A.1 1. It is hard for me to walk more than one block
22	GCRPT_A2	Num	8	F029 III.1.A.2 2. It is hard for me to run
23	GCRPT_A3	Num	8	F029 III.1.A.3 3. It is hard for me to do sports activity or exercise
24	GCRPT_A4	Num	8	F029 III.1.A.4 4. It is hard for me to lift something heavy
25	GCRPT_A5	Num	8	F029 III.1.A.5 5. It is hard for me to take a bath or shower by myself
26	GCRPT_A6	Num	8	F029 III.1.A.6 6. It is hard for me to do chores around the house
27	GCRPT_A7	Num	8	F029 III.1.A.7 7. I hurt or ache
28	GCRPT_A8	Num	8	F029 III.1.A.8 8. I have low energy
29	GCRPT_B1	Num	8	F029 III.1.B.1 1. I feel afraid or scared
30	GCRPT_B2	Num	8	F029 III.1.B.2 2. I feel sad or blue
31	GCRPT_B3	Num	8	F029 III.1.B.3 3. I feel angry
32	GCRPT_B4	Num	8	F029 III.1.B.4 4. I have trouble sleeping
33	GCRPT_B5	Num	8	F029 III.1.B.5 5. I worry about what will happen to me
34	GCRPT_C1	Num	8	F029 III.1.C.1 1. I have trouble getting along with other kids



Num	Variable	Type	Len	Label
35	GCRPT_C2	Num	8	F029 III.1.C.2 2. Other kids do not want to be my friend
36	GCRPT_C3	Num	8	F029 III.1.C.3 3. Other kids tease me
37	GCRPT_C4	Num	8	F029 III.1.C.4 4. I cannot do things that other kids my age can do
38	GCRPT_C5	Num	8	F029 III.1.C.5 5. It is hard to keep up when I play with other kids
39	GCRPT_D1	Num	8	F029 III.1.D.1 1. It is hard to pay attention in class
40	GCRPT_D2	Num	8	F029 III.1.D.2 2. I forget things
41	GCRPT_D3	Num	8	F029 III.1.D.3 3. I have trouble keeping up with my schoolwork
42	GCRPT_D4	Num	8	F029 III.1.D.4 4. I miss school because of not feeling well
43	GCRPT_D5	Num	8	F029 III.1.D.5 5. I miss school to go to the doctor or hospital
44	GPRPT_A1	Num	8	F029 III.2.A.1 1. Walking more than one block
45	GPRPT_A2	Num	8	F029 III.2.A.2 2. Running
46	GPRPT_A3	Num	8	F029 III.2.A.3 3. Participating in sports activity or exercise
47	GPRPT_A4	Num	8	F029 III.2.A.4 4. Lifting something heavy
48	GPRPT_A5	Num	8	F029 III.2.A.5 5. Taking a bath or shower by him or herself
49	GPRPT_A6	Num	8	F029 III.2.A.6 6. Doing chores around the house
50	GPRPT_A7	Num	8	F029 III.2.A.7 7. Having hurts or aches
51	GPRPT_A8	Num	8	F029 III.2.A.8 8. Low energy level
52	GPRPT_B1	Num	8	F029 III.2.B.1 1. Feeling afraid or scared
53	GPRPT_B2	Num	8	F029 III.2.B.2 2. Feeling sad or blue
54	GPRPT_B3	Num	8	F029 III.2.B.3 3. Feeling angry
55	GPRPT_B4	Num	8	F029 III.2.B.4 4. Trouble sleeping
56	GPRPT_B5	Num	8	F029 III.2.B.5 5. Worrying about what will happen to him or her
57	GPRPT_C1	Num	8	F029 III.2.C.1 1. Getting along with other children
58	GPRPT_C2	Num	8	F029 III.2.C.2 2. Other kids not wanting to be his or her friend
59	GPRPT_C3	Num	8	F029 III.2.C.3 3. Getting teased by other children
60	GPRPT_C4	Num	8	F029 III.2.C.4 4. Not able to do things that other children his or her age can do
61	GPRPT_C5	Num	8	F029 III.2.C.5 5. Keeping up when playing with other children
62	GPRPT_D1	Num	8	F029 III.2.D.1 1. Paying attention in class
63	GPRPT_D2	Num	8	F029 III.2.D.2 2. Forgetting things
64	GPRPT_D3	Num	8	F029 III.2.D.3 3. Keeping up with schoolwork
65	GPRPT_D4	Num	8	F029 III.2.D.4 4. Missing school because of not feeling well
66	GPRPT_D5	Num	8	F029 III.2.D.5 5. Missing school to go to the doctor or hospital
67	FCRPT_A1	Num	8	F029 IV.1.A.1 1. I feel tired
68	FCRPT_A2	Num	8	F029 IV.1.A.2 2. I feel physically weak (not strong)
69	FCRPT_A3	Num	8	F029 IV.1.A.3 3. I feel too tired to do things that I like to do
70	FCRPT_A4	Num	8	F029 IV.1.A.4 4. I feel too tired to spend time with my friends
71	FCRPT_A5	Num	8	F029 IV.1.A.5 5. I have trouble finishing things
72	FCRPT_A6	Num	8	F029 IV.1.A.6 6. I have trouble starting things
73	FCRPT_B1	Num	8	F029 IV.1.B.1 1. I sleep a lot

Num	Variable	Type	Len	Label
74	FCRPT_B2	Num	8	F029 IV.1.B.2 2. It is hard for me to sleep through the night
75	FCRPT_B3	Num	8	F029 IV.1.B.3 3. I feel tired when I wake up in the morning
76	FCRPT_B4	Num	8	F029 IV.1.B.4 4. I rest a lot
77	FCRPT_B5	Num	8	F029 IV.1.B.5 5. I take a lot of naps
78	FCRPT_B6	Num	8	F029 IV.1.B.6 6. I spend a lot of time in bed
79	FCRPT_C1	Num	8	F029 IV.1.C.1 1. It is hard for me to keep my attention on things
80	FCRPT_C2	Num	8	F029 IV.1.C.2 2. It is hard for me to remember what people tell me
81	FCRPT_C3	Num	8	F029 IV.1.C.3 3. It is hard for me to remember what I just heard
82	FCRPT_C4	Num	8	F029 IV.1.C.4 4. It is hard for me to think quickly
83	FCRPT_C5	Num	8	F029 IV.1.C.5 5. I have trouble remembering what I was just thinking
84	FCRPT_C6	Num	8	F029 IV.1.C.6 6. I have trouble remembering more than one thing at a time
85	FPRPT_A1	Num	8	F029 IV.2.A.1 1. Feeling tired
86	FPRPT_A2	Num	8	F029 IV.2.A.2 2. Feeling physically weak (not strong)
87	FPRPT_A3	Num	8	F029 IV.2.A.3 3. Feeling too tired to do things that he/she likes to do
88	FPRPT_A4	Num	8	F029 IV.2.A.4 4. Feeling too tired to spend time with his/her friends
89	FPRPT_A5	Num	8	F029 IV.2.A.5 5. Trouble finishing things
90	FPRPT_A6	Num	8	F029 IV.2.A.6 6. Trouble starting things
91	FPRPT_B1	Num	8	F029 IV.2.B.1 1. Sleeping a lot
92	FPRPT_B2	Num	8	F029 IV.2.B.2 2. Difficulty sleeping through the night
93	FPRPT_B3	Num	8	F029 IV.2.B.3 3. Feeling tired when he/she wakes up in the morning
94	FPRPT_B4	Num	8	F029 IV.2.B.4 4. Resting a lot
95	FPRPT_B5	Num	8	F029 IV.2.B.5 5. Taking a lot of naps
96	FPRPT_B6	Num	8	F029 IV.2.B.6 6. Spending a lot of time in bed
97	FPRPT_C1	Num	8	F029 IV.2.C.1 1. Difficulty keeping his/her attention on things
98	FPRPT_C2	Num	8	F029 IV.2.C.2 2. Difficulty remembering what people tell him/her
99	FPRPT_C3	Num	8	F029 IV.2.C.3 3. Difficulty remembering what he/she just heard
100	FPRPT_C4	Num	8	F029 IV.2.C.4 4. Difficulty thinking quickly
101	FPRPT_C5	Num	8	F029 IV.2.C.5 5. Trouble remembering what he/she was just thinking
102	FPRPT_C6	Num	8	F029 IV.2.C.6 6. Trouble remembering more than one thing at a time
103	SCRPT_A1	Num	8	F029 V.1.A.1 1. I hurt a lot
104	SCRPT_A2	Num	8	F029 V.1.A.2 2. I hurt all over my body
105	SCRPT_A3	Num	8	F029 V.1.A.3 3. I hurt in my arms
106	SCRPT_A4	Num	8	F029 V.1.A.4 4. I hurt in my legs
107	SCRPT_A5	Num	8	F029 V.1.A.5 5. I hurt in my stomach
108	SCRPT_A6	Num	8	F029 V.1.A.6 6. I hurt in my chest
109	SCRPT_A7	Num	8	F029 V.1.A.7 7. I hurt in my back
110	SCRPT_A8	Num	8	F029 V.1.A.8 8. I have pain every day
111	SCRPT_A9	Num	8	F029 V.1.A.9 9. I have pain so much that I need medicine
112	SCRPT_B1	Num	8	F029 V.1.B.1 1. It is hard for me to do things because I might get pain

Num	Variable	Type	Len	Label
113	SCRPT_B2	Num	8	F029 V.1.B.2 2. I miss school when I have pain
114	SCRPT_B3	Num	8	F029 V.1.B.3 3. It is hard for me to run when I have pain
115	SCRPT_B4	Num	8	F029 V.1.B.4 4. It is hard to have fun when I have pain
116	SCRPT_B5	Num	8	F029 V.1.B.5 5. I have trouble moving when I have pain
117	SCRPT_B6	Num	8	F029 V.1.B.6 6. It is hard to stay standing when I have pain
118	SCRPT_B7	Num	8	F029 V.1.B.7 7. It is hard for me to take care of myself when I have pain
119	SCRPT_B8	Num	8	F029 V.1.B.8 8. It is hard for me to do what others can do because I might get pain
120	SCRPT_B9	Num	8	F029 V.1.B.9 9. I wake up at night when I have pain
121	SCRPT_B10	Num	8	F029 V.1.B.10 10. I get tired when I have pain
122	SCRPT_C1	Num	8	F029 V.1.C.1 1. It is hard for me to manage my pain
123	SCRPT_C2	Num	8	F029 V.1.C.2 2. It is hard for me to control my pain
124	SCRPT_D1	Num	8	F029 V.1.D.1 1. I worry that I will have pain
125	SCRPT_D2	Num	8	F029 V.1.D.2 2. I worry that others will not know what to do if I have pain
126	SCRPT_D3	Num	8	F029 V.1.D.3 3. I worry when I am away from home
127	SCRPT_D4	Num	8	F029 V.1.D.4 4. I worry I might have to go to the emergency room
128	SCRPT_D5	Num	8	F029 V.1.D.5 5. I worry I might have to stay overnight in the hospital
129	SCRPT_E1	Num	8	F029 V.1.E.1 1. I worry I might have a stroke
130	SCRPT_E2	Num	8	F029 V.1.E.2 2. I worry I might have a chest crisis
131	SCRPT_F1	Num	8	F029 V.1.F.1 1. I feel mad I have sickle cell disease
132	SCRPT_F2	Num	8	F029 V.1.F.2 2. I feel mad when I have pain
133	SCRPT_G1	Num	8	F029 V.1.G.1 1. It is hard for me to remember to take my medicine
134	SCRPT_G2	Num	8	F029 V.1.G.2 2. I do not like how I feel after I take my medicine
135	SCRPT_G3	Num	8	F029 V.1.G.3 3. I do not like the way my medicine tastes
136	SCRPT_G4	Num	8	F029 V.1.G.4 4. My medicine makes me sleepy
137	SCRPT_G5	Num	8	F029 V.1.G.5 5. I worry about whether my medicine is working
138	SCRPT_G6	Num	8	F029 V.1.G.6 6. I worry about whether my treatments are working
139	SCRPT_G7	Num	8	F029 V.1.G.7 7. My medicine does not make me feel better
140	SCRPT_H1	Num	8	F029 V.1.H.1 1. It is hard for me to tell others when I am in pain
141	SCRPT_H2	Num	8	F029 V.1.H.2 2. It is hard for me to tell the doctors and nurses how I feel
142	SCRPT_H3	Num	8	F029 V.1.H.3 3. It is hard for me to ask the doctors and nurses questions
143	SCRPT_I1	Num	8	F029 V.1.I.1 1. It is hard for me when others do not understand about my sickle cell disease
144	SCRPT_I2	Num	8	F029 V.1.I.2 2. It is hard for me when others do not understand how much pain I feel
145	SCRPT_I3	Num	8	F029 V.1.I.3 3. It is hard for me to tell others I have sickle cell disease
146	SPRPT_A1	Num	8	F029 V.2.A.1 1. Hurting a lot
147	SPRPT_A2	Num	8	F029 V.2.A.2 2. Hurting all over his/her body
148	SPRPT_A3	Num	8	F029 V.2.A.3 3. Hurting in his/her arms
149	SPRPT_A4	Num	8	F029 V.2.A.4 4. Hurting in his/her legs
150	SPRPT_A5	Num	8	F029 V.2.A.5 5. Hurting in his/her stomach
151	SPRPT_A6	Num	8	F029 V.2.A.6 6. Hurting in his/her chest

Num	Variable	Type	Len	Label
152	SPRPT_A7	Num	8	F029 V.2.A.7 7. Hurting in his/her back
153	SPRPT_A8	Num	8	F029 V.2.A.8 8. Having pain every day
154	SPRPT_A9	Num	8	F029 V.2.A.9 9. Having so much pain that he/she has to take medicine
155	SPRPT_B1	Num	8	F029 V.2.B.1 1. It is hard for him/her to do things because he/she might get pain
156	SPRPT_B2	Num	8	F029 V.2.B.2 2. Missing school when he/she has pain
157	SPRPT_B3	Num	8	F029 V.2.B.3 3. It is hard for him/her to run when he/she has pain
158	SPRPT_B4	Num	8	F029 V.2.B.4 4. it is hard for him/her to have fun when having pain
159	SPRPT_B5	Num	8	F029 V.2.B.5 5. Having trouble moving around when he/she has pain
160	SPRPT_B6	Num	8	F029 V.2.B.6 6. It is hard for him/her to stay standing when he/she has pain
161	SPRPT_B7	Num	8	F029 V.2.B.7 7. It is hard for him/her to take care of himself/herself when he/she has pain
162	SPRPT_B8	Num	8	F029 V.2.B.8 8. It is hard for him/her to do what others can do because he/she might get pain
163	SPRPT_B9	Num	8	F029 V.2.B.9 9. Waking up at night when he/she has pain
164	SPRPT_B10	Num	8	F029 V.2.B.10 10. Getting tired when he/she has pain
165	SPRPT_C1	Num	8	F029 V.2.C.1 1. It is hard for him/her to manage his/her pain
166	SPRPT_C2	Num	8	F029 V.2.C.2 2. It is hard for him/her to control his/her pain
167	SPRPT_D1	Num	8	F029 V.2.D.1 1. Worrying that he/she will have pain
168	SPRPT_D2	Num	8	F029 V.2.D.2 2. Worrying that other people will not know what to do if he/she has pain
169	SPRPT_D3	Num	8	F029 V.2.D.3 3. Worrying when he/she is away from home
170	SPRPT_D4	Num	8	F029 V.2.D.4 4. Worrying he/she might have to go to the emergency room
171	SPRPT_D5	Num	8	F029 V.2.D.5 5. Worrying he/she might have to stay overnight in the hospital
172	SPRPT_E1	Num	8	F029 V.2.E.1 1. Worrying he/she might have a stroke
173	SPRPT_E2	Num	8	F029 V.2.E.2 2. Worrying he/she might have a chest crisis
174	SPRPT_F1	Num	8	F029 V.2.F.1 1. Feeling mad about having sickle cell disease
175	SPRPT_F2	Num	8	F029 V.2.F.2 2. Feeling mad when he/she has pain
176	SPRPT_G1	Num	8	F029 V.2.G.1 1. It is hard for him/her to remember to take his/her medicine
177	SPRPT_G2	Num	8	F029 V.2.G.2 2. Not liking how he/she feels after taking medicine
178	SPRPT_G3	Num	8	F029 V.2.G.3 3. Not liking the way his/her medicine tastes
179	SPRPT_G4	Num	8	F029 V.2.G.4 4. Medicine making him/her sleepy
180	SPRPT_G5	Num	8	F029 V.2.G.5 5. Worrying about whether his/her medicine is working
181	SPRPT_G6	Num	8	F029 V.2.G.6 6. Worrying about whether his/her treatments are working
182	SPRPT_G7	Num	8	F029 V.2.G.7 7. Medicine not making him/her feel better
183	SPRPT_H1	Num	8	F029 V.2.H.1 1. It is hard for him/her to tell others when he/she is in pain
184	SPRPT_H2	Num	8	F029 V.2.H.2 2. It is hard for him/her to tell the doctors and nurses how he/she feels
185	SPRPT_H3	Num	8	F029 V.2.H.3 3. It is hard for him/her to ask the doctors and nurses questions
186	SPRPT_I1	Num	8	F029 V.2.I.1 1. It is hard for him/her when other people do not understand about his/her sickle cell disease
187	SPRPT_I2	Num	8	F029 V.2.I.2 2. It is hard for him/her when others do not understand how much pain he/she feels
188	SPRPT_I3	Num	8	F029 V.2.I.3 3. It is hard for him/her to tell others that he/she has a sickle cell disease

Num	Variable	Type	Len	Label
189	CHC_NAME	Char	100	1. If YES, what is the name of your child's chronic health condition?
190	ER_RSN	Char	100	2. What was wrong?
191	OVNT_RSN	Char	100	2. What was wrong?
192	RLTN_SP	Char	100	*a. If Other, specify:
193	FM29_ND	Char	1	PEDSQL Age 8-12: data was not collected:
194	VISIT_DT_DAYS	Num	8	F029 Visit Date (recode: number of days after date of initial follow-up visit)
195	AGE_YR	Num	8	Age at F029 Visit (Years portion)
196	AGE_MON	Num	8	Age at F029 Visit (Months portion)
197	MRTLST_MG	Num	8	F029 II.3.A A. Marital Status - Mother (regrouped: 1=Single,2=Married or Living with someone,3=Separated or Divorced)
198	MRTLST_FG	Num	8	F029 II.4.A A. Marital Status - Father (regrouped: 1=Single,2=Married or Living with someone,3=Separated or Divorced)
199	EDU_MG	Num	8	F029 II.3.B B. Highest level of education - Mother (regrouped: 3=6th-12th Grade or less,4=H.S. Graduate,5=Some college or certification,6=College grad,7=Graduate or prof degree)
200	EDU_FG	Num	8	F029 II.4.B B. Highest level of education - Father (regrouped: 3=6th-12th Grade or less,4=H.S. Graduate,5=Some college or certification,6=College grad,7=Graduate or prof degree)

**Data Set Name: fm030.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	VISIT_NBR	Char	3	Visit Number
6	SEQ_NBR	Num	8	Sequence Number
7	OMI_V	Num	8	F030 II.1.v Omissions Value
8	OMI_T	Num	8	F030 II.1.t Omissions T-score
9	OMI_P	Num	8	F030 II.1.p Omissions Percentile
10	COMMI_V	Num	8	F030 II.2.v Commissions Value
11	COMMI_T	Num	8	F030 II.2.t Commissions T-score
12	COMMI_P	Num	8	F030 II.2.p Commissions Percentile
13	RT_V	Num	8	F030 II.3.v Hit RT Value
14	RT_T	Num	8	F030 II.3.t Hit RT T-score
15	RT_P	Num	8	F030 II.3.p Hit RT Percentile
16	RTSE_V	Num	8	F030 II.4.v Hit RT Std Error Value
17	RTSE_T	Num	8	F030 II.4.t Hit RT Std Error T-score
18	RTSE_P	Num	8	F030 II.4.p Hit RT Std Error Percentile
19	VARI_V	Num	8	F030 II.5.v Variability Value
20	VARI_T	Num	8	F030 II.5.t Variability T-score
21	VARI_P	Num	8	F030 II.5.p Variability Percentile
22	DETECT_V	Num	8	F030 II.6.v Detectability Value
23	DETECT_T	Num	8	F030 II.6.t Detectability T-score
24	DETECT_P	Num	8	F030 II.6.p Detectability Percentile
25	RESP_V	Num	8	F030 II.7.v Response Style Value
26	RESP_T	Num	8	F030 II.7.t Response Style T-score
27	RESP_P	Num	8	F030 II.7.p Response Style Percentile
28	PERS_V	Num	8	F030 II.8.v Perservations Value
29	PERS_T	Num	8	F030 II.8.t Perservations T-score
30	PERS_P	Num	8	F030 II.8.p Perservations Percentile
31	RTBCHG_V	Num	8	F030 II.9.v Hit RT Block Change Value
32	RTBCHG_T	Num	8	F030 II.9.t Hit RT Block Change T-score
33	RTBCHG_P	Num	8	F030 II.9.p Hit RT Block Change Percentile
34	SEBCHG_V	Num	8	F030 II.10.v Hit SE Block Change Value
35	SEBCHG_T	Num	8	F030 II.10.t Hit SE Block Change T-score
36	SEBCHG_P	Num	8	F030 II.10.p Hit SE Block Change Percentile

Num	Variable	Type	Len	Label
37	RTICHG_V	Num	8	F030 II.11.v Hit RT ISI Change Value
38	RTICHG_T	Num	8	F030 II.11.t Hit RT ISI Change T-score
39	RTICHG_P	Num	8	F030 II.11.p Hit RT ISI Change Percentile
40	SEICHG_V	Num	8	F030 II.12.v Hit SE ISI Change Value
41	SEICHG_T	Num	8	F030 II.12.t Hit SE ISI Change T-score
42	SEICHG_P	Num	8	F030 II.12.p Hit SE ISI Change Percentile
43	COMMI_G	Num	8	Commissions guideline
44	DETECT_G	Num	8	Detectability guideline
45	OMI_G	Num	8	Omissions guideline
46	PERS_G	Num	8	Perseverations guideline
47	RESP_G	Num	8	Response style guideline
48	RT_G	Num	8	HIT RT guideline
49	RTBCHG_G	Num	8	Hit RT Block Change guideline
50	RTICHG_G	Num	8	Hit RT ISI Change guideline
51	RTSE_G	Num	8	HIT RT Std Error guideline
52	SEBCHG_G	Num	8	Hit SE Block Change guideline
53	SEICHG_G	Num	8	Hit SE ISI Change guideline
54	VARI_G	Num	8	Variability guideline
55	FM30_ND	Char	1	Conners Continuous Performance Test-II (CPT-II); data was not collected:
56	VISIT_DT_DAYS	Num	8	F030 Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fm031.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	HEIGHT	Num	8	F031 II.1 Height
7	HT_METHOD	Num	8	F031 II.1.A Height is measured by
8	WEIGHT	Num	8	F031 II.2 Weight
9	WT_UNIT	Num	8	F031 II.2.UNIT Weight unit
10	PREFEV1	Num	8	F031 III.2.A.1 1. FEV1
11	PREFVC	Num	8	F031 III.2.A.2 2. FVC
12	PREPEFR	Num	8	F031 III.2.A.3 3. PEFR (FEF<sub>max</sub>)
13	PREFEF25	Num	8	F031 III.2.A.4 4. FEF25-75
14	PRE_RATIO	Num	8	F031 III.2.A.5 5. Ratio (FEV1/FVC)
15	POSTFEV1	Num	8	F031 III.3.C FEV1
16	POSTFVC	Num	8	F031 III.3.D FVC
17	POSTPEFR	Num	8	F031 III.3.E PEFR (FEF<sub>max</sub>)
18	POSTFEF25	Num	8	F031 III.3.F FEF25-75
19	POST_RATIO	Num	8	F031 III.3.G Ratio (FEV1/FVC)
20	LUNG_VOL	Char	32	F031 IV.1 Lung volume
21	TLC	Num	8	F031 IV.4 TLC
22	MAX_SVC	Num	8	F031 IV.5 Maximum SVC
23	RV	Num	8	F031 IV.6 RV
24	MEAN_FRC	Num	8	F031 IV.7 Mean FRC (TGV)
25	DLCO	Num	8	F031 V.1 DLCO
26	MEAN_DLCO	Num	8	F031 V.3 Mean DLCO (uncorrected for hemoglobin)
27	HEMOGLOBIN	Num	8	F031 V.4 Hemoglobin
28	VA	Num	8	F031 V.5 Alveolar Volume
29	O2SAT	Num	8	F031 VI.1 Oxygen saturation (room air):
30	PRE_EFFORT	Num	8	F031 III.2.A.0 0. Was the participant's effort acceptable and reproducible according to ATS guidelines?
31	POST_EFFORT	Num	8	F031 III.3.A.1 1. Was the participant's effort acceptable and reproducible according to ATS guidelines?
32	LUNG_3MANEU	Num	8	F031 IV.1.A Was the participant able to perform 3 acceptable maneuvers?
33	DLCO_EFFORT	Num	8	F031 V.1.A Was the participant's effort acceptable and reproducible according to ATS guidelines?
34	VISIT_NBR	Char	32	Visit Number



Num	Variable	Type	Len	Label
35	BRONCH_SP	Char	50	1. If Other, specify:
36	DLCO_EFFORT_SP	Char	4000	*1. If no or questionable, why was effort unacceptable, unreproducible, or questionable?
37	POST_EFFORT_SP	Char	4000	*a. If no or questionable, why was effort unacceptable, unreproducible, or questionable?
38	PRE_EFFORT_SP	Char	4000	0a. If no or questionable, why was effort unacceptable, unreproducible, or questionable?
39	BRONCH	Num	8	B. Bronchodilator:
40	HEMOGLOBIN_ND	Num	8	Hemoglobin NOT DONE
41	HT_UNIT	Num	8	1a. Height Units
42	LUNG_VOL2	Num	8	1. Lung volume:
43	LUNGV_TECH	Num	8	3. Technique:
44	MAX_SVC_ND	Num	8	Maximum SVC NOT DONE
45	MEAN_DLCO_ND	Num	8	Mean DLCO (uncorrected for hemoglobin) NOT DONE
46	MEAN_FRC_ND	Num	8	Mean FRC (TGV) NOT DONE
47	O2S_ND	Num	8	1. Oxygen saturation (room air) NOT DONE
48	POST_BRONCH_SPIROM_ND	Num	8	A. Post-bronchodilator spirometry:
49	POST_RATIO_ND	Num	8	Ratio (FEV1/FVC), NOT DONE
50	POSTFEF25_ND	Num	8	FEF 25-75, NOT DONE
51	POSTFEV1_ND	Num	8	FEV1, NOT DONE
52	POSTFVC_ND	Num	8	FVC, NOT DONE
53	POSTPEFR_ND	Num	8	PEFR (FEFmax), NOT DONE
54	PRE_BRONCH_SPIROM_ND	Num	8	2. Pre-bronchodilator spirometry:
55	PRE_RATIO_ND	Num	8	Ratio (FEV1/FVC), NOT DONE
56	PREFEF25_ND	Num	8	FEF 25-75, NOT DONE
57	PREFEV1_ND	Num	8	FEV1, NOT DONE
58	PREFVC_ND	Num	8	FVC, NOT DONE
59	PREPEFR_ND	Num	8	PEFR (FEFmax), NOT DONE
60	RV_ND	Num	8	RV NOT DONE
61	SPIROMETRY_ND	Num	8	Spirometry NOT DONE
62	TLC_ND	Num	8	TLC NOT DONE
63	VA_ND	Num	8	Alveolar Volume NOT DONE
64	FM31_ND	Char	1	Pulmonary Function Testing: data was not collected:
65	VISIT_DT_DAYS	Num	8	F031 Visit Date (recode: number of days after date of initial follow-up visit)
66	SPIROMETRY_DT_DAYS	Num	8	F031 III.1 Date of spirometry (recode: number of days after date of initial follow-up visit)
67	LUNG_VOL_DT_DAYS	Num	8	F031 IV.2 Date lung volume performed (recode: number of days after date of initial follow-up visit)
68	DLCO_DT_DAYS	Num	8	F031 V.2 Date DLCO performed (recode: number of days after date of initial follow-up visit)



**Data Set Name: fm032.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	SOURCE	Num	8	F032 II.3 Source indication:
7	PT_STATE	Num	8	F032 II.4 Patient state:
8	LABEL	Char	13	F032 II.5 Label Number:
9	HEIGHT	Num	8	F032 II.6 Height:
10	WEIGHT	Num	8	F032 II.7 Weight:
11	TEMPF	Num	8	F032 II.8.a.i i.
12	TEMPC	Num	8	F032 II.8.a.ii ii.
13	HEARTRATE	Num	8	F032 II.9 Heart rate:
14	RESP	Num	8	F032 II.10 Respiratory rate:
15	BP_SYSTOLIC	Num	8	F032 II.11.a a. Systolic:
16	BP_DIASTOLIC	Num	8	F032 II.11.b b. Diastolic
17	ILLNESS	Num	8	F032 II.12 Were there any illnesses at today's visit?
18	ECHO_COMP	Num	8	F032 III.1 Was the echocardiogram completed?
19	COMPLICATIONS	Num	8	F032 III.3 Were there any complications from the echocardiogram?
20	BP_SYSTOLIC_1ST	Num	8	F032 III.4.a.i Systolic Blood Pressure
21	BP_DIASTOLIC_1ST	Num	8	F032 III.4.b.i Diastolic Blood Pressure
22	BP_MEAN_1ST	Num	8	F032 III.4.c.i Mean Blood Pressure
23	BP_SYSTOLIC_2ND	Num	8	F032 III.4.a.ii Systolic Blood Pressure
24	BP_DIASTOLIC_2ND	Num	8	F032 III.4.b.ii Diastolic Blood Pressure
25	BP_MEAN_2ND	Num	8	F032 III.4.c.ii Mean Blood Pressure
26	BP_SYSTOLIC_3RD	Num	8	F032 III.4.a.iii Systolic Blood Pressure
27	BP_DIASTOLIC_3RD	Num	8	F032 III.4.b.iii Diastolic Blood Pressure
28	BP_MEAN_3RD	Num	8	F032 III.4.c.iii Mean Blood Pressure
29	MMODE_STRIP	Num	8	F032 III.5.a a. M-mode strip chart
30	DOPPLER_STRIP	Num	8	F032 III.5.b b. Doppler strip chart
31	PERICARDIAL_EFF	Char	32	F032 IV.1 Pericardial effusion (End diastolic measurement):
32	AORTIC_MV	Num	8	F032 IV.2 Aortic valve maximum velocity
33	AORTIC_MV_NA	Char	32	F032 IV.2NA N/A
34	AORTIC_REG	Num	8	F032 IV.3 Aortic regurgitation:
35	AORTIC_VEG	Num	8	F032 IV.4 Aortic vegetation:
36	PULMONIC_MV	Num	8	F032 IV.5 Pulmonic valve maximum velocity:

Num	Variable	Type	Len	Label
37	PULMONIC_MV_NA	Char	32	F032 IV.5NA N/A
38	PULMONIC_REG	Num	8	F032 IV.6 Pulmonic regurgitation:
39	PULMONIC_VEG	Num	8	F032 IV.7 Pulmonic vegetation:
40	MITRAL_MV	Num	8	F032 IV.8 Mitral valve maximum velocity
41	MITRAL_MV_NA	Char	32	F032 IV.8NA N/A
42	MITRAL_REG	Char	32	F032 IV.9 Mitral regurgitation:
43	MITRAL_VEG	Num	8	F032 IV.10 Mitral vegetation:
44	TRICUSPID_MV	Num	8	F032 IV.11 Tricuspid valve maximum velocity
45	TRICUSPID_MV_NA	Char	32	F032 IV.11NA N/A
46	TRICUSPID_REG	Char	32	F032 IV.12 Tricuspid regurgitation:
47	TRICUSPID_VEG	Num	8	F032 IV.13 Tricuspid vegetation:
48	ATRIAL_R	Num	8	F032 IV.14.a a. Right atrial enlargement
49	ATRIAL_L	Num	8	F032 IV.14.b b. Left atrial enlargement
50	INVTR_SPTL_POS	Num	8	F032 IV.15 Interventricular septal position in late systole:
51	DIASTOLIC_SEPTAL	Num	8	F032 IV.16 Diastolic septal flattening:
52	REGIONAL_WALL_MOTION	Num	8	F032 IV.17 Regional wall motion abnormalities:
53	CV_ABNORMAL_MORE	Num	8	F032 IV.18 Are there any additional cardiovascular abnormalities that were identified during this procedure and not documented in a previous question on this f
54	CV_ABNORMAL_ABSENT	Num	8	F032 IV.22 Are there any cardiovascular abnormalities not documented in previous questions that were identified on the last echocardiogram that are no longer
55	BNP	Num	8	F032 V.1 BNP Result
56	CV_ABNORMAL	Num	8	F032 IV.18 Are there any cardiovascular abnormalities that were identified during this procedure?
57	P18_STATUS1	Num	8	Status DX 1
58	P18_STATUS2	Num	8	Status DX 2
59	VISIT_NBR	Char	32	Visit Number
60	COMPLICATION_SP	Char	4000	*a. What were the complications? (Specify):
61	P18_DX1	Char	4	DX 1 Code:
62	P18_DX2	Char	4	DX 2 Code:
63	BP_METHOD	Num	8	c. Method:
64	CARETAKER_OBJ	Num	8	b. Caretaker objects to participation
65	COMPLIC_DURING	Num	8	d. Subject developed complications during procedure
66	EQUIP_AVAIL	Num	8	a. Equipment availability
67	ILLNESS_SUB	Num	8	c. Illness of subject, test cancelled by physician
68	INCOM_OTHER	Num	8	e. Other (specify)
69	INCOM_UNK	Num	8	f. Unknown
70	THERM_PLACE	Num	8	b. Thermometer placement:
71	FM32_ND	Char	1	Echocardiogram Performance: data was not collected:

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
72	CV_ABNORMAL_NUM	Num	8	18a. If Yes, how many cardiovascular abnormalities?
73	ECHO_SENT_YN	Num	8	1. Was the Echocardiogram data sent to Core Lab?
74	VISIT_DT_DAYS	Num	8	F032 Visit Date (recode: number of days after date of initial follow-up visit)
75	ECHO_DAYS	Num	8	F032 II.1 Date of echocardiogram visit: (recode: number of days after date of initial follow-up visit)
76	ECHO_SENT_DT_DAYS	Num	8	2. Data sent date: (recode: number of days after date of initial follow-up visit)
77	AGE_YR	Num	8	Age at F032 Visit (Years portion)
78	AGE_MON	Num	8	Age at F032 Visit (Months portion)

**Data Set Name: fm033.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_INSTANCE_ID	Num	8	Form Instance ID
3	FORM_ID	Char	32	Form ID
4	REVISION	Char	32	Form Revision
5	SEQ_NBR	Num	8	Sequence Number
6	SIGNATURE	Char	32	F033 III.2 Signature
7	VISIT_NBR	Char	32	Visit Number
8	MRA_LBL	Char	50	3. MRA Film Label
9	MRI_LBL	Char	50	2. MRI Film Label
10	MRIMRA_EQPT	Char	100	1. Equipment:
11	MRIMRA_QUALITY	Num	8	4. Scan Quality
12	FM33_ND	Char	1	MRI/MRA Performance: data was not collected:
13	MRIMRA_SENT_YN	Num	8	1. Was the MRI/MRA data sent to the Central Reviewer?
14	VISIT_DT_DAYS	Num	8	F033 Visit Date (recode: number of days after date of initial follow-up visit)
15	MRIMRA_SENT_DT_DAYS	Num	8	F033 2. Data sent date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: *fusii\_majorevents.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	MAJOR_EVENT	Char	75	MAJOR EVENT
3	UNEXPECTED_AE	Char	1	Unexpected Adverse Event
4	EVENTNAME	Char	38	Event Name
5	LLT_CODE	Char	11	LLT CODE
6	LLT_NAME	Char	38	LLT NAME
7	PT_CODE	Char	11	PT CODE
8	PT_TERM	Char	31	PT TERM
9	HLT_CODE	Char	11	HLT CODE
10	HLT_TERM	Char	59	HLT TERM
11	HLGT_CODE	Char	11	HLGT CODE
12	HLGT_TERM	Char	66	HLGT TERM
13	SOC_CODE	Char	11	SOC CODE
14	SOC_TERM	Char	73	SOC TERM
15	ADMISSION_DT_DAYS	Num	8	Admission Date (recode: number of days after date of initial follow-up visit)
16	DISCHARGE_DT_DAYS	Num	8	Discharge Date (recode: number of days after date of initial follow-up visit)
17	ONSET_DT_DAYS	Num	8	Onset Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: fusii\_majorevents\_20190910.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	MAJOR_EVENT	Char	48	MAJOR EVENT
3	UNEXPECTED_AE	Char	1	Unexpected Adverse Event
4	EVENTNAME	Char	38	Event Name
5	ADMISSION_DT_DAYS	Num	8	Admission Date (recode: number of days after date of initial follow-up visit)
6	DISCHARGE_DT_DAYS	Num	8	Discharge Date (recode: number of days after date of initial follow-up visit)
7	ONSET_DT_DAYS	Num	8	Onset Date (recode: number of days after date of initial follow-up visit)



**Data Set Name: hbf.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	SPECIMEN_TYPE	Char	10	Specimen Type
3	VISIT_NBR	Char	4	Visit Number
4	HBF_LABEL	Char	13	F003 II.5A Label Number:
5	HBF_SHIP_HR	Num	8	F003 II.4D.HR Time Shipped:
6	HBF_SHIP_MN	Num	8	F003 II.4D.MN Minute HbF shipped
7	HBF_TM	Char	8	HBF Time Collected
8	HBF_ND	Char	8	HBF Not Done
9	HBF_SENT_YN	Num	8	Was the sample sent to GHSU Core Lab?
10	HBF_LBL	Char	13	HbF Label Number (5 digits)
11	SPEC_ID	Char	13	Specimen ID
12	HBF_PCT	Char	8	HbF Percent
13	CONDITION	Char	4	condition
14	COMMENTS	Char	58	Comments
15	VISIT_DT_DAYS	Num	8	F003 Visit Date (recode: number of days after date of initial follow-up visit)
16	HBF_DT_DAYS	Num	8	F003 II.5B Date Collected: (recode: number of days after date of initial follow-up visit)
17	HBF_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
18	COLLECTDATE_DAYS	Num	8	Collect Date (recode: number of days after date of initial follow-up visit)
19	DATE_RECEIVED_DAYS	Num	8	Date Recieved (recode: number of days after date of initial follow-up visit)

**Data Set Name: hjb.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	SPECIMEN_TYPE	Char	3	Specimen Type
3	VISIT_NBR	Char	4	Visit Number
4	HJB_LABEL	Char	13	F003 II.8A Label Number:
5	HJB_SHIP_HR	Num	8	F003 II.7D.HR Time Shipped:
6	HJB_SHIP_MN	Num	8	F003 II.7D.MN Minute HJB shipped
7	HJB_TM	Char	8	HJB Time Collected
8	HJB_ND	Char	8	HJB Not Done
9	HJB_SENT_YN	Num	8	Was the sample sent to Core Lab?
10	HJB_LBL	Char	5	HJB Label Number (5 digits)
11	PCTRETIC	Num	8	YOUNG RETICULOCYTES(%)
12	YRETWHJB	Num	8	YOUNG RETICULOCYTES WITH HJB(%)
13	PRBCWHJB	Num	8	MATURE RBC WITH HJB(%)
14	MATRBC	Num	8	MATURE RBC WITH HJB(No.)
15	VISIT_DT_DAYS	Num	8	F003 Visit Date (recode: number of days after date of initial follow-up visit)
16	HJB_DT_DAYS	Num	8	F003 II.8B Date Collected: (recode: number of days after date of initial follow-up visit)
17	HJB_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: liverspleenscan.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	3	Form ID
3	SPEC_ID	Char	13	Specimen ID
4	LS_LABEL5	Char	13	Liver Spleen Label Number (5 digits)
5	VISIT_NBR	Char	3	Visit Number
6	QLTY_SP	Char	64	F040 II.4.A If inadequate, explain
7	TEST	Char	17	Test Type
8	REVISION	Num	8	Form Revision
9	SEQ_NBR	Num	8	Sequence Number
10	LSRDRSIG	Num	8	F040 II.2 Reader Signature
11	LSRDRNBR	Num	8	F040 II.3 Reader Number
12	LSSCN_QLTY	Num	8	F040 II.4. Current Status of this Reading
13	SPLUPT	Num	8	F040 III.1 Splenic uptake (answer only one)
14	SPL_DCRS	Num	8	F040 III.1.a. If decreased,
15	FORM_INSTANCE_ID	Num	8	Form Instance ID
16	SOURCE	Char	14	Source
17	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
18	REVIEW_RETURN_DATE_S_R_DAYS	Num	8	REVIEW RETURN DATE S/R (recode: number of days after date of initial follow-up visit)

**Data Set Name: mra.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM_ID	Char	3	Form ID
3	SPEC_ID	Char	13	Specimen ID
4	MRA_LABEL5	Char	13	MRA Label Number (5 digits)
5	VISIT_NBR	Char	3	Visit Number
6	TEST	Char	3	Test Type
7	SEQ_NBR	Num	8	Sequence Number
8	MRA_QUAL	Num	8	F044 II.3. SCAN QUALITY (MARK ONE):
9	MRA_STAT	Num	8	F044 II.4. CURRENT STATUS OF THIS READING:
10	ORRICA	Num	8	F044 III.1.a. OVERALL RATING R ICA
11	ORRMCA	Num	8	F044 III.2.a. OVERALL RATING R MCA
12	ORRACA	Num	8	F044 III.3.a. OVERALL RATING R ACA
13	ORLICA	Num	8	F044 III.4.a. OVERALL RATING L ICA
14	ORLMCA	Num	8	F044 III.5.a. OVERALL RATING L MCA
15	ORLACA	Num	8	F044 III.6.a. OVERALL RATING L ACA
16	ORBASIL	Num	8	F044 III.7.a. OVERALL RATING Basilar
17	ORMRA	Num	8	F044 III.8.a. Overall rating MRA
18	BLDVLS	Num	8	F044 III.9. Collateral Blood Vessels (Mark One):
19	ABRICA	Num	8	F044 III.1.b. Describe abnormality R ICA
20	LSSRICA	Num	8	F044 III.1.c. LENGTH OF STENOSIS R ICA
21	INVSEGR1	Num	8	F044 III.1.d1 INVOLVED SEGMENTS 1 R ICA
22	INVSEGR2	Num	8	F044 III.1.d2 INVOLVED SEGMENTS 2 R ICA
23	INVSEGR3	Num	8	F044 III.1.d3 INVOLVED SEGMENTS 3 R ICA
24	INVSEGR4	Num	8	F044 III.1.d4 INVOLVED SEGMENTS 4 R ICA
25	ABRMCA	Num	8	F044 III.2.b. Describe Abnormality R MCA
26	LSSRMCA	Num	8	F044 III.2.c. LENGTH OF STENOSIS R MCA
27	ABLMCA	Num	8	F044 III.5.b. Describe Abnormality L MCA
28	LSSLMCA	Num	8	F044 III.5.c. LENGTH OF STENOSIS L MCA
29	ABMRA	Num	8	F044 III.8.b. Describe abnormality MRA
30	LSSMRA	Num	8	F044 III.8.c. Length of stenosis overall MRA
31	INVSEG1	Num	8	F044 III.8.d.1 Overall MRA
32	INVSEG2	Num	8	F044 III.8.d.2. Overall MRA Segment 2 MRA
33	INVSEG3	Num	8	F044 III.8.d.3. Segment 3 MRA
34	INVSEG4	Num	8	F044 III.8.d.4. Segment 4 MRA
35	MRARDRNO	Char	8	F044 II.2. Reader Number:
36	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)

Num	Variable	Type	Len	Label
37	READ_RCVD_DATE_DAYS	Num	8	Reading Received Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: mri.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	TEST	Char	3	Test Name
3	VISIT_NBR	Char	3	Visit Number
4	FORM_ID	Num	8	Form ID
5	REVISION	Num	8	Form Revision
6	SEQ_NBR	Num	8	Sequence Number
7	SPEC_ID	Char	13	Specimen ID
8	MRI_QUAL	Num	8	MRI Quality
9	MRI_VOLU	Num	8	MRI Volume
10	MRI_STAT	Num	8	MRI Status
11	ATROPHY	Num	8	F81 II_7 GENERAL APPEARANCE
12	ATR_GENL	Char	1	F81 II_7A IS THE ATROPHY GENERAL?
13	ATRGSULC	Char	1	F81 II_7A1 GENERAL: SULCAL
14	ATRVENT	Char	1	F81 II_7A2 GENERAL: VENTRICULAR
15	ATR_SEV	Char	1	F81 II_7A3 GENERAL: LEVEL OF SEVERITY
16	ATR_FOCL	Char	1	F81 II_7B FOCAL
17	ATRFULC	Char	1	F81 II_7B1 FOCAL: SULCAL
18	ATRFVENT	Char	1	F81 II_7B2 FOCAL: VENTRICULAR
19	FOCAL_SP	Char	1	F81 II_7B3SP FOCAL: SPECIFY AREA
20	FINDINGS	Num	8	F81 III_1 DISCREET FINDINGS
21	LSNA_SID	Num	8	F81 III_1ASIDLESION SIDE A
22	LSNA_TYP	Num	8	F81 III_1ATYPLESION TYPE A
23	LSNA_SIZ	Num	8	F81 III_1ASIZLESION SIZE A
24	LSNA_LC1	Num	8	F81 III_1A1 LESION LOCATION A1
25	LSNA_LC2	Num	8	F81 III_1A2 LESION LOCATION A2
26	LSNA_LC3	Char	1	F81 III_1A3 LESION LOCATION A3
27	LSNA_LC4	Char	1	F81 III_1A4 LESION LOCATION A4
28	LSNB_SID	Num	8	F81 III_1BSIDLESION SIDE B
29	LSNB_TYP	Num	8	F81 III_1BTYPLESION TYPE B
30	LSNB_SIZ	Num	8	F81 III_1BSIZLESION SIZE B
31	LSNB_LC1	Num	8	F81 III_1B1 LESION LOCATION B1
32	LSNB_LC2	Num	8	F81 III_1B2 LESION LOCATION B2
33	LSNB_LC3	Char	1	F81 III_1B3 LESION LOCATION B3
34	LSNB_LC4	Char	1	F81 III_1B4 LESION LOCATION B4
35	LSNC_SID	Num	8	F81 III_1CSIDLESION SIDE C
36	LSNC_TYP	Num	8	F81 III_1CTYPLESION TYPE C

Num	Variable	Type	Len	Label
37	LSNC_SIZ	Num	8	F81 III_1CSIZLESION SIZE C
38	LSNC_LC1	Num	8	F81 III_1C1 LESION LOCATION C1
39	LSNC_LC2	Num	8	F81 III_1C2 LESION LOCATION C2
40	LSNC_LC3	Char	1	F81 III_1C3 LESION LOCATION C3
41	LSNC_LC4	Char	1	F81 III_1C4 LESION LOCATION C4
42	LSND_SID	Num	8	F81 III_1DSIDLESION SIDE D
43	LSND_TYP	Num	8	F81 III_1DTYPLESION TYPE D
44	LSND_SIZ	Num	8	F81 III_1DSIZLESION SIZE D
45	LSND_LC1	Num	8	F81 III_1D1 LESION LOCATION D1
46	LSND_LC2	Num	8	F81 III_1D2 LESION LOCATION D2
47	LSND_LC3	Char	1	F81 III_1D3 LESION LOCATION D3
48	LSND_LC4	Char	1	F81 III_1D4 LESION LOCATION D4
49	LSNE_SID	Num	8	F81 III_1ESIDLESION SIDE E
50	LSNE_TYP	Num	8	F81 III_1ETYPLESION TYPE E
51	LSNE_SIZ	Num	8	F81 III_1ESIZLESION SIZE E
52	LSNE_LC1	Char	1	F81 III_1E1 LESION LOCATION E1
53	LSNE_LC2	Char	1	F81 III_1E2 LESION LOCATION E2
54	LSNE_LC3	Char	1	F81 III_1E3 LESION LOCATION E3
55	LSNE_LC4	Char	1	F81 III_1E4 LESION LOCATION E4
56	LSNF_SID	Num	8	F81 III_1FSIDLESION SIDE F
57	LSNF_TYP	Num	8	F81 III_FTYP LESION TYPE F
58	LSNF_SIZ	Num	8	F81 III_FSIZ LESION SIZE F
59	LSNF_LC1	Char	1	F81 III_1F1 LESION LOCATION F1
60	LSNF_LC2	Char	1	F81 III_1F2 LESION LOCATION F2
61	LSNF_LC3	Char	1	F81 III_1F3 LESION LOCATION F3
62	LSNF_LC4	Char	1	F81 III_1F4 LESION LOCATION F4
63	LSNG_SID	Num	8	F81 III_1GSIDLESION SIDE G
64	LSNG_TYP	Num	8	F81 III_1GTYPLESION TYPE G
65	LSNG_SIZ	Num	8	F81 III_1GSIZLESION SIZE G
66	LSNG_LC1	Char	1	F81 III_1G1 LESION LOCATION G1
67	LSNG_LC2	Char	1	F81 III_1G2 LESION LOCATION G2
68	LSNG_LC3	Char	1	F81 III_1G3 LESION LOCATION G3
69	LSNG_LC4	Char	1	F81 III_1G4 LESION LOCATION G4
70	VRIICC_R	Char	1	F81 III_2AR VASCULAR REGION OF INFARCT: ICC, RIGHT
71	VRIICC_L	Char	1	F81 III_2AL VASCULAR REGION OF INFARCT: ICC, LEFT
72	VRIICS_R	Char	1	F81 III_2BR VASCULAR REGION OF INFARCT: ICS, RIGHT
73	VRIICS_L	Char	1	F81 III_2BL VASCULAR REGION OF INFARCT: ICS, LEFT
74	VRIMCA_R	Num	8	F81 III_2CR VASCULAR REGION OF INFARCT: MCA, RIGHT
75	VRIMCA_L	Num	8	F81 III_2CL VASCULAR REGION OF INFARCT: MCA, LEFT

Num	Variable	Type	Len	Label
76	VRIACA_R	Char	1	F81 III_2DR VASCULAR REGION OF INFARCT: ACA, RIGHT
77	VRIACA_L	Char	1	F81 III_2DL VASCULAR REGION OF INFARCT: ACA, LEFT
78	VRIPCA_R	Char	1	F81 III_2ER VASCULAR REGION OF INFARCT: PCA, RIGHT
79	VRIPCA_L	Char	1	F81 III_2EL VASCULAR REGION OF INFARCT: PCA, LEFT
80	VRIBSL	Char	1	F81 III_2F VASCULAR REGION OF INFARCT: BASILAR
81	VRIABZ	Char	1	F81 III_2G VASCULAR REGION OF INFARCT: ANTERIOR BORDER ZONE
82	VRIPBZ	Char	1	F81 III_2H VASCULAR REGION OF INFARCT: POSTERIOR BORDER ZONE
83	VRICSB	Num	8	F81 III_2I VASCULAR REGION OF INFARCT: CENTRUM SEMIOVALE BORDER ZONE
84	VRISTR	Char	1	F81 III_2J VASCULAR REGION OF INFARCT: STRIATUM (LENTICULOSTRIATES)
85	BONY_CHG	Num	8	F81 III_4 BONY CHANGES
86	OTHLESN	Num	8	F81 III_5 OTHER LESIONS
87	DWIFAVAI	Num	8	F81 III_6 ARE DWI FILMS AVAILABLE FOR THIS REVIEW?
88	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
89	READ_RCVD_DATE_DAYS	Num	8	Reading Received Date (recode: number of days after date of initial follow-up visit)



**Data Set Name: *pitted\_cell.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	CELL_LBL	Char	13	Pitted Cell Label Number
3	VISIT_NBR	Char	4	Visit Number
4	CELL_SHIP_HR	Num	8	F003 II.6D.HR Time Shipped:
5	CELL_SHIP_MN	Num	8	F003 II.6D.MN Minute pitted cells shipped
6	PITTED_RESULT	Num	8	Pitted Cell Result
7	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
8	CELL_DT_DAYS	Num	8	F003 II.7B Date Collected (recode: number of days after date of initial follow-up visit)

**Data Set Name: tcd.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT_NBR	Char	32	Visit Number
3	TCD_LBL	Char	50	TCD Label
4	LABEL5	Char	7	TCD Label (5 digits)
5	RESULTS_DATASOURCE	Char	5	DCC collected the data
6	PTNTPOS	Num	8	F013 II.2 Patient's position during exam
7	COMPEXAM	Num	8	F013 III.1 Completeness of exam
8	INCEXAM	Num	8	F013 III.1A Reason for incomplete exam
9	INCEX_SP	Char	120	F013 III.1A Reason for incomplete exam, Specify
10	POS_SP	Char	100	F013 II.2 Patient's position during exam, Specify
11	FM13_ND	Char	1	Transcranial Doppler Exam: data was not collected:
12	TCD_EXAM_SENT_YN	Num	8	Was the TCD exam data sent to Core Lab?
13	TCD_EXAM_TRACK_NO	Char	12	FedEx Tracking Number:
14	RESULTS	Char	13	RESULTS
15	STUDY_ID	Num	8	Study ID
16	FORM_INSTANCE_ID	Num	8	Form Instance ID
17	FORM_ID	Char	32	Form ID
18	REVISION	Char	32	Form Revision
19	SEQ_NBR	Num	8	Sequence Number
20	HDIAM	Char	32	HEAD DIAMETER (cm)
21	LM1DE	Num	8	Left Side M-1: Depth
22	LM1M	Num	8	Left Side M-1: Mean Velocity (cm/s)
23	LM1S	Num	8	Left Side M-1: Waveform Systolic Measurement (cm/s)
24	LM1D	Num	8	Left Side M-1: Waveform Diastolic Measurement (cm/s)
25	LM1PI	Num	8	Left Side M-1: Waveform Pulsatility Index
26	LM1RI	Num	8	Left Side M-1: Waveform Resistance Index
27	LMCADE	Num	8	Left Side MCA: Depth
28	LMCAM	Num	8	Left Side MCA: Mean Velocity (cm/s)
29	LMCAS	Num	8	Left Side MCA: Waveform Systolic Measurement (cm/s)
30	LMCAD	Num	8	Left Side MCA: Waveform Diastolic Measurement (cm/s)
31	LMCAPI	Num	8	Left Side MCA: Waveform Pulsatility Index
32	LMCARI	Num	8	Left Side MCA: Waveform Resistance Index
33	LBIFDE	Num	8	Left Side BIF: Depth
34	LBIFM	Num	8	Left Side BIF: Mean Velocity (cm/s)
35	LBIFS	Num	8	Left Side BIF: Waveform Systolic Measurement (cm/s)
36	LBIFD	Num	8	Left Side BIF: Waveform Diastolic Measurement (cm/s)

Num	Variable	Type	Len	Label
37	LBIFPI	Num	8	Left Side BIF: Waveform Pulsatility Index
38	LBIFRI	Num	8	Left Side BIF: Waveform Resistance Index
39	LACADE	Num	8	Left Side ACA: Depth
40	LACAM	Num	8	Left Side ACA: Mean Velocity (cm/s)
41	LACAS	Num	8	Left Side ACA: Waveform Systolic Measurement (cm/s)
42	LACAD	Num	8	Left Side ACA: Waveform Diastolic Measurement (cm/s)
43	LACAPI	Num	8	Left Side ACA: Waveform Pulsatility Index
44	LACARI	Num	8	Left Side ACA: Waveform Resistance Index
45	LICADE	Num	8	Left Side dICA: Depth
46	LICAM	Num	8	Left Side dICA: Mean Velocity (cm/s)
47	LICAS	Num	8	Left Side dICA: Waveform Systolic Measurement (cm/s)
48	LICAD	Num	8	Left Side dICA: Waveform Diastolic Measurement (cm/s)
49	LICAPI	Num	8	Left Side dICA: Waveform Pulsatility Index
50	LICARI	Num	8	Left Side dICA: Waveform Resistance Index
51	LPCADE	Num	8	Left Side PCA: Depth
52	LPCAM	Num	8	Left Side PCA: Mean Velocity (cm/s)
53	LPCAS	Num	8	Left Side PCA: Waveform Systolic Measurement (cm/s)
54	LPCAD	Num	8	Left Side PCA: Waveform Diastolic Measurement (cm/s)
55	LPCAPI	Num	8	Left Side PCA: Waveform Pulsatility Index
56	LPCARI	Num	8	Left Side PCA: Waveform Resistance Index
57	LTOBDE	Num	8	Left Side TOB: Depth
58	LTOBM	Num	8	Left Side TOB: Mean Velocity (cm/s)
59	LTOBS	Num	8	Left Side TOB: Waveform Systolic Measurement (cm/s)
60	LTOBD	Num	8	Left Side TOB: Waveform Diastolic Measurement (cm/s)
61	LTOBPI	Num	8	Left Side TOB: Waveform Pulsatility Index
62	LTOBRI	Num	8	Left Side TOB: Waveform Resistance Index
63	RM1DE	Num	8	Right Side M-1: Depth
64	RM1M	Num	8	Right Side M-1: Mean Velocity (cm/s)
65	RM1S	Num	8	Right Side M-1: Waveform Systolic Measurement (cm/s)
66	RM1D	Num	8	Right Side M-1: Waveform Diastolic Measurement (cm/s)
67	RM1PI	Num	8	Right Side M-1: Waveform Pulsatility Index
68	RM1RI	Num	8	Right Side M-1: Waveform Resistance Index
69	RMCAD	Num	8	Right Side MCA: Depth
70	RMCAM	Num	8	Right Side MCA: Mean Velocity (cm/s)
71	RMCAS	Num	8	Right Side MCA: Waveform Systolic Measurement (cm/s)
72	RMCAD	Num	8	Right Side MCA: Waveform Diastolic Measurement (cm/s)
73	RMCAPI	Num	8	Right Side MCA: Waveform Pulsatility Index
74	RMCARI	Num	8	Right Side MCA: Waveform Resistance Index
75	RBIFDE	Num	8	Right Side BIF: Depth

Num	Variable	Type	Len	Label
76	RBIFM	Num	8	Right Side BIF: Mean Velocity (cm/s)
77	RBIFS	Num	8	Right Side BIF: Waveform Systolic Measurement (cm/s)
78	RBIFD	Num	8	Right Side BIF: Waveform Diastolic Measurement (cm/s)
79	RBIFPI	Num	8	Right Side BIF: Waveform Pulsatility Index
80	RBIFRI	Num	8	Right Side BIF: Waveform Resistance Index
81	RACADE	Num	8	Right Side ACA: Depth
82	RACAM	Num	8	Right Side ACA: Mean Velocity (cm/s)
83	RACAS	Num	8	Right Side ACA: Waveform Systolic Measurement (cm/s)
84	RACAD	Num	8	Right Side ACA: Waveform Diastolic Measurement (cm/s)
85	RACAPI	Num	8	Right Side ACA: Waveform Pulsatility Index
86	RACARI	Num	8	Right Side ACA: Waveform Resistance Index
87	RICADE	Num	8	Right Side dICA: Depth
88	RICAM	Num	8	Right Side dICA: Mean Velocity (cm/s)
89	RICAS	Num	8	Right Side dICA: Waveform Systolic Measurement (cm/s)
90	RICAD	Num	8	Right Side dICA: Waveform Diastolic Measurement (cm/s)
91	RICAPI	Num	8	Right Side dICA: Waveform Pulsatility Index
92	RICARI	Num	8	Right Side dICA: Waveform Resistance Index
93	RPCADE	Num	8	Right Side PCA: Depth
94	RPCAM	Num	8	Right Side PCA: Mean Velocity (cm/s)
95	RPCAS	Num	8	Right Side PCA: Waveform Systolic Measurement (cm/s)
96	RPCAD	Num	8	Right Side PCA: Waveform Diastolic Measurement (cm/s)
97	RPCAPI	Num	8	Right Side PCA: Waveform Pulsatility Index
98	RPCARI	Num	8	Right Side PCA: Waveform Resistance Index
99	RTOBDE	Num	8	Right Side TOB: Depth
100	RTOBM	Num	8	Right Side TOB: Mean Velocity (cm/s)
101	RTOBS	Num	8	Right Side TOB: Waveform Systolic Measurement (cm/s)
102	RTOBD	Num	8	Right Side TOB: Waveform Diastolic Measurement (cm/s)
103	RTOBPI	Num	8	Right Side TOB: Waveform Pulsatility Index
104	RTOBRI	Num	8	Right Side TOB: Waveform Resistance Index
105	COMMENT	Char	54	Comment
106	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
107	VISIT_DT_FM13_DAYS	Num	8	Visit Date from Form FM13 (recode: number of days after date of initial follow-up visit)
108	LABDATE_DAYS	Num	8	Lab Date (recode: number of days after date of initial follow-up visit)
109	TCD_EXAM_SENT_DT_DAYS	Num	8	Data sent date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: tcd\_20190910.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT_NBR	Char	32	Visit Number
3	TCD_LBL	Char	50	TCD Label
4	LABEL5	Char	7	TCD Label (5 digits)
5	RESULTS_DATASOURCE	Char	5	DCC collected the data
6	PTNTPOS	Num	8	F013 II.2 Patient's position during exam
7	COMPEXAM	Num	8	F013 III.1 Completeness of exam
8	INCEXAM	Num	8	F013 III.1A Reason for incomplete exam
9	INCEX_SP	Char	120	F013 III.1A Reason for incomplete exam, Specify
10	POS_SP	Char	100	F013 II.2 Patient's position during exam, Specify
11	TCD_EXAM_SENT_YN	Num	8	Was the TCD exam data sent to Core Lab?
12	TCD_EXAM_TRACK_NO	Char	12	FedEx Tracking Number:
13	RESULTS	Char	13	RESULTS
14	STUDY_ID	Num	8	Study ID
15	FORM_INSTANCE_ID	Num	8	Form Instance ID
16	FORM_ID	Char	32	Form ID
17	REVISION	Char	32	Form Revision
18	SEQ_NBR	Num	8	Sequence Number
19	HDIAM	Char	32	HEAD DIAMETER (cm)
20	LM1DE	Num	8	Left Side M-1: Depth
21	LM1M	Num	8	Left Side M-1: Mean Velocity (cm/s)
22	LM1S	Num	8	Left Side M-1: Waveform Systolic Measurement (cm/s)
23	LM1D	Num	8	Left Side M-1: Waveform Diastolic Measurement (cm/s)
24	LM1PI	Num	8	Left Side M-1: Waveform Pulsatility Index
25	LM1RI	Num	8	Left Side M-1: Waveform Resistance Index
26	LMCADE	Num	8	Left Side MCA: Depth
27	LMCAM	Num	8	Left Side MCA: Mean Velocity (cm/s)
28	LMCAS	Num	8	Left Side MCA: Waveform Systolic Measurement (cm/s)
29	LMCAD	Num	8	Left Side MCA: Waveform Diastolic Measurement (cm/s)
30	LMCAPI	Num	8	Left Side MCA: Waveform Pulsatility Index
31	LMCARI	Num	8	Left Side MCA: Waveform Resistance Index
32	LBIFDE	Num	8	Left Side BIF: Depth
33	LBIFM	Num	8	Left Side BIF: Mean Velocity (cm/s)
34	LBIFS	Num	8	Left Side BIF: Waveform Systolic Measurement (cm/s)
35	LBIFD	Num	8	Left Side BIF: Waveform Diastolic Measurement (cm/s)
36	LBIFPI	Num	8	Left Side BIF: Waveform Pulsatility Index

Num	Variable	Type	Len	Label
37	LBIFRI	Num	8	Left Side BIF: Waveform Resistance Index
38	LACADE	Num	8	Left Side ACA: Depth
39	LACAM	Num	8	Left Side ACA: Mean Velocity (cm/s)
40	LACAS	Num	8	Left Side ACA: Waveform Systolic Measurement (cm/s)
41	LACAD	Num	8	Left Side ACA: Waveform Diastolic Measurement (cm/s)
42	LACAPI	Num	8	Left Side ACA: Waveform Pulsatility Index
43	LACARI	Num	8	Left Side ACA: Waveform Resistance Index
44	LICADE	Num	8	Left Side dICA: Depth
45	LICAM	Num	8	Left Side dICA: Mean Velocity (cm/s)
46	LICAS	Num	8	Left Side dICA: Waveform Systolic Measurement (cm/s)
47	LICAD	Num	8	Left Side dICA: Waveform Diastolic Measurement (cm/s)
48	LICAPI	Num	8	Left Side dICA: Waveform Pulsatility Index
49	LICARI	Num	8	Left Side dICA: Waveform Resistance Index
50	LPCADE	Num	8	Left Side PCA: Depth
51	LPCAM	Num	8	Left Side PCA: Mean Velocity (cm/s)
52	LPCAS	Num	8	Left Side PCA: Waveform Systolic Measurement (cm/s)
53	LPCAD	Num	8	Left Side PCA: Waveform Diastolic Measurement (cm/s)
54	LPCAPI	Num	8	Left Side PCA: Waveform Pulsatility Index
55	LPCARI	Num	8	Left Side PCA: Waveform Resistance Index
56	LTOBDE	Num	8	Left Side TOB: Depth
57	LTOBM	Num	8	Left Side TOB: Mean Velocity (cm/s)
58	LTOBS	Num	8	Left Side TOB: Waveform Systolic Measurement (cm/s)
59	LTOBD	Num	8	Left Side TOB: Waveform Diastolic Measurement (cm/s)
60	LTOBPI	Num	8	Left Side TOB: Waveform Pulsatility Index
61	LTOBRI	Num	8	Left Side TOB: Waveform Resistance Index
62	RM1DE	Num	8	Right Side M-1: Depth
63	RM1M	Num	8	Right Side M-1: Mean Velocity (cm/s)
64	RM1S	Num	8	Right Side M-1: Waveform Systolic Measurement (cm/s)
65	RM1D	Num	8	Right Side M-1: Waveform Diastolic Measurement (cm/s)
66	RM1PI	Num	8	Right Side M-1: Waveform Pulsatility Index
67	RM1RI	Num	8	Right Side M-1: Waveform Resistance Index
68	RMCAD	Num	8	Right Side MCA: Depth
69	RMCAM	Num	8	Right Side MCA: Mean Velocity (cm/s)
70	RMCAS	Num	8	Right Side MCA: Waveform Systolic Measurement (cm/s)
71	RMCAD	Num	8	Right Side MCA: Waveform Diastolic Measurement (cm/s)
72	RMCAPI	Num	8	Right Side MCA: Waveform Pulsatility Index
73	RMCARI	Num	8	Right Side MCA: Waveform Resistance Index
74	RBIFDE	Num	8	Right Side BIF: Depth
75	RBIFM	Num	8	Right Side BIF: Mean Velocity (cm/s)

Num	Variable	Type	Len	Label
76	RBIFS	Num	8	Right Side BIF: Waveform Systolic Measurement (cm/s)
77	RBIFD	Num	8	Right Side BIF: Waveform Diastolic Measurement (cm/s)
78	RBIFPI	Num	8	Right Side BIF: Waveform Pulsatility Index
79	RBIFRI	Num	8	Right Side BIF: Waveform Resistance Index
80	RACADE	Num	8	Right Side ACA: Depth
81	RACAM	Num	8	Right Side ACA: Mean Velocity (cm/s)
82	RACAS	Num	8	Right Side ACA: Waveform Systolic Measurement (cm/s)
83	RACAD	Num	8	Right Side ACA: Waveform Diastolic Measurement (cm/s)
84	RACAPI	Num	8	Right Side ACA: Waveform Pulsatility Index
85	RACARI	Num	8	Right Side ACA: Waveform Resistance Index
86	RICADE	Num	8	Right Side dICA: Depth
87	RICAM	Num	8	Right Side dICA: Mean Velocity (cm/s)
88	RICAS	Num	8	Right Side dICA: Waveform Systolic Measurement (cm/s)
89	RICAD	Num	8	Right Side dICA: Waveform Diastolic Measurement (cm/s)
90	RICAPI	Num	8	Right Side dICA: Waveform Pulsatility Index
91	RICARI	Num	8	Right Side dICA: Waveform Resistance Index
92	RPCADE	Num	8	Right Side PCA: Depth
93	RPCAM	Num	8	Right Side PCA: Mean Velocity (cm/s)
94	RPCAS	Num	8	Right Side PCA: Waveform Systolic Measurement (cm/s)
95	RPCAD	Num	8	Right Side PCA: Waveform Diastolic Measurement (cm/s)
96	RPCAPI	Num	8	Right Side PCA: Waveform Pulsatility Index
97	RPCARI	Num	8	Right Side PCA: Waveform Resistance Index
98	RTOBDE	Num	8	Right Side TOB: Depth
99	RTOBM	Num	8	Right Side TOB: Mean Velocity (cm/s)
100	RTOBS	Num	8	Right Side TOB: Waveform Systolic Measurement (cm/s)
101	RTOBD	Num	8	Right Side TOB: Waveform Diastolic Measurement (cm/s)
102	RTOBPI	Num	8	Right Side TOB: Waveform Pulsatility Index
103	RTOBRI	Num	8	Right Side TOB: Waveform Resistance Index
104	COMMENT	Char	54	Comment
105	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
106	VISIT_DT_FM13_DAYS	Num	8	Visit Date from Form FM13 (recode: number of days after date of initial follow-up visit)
107	LABDATE_DAYS	Num	8	Lab Date (recode: number of days after date of initial follow-up visit)
108	TCD_EXAM_SENT_DT_DAYS	Num	8	Data sent date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: urine.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	SPECIMEN_TYPE	Char	10	Specimen Type
3	VISIT_NBR	Char	4	Visit Number
4	URINE_LABEL	Char	13	Urine Label
5	URINE_LBL	Char	13	Urine Label, 5 digit
6	URINE_ND	Char	8	Urine Note Done
7	URINE_SENT_YN	Num	8	Was the sample sent to GHSU Core Lab?
8	URINE_SHIP_HR	Num	8	F003 II.1D.HR Time Shipped:
9	URINE_SHIP_MN	Num	8	F003 II.1D.MN Minutes urine shipped
10	URINE_TM	Char	8	Urine Time
11	SPEC_ID	Char	13	Urine Label
12	UR_ALB_CREAT	Char	19	Urine Microalbumin - Creatinine Ratio
13	UR_CREATININE	Char	8	Urine Creatinine
14	UR_MICROALB	Char	8	Urine Microalbumin
15	CONDITION	Char	4	Condition
16	COMMENTS	Char	58	Comments
17	VISIT_DT_DAYS	Num	8	Visit Date (recode: number of days after date of initial follow-up visit)
18	URINE_DT_DAYS	Num	8	F003 II.2B Date collected (recode: number of days after date of initial follow-up visit)
19	URINE_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)
20	COLLECTDATE_DAYS	Num	8	Collection Date (recode: number of days after date of initial follow-up visit)
21	DATE_RECEIVED_DAYS	Num	8	Date Received (recode: number of days after date of initial follow-up visit)



**Data Set Name: vdj.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	COMMENTS	Char	11	SPECIMEN_TYPE
3	VISIT_NBR	Char	4	Visit Number
4	VDJ_LABEL	Char	13	F003 II.9A Label Number:
5	VDJ_LBL	Char	5	VDJ Label Number (5 digits)
6	VDJ_ND	Char	8	VDJ Not Done
7	VDJ_SENT_YN	Num	8	Was the sample sent to Core Lab?
8	VDJ_SHIP_HR	Num	8	F003 II.8D.HR Time Shipped:
9	VDJ_SHIP_MN	Num	8	F003 II.8D.MN Minute VDJ shipped
10	VDJ_TM	Char	8	VDJ Time Collected
11	PCRAVGR	Char	11	INVERSE AVERAGE PCR
12	VISIT_DT_DAYS	Num	8	F003 Visit Date (recode: number of days after date of initial follow-up visit)
13	VDJ_DT_DAYS	Num	8	F003 II.9B Date Collected: (recode: number of days after date of initial follow-up visit)
14	VDJ_SENT_DT_DAYS	Num	8	D. Sample sent Date: (recode: number of days after date of initial follow-up visit)

**Data Set Name: vsit\_dtl\_visit.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	STUDY_ID	Num	8	Study ID
3	VISIT_ID	Num	8	Visit ID
4	VISIT_NBR	Char	3	Visit Number
5	ACCEPTABLE_BEGIN_DT_DAYS	Num	8	Acceptable Begin Date (recode: number of days after date of initial follow-up visit)
6	IDEAL_BEGIN_DT_DAYS	Num	8	Ideal Begin Date (recode: number of days after date of initial follow-up visit)
7	TARGET_DT_DAYS	Num	8	Target Date (recode: number of days after date of initial follow-up visit)
8	IDEAL_END_DT_DAYS	Num	8	Ideal End Date (recode: number of days after date of initial follow-up visit)
9	ACCEPTABLE_END_DT_DAYS	Num	8	Acceptable End Date (recode: number of days after date of initial follow-up visit)
10	ACTUAL_VISIT_DT_DAYS	Num	8	Actual Visit Date (recode: number of days after date of initial follow-up visit)

**Data Set Name: abdominal\_sonogram.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT	Char	10	VISIT NUMBER
3	READER	Char	10	Reader Number
4	LABEL	Num	8	Label Number
5	RIGHT_L	Num	8	RIGHT KIDNEY: LENGTH (cm)
6	RIGHT_AP	Num	8	RIGHT KIDNEY: ANTERIOR - POSTERIOR (cm)
7	RIGHT_T	Num	8	RIGHT KIDNEY: TRANSVERSE (cm)
8	LEFT_L	Num	8	LEFT KIDNEY: LENGTH (cm)
9	LEFT_AP	Num	8	LEFT KIDNEY: ANTERIOR - POSTERIOR (cm)
10	LEFT_T	Num	8	LEFT KIDNEY: TRANSVERSE (cm)
11	RIGHT_VOL	Num	8	RIGHT KIDNEY VOLUME (cm <sup>3</sup> )
12	LEFT_VOL	Num	8	LEFT KIDNEY VOLUME (cm <sup>3</sup> )
13	PROCEDURE_DT_DAYS	Num	8	Date of Procedure (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: bhrct\_fm50.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT	Num	8	4. Preliminary Week #:
3	SEQNO	Num	8	Sequence #:
4	ACTIVISIT	Num	8	6. Actual Week Number:
5	ACTSEQNO	Num	8	Actual Sequence Number:
6	AE_TYPE	Num	8	1. Type of AE (Form 50 Part II: Diagnosis/es or Problem)
7	OTHER_AE_SPECIFY	Char	300	A. If Other, Specify AE:
8	AE_TERM	Char	300	2. AE Term (Disease, condition, sign, or symptom: - NOT A NARRATIVE)
9	HXFEVNCR	Char	300	4. Reason for high fever
10	EVENT_IS_SAE	Num	8	3. Is this AE an SAE?
11	DEATH	Num	8	A. Fatal?
12	DTH_LOC	Num	8	2. Location of Death:
13	LIFETHRTNG	Num	8	B. Life-threatening?
14	HOSPTLZD	Num	8	C. Hospitalization for at least 7 days?
15	LONGHOSP	Num	8	D. Prolonged hospitalization by at least 7 days?
16	ICU	Num	8	E. ICU admission?
17	SAE_TRTRLTD	Num	8	F. Unexpected AND related to study treatment?
18	SAE_EVNTTYPE	Num	8	G. On list of specific SAE event types?
19	ACSNINF	Num	8	A. New Infiltrate
20	ACSSRAP	Num	8	B. O2% Saturation on Room Air at Presentation
21	ACSOXADM	Num	8	C. Oxygen Administered (L)
22	ACSMVENT	Num	8	D. Mechanical Ventilation
23	SPLNSIZE	Num	8	A. Spleen size below LCM
24	SPLNHMGL	Num	8	B. Nadir hemoglobin (gm/dL)
25	SPLPTCNT	Num	8	C. Platelet count at time of nadir hemoglobin (k/ $\mu$ L)
26	SEPSBACT	Num	8	A. Sepsis
27	SEPORGGN	Char	1	1a. Sepsis Organism Genus:
28	SEPORGSS	Char	13	1b. Sepsis Organism Species:
29	MENINGTS	Num	8	B. Meningitis:
30	MNGTBACT	Num	8	1. Meningitis Type:
31	ACOSTORG	Num	8	A. Organism known
32	ACOSTBON	Char	18	B. Bone Infected
33	LOS_CONS	Num	8	A. Loss of consciousness
34	CHG_MENT	Num	8	B. Change in mental status
35	SPEECH	Num	8	C. Loss of or difficulty with speech or vocalization
36	PARALYS	Num	8	D. Paralysis or weakness

Num	Variable	Type	Len	Label
37	DIFFSWAL	Num	8	E. Difficulty with swallowing
38	DIFF_SEE	Num	8	F. Difficulty with vision
39	BALANCE	Num	8	G. Loss of balance or dizziness
40	SEIZURE	Num	8	H. Seizures
41	HEADACHE	Num	8	I. Headache
42	F50MRI	Num	8	A. MRI of brain
43	F50CTBR	Num	8	B. CT scan of brain
44	F50PTBR	Num	8	C. PET scan of brain
45	F50MRA	Num	8	D. MRA of brain
46	F50TCD	Num	8	E. Transcranial Doppler
47	F50ARTGR	Num	8	F. Arteriogram
48	F50NEUR	Num	8	7. Was a Neurological Questionnaire (Form 43) completed?
49	NUMDAYS	Num	8	2. Event Duration (days)
50	SEVERITY	Num	8	3. Severity Type
51	ATTR_TRT	Num	8	4. Attribution to study treatment
52	DIAGUNXP	Num	8	5. Unexpected Diagnosis
53	OUTCOME	Num	8	7. Status
54	TRTEVENT	Num	8	1. Did event require any treatment?
55	TRANSFUS	Num	8	A. Transfusion
56	TR_TYPE	Num	8	1a. Transfusion Type:
57	TRVOLWBL	Num	8	b1. Whole Blood:
58	TRVOLPR2	Num	8	b2. Packed Red Cells:
59	CHRTRAN	Num	8	B. Placement on chronic transfusion therapy*
60	BMT	Num	8	C. Bone marrow transplantation*
61	SPLCTMY	Num	8	D. Splenectomy
62	CHOLCTMY	Num	8	E. Cholecystectomy
63	PAR_ANTI	Num	8	F. Parenteral antibiotics
64	BUTYRATE	Num	8	G. Butyrate
65	CONTRAHU	Num	8	H. Other treatment contraindicated for HU
66	DIALYS_L	Num	8	I. Dialysis, limited course
67	DIALYS_C	Num	8	J. Dialysis, chronic*
68	RETRANS	Num	8	K. Renal transplant or candidate*
69	TRTEVENT_OTHER	Num	8	L. Was the event treated with some other treatment type?
70	TRTEVENT_SPCFY	Char	99	a. Specify other treatment type
71	AE_OUTPTTRT	Num	8	1. Did the event receive outpatient treatment?
72	AE_RQRHOSP	Num	8	2. Did the event require hospitalization?
73	LLT_CODE	Char	1500	Lowest Level Term Code (MedDRA)
74	LLT_NAME	Char	1500	Lowest Level Term Name (MedDRA)
75	PT_CODE	Char	1500	Preferred Term Code (MedDRA)

Num	Variable	Type	Len	Label
76	PT_TERM	Char	1500	Preferred Term (MedDRA)
77	HLT_CODE	Char	1500	High Level Term Code (MedDRA)
78	HLT_TERM	Char	1500	High Level Term (MedDRA)
79	HLGT_CODE	Char	1500	High Level Group Term Code (MedDRA)
80	HLGT_TERM	Char	1500	High Level Group Term (MedDRA)
81	SOC_CODE	Char	1500	System Organ Class Code (MedDRA)
82	SOC_TERM	Char	1500	System Organ Class (MedDRA)
83	ADM_DT_DAYS	Num	8	7. Admission Date: (recode: number of days after date of eligibility or ineligibility)
84	DEATH_DT_DAYS	Num	8	1. Date of Death: (recode: number of days after date of eligibility or ineligibility)
85	DISCH_DT_DAYS	Num	8	8. Discharge Date: (recode: number of days after date of eligibility or ineligibility)
86	E_END_DT_DAYS	Num	8	8. Actual Event Ending Date: (recode: number of days after date of eligibility or ineligibility)
87	ONSET_DT_DAYS	Num	8	1. Date of onset (recode: number of days after date of eligibility or ineligibility)
88	RSLTN_DT_DAYS	Num	8	6. Date of resolution (recode: number of days after date of eligibility or ineligibility)
89	START_DT_DAYS	Num	8	7. Actual Event Start Date: (recode: number of days after date of eligibility or ineligibility)
90	TSTOP_DT_DAYS	Num	8	d. Transfusion Stop Date: (recode: number of days after date of eligibility or ineligibility)
91	TSTRT_DT_DAYS	Num	8	c. Transfusion Start Date: (recode: number of days after date of eligibility or ineligibility)
92	VIS_DT_DAYS	Num	8	5. Preliminary Event Start Date: (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: bhrct\_fm50\_20190910.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT	Num	8	4. Preliminary Week #:
3	SEQNO	Num	8	Sequence #:
4	ACTIVISIT	Num	8	6. Actual Week Number:
5	ACTSEQNO	Num	8	Actual Sequence Number:
6	AE_TYPE	Num	8	1. Type of AE (Form 50 Part II: Diagnosis/es or Problem)
7	OTHER_AE_SPECIFY	Char	300	A. If Other, Specify AE:
8	AE_TERM	Char	300	2. AE Term (Disease, condition, sign, or symptom: - NOT A NARRATIVE)
9	HXFEVNCR	Char	300	4. Reason for high fever
10	EVENT_IS_SAE	Num	8	3. Is this AE an SAE?
11	DEATH	Num	8	A. Fatal?
12	DTH_LOC	Num	8	2. Location of Death:
13	LIFETHRTNG	Num	8	B. Life-threatening?
14	HOSPTLZD	Num	8	C. Hospitalization for at least 7 days?
15	LONGHOSP	Num	8	D. Prolonged hospitalization by at least 7 days?
16	ICU	Num	8	E. ICU admission?
17	SAE_TRRLTD	Num	8	F. Unexpected AND related to study treatment?
18	SAE_EVNTTYPE	Num	8	G. On list of specific SAE event types?
19	ACSNINF	Num	8	A. New Infiltrate
20	ACSSRAP	Num	8	B. O2% Saturation on Room Air at Presentation
21	ACSOXADM	Num	8	C. Oxygen Administered (L)
22	ACSMVENT	Num	8	D. Mechanical Ventilation
23	SPLNSIZE	Num	8	A. Spleen size below LCM
24	SPLNHMGL	Num	8	B. Nadir hemoglobin (gm/dL)
25	SPLPTCNT	Num	8	C. Platelet count at time of nadir hemoglobin (k/ $\mu$ L)
26	SEPSBACT	Num	8	A. Sepsis
27	SEPORGGN	Char	1	1a. Sepsis Organism Genus:
28	SEPORGSS	Char	13	1b. Sepsis Organism Species:
29	MENINGTS	Num	8	B. Meningitis:
30	MNGTBACT	Num	8	1. Meningitis Type:
31	ACOSTORG	Num	8	A. Organism known
32	ACOSTBON	Char	18	B. Bone Infected
33	LOS_CONS	Num	8	A. Loss of consciousness
34	CHG_MENT	Num	8	B. Change in mental status
35	SPEECH	Num	8	C. Loss of or difficulty with speech or vocalization
36	PARALYS	Num	8	D. Paralysis or weakness

Num	Variable	Type	Len	Label
37	DIFFSWAL	Num	8	E. Difficulty with swallowing
38	DIFF_SEE	Num	8	F. Difficulty with vision
39	BALANCE	Num	8	G. Loss of balance or dizziness
40	SEIZURE	Num	8	H. Seizures
41	HEADACHE	Num	8	I. Headache
42	F50MRI	Num	8	A. MRI of brain
43	F50CTBR	Num	8	B. CT scan of brain
44	F50PTBR	Num	8	C. PET scan of brain
45	F50MRA	Num	8	D. MRA of brain
46	F50TCD	Num	8	E. Transcranial Doppler
47	F50ARTGR	Num	8	F. Arteriogram
48	F50NEUR	Num	8	7. Was a Neurological Questionnaire (Form 43) completed?
49	NUMDAYS	Num	8	2. Event Duration (days)
50	SEVERITY	Num	8	3. Severity Type
51	ATTR_TRT	Num	8	4. Attribution to study treatment
52	DIAGUNXP	Num	8	5. Unexpected Diagnosis
53	OUTCOME	Num	8	7. Status
54	TRTEVENT	Num	8	1. Did event require any treatment?
55	TRANSFUS	Num	8	A. Transfusion
56	TR_TYPE	Num	8	1a. Transfusion Type:
57	TRVOLWBL	Num	8	b1. Whole Blood:
58	TRVOLPR2	Num	8	b2. Packed Red Cells:
59	CHRTRAN	Num	8	B. Placement on chronic transfusion therapy*
60	BMT	Num	8	C. Bone marrow transplantation*
61	SPLCTMY	Num	8	D. Splenectomy
62	CHOLCTMY	Num	8	E. Cholecystectomy
63	PAR_ANTI	Num	8	F. Parenteral antibiotics
64	BUTYRATE	Num	8	G. Butyrate
65	CONTRAHU	Num	8	H. Other treatment contraindicated for HU
66	DIALYS_L	Num	8	I. Dialysis, limited course
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74	LLT_NAME	Char	1500	Lowest Level Term Name (MedDRA)
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Num	Variable	Type	Len	Label
76	PT_TERM	Char	1500	Preferred Term (MedDRA)
77	HLT_CODE	Char	1500	High Level Term Code (MedDRA)
78	HLT_TERM	Char	1500	High Level Term (MedDRA)
79	HLGT_CODE	Char	1500	High Level Group Term Code (MedDRA)
80	HLGT_TERM	Char	1500	High Level Group Term (MedDRA)
81	SOC_CODE	Char	1500	System Organ Class Code (MedDRA)
82	SOC_TERM	Char	1500	System Organ Class (MedDRA)
83	ADM_DT_DAYS	Num	8	7. Admission Date: (recode: number of days after date of eligibility or ineligibility)
84	DEATH_DT_DAYS	Num	8	1. Date of Death: (recode: number of days after date of eligibility or ineligibility)
85	DISCH_DT_DAYS	Num	8	8. Discharge Date: (recode: number of days after date of eligibility or ineligibility)
86	E_END_DT_DAYS	Num	8	8. Actual Event Ending Date: (recode: number of days after date of eligibility or ineligibility)
87	ONSET_DT_DAYS	Num	8	1. Date of onset (recode: number of days after date of eligibility or ineligibility)
88	RSLTN_DT_DAYS	Num	8	6. Date of resolution (recode: number of days after date of eligibility or ineligibility)
89	START_DT_DAYS	Num	8	7. Actual Event Start Date: (recode: number of days after date of eligibility or ineligibility)
90	TSTOP_DT_DAYS	Num	8	d. Transfusion Stop Date: (recode: number of days after date of eligibility or ineligibility)
91	TSTRT_DT_DAYS	Num	8	c. Transfusion Start Date: (recode: number of days after date of eligibility or ineligibility)
92	VIS_DT_DAYS	Num	8	5. Preliminary Event Start Date: (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: bhug\_pneumo\_lab.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	OPBLLBL	Char	5	LABEL OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY AT STUDY ENTRY
3	OPBLT26	Char	15	RESULT OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY(TYPE 26) AT STUDY ENTRY
4	OPBLT51	Char	15	RESULT OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY(TYPE 51) AT STUDY ENTRY
5	PCAB2YLB	Char	5	LABEL OF ANTIBODY RESPONSE TO PNEUMO 23(TYPE 51) AT AGE OF 23 MONTHS
6	PCAB2YT26	Char	15	RERULT OF ANTIBODY RESPONSE TO PNEUMO 23(TYPE 26) AT AGE OF 23 MONTHS
7	PCAB2YT51	Char	15	RERULT OF ANTIBODY RESPONSE TO PNEUMO 23(TYPE 51) AT AGE OF 23 MONTHS
8	OC2YLBL	Char	5	LABEL OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY 2-6 WEEKS AFTER VACCINATIONS AT AGE OF 24 MONTHS
9	OC2YT26	Char	15	RESULT OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY(TYPE 26) 2-6 WEEKS AFTER VACCINATIONS AT AGE OF 24 MONTHS
10	OC2YT51	Char	15	RESULT OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY(TYPE 51) 2-6 WEEKS AFTER VACCINATIONS AT AGE OF 24 MONTHS
11	OCAEOSLB	Char	5	LABEL OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY AT STUDY EXIT
12	OCAEOST26	Char	15	RESULT OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY(TYPE 26) AT STUDY EXIT
13	OCAEOST51	Char	15	RESULT OF SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY(TYPE 51) AT STUDY EXIT
14	OPBLDT_DAYS	Num	8	DATE OF STUDY ENTRY (PRE-TREATMENT):SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY (recode: number of days after date of eligibility or ineligibility)
15	PCAB2YDT_DAYS	Num	8	DATE OF 23-MONTH-OF-AGE BLOOD SAMPLES:ANTIBODY RESPONSE TO PNEUMO 23 (recode: number of days after date of eligibility or ineligibility)
16	OC2YDT_DAYS	Num	8	DATE OF 2-8 WEEKS AFTER 24-MONTH OF AGE VACCINATIONS:SERUM OPSONOPHAGOCYTIC + PNEUMOCOCCAL ANTIBODY (recode: number of days after date of eligibility or ineligibility)
17	OCAEOSDT_DAYS	Num	8	DATE OF STUDY EXIT:SERUM OPSONOPHAGOCYTIC+PNEUMOCOCCAL ANTIBODY (recode: number of days after date of eligibility or ineligibility)
18	DT_RECD_DAYS	Num	8	DATE OF RECORD (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: blackhc.sas7bdat**

Num	Variable	Type	Len	Label
1	AGE_MO	Num	8	AGE IN MONTH
2	L1	Num	8	HEAD CIRCUMFERENCE: L PARAMETER (BLACK MALE)
3	M1	Num	8	HEAD CIRCUMFERENCE: M PARAMETER (BLACK MALE)
4	S1	Num	8	HEAD CIRCUMFERENCE: S PARAMETER (BLACK MALE)
5	C0151	Num	8	HEAD CIRCUMFERENCE: 1.5 PERCENTILE (BLACK MALE) (cm)
6	C051	Num	8	HEAD CIRCUMFERENCE: 5 PERCENTILE (BLACK MALE) (cm)
7	C101	Num	8	HEAD CIRCUMFERENCE: 10 PERCENTILE (BLACK MALE) (cm)
8	C251	Num	8	HEAD CIRCUMFERENCE: 25 PERCENTILE (BLACK MALE) (cm)
9	C501	Num	8	HEAD CIRCUMFERENCE: MEDIAN (BLACK MALE) (cm)
10	C751	Num	8	HEAD CIRCUMFERENCE: 75 PERCENTILE (BLACK MALE) (cm)
11	C951	Num	8	HEAD CIRCUMFERENCE: 95 PERCENTILE (BLACK MALE) (cm)
12	L2	Num	8	HEAD CIRCUMFERENCE: L PARAMETER (BLACK FEMALE)
13	M2	Num	8	HEAD CIRCUMFERENCE: M PARAMETER (BLACK FEMALE)
14	S2	Num	8	HEAD CIRCUMFERENCE: S PARAMETER (BLACK FEMALE)
15	C0152	Num	8	HEAD CIRCUMFERENCE: 1.5 PERCENTILE (BLACK FEMALE) (cm)
16	C052	Num	8	HEAD CIRCUMFERENCE: 5 PERCENTILE (BLACK FEMALE) (cm)
17	C102	Num	8	HEAD CIRCUMFERENCE: 10 PERCENTILE (BLACK FEMALE) (cm)
18	C252	Num	8	HEAD CIRCUMFERENCE: 25 PERCENTILE (BLACK FEMALE) (cm)
19	C502	Num	8	HEAD CIRCUMFERENCE: MEDIAN (BLACK FEMALE) (cm)
20	C752	Num	8	HEAD CIRCUMFERENCE: 75 PERCENTILE (BLACK FEMALE) (cm)
21	C952	Num	8	HEAD CIRCUMFERENCE: 95 PERCENTILE (BLACK FEMALE) (cm)
22	ID	Num	8	

**Data Set Name: consent\_dt.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	ELIGSTAT	Num	8	STATUS OF ELIGIBILITY (1 = ELIGIBLE; 2 = INELIGIBLE)
3	TRT_GRP	Num	8	TREATMENT GROUP (1 = HU; 2 = Placebo)
4	DATA_CONSENT	Char	4	Subject Consented for Data Sharing?
5	CONSENT_DT_DAYS	Num	8	Consent Date (recode: number of days after date of eligibility or ineligibility)
6	SCRN_DT_DAYS	Num	8	DATE OF SCREENING (recode: number of days after date of eligibility or ineligibility)
7	EXIT_DT_DAYS	Num	8	DATE OF EXIT (recode: number of days after date of eligibility or ineligibility)
8	TRT_DT_DAYS	Num	8	DATE OF TREATMENT INITIATION (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: csscght.sas7bdat**

Num	Variable	Type	Len	Label
1	AGE_MO	Num	8	AGE IN MONTH
2	L1	Num	8	HEIGHT: L PARAMETER (MALE)
3	M1	Num	8	HEIGHT: M PARAMETER (MALE)
4	S1	Num	8	HEIGHT: S PARAMETER (MALE)
5	H0151	Num	8	HEIGHT: 1.5 PERCENTILE (MALE) (cm)
6	H051	Num	8	HEIGHT: 5 PERCENTILE (MALE) (cm)
7	H101	Num	8	HEIGHT: 10 PERCENTILE (MALE) (cm)
8	H251	Num	8	HEIGHT: 25 PERCENTILE (MALE) (cm)
9	H501	Num	8	HEIGHT: MEDIAN (MALE) (cm)
10	H751	Num	8	HEIGHT: 75 PERCENTILE (MALE) (cm)
11	H951	Num	8	HEIGHT: 95 PERCENTILE (MALE) (cm)
12	L2	Num	8	HEIGHT: L PARAMETER (FEMALE)
13	M2	Num	8	HEIGHT: M PARAMETER (FEMALE)
14	S2	Num	8	HEIGHT: S PARAMETER (FEMALE)
15	H0152	Num	8	HEIGHT: 1.5 PERCENTILE (FEMALE) (cm)
16	H052	Num	8	HEIGHT: 5 PERCENTILE (FEMALE) (cm)
17	H102	Num	8	HEIGHT: 10 PERCENTILE (FEMALE) (cm)
18	H252	Num	8	HEIGHT: 25 PERCENTILE (FEMALE) (cm)
19	H502	Num	8	HEIGHT: MEDIAN (FEMALE) (cm)
20	H752	Num	8	HEIGHT: 75 PERCENTILE (FEMALE) (cm)
21	H952	Num	8	HEIGHT: 95 PERCENTILE (FEMALE) (cm)
22	ID	Num	8	

**Data Set Name: csscwt.sas7bdat**

Num	Variable	Type	Len	Label
1	AGE_MO	Num	8	AGE IN MONTH
2	L1	Num	8	WEIGHT: L PARAMETER (MALE)
3	M1	Num	8	WEIGHT: M PARAMETER (MALE)
4	S1	Num	8	WEIGHT: S PARAMETER (MALE)
5	W0151	Num	8	WEIGHT: 1.5 PERCENTILE (MALE) (kg)
6	W051	Num	8	WEIGHT: 5 PERCENTILE (MALE) (kg)
7	W101	Num	8	WEIGHT: 10 PERCENTILE (MALE) (kg)
8	W251	Num	8	WEIGHT: 25 PERCENTILE (MALE) (kg)
9	W501	Num	8	WEIGHT: MEDIAN (MALE) (kg)
10	W751	Num	8	WEIGHT: 75 PERCENTILE (MALE) (kg)
11	W951	Num	8	WEIGHT: 95 PERCENTILE (MALE) (kg)
12	L2	Num	8	WEIGHT: L PARAMETER (FEMALE)
13	M2	Num	8	WEIGHT: M PARAMETER (FEMALE)
14	S2	Num	8	WEIGHT: S PARAMETER (FEMALE)
15	W0152	Num	8	WEIGHT: 1.5 PERCENTILE (FEMALE) (kg)
16	W052	Num	8	WEIGHT: 5 PERCENTILE (FEMALE) (kg)
17	W102	Num	8	WEIGHT: 10 PERCENTILE (FEMALE) (kg)
18	W252	Num	8	WEIGHT: 25 PERCENTILE (FEMALE) (kg)
19	W502	Num	8	WEIGHT: MEDIAN (FEMALE) (kg)
20	W752	Num	8	WEIGHT: 75 PERCENTILE (FEMALE) (kg)
21	W952	Num	8	WEIGHT: 95 PERCENTILE (FEMALE) (kg)
22	ID	Num	8	

**Data Set Name: *cystatin.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	LABEL	Char	5	Label Number
3	VISIT	Char	3	VISIT NUMBER
4	FIRST_MEASUREMENT	Num	8	CYSTATIN C: FIRST MEASUREMENT (mg/L)
5	SECOND_MEASUREMENT	Num	8	CYSTATIN C: SECOND MEASUREMENT (mg/L)
6	VIS_DT_DAYS	Num	8	Visit Date (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: dtpa.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT	Char	3	F22 I_4VIS SUBJECT CLINICAL VISIT NUMBER
3	DTPA_GFR	Num	8	GFR from DTPA (ml/min/1.73m2)
4	VIS_DT_DAYS	Num	8	F22 I_5 SUBJECT CLINICAL VISIT START DATE (recode: number of days after date of eligibility or ineligibility)



**Data Set Name: fm04.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F04 FORM STUDY FORM NUMBER
3	REV	Char	1	F04 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F04 I_4VIS SUBJECT CLINICAL VISIT NUMBER FOR FIRST SCREENING
5	SEQNO	Num	8	F04 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	DIAGHBSS	Num	8	F04 II_1 DIAGNOSIS OF HB-SS OR HB S-BETA-0-THAL?
7	AGEINCL4	Num	8	F04 II_2B IS THE CHILD CHILD BETWEEN 9 AND 17 MONTHS OF AGE INCLUSIVE?
8	WILL1217	Num	8	F04 II_2C WILL THE CHILD BE BETWEEN 9 AND 17 MONTHS OF AGE INCLUSIVE, DURING THE STUDY RECRUITMENT PERIOD?
9	CONSNT04	Num	8	F04 II_3 HAS INFORMED CONSENT BEEN OBTAINED?
10	HIPAA04	Num	8	F04 II_4 HAS HIPAA AUTHORIZATION FORM BEEN OBTAINED?
11	PHONE04	Num	8	F04 II_5 DOES THE FAMILY HAVE TELEPHONE SERVICE FOR CONTACT AS REQUIRED?
12	SPLENCBL	Num	8	F04 III_1A SPLENECTOMY?
13	CHRTRFBL	Num	8	F04 III_1B CHRONIC TRANSFUSION PROGRAM?
14	TRN2MO04	Num	8	F04 III_1C TRANSFUSION WITHIN LAST TWO MONTHS?
15	HERPHFBL	Num	8	F04 III_1D KNOWN HEREDITARY PERSISTENCE OF HB-F?
16	STROKEBL	Num	8	F04 III_1E STROKE OR GRADE III/IV INTRACRANIAL HEMORRHAGE?
17	MALIGBL	Num	8	F04 III_1F MALIGNANCY?
18	PALSYBL	Num	8	F04 III_1G CEREBRAL PALSY AND/OR MENTAL RETARDATION?
19	OTHCHRBL	Num	8	F04 III_1H OTHER CONDITION OR SEVERE CHRONIC ILLNESS?
20	SBTHALBL	Num	8	F04 III_1I S-BETA+ THALASSEMIA?
21	PRVHUBL	Num	8	F04 III_1J PREVIOUS OR CURRENT HYDROXYUREA THERAPY?
22	ANTISKBL	Num	8	F04 III_1K PREVIOUS OR CURRENT USE OF OTHER ANTISICKLING AGENT?
23	TRIALSBL	Num	8	F04 III_1L CURRENT PARTICIPATION IN OTHER INTERVENTION TRIAL(S)?
24	CERT_SIG	Num	8	F04 V_1B SIGNATURE OF THE PERSON WHO FILLS OUT THE FORM
25	GEN_CMNT	Num	8	F04 V_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
26	SIBLING	Char	4	F04 IV_1A IF YES, WHAT'S THE SIBLING'S PATIENT ID?
27	SIB_ENR	Num	8	F04 IV_1 DOES THE CHILD HAVE A SIBLING EITHER ENROLLED OR IN SCREENING IN BABY HUG?
28	VIS_DT_DAYS	Num	8	F04 I_5 SUBJECT CLINICAL VISIT DATE OF FIRST SCREENING (recode: number of days after date of eligibility or ineligibility)
29	TRN04_DT_DAYS	Num	8	F04 III_1CDT TRANSFUSION DATE IF TRANSFUSED WITHIN LAST TWO MONTHS (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm05.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F05 FORM STUDY FORM NUMBER
3	REV	Char	1	F05 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F05 I_4VIS SUBJECT CLINICAL VISIT NUMBER FOR SECOND SCREENING
5	SEQNO	Num	8	F05 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	AGEINCL5	Num	8	F05 1A IS THE SUBJECT BETWEEN 9 AND 17 MONTHS OF AGE?
7	TRN2MO05	Num	8	F05 1B HAS THE SUBJECT HAD TRANSFUSION WITHIN LAST 2 MONTHS?
8	CONSNT05	Num	8	F05 2A HAS INFORMED CONSENT BEEN OBTAINED?
9	HIPAA05	Num	8	F05 2B HAS HIPAA AUTHORIZATION FORM BEEN OBTAINED?
10	PHONE05	Num	8	F05 2C DOES THE FAMILY HAVE TELEPHONE SERVICE FOR CONTACT AS REQUIRED?
11	PAPRVCCD	Num	8	F05 2D CONCURRENCE THAT PARTICIPATION APPROPRIATE BY CLINICAL CENTER DIRECTOR?
12	PAPRVPFA	Num	8	F05 2E CONCURRENCE THAT PARTICIPATION APPROPRIATE BY PATIENT-FAMILY ADVOCATE?
13	BLOODCOL	Num	8	F05 III_1 WERE ANY BLOOD SPECIMENS COLLECTED?
14	NOVENACS	Num	8	F05 III_1A1 REASON(S) SPECIMEN NOT COLLECTED: (1). NO ACCESS
15	PTNTDCLN	Num	8	F05 III_1A2 REASON(S) SPECIMEN NOT COLLECTED: (2). PATIENT DECLINED OR BLOOD DRAW NOT POSSIBLE TODAY
16	PRNTREFS	Num	8	F05 III_1A3 REASON(S) SPECIMEN NOT COLLECTED: (3). PARENT REFUSED
17	SCHEMAT	Char	5	F05 III_1B1 SPECIMEN LABEL: (1). HEMATOLOGY
18	SCBIOCH	Char	5	F05 III_1B2 SPECIMEN LABEL: (2). BIOCHEMISTRY SPECIMEN COLLECTED JUST PRIOR TO URINE OSMOLALITY SPECIMEN
19	SCPITCEL	Char	5	F05 III_1B3 SPECIMEN LABEL: (3). PITTED CELL COUNT SPECIMEN COLLECTED AND PREPARED WITHIN 1 HOUR OF COLLECTION
20	SCCYTOG	Char	5	F05 III_1B4 SPECIMEN LABEL: (4). CYTOGENETICS
21	SCDNA	Char	5	F05 III_1B5 SPECIMEN LABEL: (5). DNA
22	SCIMMUN	Num	8	F05 III_1B6 SPECIMEN LABEL: (6). IMMUNOLOGY(RECORD LABELS ON FORM 42)
23	SCPENCIL	Char	5	F05 III_1B7 SPECIMEN LABEL: (7). PENICILLIN COMPLIANCE
24	SCCONS1	Num	8	F05 III_1B8 IS THE SPECIMEN CONSENTED TO BE USED FOR OTHER PURPOSES?
25	SCCONS2	Num	8	F05 III_1B9 IS THE SPECIMEN CONSENTED FOR OTHER DOCTORS TO STUDY DISEASES NOT RELATED TO SCA?
26	SEDMRI	Num	8	F05 IV_1C1 SEDATION
27	MRI_NPO	Num	8	F05 IV_1C2 HOW MANY HOURS NPO IN MRI SCAN?
28	ABD_NPO	Num	8	F05 IV_1D1 HOW MANY HOURS NPO IN ABDOMINAL ULTRASOUND SCAN?
29	TRNDP_ND	Num	8	F05 IV_1HND TRANSCRANIAL DOPPLER NOT DONE
30	TRNDNP	Num	8	F05 IV_1H1 REASON FOR TRANSCRANIAL DOPPLER NOT ATTEMPTED
31	TRNDNPSP	Num	8	F05 IV_1H1A SPECIFY THE OTHER REASONS WHY TRANSCRANIAL DOPPLER NOT ATTEMPTED

Num	Variable	Type	Len	Label
32	REDCELLS	Num	8	F05 IV_2A URINALYSIS: DEGREE OF RED CELLS
33	WHTCELLS	Num	8	F05 IV_2B URINALYSIS: DEGREE OF WHITE CELLS
34	URIN_PH	Num	8	F05 IV_2C URINALYSIS: URINE PH VALUE
35	URINPR	Num	8	F05 IV_2D URINALYSIS: DEGREE OF PROTEIN
36	URINHB	Num	8	F05 IV_2E URINALYSIS: DEGREE OF HEMOGLOBIN
37	URINSG	Num	8	F05 IV_2F URINALYSIS: URINE SPECIFIC GRAVITY
38	URN_NPO	Num	8	F05 IV_3A HOW MANY HOURS NPO IN URINE CONCENTRATING ABILITY ANALYSIS?
39	URINOS	Char	5	F05 IV_3B URINE OSMOLALITY SPECIMEN COLLECTED JUST AFTER BIOCHEMISTRY SPECIMEN
40	O2SAT	Num	8	F05 IV_4A O2 SATURATION (PULSE OXYMETRY), FIRST MEASUREMENT
41	O2SATSM	Num	8	F05 IV_4B O2 SATURATION (PULSE OXYMETRY), SECOND MEASUREMENT
42	HEIGHT1	Num	8	F05 IV_5A SUBJECT'S RECUMBENT LENGTH, FIRST MEASUREMENT
43	HEIGHT2	Num	8	F05 IV_5B SUBJECT'S RECUMBENT LENGTH, SECOND MEASUREMENT
44	HEIGHT3	Num	8	F05 IV_5C SUBJECT'S RECUMBENT LENGTH, THIRD MEASUREMENT
45	HEIGHT	Num	8	F05 AVERAGE OF THE SUBJECT'S RECUMBENT LENGTH
46	HAIRHGHT	Num	8	F05 IV_5D RATE HAIR STYLE INTERFERENCE ON SUBJECT'S LENGTH
47	WEIGHT1	Num	8	F05 IV_6A SUBJECT'S WEIGHT, FIRST MEASUREMENT
48	WEIGHT2	Num	8	F05 IV_6B SUBJECT'S WEIGHT, SECOND MEASUREMENT
49	WEIGHT3	Num	8	F05 IV_6C SUBJECT'S WEIGHT, THIRD MEASUREMENT
50	WEIGHT	Num	8	F05 AVERAGE OF SUBJECT'S WEIGHT
51	HEADC1	Num	8	F05 IV_7A SUBJECT'S HEAD CIRCUMFERENCE, FIRST MEASUREMENT
52	HEADC2	Num	8	F05 IV_7B SUBJECT'S HEAD CIRCUMFERENCE, SECOND MEASUREMENT
53	HEADC3	Num	8	F05 IV_7C SUBJECT'S HEAD CIRCUMFERENCE, THIRD MEASUREMENT
54	HEADC	Num	8	F05 AVERAGE OD SUBJECT'S HEAD CIRCUMFERENCE
55	HAIR	Num	8	F05 IV_7D RATE HAIR STYLE INTERFERENCE ON SUBJECT'S HEAD CIRCUMFERENCE
56	CERT_NO	Char	4	F05 V_1A CERTIFICATION NUMBER OF THE PERSON WHO FILLS OUT THE FORM
57	CERT_SIG	Num	8	F05 V_1B SIGNATURE OF THE PERSON WHO FILLS OUT THE FORM
58	GEN_CMNT	Num	8	F05 V_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
59	VIS_DT_DAYS	Num	8	F05 I_5 SUBJECT CLINICAL VISIT DATE OF SECOND SCREENING (recode: number of days after date of eligibility or ineligibility)
60	MSRMT_DT_DAYS	Num	8	F05 IV_8 ANTHROPOMETRY MEASUREMENT DATE (recode: number of days after date of eligibility or ineligibility)
61	TRN05_DT_DAYS	Num	8	F05 1B1DT THE SUBJECT TRANSFUSION DATE IF TRANSFUSED WITHIN LAST TWO MONTHS (recode: number of days after date of eligibility or ineligibility)
62	URNLS_DT_DAYS	Num	8	F05 IV_1ADT DATE OF URINALYSIS PERFORMED (recode: number of days after date of eligibility or ineligibility)
63	URNCA_DT_DAYS	Num	8	F05 IV_1BDT DATE OF URINE CONCENTRATING ABILITY PERFORMED (recode: number of days after date of eligibility or ineligibility)

Num	Variable	Type	Len	Label
64	MRI_DT_DAYS	Num	8	F05 IV_1CDT MRI/MRA DATE (recode: number of days after date of eligibility or ineligibility)
65	LIVSP_DT_DAYS	Num	8	F05 IV_1CDT DATE OF LIVER-SPLEEN SCAN PERFORMED (recode: number of days after date of eligibility or ineligibility)
66	ABULT_DT_DAYS	Num	8	F05 IV_1DDT DATE OF ABDOMINAL ULTRASOUND PERFORMED (recode: number of days after date of eligibility or ineligibility)
67	NEFCH_DT_DAYS	Num	8	F05 IV_1EDT DATE OF NEUROLOGICAL EVALUATION PERFORMED (recode: number of days after date of eligibility or ineligibility)
68	BAYL_DT_DAYS	Num	8	F05 IV_1FDT DATE OF BAYLEY'S TEST PERFORMED (recode: number of days after date of eligibility or ineligibility)
69	VINLD_DT_DAYS	Num	8	F05 IV_1GDT DATE OF VINELAND TEST PERFORMED (recode: number of days after date of eligibility or ineligibility)
70	TRNDP_DT_DAYS	Num	8	F05 IV_1HDT DATE OF TRANSCRANIAL DOPPLER PERFORMED (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm06.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F06 FORM STUDY FORM NUMBER
3	REV	Char	1	F06 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F06 I_4VIS SUBJECT CLINICAL VISIT NUMBER FOR PHYSICAL EXAMINATION
5	SEQNO	Num	8	F06 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	SCDIAG	Num	8	F06 II_1 SUBJECT SICKLE CELL DIAGNOSIS (HB-SS OR HB S-BETA-0-THAL)
7	GEST_AGE	Num	8	F06 II_2 GESTATIONAL AGE AT BIRTH
8	GESTAGNA	Num	8	F06 II_2NA GESTATIONAL AGE AT BIRTH NA
9	HOSPBL	Num	8	F06 II_3A NUMBER OF EPISODES OF HOSPITALIZATION(S)
10	HOSP_NA	Num	8	F06 II_3ANA HOSPITALIZATION(S) NA
11	FEVERBL	Num	8	F06 II_3A1 NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: FEVER
12	FEVER_NA	Num	8	F06 II_3A1NA FEVER NA
13	DACTBL	Num	8	F06 II_3B NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: DACTYLITIS
14	DACTBLNA	Num	8	F06 II_3BNA DACTYLITIS NA
15	AGEDACT	Num	8	F06 II_3B1 SUBJECT AGE OF FIRST DACTYLITIS
16	AGEDACNA	Num	8	F06 II_3B1NA AGE OF FIRST DACTYLITIS NA
17	PAINBL	Num	8	F06 II_3C NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: PAIN
18	PAINBLNA	Num	8	F06 II_3CNA PAIN NA
19	ASCBL	Num	8	F06 II_3D NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: ACUTE CHEST SYNDROME
20	ASCBL_NA	Num	8	F06 II_3DNA ACUTE CHEST SYNDROME NA
21	PRIAPBL	Num	8	F06 II_3E NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: PRIAPISM
22	PRIAPNA	Num	8	F06 II_3ENA PRIAPISM NA
23	SPLSEQBL	Num	8	F06 II_3F NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: SPLENIC SEQUESTRATION
24	SPLSEQNA	Num	8	F06 II_3FNA SPLENIC SEQUESTRATION NA
25	TRNSFBL	Num	8	F06 II_3G NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: TRANSFUSION
26	TRNS_NA	Num	8	F06 II_3GNA TRANSFUSION NA
27	SEPSISBL	Num	8	F06 II_3H NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: BACTEREMIA/SEPSIS OTHER THAN MENINGITIS
28	SEPSISNA	Num	8	F06 II_3HNA BACTEREMIA/SEPSIS OTHER THAN MENINGITIS NA
29	MENINBL	Num	8	F06 II_3I NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: MENINGITIS
30	MENIN_NA	Num	8	F06 II_3INA MENINGITIS NA
31	APLCRBL	Num	8	F06 II_3J NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: APLASTIC CRISIS
32	APLCR_NA	Num	8	F06 II_3JNA APLASTIC CRISIS NA

Num	Variable	Type	Len	Label
33	TIABL	Num	8	F06 II_3K NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: TRANSIENT ISCHEMIC ATTACK
34	TIABL_NA	Num	8	F06 II_3KNA TRANSIENT ISCHEMIC ATTACK NA
35	SEIZNFBL	Num	8	F06 II_3L NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: SEIZURES (NON-FEBRILE)
36	SEIZNFNA	Num	8	F06 II_3LNA SEIZURES (NON-FEBRILE) NA
37	SEIZFBBL	Num	8	F06 II_3M NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: SEIZURES (FEBRILE)
38	SEIZFBNA	Num	8	F06 II_3MNA SEIZURES (FEBRILE) NA
39	OSTEOMBL	Num	8	F06 II_3N NUMBER OF EPISODES THE CHILD HAS HAD SINCE BIRTH: OSTEOMYELITIS
40	OSTEOMNA	Num	8	F06 II_3NNA OSTEOMYELITIS NA
41	SPLNMDCL	Num	8	F06 III_1A SPLEEN: MIDCLAVICULAR LINE
42	SPLNINTC	Num	8	F06 III_1B SPLEEN: ANTERIOR AXILLARY LINE
43	LIVRCMBL	Num	8	F06 III_2 LIVER: PALPATED BELOW THE RIGHT COSTAL MARGIN
44	HEIGHT1	Num	8	F06 III_3A CHILD'S REUMBENT LENGTH MEASUREMENT #1
45	HEIGHT2	Num	8	F06 III_3B CHILD'S REUMBENT LENGTH MEASUREMENT #2
46	HEIGHT3	Num	8	F06 III_3C CHILD'S REUMBENT LENGTH MEASUREMENT #3
47	HEIGHT	Num	8	F06 CHILD'S AVERAGE RECUMBENT LENGTH
48	HAIRHGHT	Num	8	F06 III_3D RATE HAIR STYLE INTERFERENCE ON CHILD'S LENGTH
49	WEIGHT1	Num	8	F06 III_4A CHILD'S WEIGHT MEASUREMENT #1
50	WEIGHT2	Num	8	F06 III_4B CHILD'S WEIGHT MEASUREMENT #2
51	WEIGHT3	Num	8	F06 III_4C CHILD'S WEIGHT MEASUREMENT #3
52	WEIGHT	Num	8	F06 CHILD'S AVERAGE WEIGHT
53	HEADC1	Num	8	F06 III_5A CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #1
54	HEADC2	Num	8	F06 III_5B CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #2
55	HEADC3	Num	8	F06 III_5C CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #3
56	HEADC	Num	8	F06 CHILD'S AVERAGE HEAD CIRCUMFERENCE
57	HAIR	Num	8	F06 III_5D RATE HAIR STYLE INTERFERENCE ON CHILD'S HEAD CIRCUMFERENCE
58	VIS_DT_DAYS	Num	8	F06 I_5 FORM COMPLETED DATE (recode: number of days after date of eligibility or ineligibility)
59	MSRMT_DT_DAYS	Num	8	F06 III_6 ANTHROPOMETRY MEASUREMENT DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm07.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F07 FORM STUDY FORM NUMBER
3	REV	Char	1	F07 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F07 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F07 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	ASIAN	Num	8	F07 II_1B ASIAN
7	NHWNOPIS	Num	8	F07 II_1C NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
8	ETHUNKN	Num	8	F07 II_1F RACIAL STATUS UNKNOWN OR NOT REPORTED
9	CARIBBN	Num	8	F07 II_3 CARIBBEAN
10	GENDER	Num	8	F07 II_4 SUBJECT'S GENDER
11	ROOMS	Num	8	F07 II_5 HOW MANY ROOMS ARE IN THE PATIENT'S RESIDENCE?
12	CHLDN	Num	8	F07 II_6A NUMBER OF PEOPLE UNDER 18 LIVE IN THE PATIENT'S HOUSEHOULD NOT COUNTING THE PATIENT
13	ADULT	Num	8	F07 II_6B NUMBER OF PEOPLE 18 AND OVER LIVE IN THE PATIENT'S HOUSEHOULD
14	PCFTWORK	Num	8	F07 II_9A EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: FULL-TIME WORK (35 HOURS WEEK OR MORE)
15	PCPTWORK	Num	8	F07 II_9B EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: PART-TIME WORK (LESS THAN 35 HOURS/WEEK)
16	PCUNEMPL	Num	8	F07 II_9C EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: LAID OFF, UNEMPLOYED OR CURRENTLY LOOKING FOR WORK
17	PCKHOUSE	Num	8	F07 II_9F EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: KEEPING HOUSE
18	PCAS35HM	Num	8	F07 II_9G EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: ATTENDING SCHOOL 35 HOURS A WEEK OR MORE
19	PCAS35HL	Num	8	F07 II_9H EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: ATTENDING SCHOOL LESS THAN 35 HOURS A WEEK
20	PCVRWORK	Num	8	F07 II_9I EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: DOING VOLUNTEER WORK
21	PCEMP5YR	Num	8	F07 II_9K EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: EMPLOYED IN THE LAST 5 YEARS
22	OCFTWORK	Num	8	F07 II_12A EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: FULL-TIME WORK (35 HOURS WEEK OR MORE)
23	OCPTWORK	Num	8	F07 II_12B EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: PART-TIME EMPLOYMENT (LESS THAN 35 HOURS/WEEK)
24	OCUNEMPL	Num	8	F07 II_12C EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: LAID OFF, UNEMPLOYED OR CURRENTLY LOOKING FOR WORK
25	OCKHOUSE	Num	8	F07 II_12F EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: KEEPING HOUSE
26	OCAS35HM	Num	8	F07 II_12G EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: ATTENDING SCHOOL 35 HOURS A WEEK OR MORE

Num	Variable	Type	Len	Label
27	OCAS35HL	Num	8	F07 II_12H EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: ATTENDING SCHOOL LESS THAN 35 HOURS A WEEK
28	OCVRWORK	Num	8	F07 II_12I EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: DOING VOLUNTEER WORK
29	OCEMP5YR	Num	8	F07 II_12K EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: EMPLOYED IN LAST 5 YEARS
30	PRIVTINS	Num	8	F07 II_14A WHAT TYPE OF MEDICAL INSURANCE: PRIVATE INSURANCE
31	MEDICARE	Num	8	F07 II_14B WHAT TYPE OF MEDICAL INSURANCE: MEDICARE
32	MEDICAID	Num	8	F07 II_14C WHAT TYPE OF MEDICAL INSURANCE: MEDICAID
33	STATEPRG	Num	8	F07 II_14D WHAT TYPE OF MEDICAL INSURANCE: STATE PROGRAM
34	NOINSRNC	Num	8	F07 II_14E WHAT TYPE OF MEDICAL INSURANCE: NO INSURANCE
35	AMNGCARE	Num	8	F07 II_14F WHAT TYPE OF MEDICAL INSURANCE: ANY MANAGED CARE
36	VIS_DT_DAYS	Num	8	F07 I_5 FORM COMPLETED DATE (recode: number of days after date of eligibility or ineligibility)
37	RACEG	Num	8	Race (1 = Black, non-hispanic, 2 = Non-black/Hispanic/Multiple races)
38	PRCARTKRG	Num	8	F07 II_7 WHO IS THE PATIENT'S PRIMARY CARETAKER? (regrouped: 1 = Mother, 2 = Other)
39	PCSCHOOLG	Num	8	F07 II_8 HIGHEST LEVEL OF SCHOOL PRIMARY CARETAKER COMPLETED (regrouped: 4=5th-11th Grade;5=H.S. Diploma or Equiv;6=Some College-No Degree;7=Assoc. Degree,8=Bachelor's Degree;9=Master's, Prof School, or Doctorate Degree)
40	PCWORKG	Num	8	F07 II_9 EMPLOYMENT STATUS OF THE PATIENT'S PRIMARY CARETAKER: DISABLED, RETIRED, or OTHER (1 = Yes, 2 = No, 3 = N/A)
41	PCRTOCPNG	Num	8	F07 II_9L WHAT IS/WAS THE PRIMARY CARETAKER'S MAIN OCCUPATION (regrouped: 1=Professional/technical,2=Manager/administrator,3=Sales worker,4=Clerical worker,5=Operative/Laborer/Farm Foreman/Other,9=Service worker)
42	OTHCRTRKRG	Num	8	F07 II_10 WHO IS THE PATIENT'S OTHER CARETAKER (regrouped: 1=Mother,3=Father,12=Grandparent(s),13=Other Relative,15=Unrelated person or No other caretaker,18=N/A)
43	OCSCHOOLG	Num	8	F07 II_11 HIGHEST Lvl OF SCHOOL FATHER/OTH CARETAKER COMPLETED (regrouped: 4=None-11th Grade;5=H.S. Diploma or Equiv;6=Some College-No Degree;7=Assoc, Prof School, or Doctorate Degree;8=Bachelor's Deg;9=Master's Deg;12=N/A)
44	OCWORKG	Num	8	F07 II_12 EMPLOYMENT STATUS OF THE PATIENT'S FATHER OR OTHER CARETAKER: DISABLED, RETIRED, or OTHER (1 = Yes, 2 = No, 3 = N/A)
45	OCRTOCPNG	Num	8	F07 II_12L WHAT IS/WAS THE OTHER CARETAKER'S MAIN OCCUPATION (regrouped: 1=Professional/technical,2=Manager/administrator,3=Sales worker,4=Clerical worker,5=Operative/Laborer/Farm Foreman/Other,9=Service worker,11=N/A)
46	FAMINCOMG	Num	8	F07 II_13 COUNTING ALL INCOME (regrouped: 1= < \$10,000,2=\$10,000-\$19,999,3=\$20,000-\$29,999,4=\$30,000-\$39,999,5=\$40,000-\$49,999,6=\$50,000-\$59,999,7=\$60,000-\$79,999,9=\$80,000-\$124,999,12=\$125,000-\$150,000 or More,14=N/A)



**Data Set Name: fm08.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F08 FORM STUDY FORM NUMBER
3	REV	Char	1	F08 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F08 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F08 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	GESTAGW	Num	8	F08 II_1 GESTATIONAL AGE AT BIRTH WEEK
7	NEWB_HT	Num	8	F08 II_2A NEONATAL ANTHROPOMETRY LENGTH
8	NWBHT_ND	Num	8	F08 II_2ANA NEONATAL ANTHROPOMETRY LENGTH (NOT APPLICABLE)
9	NEWB_WT	Num	8	F08 II_2B NEONATAL ANTHROPOMETRY WEIGHT
10	NWBWT_ND	Num	8	F08 II_2BNA NEONATAL ANTHROPOMETRY WEIGHT (NOT APPLICABLE)
11	NEWB_HC	Num	8	F08 II_2C NEONATAL ANTHROPOMETRY HEAD CIRCUMFERENCE
12	NWBHC_ND	Num	8	F08 II_2CNA NEONATAL ANTHROPOMETRY HEAD CIRCUMFERENCE (NOT APPLICABLE)
13	A3MO_NA	Num	8	F08 II_3ANA 2-4 MONTHS OF AGE DATE OF MEASUREMENT (NOT APPLICABLE)
14	A3MO_HT	Num	8	F08 II_3B 2-4 MONTHS OF AGE LENGTH
15	A3MOHTND	Num	8	F08 II_3BNA 2-4 MONTHS OF AGE LENGTH (NOT APPLICABLE)
16	A3MO_WT	Num	8	F08 II_3C 2-4 MONTHS OF AGE WEIGHT
17	A3MOWTND	Num	8	F08 II_3CNA 2-4 MONTHS OF AGE WEIGHT (NOT APPLICABLE)
18	A3MO_HC	Num	8	F08 II_3D 2-4 MONTHS OF AGE HEAD CIRCUMFERENCE
19	A3MOHCND	Num	8	F08 II_3DNA 2-4 MONTHS OF AGE HEAD CIRCUMFERENCE (NOT APPLICABLE)
20	A6MO_NA	Num	8	F08 II_4ANA 5-7 MONTHS OF AGE DATE OF MEASUREMENT (NOT APPLICABLE)
21	A6MO_HT	Num	8	F08 II_4B 5-7 MONTHS OF AGE LENGTH
22	A6MOHTND	Num	8	F08 II_4BNA 5-7 MONTHS OF AGE LENGTH (NOT APPLICABLE)
23	A6MO_WT	Num	8	F08 II_4C 5-7 MONTHS OF AGE WEIGHT
24	A6MOWTND	Num	8	F08 II_4CNA 5-7 MONTHS OF AGE WEIGHT (NOT APPLICABLE)
25	A6MO_HC	Num	8	F08 II_4D 5-7 MONTHS OF AGE HEAD CIRCUMFERENCE
26	A6MOHCND	Num	8	F08 II_4DNA 5-7 MONTHS OF AGE HEAD CIRCUMFERENCE (NOT APPLICABLE)
27	A9MO_NA	Num	8	F08 II_5ANA 8-10 MONTHS OF AGE DATE OF MEASUREMENT (NOT APPLICABLE)
28	A9MO_HT	Num	8	F08 II_5B 8-10 MONTHS OF AGE LENGTH
29	A9MOHTND	Num	8	F08 II_5BNA 8-10 MONTHS OF AGE LENGTH (NOT APPLICABLE)
30	A9MO_WT	Num	8	F08 II_5C 8-10 MONTHS OF AGE WEIGHT
31	A9MOWTND	Num	8	F08 II_5CNA 8-10 MONTHS OF AGE WEIGHT (NOT APPLICABLE)
32	A9MO_HC	Num	8	F08 II_5D 8-10 MONTHS OF AGE HEAD CIRCUMFERENCE
33	A9MOHCND	Num	8	F08 II_5DNA 8-10 MONTHS OF AGE HEAD CIRCUMFERENCE (NOT APPLICABLE)
34	A12MO_NA	Num	8	F08 II_6ANA 11-13 MONTHS OF AGE DATE OF MEASUREMENT (NOT APPLICABLE)
35	A12MO_HT	Num	8	F08 II_6B 11-13 MONTHS OF AGE LENGTH
36	A12MHTND	Num	8	F08 II_6BNA 11-13 MONTHS OF AGE LENGTH (NOT APPLICABLE)

Num	Variable	Type	Len	Label
37	A12MO_WT	Num	8	F08 II_6C 11-13 MONTHS OF AGE WEIGHT
38	A12MWTND	Num	8	F08 II_6CNA 11-13 MONTHS OF AGE WEIGHT (NOT APPLICABLE)
39	A12MO_HC	Num	8	F08 II_6D 11-13 MONTHS OF AGE HEAD CIRCUMFERENCE
40	A12MHCND	Num	8	F08 II_6DNA 11-13 MONTHS OF AGE HEAD CIRCUMFERENCE (NOT APPLICABLE)
41	VIS_DT_DAYS	Num	8	F08 I_5 FORM COMPLETED DATE (recode: number of days after date of eligibility or ineligibility)
42	A3MO_DT_DAYS	Num	8	F08 II_3ADT 2-4 MONTHS OF AGE DATE OF MEASUREMENT (recode: number of days after date of eligibility or ineligibility)
43	A6MO_DT_DAYS	Num	8	F08 II_4ADT 5-7 MONTHS OF AGE DATE OF MEASUREMENT (recode: number of days after date of eligibility or ineligibility)
44	A9MO_DT_DAYS	Num	8	F08 II_5ADT 8-10 MONTHS OF AGE DATE OF MEASUREMENT (recode: number of days after date of eligibility or ineligibility)
45	A12MO_DT_DAYS	Num	8	F08 II_6ADT 11-13 MONTHS OF AGE DATE OF MEASUREMENT (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm21.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F21 FORM STUDY FORM NUMBER
3	REV	Char	1	F21 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F21 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F21 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	TRNRND21	Num	8	F21 II_1 HAS PATIENT BEEN TRANSFUSED SINCE RANDOMIZATION?
7	HBF21	Char	5	F21 II_2A SPECIMEN LABEL: HEMATOLOGY/HBF (REQUIRED) (0.5 ML EDTA LAVENDER-TOP)
8	BIOCHEM	Char	5	F21 II_2B SPECIMEN LABEL: BIOCHEMISTRY (REQUIRED) (1.0 ML RED-TOP)
9	TXBOTNO	Num	8	F21 III_1A RECORD BOTTLE # OF STUDY TREATMENT DISPENSED TO PATIENT TODAY
10	TXDOSEMG	Num	8	F21 III_1B1 DAILY DOSE MG
11	TXDOSEML	Num	8	F21 III_1B2 DAILY DOSE ML
12	HEIGHT1	Num	8	F21 IV_1A CHILD'S RECUMBENT LENGTH MEASUREMENT #1
13	HEIGHT2	Num	8	F21 IV_1B CHILD'S RECUMBENT LENGTH MEASUREMENT #2
14	HEIGHT3	Num	8	F21 IV_1C CHILD'S RECUMBENT LENGTH MEASUREMENT #3
15	HEIGHT	Num	8	F21 CHILD'S AVERAGE RECUMBENT LENGTH
16	HAIRHGHT	Num	8	F21 IV_1D RATE HAIR STYLE INTERFERENCE ON CHILD'S LENGTH
17	WEIGHT1	Num	8	F21 IV_2A CHILD'S WEIGHT MEASUREMENT #1
18	WEIGHT2	Num	8	F21 IV_2B CHILD'S WEIGHT MEASUREMENT #2
19	WEIGHT3	Num	8	F21 IV_2C CHILD'S WEIGHT MEASUREMENT #3
20	WEIGHT	Num	8	F21 CHILD'S AVERAGE WEIGHT
21	HEADC1	Num	8	F21 IV_3A CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #1
22	HEADC2	Num	8	F21 IV_3B CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #2
23	HEADC3	Num	8	F21 IV_3C CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #3
24	HEADC	Num	8	F21 CHILD'S AVERAGE HEAD CIRCUMFERENCE
25	HAIR	Num	8	F21 IV_3D RATE HAIR STYLE INTERFERENCE ON CHILD'S HEAD CIRCUMFERENCE
26	VIS_DT_DAYS	Num	8	F21 I_5 SUBJECT CLINICAL VISIT START DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm22.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F22 FORM STUDY FORM NUMBER
3	REV	Char	1	F22 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F22 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F22 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	PRDTPAHR	Num	8	F22 II_1AHR PRE-DTPA TIME, HOUR
7	PRDTPAMN	Num	8	F22 II_1AMN PRE-DTPA TIME, MINUTES
8	HULABEL	Char	5	F22 II_1B TUBE LABEL (2 ML IN EDTA)
9	STSAPRE	Num	8	F22 II_1A STANDARD SYRINGE ACTIVITY: PRE
10	STSAPOST	Num	8	F22 II_1B STANDARD SYRINGE ACTIVITY: POST
11	STSASTAC	Num	8	F22 II_1C STANDARD SYRINGE ACTIVITY: STANDARD ACTIVITY
12	DSSAPRE	Num	8	F22 II_2A DOSE SYRINGE ACTIVITY: PRE
13	DSSAPOST	Num	8	F22 II_2B DOSE SYRINGE ACTIVITY: POST
14	DTPADOSE	Num	8	F22 II_2C DOSE SYRINGE ACTIVITY: DTPA DOSE ADMINISTERED
15	DTPAHR	Num	8	F22 II_2DHR DOSE SYRINGE ACTIVITY: TIME DTPA ADMINISTERED HOUR
16	DTPAMN	Num	8	F22 II_2DMN DOSE SYRINGE ACTIVITY: TIME DTPA ADMINISTERED MINUTES
17	STDYHR	Num	8	F22 II_3AHR TIME STUDY TREATMENT ADMINISTERED HOUR
18	STDYMN	Num	8	F22 II_3AMN TIME STUDY TREATMENT ADMINISTERED MINUTES
19	STDYCMPL	Num	8	F22 II_3B COMPLETE ADMINISTRATION OF STUDY TREATMENT
20	STDY_SP	Num	8	F22 II_3B1 IF ADMINISTRATION OF STUDY TREATMENT NOT COMPLETED, SPECIFY
21	ROOMFRST	Num	8	F22 II_4A ROOM (WATER) BACKGROUND FIRST COUNT:
22	ROOMSEC	Num	8	F22 II_4B ROOM (WATER) BACKGROUND SECOND COUNT:
23	ROOMSCND	Num	8	F22 II_4BND ROOM (WATER) BACKGROUND SECOND COUNT NOT DONE
24	STNDFRST	Num	8	F22 II_5A STANDARD FIRST COUNT:
25	STNDSEC	Num	8	F22 II_5B STANDARD SECOND COUNT:
26	STNDSCND	Num	8	F22 II_5BND STANDARD SECOND COUNT NOT DONE
27	ONEHR	Num	8	F22 II_6AHR ONE-HOUR TIME, HOUR
28	ONEMN	Num	8	F22 II_6AMN ONE-HOUR TIME, MINUTES
29	ONEDTPA	Num	8	F22 II_6B ONE HOUR DTPA MEASUREMENT
30	ONE_ND	Num	8	F22 II_6BND ONE HOUR DTPA MEASUREMENT NOT DONE
31	ONEDTPA2	Num	8	F22 II_6C ONE HOUR SECOND DTPA MEASUREMENT
32	ONE_ND2	Num	8	F22 II_6CND ONE HOUR SECOND DTPA MEASUREMENT NOT DONE
33	ONEHULBL	Char	5	F22 II_6D ONE HOUR TUBE LABEL (3 ML IN EDTA):
34	TWOHR	Num	8	F22 II_7AHR TWO-HOUR TIME, HOUR
35	TWOMN	Num	8	F22 II_7AMN TWO-HOUR TIME, MINUTE
36	TWODTPA	Num	8	F22 II_7B TWO HOUR DTPA MEASUREMENT

Num	Variable	Type	Len	Label
37	TWO_ND	Num	8	F22 II_7BND TWO HOUR DTPA MEASUREMENT NOT DONE
38	TWODTPA2	Num	8	F22 II_7C TWO HOUR SECOND DTPA MEASUREMENT
39	TWO_ND2	Num	8	F22 II_7CND TWO HOUR SECOND DTPA MEASUREMENT NOT DONE
40	TWOHULBL	Char	5	F22 II_7D TWO HOUR TUBE LABEL (3 ML IN EDTA):
41	FORHR	Num	8	F22 II_8AHR FOUR-HOUR TIME, HOUR
42	FORMN	Num	8	F22 II_8AMN FOUR-HOUR TIME, MINUTE
43	FORDTPA	Num	8	F22 II_8B FOUR HOUR DTPA MEASUREMENT
44	FOR_ND	Num	8	F22 II_8BND FOUR HOUR DTPA MEASUREMENT NOT DONE
45	FORDTPA2	Num	8	F22 II_8C FOUR HOUR SECOND DTPA MEASUREMENT
46	FOR_ND2	Num	8	F22 II_8CND FOUR HOUR SECOND DTPA MEASUREMENT NOT DONE
47	FORHULBL	Char	5	F22 II_8D FOUR HOUR TUBE LABEL (3 ML IN EDTA):
48	EITHR	Num	8	F22 II_10AHR EIGHT-HOUR TIME, HOUR
49	EITMN	Num	8	F22 II_10AMN EIGHT-HOUR TIME, MINUTE
50	EIT_ND	Num	8	F22 II_10AND EIGHT-HOUR TIME (24-HR CLOCK) NOT DONE
51	EITLBNLND	Num	8	F22 II_10BND EIGHT HOUR TUBE LABEL (2 ML IN EDTA) NOT DONE
52	GFRDTP_A	Num	8	F22 II_9A GFR FROM DTPA ML/MIN
53	GFRDTP_B	Num	8	F22 II_9B GFR FROM DTPA ML/MIN/M 2
54	GFRDTP_C	Num	8	F22 II_9C GFR FROM DTPA ML/MIN/1.73M 2
55	VIS_DT_DAYS	Num	8	F22 I_5 SUBJECT CLINICAL VISIT START DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm23.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F23 FORM STUDY FORM NUMBER
3	REV	Char	1	F23 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F23 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F23 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	TRHR	Num	8	F23 II_1A_HR TIME STUDY TREATMENT ADMINISTERED (24-HR CLOCK), HOUR
7	TRMN	Num	8	F23 II_1A_MN TIME STUDY TREATMENT ADMINISTERED (24-HR CLOCK), MINUTE
8	NEW_BOT	Num	8	F23 II_1B NEW BOTTLE OF STUDY TREATMENT RECONSTITUTED FOR THIS ADMINISTRATION?
9	COMPLETE	Num	8	F23 II_1C COMPLETE ADMINISTRATION OF STUDY TREATMENT?
10	THIRTYHR	Num	8	F23 II_2A_HR 30-MINUTE TIME (24-HR CLOCK) BY HOUR
11	THIRTYMN	Num	8	F23 II_2A_MN 30-MINUTE TIME (24-HR CLOCK) BY MINUTE
12	THIRTYLB	Char	5	F23 II_2B 30-MINUTE TUBE LABEL (EDTA)
13	NINETYHR	Num	8	F23 II_3A_HR 90-MINUTE TIME (24-HR CLOCK) HR
14	NINETYMN	Num	8	F23 II_3A_MN 90-MINUTE TIME (24-HR CLOCK) MN
15	NINETYLB	Char	5	F23 II_3B 90-MINUTE TUBE LABEL (EDTA)
16	VIS_DT_DAYS	Num	8	F23 I_5 SUBJECT CLINICAL VISIT DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm31.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F31 FORM STUDY FORM NUMBER
3	REV	Char	1	F31 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F31 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F31 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	SPLNMDCL	Num	8	F31 II_1A MIDCLAVICULAR LINE
7	SPLNMCND	Num	8	F31 II_1AND MIDCLAVICULAR LINE MEASUREMENT NOT DONE
8	SPLNINTC	Num	8	F31 II_1B ANTERIOR AXILLARY LINE
9	SPLNICND	Num	8	F31 II_1BND ANTERIOR AXILLARY LINE MEASUREMENT NOT DONE
10	TEMP	Num	8	F31 II_2A TEMPERATURE
11	TEMPMEAS	Num	8	F31 II_2AFC TYPE OF TEMPERATURE DEGREES
12	TEMPND	Num	8	F31 II_2AND TEMPERATURE MEASUREMENT NOT DONE
13	PULSE	Num	8	F31 II_2B PULSE
14	PULSEND	Num	8	F31 II_2BND PULSE MEASUREMENT NOT DONE
15	RESP	Num	8	F31 II_2C RESPIRATION
16	RESPND	Num	8	F31 II_2CND RESPIRATION MEASUREMENT NOT DONE
17	HEIGHT1	Num	8	F31 II_3A CHILD'S RECUMBENT LENGTH MEASUREMENT #1
18	HEIGHTND	Num	8	F31 II_3AND CHILD'S RECUMBENT LENGTH MEASUREMENT #1 NOT DONE
19	HEIGHT2	Num	8	F31 II_3B CHILD'S RECUMBENT LENGTH MEASUREMENT #2
20	HEIGHT3	Num	8	F31 II_3C CHILD'S RECUMBENT LENGTH MEASUREMENT #3
21	HEIGHT	Num	8	F31 CHILD'S AVERAGE RECUMBENT LENGTH
22	HAIRHGHT	Num	8	F31 II_3D RATE HAIR STYLE INTERFERENCE ON CHILD'S LENGTH
23	WEIGHT1	Num	8	F31 II_4A CHILD'S WEIGHT MEASUREMENT #1
24	WEIGHTND	Num	8	F31 II_4AND CHILD'S WEIGHT MEASUREMENT #1 NOT DONE
25	WEIGHT2	Num	8	F31 II_4B CHILD'S WEIGHT MEASUREMENT #2
26	WEIGHT3	Num	8	F31 II_4C CHILD'S WEIGHT MEASUREMENT #3
27	WEIGHT	Num	8	F31 CHILD'S AVERAGE WEIGHT
28	HEADC1	Num	8	F31 II_5A CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #1
29	HEADCND	Num	8	F31 II_5AND CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #1 NOT DONE
30	HEADC2	Num	8	F31 II_5B CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #2
31	HEADC3	Num	8	F31 II_5C CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #3
32	HEADC	Num	8	F31 CHILD'S AVERAGE HEAD CIRCUMFERENCE
33	HAIR	Num	8	F31 II_5D RATE HAIR STYLE INTERFERENCE ON CHILD'S HEAD CIRCUMFERENCE
34	N_EVTS	Num	8	F31 II_6 NUMBER OF REPORTABLE EVENTS AND/OR HOSPITALIZATIONS SINCE LAST COMPLETED STUDY VISIT
35	FEVER31	Num	8	F31 II_7A FEVER MORE THAN 101.5 DEGREES F. (38.4 DEGREES C.)
36	VACCINE	Num	8	F31 II_7B ANY VACCINATIONS SINCE LAST VISIT

Num	Variable	Type	Len	Label
37	PENCILN	Num	8	F31 II_8A DID THE CHILD HAVE PENICILLIN LAST NIGHT
38	ANANTBTC	Num	8	F31 II_8A1 IF NO, DID THE CHILD TAKE ANOTHER ANTIBIOTIC
39	ANANT_SP	Num	8	F31 II_8A1A SPECIFY ANTIBIOTICS USED
40	PENDOSE	Num	8	F31 II_8B HOW MANY DOSES OF PENICILLIN OR SIMILAR ANTIBOTIC WERE MISSED IN THE LAST WEEK?
41	PENNA	Num	8	F31 II_8BNA HOW MANY DOSES OF PENICILLIN OR SIMILAR ANTIBOTIC WERE MISSED IN THE LAST WEEK (NOT APPLICABLE)
42	WHCHVIS	Num	8	F31 II_9 FOR 3-MONTH, 9-MONTH, 15-MONTH OR 21-MONTH VISIT, HAS FORM 33 BEEN COMPLETED?
43	RECORDRX	Num	8	F31 III_1A RECORD RX #
44	RXNORET	Num	8	F31 III_1ANR RECORD RX # NOT RETURNED
45	VOLLFT	Num	8	F31 III_1B APPROXIMATELY HOW MUCH VOLUME IS LEFT?
46	VOLNA	Num	8	F31 III_1BNA VOLUME LEFT (NOT APPLICABLE)
47	IRRTRT	Num	8	F31 III_1C ANY IRREGULAR TREATMENT ADMINISTRATION SINCE LAST VISIT?
48	BLOODCOL	Num	8	F31 III_2 WERE BLOOD SPECIMENS COLLECTED FOR THIS VISIT?
49	DIFBLDDW	Num	8	F31 III_2A1 REASON BLOOD SPECIMENS NOT COLLECTED TODAY: DIFFICULTY WITH BLOOD DRAWING
50	PATRFUSL	Num	8	F31 III_2A2 REASON BLOOD SPECIMENS NOT COLLECTED TODAY: PATIENT/FAMILY REFUSAL
51	OTHNOBLD	Num	8	F31 III_2A3 REASON BLOOD SPECIMENS NOT COLLECTED TODAY: OTHER
52	OTHBLDSP	Num	8	F31 III_2A3ARSPECIFY THE OTHER REASONS WHY BLOOD SPECIMENS NOT COLLECTED
53	HBF31	Char	5	F31 III_2B1 SPECIMEN LABEL: HEMATOLOGY (0.5ML EDTA LAVENDER-TOP)
54	HBF31ND	Num	8	F31 III_2B1NDSPECIMEN LABEL FOR HEMATOLOGY NOT DONE OR NOT APPLICABLE
55	BIOCHEM	Char	5	F31 III_2B2 SPECIMEN LABEL: BIOCHEMISTRY (1.0ML RED TOP)
56	BIOCHND	Num	8	F31 III_2B2NDBIOCHEMISTRY (CHECK CHILD'S SCHEDULE) N/D N/A
57	TXOK	Num	8	F31 III_3A IS THERE ANY REASON YOU WOULD NOT RECOMMEND STUDY TREATMENT TO THIS CHILD TODAY?
58	TXBOTNO	Num	8	F31 III_3B1 IF TX OK, DISPENSE STUDY TREATMENT AND RECORD BOTTLE NUMBER
59	TXDDOSMG	Num	8	F31 III_3B2A DAILY DOSE MG
60	TXDDOSML	Num	8	F31 III_3B2B DAILY DOSE ML
61	VOLDISP	Num	8	F31 III_3B3 VOLUME DISPENSED
62	TXNOTOK	Num	8	F31 III_3C CHECK HERE TO CONFIRM THAT STUDY TREATMENT WAS NOT DISPENSED
63	GEN_CMNT	Num	8	F31 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
64	VIS_DT_DAYS	Num	8	F31 I_5 SUBJECT CLINICAL VISIT START DATE (recode: number of days after date of eligibility or ineligibility)



**Data Set Name: fm32.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F32 FORM STUDY FORM NUMBER
3	REV	Char	1	F32 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F32 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F32 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	FORGOT	Num	8	F32 II_1A REASONS FOR MISSED VISIT: FORGOT APPOINTMENT
7	SCHEDULE	Num	8	F32 II_1B REASONS FOR MISSED VISIT: SCHEDULING DIFFICULTIES
8	TRANSPT	Num	8	F32 II_1C REASONS FOR MISSED VISIT: TRANSPORTATION DIFFICULTY
9	ILLCHILD	Num	8	F32 II_1D REASONS FOR MISSED VISIT: CHILD WAS ILL WITH HOSPITALIZATION OR REPORTABLE EVENT
10	NODOCTOR	Num	8	F32 II_1E CHILD WAS ILL - NO MEDICAL ATTENTION?
11	NODOCSP	Char	20	F32 II_1E1 CHILD WAS ILL - NO MEDICAL ATTENTION DETAILS
12	ADVOCATE	Num	8	F32 II_2 HAS PATIENT/FAMILY ADVOCATE BEEN IN TOUCH WITH THE FAMILY SINCE LAST VISIT?
13	GEN_CMNT	Num	8	F32 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
14	VIS_DT_DAYS	Num	8	F32 I_5 SUBJECT SCHEDULED VISIT DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm33.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F33 FORM STUDY FORM NUMBER
3	REV	Char	1	F33 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F33 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F33 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	O2SAT	Num	8	F33 II_1A O2 SATURATION (PULSE OXYMETRY)
7	O2SATND	Num	8	F33 II_1AND O2 SATURATION (PULSE OXYMETRY) NOT DONE
8	O2SATSM	Num	8	F33 II_1B SECOND MEASUREMENT FOR O2 SATURATION
9	O2SATSND	Num	8	F33 II_1BND SECOND MEASUREMENT NOT DONE
10	F80II2	Num	8	F33 II_2 IF NOT MEASURED, HAS FORM 80 BEEN SUBMITTED?
11	GEN_CMNT	Num	8	F33 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
12	VIS_DT_DAYS	Num	8	F33 I_5 SUBJECT CLINICAL VISIT START DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm34.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F34 FORM STUDY FORM NUMBER
3	REV	Char	1	F34 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F34 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F34 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	SPC_PITC	Char	5	F34 II_1 SPECIMEN LABEL: PITTED CELL COUNT COLLECTED AND PREPARED WITHIN 1 HOUR OF COLLECTION?
7	SPCPITND	Num	8	F34 II_1ND PITTED CELL COUNT SPECIMEN NOT COLLECTED
8	LIVRCM	Num	8	F34 III_1CM PALPABLE LIVER
9	O2SAT	Num	8	F34 III_2A O2 SATURATION (PULSE OXYMETRY)
10	O2SATND	Num	8	F34 III_2AND O2 SATURATION (PULSE OXYMETRY) NOT DONE
11	O2SATSM	Num	8	F34 III_2B SECOND MEASUREMENT OF O2 SATURATION
12	O2SATSND	Num	8	F34 III_2BND SECOND MEASUREMENT NOT DONE
13	SPPNCLND	Num	8	F34 III_3ND PENICILLIN COMPLIANCE SPECIMEN NOT COLLECTED
14	BAYLEYS	Num	8	F34 III_4 WAS FORM 40 - BAYLEY'S ADMINISTERED?
15	VINELAND	Num	8	F34 III_5 WAS FORM 41 - VINELAND ADMINISTERED TO PARENTS?
16	NRLGQUES	Num	8	F34 III_6 WAS FORM 43 - NEUROLOGICAL QUESTIONNAIRE ADMINISTERED?
17	F80III7	Num	8	F34 III_7 WAS FORM 80 SUBMITTED?
18	VIS_DT_DAYS	Num	8	F34 I_5 SUBJECT VISIT START DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm35.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F35 FORM STUDY FORM NUMBER
3	REV	Char	1	F35 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F35 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F35 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	SPC_PITC	Char	5	F35 II_1 SPECIMEN LABEL: PITTED CELL COUNT COLLECTED AND PREPARED WITHIN 1 HOUR OF COLLECTION?
7	SPCPITND	Num	8	F35 II_1ND PITTED CELL COUNT SPECIMEN NOT COLLECTED
8	LIVRCM	Num	8	F35 III_1 PALPABLE LIVER
9	LIVRCMND	Num	8	F35 III_1ND LIVER PALPABLE MEASUREMENT NOT DONE
10	O2SAT	Num	8	F35 III_2A O2 SATURATION (PULSE OXYMETRY)
11	O2SATND	Num	8	F35 III_2AND O2 SATURATION (PULSE OXYMETRY) NOT DONE
12	O2SATSM	Num	8	F35 III_2B SECOND MEASUREMENT OF O2 SATURATION
13	O2SATSND	Num	8	F35 III_2BND SECOND MEASUREMENT NOT DONE
14	SPC_PNCL	Char	5	F35 III_3 WAS PENICILLIN COMPLIANCE SPECIMEN COLLECTED?
15	SPPNCLND	Num	8	F35 III_3ND PENICILLIN COMPLIANCE SPECIMEN NOT COLLECTED
16	BAYLEYS	Num	8	F35 III_4 WAS FORM 40 - BAYLEY'S ADMINISTERED?
17	VINELAND	Num	8	F35 III_5 WAS FORM 41 - VINELAND ADMINISTERED TO PARENTS?
18	NRLGQUES	Num	8	F35 III_6 WAS FORM 43 - NEUROLOGICAL QUESTIONNAIRE ADMINISTERED?
19	MRI	Num	8	F35 III_7 WAS MRI DONE?
20	SEDATION	Num	8	F35 III_7A SEDATION
21	HRSNPO	Num	8	F35 III_8 HOURS NPO?
22	TCD	Num	8	F35 III_3 WAS TCD PERFORMED?
23	F80III8	Num	8	F35 III_8 WAS FORM 80 SUBMITTED?
24	GEN_CMNT	Num	8	F35 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
25	VIS_DT_DAYS	Num	8	F35 I_5 SUBJECT CLINICAL VISIT START DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm36.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F36 FORM STUDY FORM NUMBER
3	REV	Char	1	F36 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F36 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F36 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	EOT_PLAN	Num	8	F36 II_1A END OF RANDOMIZED STUDY TREATMENT: PLANNED END OF RANDOMIZED TREATMENT AT 2-YEARS
7	EOT_INAC	Num	8	F36 II_1B END OF RANDOMIZED STUDY TREATMENT: INACTIVE FOLLOW-UP STATUS
8	EOT_RELO	Num	8	F36 II_1C END OF RANDOMIZED STUDY TREATMENT: PERMANENT RELOCATION TO AREA WITH NO BABY HUG CLINIC
9	EOT_WCON	Num	8	F36 II_1D END OF RANDOMIZED STUDY TREATMENT: WITHDREW CONSENT
10	EOT_KIDN	Num	8	F36 II_1E END OF RANDOMIZED STUDY TREATMENT: RENAL FAILURE OR CHRONIC DIALYSIS REQUIRING CESSATION OF STUDY TREATMENT
11	EOT_MB	Num	8	F36 II_1F END OF RANDOMIZED STUDY TREATMENT: BONE MARROW STATUS REQUIRING CESSATION OF STUDY TREATMENT
12	EOT_STRK	Num	8	F36 II_1G END OF RANDOMIZED STUDY TREATMENT: STROKE
13	EOT_CHTR	Num	8	F36 II_1H END OF RANDOMIZED STUDY TREATMENT: PLACEMENT ON CHRONIC TRANSFUSION PROGRAM
14	EOT_BMT	Num	8	F36 II_1I END OF RANDOMIZED STUDY TREATMENT: BONE MARROW TRANSPLANTATION
15	EOT_DTH	Num	8	F36 II_1J END OF RANDOMIZED STUDY TREATMENT: DEATH
16	EOT_OTHR	Num	8	F36 II_1K END OF RANDOMIZED STUDY TREATMENT: OTHER CONDITION REQUIRING END OF STUDY TREATMENT
17	F80II2	Num	8	F36 II_2 FORM 80 SUBMITTED?
18	SPC_HEM	Char	5	F36 III_1A SPECIMEN LABEL: HEMATOLOGY (0.5 ML EDTA LAVENDER TOP)
19	SPCHEMND	Num	8	F36 III_1AND SPECIMEN FOR HEMATOLOGY NOT COLLECTED
20	SPC_BIOC	Char	5	F36 III_1B SPECIMEN LABEL: BIOCHEMISTRY COLLECTED JUST PRIOR TO URINE OSMOLALITY SPECIMEN (1.0 ML RED TOP)
21	SPCBIOND	Num	8	F36 III_1BND BIOCHEMISTRY SPECIMEN NOT COLLECTED
22	SPC_PITC	Char	5	F36 III_1C SPECIMEN LABEL: PITTED CELL COUNT COLLECTED AND PREPARED WITHIN 1 HOUR OF COLLECTION(0.1 ML EDTA LAVENDER TOP)
23	SPCPITND	Num	8	F36 III_1CND PITTED CELL COUNT SPECIMEN NOT COLLECTED
24	SPC_GYTO	Char	5	F36 III_1D SPECIMEN LABEL: CYTOGENETICS (4.0 ML NA HEPARIN GREEN TOP)
25	SPCGYTND	Num	8	F36 III_1DND SPECIMEN FOR CYTOGENETICS NOT COLLECTED
26	SPC_DNA	Char	5	F36 III_1E SPECIMEN LABEL: DNA (3.0 ML EDTA LAVENDER TOP)
27	SPCDNAND	Num	8	F36 III_1END SPECIMEN FOR DNA (3.0 ML EDTA LAVENDER TOP) NOT COLLECTED
28	SPC_IMMN	Num	8	F36 III_1F SPECIMEN LABEL: IMMUNOLOGY (RECORD LABELS ON FORM 42)
29	F80III2	Num	8	F36 III_2 FORM 80 SUBMITTED?
30	LIVRCM	Num	8	F36 IV_1A PALPABLE LIVER CM

Num	Variable	Type	Len	Label
31	LIVRCMND	Num	8	F36 IV_1AND PALPABLE LIVER NOT DONE
32	SPLNMDCL	Num	8	F36 IV_1B1 MIDCLAVICULAR LINE CM
33	SPLNMCND	Num	8	F36 IV_1B1ND MIDCLAVICULAR LINE NOT DONE
34	SPLNINTC	Num	8	F36 IV_1B2 ANTERIOR AXILLARY LINE CM
35	SPLNICND	Num	8	F36 IV_1B2ND ANTERIOR AXILLARY LINE NOT DONE
36	REDCELLS	Num	8	F36 IV_2A URINALYSIS: DEGREE OF RED CELLS
37	WHTCELLS	Num	8	F36 IV_2B URINALYSIS: DEGREE OF WHITE CELLS
38	URN_PH	Num	8	F36 IV_2C URINALYSIS: URINE PH VALUE
39	URN_PHND	Num	8	F36 IV_2CND URINALYSIS PH NOT DONE
40	URNPR	Num	8	F36 IV_2D URINALYSIS: DEGREE OF PROTEIN
41	URNHB	Num	8	F36 IV_2E URINALYSIS: DEGREE OF HEMOGLOBIN
42	URINSG	Num	8	F36 IV_2F URINALYSIS: URINE SPECIFIC GRAVITY
43	URINSGND	Num	8	F36 IV_2FND URINALYSIS: SPECIFIC GRAVITY NOT DONE
44	O2SAT	Num	8	F36 IV_3A O2 SATURATION
45	O2SATND	Num	8	F36 IV_3AND O2 SATURATION NOT DONE
46	O2SATSM	Num	8	F36 IV_3B SECOND MEASUREMENT OF O2 SATURATION
47	O2SATSND	Num	8	F36 IV_3BND SECOND MEASUREMENT NOT DONE
48	SPC_PNCL	Char	5	F36 IV_4 WAS PENICILLIN COMPLIANCE SPECIMEN COLLECTED
49	SPPNCLND	Num	8	F36 IV_4ND PENICILLIN COMPLIANCE SPECIMEN COLLECTED NOT DONE
50	BAYLEYS	Num	8	F36 IV_5 WAS FORM 40 - BAYLEY'S ADMINISTERED?
51	VINELAND	Num	8	F36 IV_6 WAS FORM 41 - VINELAND ADMINISTERED TO PARENTS?
52	NRLGQUES	Num	8	F36 IV_7 WAS FORM 43 - NEUROLOGICAL QUESTIONNAIRE ADMINISTERED?
53	URN_NPO	Num	8	F36 IV_8A HOW MANY HOURS NPO?
54	URINOS	Char	5	F36 IV_8B SPECIMEN LABEL: URINE OSMOLALITY COLLECTED JUST AFTER BIOCHEMISTRY SPECIMEN
55	URINOSND	Num	8	F36 IV_8BND URINE OSMOLALITY SPECIMEN NOT COLLECTED
56	MRI	Num	8	F36 IV_9A WAS MRI DONE?
57	MRINP	Num	8	F36 IV_9A1 IF NO, REASON NOT PERFORMED
58	MRINP_SP	Num	8	F36 IV_9A1A IF NO, REASON NOT PERFORMED, SPECIFY
59	MRA	Num	8	F36 IV_9B WAS MRA DONE?
60	MRANP	Num	8	F36 IV_9B1 IF NO, REASON NOT PERFORMED
61	MRANP_SP	Num	8	F36 IV_9B1A IF NO, REASON NOT PERFORMED, SPECIFY
62	MRS	Num	8	F36 IV_9C WAS MRS DONE?
63	MRSNP	Num	8	F36 IV_9C1 IF NO, REASON NOT PERFORMED
64	MRSNP_SP	Num	8	F36 IV_9C1A IF NO, REASON NOT PERFORMED, SPECIFY
65	SEDATION	Num	8	F36 IV_9D SEDATION
66	MRI_NPO	Num	8	F36 IV_9E HOW MANY HOURS NPO
67	LVSPSCAN	Num	8	F36 IV_10 WAS LIVER-SPLEEN SCAN PERFORMED
68	LVSPSCNP	Num	8	F36 IV_10A IF NO, REASON NOT PERFORMED

Num	Variable	Type	Len	Label
69	LVSNP_SP	Num	8	F36 IV_10A1 SPECIFY THE OTHER REASON NOT PERFORMED
70	EOT_ABDS	Num	8	F36 IV_11A WAS ABDOMINAL SONOGRAM PERFORMED
71	EOTABDNP	Num	8	F36 IV_11A1 IF NO, REASON NOT PERFORMED
72	ABDNP_SP	Num	8	F36 IV_11A1A SPECIFY THE OTHER REASON NOT PERFORMED
73	ABD_NPO	Num	8	F36 IV_11B HOW MANY HOURS NPO
74	EOT_TCD	Num	8	F36 IV_12 WAS TRANSCRANIAL DOPPLER ATTEMPTED
75	EOTTCDNP	Num	8	F36 IV_12A IF NO, REASON NOT ATTEMPTED
76	TCDNP_SP	Num	8	F36 IV_12A1 SPECIFY THE OTHER REASON NOT ATTEMPTED
77	F80IV13	Num	8	F36 IV_13 FORM 80 SUBMITTED
78	TRSTDTND	Num	8	F36 V_1ND DATE STARTED, N/D
79	PRDTRAHR	Num	8	F36 V_1AHR PRE-DTPA TIME HOUR
80	PRDTRAMN	Num	8	F36 V_1AMN PRE-DTPA TIME MINUTES
81	DTPAHR	Num	8	F36 V_1BHR DTPA ADMINISTERED HOUR
82	DTPAMN	Num	8	F36 V_1BMN DTPA ADMINISTERED MINUTES
83	DTPAND	Num	8	F36 V_1BND DTPA ADMINISTERED N/D
84	DTPADOSE	Num	8	F36 V_1C DOSE
85	DTDOSEND	Num	8	F36 V_1CND DOSE N/D
86	ONEHR	Num	8	F36 V_2AHR ONE-HOUR TIME HOUR
87	ONEMN	Num	8	F36 V_2AMN ONE-HOUR TIME MINUTES
88	ONEDTPA	Num	8	F36 V_2B DTPA MEASUREMENT
89	ONE_ND	Num	8	F36 V_2BND DTPA MEASUREMENT N/D
90	ONEDTPA2	Num	8	F36 V_2C SECOND DTPA MEASUREMENT
91	ONE_ND2	Num	8	F36 V_2CND SECOND DTPA MEASUREMENT N/D
92	ONEHULBL	Char	5	F36 V_2D TUBE LABEL (3 ML IN EDTA)
93	TWOHR	Num	8	F36 V_3AHR TWO-HOUR TIME HOUR
94	TWOMN	Num	8	F36 V_3AMN TWO-HOUR TIME MINUTES
95	TWODTPA	Num	8	F36 V_3B DTPA MEASUREMENT
96	TWO_ND	Num	8	F36 V_3BND DTPA MEASUREMENT N/D
97	TWODTPA2	Num	8	F36 V_3C SECOND DTPA MEASUREMENT
98	TWO_ND2	Num	8	F36 V_3CND SECOND DTPA MEASUREMENT N/D
99	TWOHULBL	Char	5	F36 V_3D TUBE LABEL (3 ML IN EDTA)
100	FORHR	Num	8	F36 V_4AHR FOUR-HOUR TIME HOUR
101	FORMN	Num	8	F36 V_4AMN FOUR-HOUR TIME MINUTES
102	FORDTPA	Num	8	F36 V_4B DTPA MEASUREMENT
103	FOR_ND	Num	8	F36 V_4BND DTPA MEASUREMENT N/D
104	FORDTPA2	Num	8	F36 V_4C SECOND DTPA MEASUREMENT
105	FOR_ND2	Num	8	F36 V_4CND SECOND DTPA MEASUREMENT N/D
106	FORHULBL	Char	5	F36 V_4D TUBE LABEL (3 ML IN EDTA)
107	GFRDTP_A	Num	8	F36 V_5A GFR FROM DTPA ML/MIN

Num	Variable	Type	Len	Label
108	GFRA_ND	Num	8	F36 V_5AND GFR FROM DTPA ML/MIN ND
109	GFRDTP_B	Num	8	F36 V_5B GFR FROM DTPA ML/MIN/M2
110	GFRB_ND	Num	8	F36 V_5BND GFR FROM DTPA ML/MIN/M2 ND
111	GFRDTP_C	Num	8	F36 V_5C GFR FROM DTPA ML/MIN/1.73M2
112	GFRC_ND	Num	8	F36 V_5CND GFR FROM DTPA ML/MIN/1.73M2 ND
113	F80V7	Num	8	F36 V_6 FORM 80 SUBMITTED
114	TEMP	Num	8	F36 V_1A TEMPERATURE
115	TEMPMEAS	Num	8	F36 V_1ADE TYPE OF TEMPERATURE DEGREES F/C
116	TEMPND	Num	8	F36 V_1AND TEMPERATURE NOT MEASURED
117	PULSE	Num	8	F36 V_1B PULSE
118	PULSEND	Num	8	F36 V_1BND PULSE NOT MEASURED
119	RESP	Num	8	F36 V_1C RESPIRATION
120	RESPND	Num	8	F36 V_1CND RESPIRATION NOT MEASURED
121	HEIGHT1	Num	8	F36 V_2A CHILD'S RECUMBENT LENGTH MEASUREMENT #1
122	HEIGHTND	Num	8	F36 V_2AND CHILD'S RECUMBENT LENGTH MEASUREMENT #1 NOT DONE
123	HEIGHT2	Num	8	F36 V_2B CHILD'S RECUMBENT LENGTH MEASUREMENT #2
124	HEIGHT3	Num	8	F36 V_2C CHILD'S RECUMBENT LENGTH MEASUREMENT #3
125	HEIGHT	Num	8	F36 CHILD'S AVERAGE OF RECUMBENT LENGTH
126	HAIRHGHT	Num	8	F36 V_2D RATE HAIR STYLE INTERFERENCE ON CHILD'S LENGTH
127	WEIGHT1	Num	8	F36 VI_3A CHILD'S WEIGHT MEASUREMENT # 1
128	WEIGHTND	Num	8	F36 VI_3AND CHILD'S WEIGHT MEASUREMENT # 1 NOT DONE
129	WEIGHT2	Num	8	F36 VI_3B CHILD'S WEIGHT MEASUREMENT # 2
130	WEIGHT3	Num	8	F36 VI_3C CHILD'S WEIGHT MEASUREMENT # 3
131	WEIGHT	Num	8	F36 CHILD'S AVERAGE WEIGHT
132	HEADC1	Num	8	F36 V_4A CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #1
133	HEADCND	Num	8	F36 V_4AND CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #1 NOT DONE
134	HEADC2	Num	8	F36 V_4B CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #2
135	HEADC3	Num	8	F36 V_4C CHILD'S HEAD CIRCUMFERENCE MEASUREMENT #3
136	HEADC	Num	8	F36 CHILD'S AVERAGE OF HEAD CIRCUMFERENCE
137	HAIR	Num	8	F36 V_4D RATE HAIR STYLE INTERFERENCE ON CHILD'S HEAD CIRCUMFERENCE
138	N_EVTS	Num	8	F36 V_6 NUMBER OF REPORTABLE EVENTS
139	V_EVTSNA	Num	8	F36 V_6NA NUMBER OF REPORTABLE EVENTS NOT APPLICABLE
140	FEVER31	Num	8	F36 V_7A FEVER MORE THAN 101.5 DEGREES F. (38.4 DEGREES C.)
141	VACCINE	Num	8	F36 V_7B ANY VACCINATIONS SINCE LAST VISIT?
142	PENCILN	Num	8	F36 V_8A DID THE CHILD TAKE THEIR NIGHT-TIME DOSE OF TWICE DAILY PROPHYLATIC PENICILLIN LAST NIGHT?
143	PENDOSE	Num	8	F36 V_8B HOW MANY DOSES OF PENICILLIN OR SIMILAR ANTIBIOTIC WERE MISSED IN THE LAST WEEK?



Num	Variable	Type	Len	Label
144	PENNA	Num	8	F36 V_8BNA DOSES OF PENICILLIN SIMILAR ANTIBIOTIC MISSED IN THE LAST WEEK ( NOT APPLICABLE)
145	RECORDRX	Num	8	F36 V_9A RECORD RX #
146	RXNORET	Num	8	F36 V_9ANA RECORD RX # NOT RETURNED
147	VOLLFT	Num	8	F36 V_9B APPROXIMATELY HOW MUCH VOLUME IS LEFT?
148	VOLNA	Num	8	F36 V_9BNA VOLUME LEFT(NOT APPLICABLE)
149	IRRTRT	Num	8	F36 V_9C ANY IRREGULAR TREATMENT ADMINISTRATION SINCE LAST VISIT?
150	F80VI9	Num	8	F36 VI_9 FORM 80 SUBMITTED?
151	GEN_CMNT	Num	8	F36 VII_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
152	ANTIB	Num	8	F36 V_8A1 IF NO, DID THE CHILD TAKE ANOTHER ANTIBIOTIC?
153	ANTIB_SP	Num	8	F36 V_8A1A SPECIFY
154	FORM22	Num	8	F36 IV_11 WAS FORM 22 - DTPA/GFR PERFORMED
155	NEW_BTTL	Num	8	F36 IV_11A IF YES, NEW STUDY TREATMENT BOTTLE USED
156	TXBOTNO	Num	8	F36 IV_11A1 IF YES, RECORD BOTTLE NUMBER USED
157	VIS_DT_DAYS	Num	8	F36 I_5 SUBJECT CLINICAL VISIT START DATE (recode: number of days after date of eligibility or ineligibility)
158	TRSTRTDT_DAYS	Num	8	F36 V_1 DATE STARTED (recode: number of days after date of eligibility or ineligibility)
159	ANM_DT_DAYS	Num	8	F36 V_5 ANTHROPOMETRY MEASUREMENT DATE (recode: number of days after date of eligibility or ineligibility)
160	URIN_DT_DAYS	Num	8	F36 IV_2G URINALYSIS: DATE PERFORMED (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm37.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F37 FORM STUDY FORM NUMBER
3	REV	Char	1	F37 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F37 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F37 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	UNSCHVIS	Num	8	F37 II_1A ARE THESE LAB RESULTS FOR AN UNSCHEDULED VISIT THAT RESULTED IN A TOXICITY OR ALERT?
7	LABEL	Char	5	F37 II_1B LABEL NUMBER PUT ON LAB SPECIMENS
8	WBC	Num	8	F37 II_2A WHITE BLOOD CELL COUNT (WBC)
9	RBC	Num	8	F37 II_2B RED BLOOD CELL COUNT (RBC)
10	HB	Num	8	F37 II_2C HEMOGLOBIN
11	PCV	Num	8	F37 II_2D HEMATOCRIT
12	PLAT	Num	8	F37 II_2E PLATELET COUNT
13	DIFFTYPE	Num	8	F37 II_3A DIFFERENTIAL TYPE
14	NEUT_CT	Num	8	F37 II_3B ABSOLUTE NEUTROPHIL COUNT (ANC)
15	NEUT_PT	Num	8	F37 II_3C NEUTROPHILS (% OF WBC)
16	LYMPH_CT	Num	8	F37 LYMPHOCYTE COUNT
17	LYMPH_PT	Num	8	F37 II_3D LYMPHOCYTES (% OF WBC)
18	MONO_CT	Num	8	F37 MONOOCYTE COUNT
19	MONO_PT	Num	8	F37 II_3E MONOCYTES (% OF WBC)
20	NRBC	Num	8	F37 II_3F NUCLEATED RED BLOOD CELLS (NRBC)
21	CWBC	Num	8	F37 II_3F1 IF NOT 0, CORRECTED WBC COUNT
22	RETIC_PT	Num	8	F37 II_3G RETICULOCYTES (% OF RBC)
23	RETIC_CT	Num	8	F37 II_3H RETICULOCYTE COUNT
24	MCV	Num	8	F37 II_3I MCV
25	GEN_CMNT	Num	8	F37 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
26	VIS_DT_DAYS	Num	8	F37 I_5 SUBJECT CLINICAL VISIT DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm38.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F38 FORM STUDY FORM NUMBER
3	REV	Char	1	F38 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F38 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F38 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	CONCUR	Num	8	F38 II_1 IS THIS STUDY RESTART VISIT CONCURRENT WITH A ROUTINE STUDY VISIT?
7	TXBOTNO	Char	8	F38 II_1A RECORD BOTTLE NUMBER DISPENSED
8	TXDDOSMG	Num	8	F38 II_1B1 DAILY DOSE MG (USE TREATMENT RECOMMENDATION SENT AFTER HOLD WAS LIFTED)
9	TXDDOSML	Num	8	F38 II_1B2 DAILY DOSE ML (USE TREATMENT RECOMMENDATION SENT AFTER HOLD WAS LIFTED)
10	VOLDISP	Num	8	F38 II_1C VOLUME DISPENSED
11	GEN_CMNT	Num	8	F38 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
12	VIS_DT_DAYS	Num	8	F38 I_5 SUBJECT CLINICAL VISIT RESTART DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm39.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F39 FORM STUDY FORM NUMBER
3	REV	Char	1	F39 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F39 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F39 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	RECORDRX	Num	8	F39 II_1A RECORD RX #
7	RXNORET	Num	8	F39 II_1ANR RECORD RX # NOT RETURNED
8	VOLLFT	Num	8	F39 II_1B APPROXIMATELY HOW MUCH VOLUME IS LEFT?
9	VOLNA	Num	8	F39 II_1BNA VOLUME LEFT (NOT APPLICABLE)
10	TXBOTNO	Num	8	F39 II_2A NEW BOTTLE NUMBER DISPENSED
11	TXDDOSMG	Num	8	F39 II_2B1 DAILY DOSE MG
12	TXDDOSML	Num	8	F39 II_2B2 DAILY DOSE ML
13	VOLDISP	Num	8	F39 II_2C VOLUME DISPENSED
14	BOTRN	Num	8	F39 II_2D REASON NEW BOTTLE DISPENSED
15	BOTRN_SP	Num	8	F39 II_2DA SPECIFY THE OTHER REASONS WHY NEW BOTTLE DISPENSED
16	GEN_CMNT	Num	8	F39 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
17	VIS_DT_DAYS	Num	8	F39 I_5 DRUG DISPENSING DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm40.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F40 FORM STUDY FORM NUMBER
3	REV	Char	1	F40 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F40 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F40 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	ADJ_MO	Num	8	F40 II_1A ADJUSTMENT FOR PREMATUREITY: MONTH
7	ADJ_DAYS	Num	8	F40 II_1B ADJUSTMENT FOR PREMATUREITY: DAYS
8	MLCHAGYR	Num	8	F40 III_AYR MENTAL SCALE CHRONOLOGICAL AGE, YEARS
9	MLCHAGMN	Num	8	F40 III_AMO MENTAL SCALE CHRONOLOGICAL AGE, MONTHS
10	MLPMAGYR	Num	8	F40 III_BYR MENTAL SCALE IF PREMATURE, CORRECTED AGE, YEARS
11	MLPMAGMN	Num	8	F40 III_BMO MENTAL SCALE IF PREMATURE, CORRECTED AGE, MONTHS
12	MLSTROW	Num	8	F40 III_C1 MENTAL SCALE STARTING ROW
13	MLENDROW	Num	8	F40 III_C2 MENTAL SCALE ENDING ROW
14	MENRAW	Num	8	F40 III_179 MENTAL SCALE RAW SCORE
15	MENMDI	Num	8	F40 III_180 MENTAL SCALE MDI SCORE
16	MEN95CIL	Num	8	F40 III_181A MENTAL SCALE 95% CI LOW BOUND
17	MEN95CIH	Num	8	F40 III_181B MENTAL SCALE 95% CI HIGH BOUND
18	MRCHAGYR	Num	8	F40 IV_AYR MOTOR SCALE CHRONOLOGICAL AGE, YEARS
19	MRCHAGMN	Num	8	F40 IV_AMO MOTOR SCALE CHRONOLOGICAL AGE, MONTHS
20	MRPMAGYR	Num	8	F40 IV_BYR MOTOR SCALE IF PREMATURE, CORRECTED AGE, YEARS
21	MRPMAGMN	Num	8	F40 IV_BMO MOTOR SCALE IF PREMATURE, CORRECTED AGE, MONTHS
22	MRSTROW	Num	8	F40 IV_C1 MOTOR SCALE STARTING ROW
23	MRENDROW	Num	8	F40 IV_C2 MOTOR SCALE ENDING ROW
24	MOTRAW	Num	8	F40 IV_112 MOTOR SCALE RAW SCORE
25	MOTPDI	Num	8	F40 IV_113 MOTOR SCALE PDI SCORE
26	MOT95CIL	Num	8	F40 IV_114A MOTOR SCALE 95% CI LOW BOUND
27	MOT95CIH	Num	8	F40 IV_114B MOTOR SCALE 95% CI HIGH BOUND
28	BRCHAGYR	Num	8	F40 V_AYR BEHAVIOR RATING SCALE CHRONOLOGICAL AGE, YEARS
29	BRCHAGMN	Num	8	F40 V_AMO BEHAVIOR RATING SCALE CHRONOLOGICAL AGE, MONTHS
30	BRPMAGYR	Num	8	F40 V_BYR BEHAVIOR RATING SCALE IF PREMATURE, CORRECTED AGE, YEARS
31	BRPMAGMN	Num	8	F40 V_BMO BEHAVIOR RATING SCALE IF PREMATURE, CORRECTED AGE, MONTHS
32	BEHRAW	Num	8	F40 V_31 BEHAVIOR RATING SCALE RAW SCORE
33	BEHPCTL	Num	8	F40 V_32 BEHAVIOR RATING SCALE PERCENTILE
34	GEN_CMNT	Num	8	F40 VL_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
35	VIS_DT_DAYS	Num	8	F40 I_5 VISIT DATE (recode: number of days after date of eligibility or ineligibility)

Num	Variable	Type	Len	Label
36	CARE40G	Num	8	F40 II_2 CAREGIVER'S RELATIONSHIP TO CHILD (regrouped: 1 = Mother, 2 = Father, 3 = Grandparent, 4 = Other)

**Data Set Name: fm41.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F41 FORM STUDY FORM NUMBER
3	REV	Char	1	F41 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F41 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F41 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	CHORAGEYR	Num	8	F41 II_1YR CHRONOLOGICAL AGE, YEARS
7	CHRAGEMN	Num	8	F41 II_1MN CHRONOLOGICAL AGE: MONTHS
8	CDSTROW	Num	8	F41 III_A1 COMMUNICATIONS DOMAIN STARTING ROW
9	CDENDROW	Num	8	F41 III_A2 COMMUNICATIONS DOMAIN ENDING ROW
10	COMRAW	Num	8	F41 III_B68 COMMUNICATIONS DOMAIN RAW SCORE
11	COMSTRD	Num	8	F41 III_B69 COMMUNICATIONS DOMAIN STANDARD SCORE
12	COM95CL	Num	8	F41 III_B70 COMMUNICATIONS DOMAIN 95% CONFIDENCE LEVEL
13	COMPCTL	Num	8	F41 III_B71 COMMUNICATIONS DOMAIN PERCENTILE RANK
14	DDSTROW	Num	8	F41 IV_A1 DAILY LIVING SKILLS STARTING ROWS
15	DDENDROW	Num	8	F41 IV_A2 DAILY LIVING SKILLS ENDING ROWS
16	DLSRAW	Num	8	F41 IV_B93 DAILY LIVING SKILLS DOMAIN RAW SCORE
17	DLSSTRD	Num	8	F41 IV_B94 DAILY LIVING SKILLS STANDARD SCORE
18	DLS95CL	Num	8	F41 IV_B95 DAILY LIVING SKILLS 95% CONFIDENCE LEVEL
19	DLSPCTL	Num	8	F41 IV_B96 DAILY LIVING SKILLS PERCENTILE RANK
20	SDSTROW	Num	8	F41 V_A1 SOCIALIZATION DOMAIN STARTING ROW
21	SDENDROW	Num	8	F41 V_A2 SOCIALIZATION DOMAIN ENDING ROW
22	SOCRAW	Num	8	F41 V_B67 SOCIALIZATION DOMAIN RAW SCORE
23	SOCSTRD	Num	8	F41 V_B68 SOCIALIZATION DOMAIN STANDARD SCORE
24	SOC95CL	Num	8	F41 V_B69 SOCIALIZATION DOMAIN 95% CONFIDENCE LEVEL
25	SOCPCTL	Num	8	F41 V_B70 SOCIALIZATION DOMAIN PERCENTILE RANK
26	MSSTROW	Num	8	F41 V1_A1 MOTOR SKILLS STARTING ROW
27	MSENDROW	Num	8	F41 V1_A2 MOTOR SKILLS ENDING ROW
28	MTSKRAW	Num	8	F41 VI_B37 MOTOR SKILLS DOMAIN RAW SCORE
29	MTSKSTRD	Num	8	F41 VI_B38 MOTOR SKILLS STANDARD SCORE
30	MTSK95CL	Num	8	F41 VI_B39 MOTOR SKILLS 95% CONFIDENCE LEVEL
31	MTSKPCTL	Num	8	F41 VI_B40 MOTOR SKILLS PERCENTILE RANK
32	GEN_CMNT	Num	8	F41 VLL_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
33	VIS_DT_DAYS	Num	8	F41 I_5 VISIT DATE (recode: number of days after date of eligibility or ineligibility)
34	CARE41G	Num	8	F41 II_2 CAREGIVER'S RELATIONSHIP TO CHILD (regrouped: 1 = Mother, 2 = Father, 3 = Grandparent, 4 = Other)

**Data Set Name: fm42.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F42 FORM STUDY FORM NUMBER
3	REV	Char	1	F42 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F42 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F42 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	HB2WSEQ	Num	8	F42 II_2 HEP B 0-2 WEEKS VACCINATION SEQUENCE IN SERIES
7	HB2WND	Num	8	F42 II_2AND HEP B 0-2 WEEKS VACCINATION NOT DONE
8	DT6WSEQ	Num	8	F42 II_3A 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS DTP/DTAP SEQUENCE IN SERIES
9	DT6WND	Num	8	F42 II_3AND 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS DTP/DTAP NOT DONE
10	HO6WSEQ	Num	8	F42 II_3B 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS HBOC/HIB SEQUENCE IN SERIES
11	HO6WND	Num	8	F42 II_3BND 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS HBOC/HIB NOT DONE
12	OP6WSEQ	Num	8	F42 II_3C 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS OPV/IPV SEQUENCE IN SERIES
13	OP6WND	Num	8	F42 II_3CND 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS OPV/IPV NOT DONE
14	PN6WSEQ	Num	8	F42 II_3D 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS PNEUMO (PCV7) SEQUENCE IN SERIES
15	PN6WND	Num	8	F42 II_3DND 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS PNEUMO (PCV7) NOT DONE
16	HB6WSEQ	Num	8	F42 II_3E 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS HEP B SEQUENCE IN SERIES
17	HB6WND	Num	8	F42 II_3END 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS HEP B NOT DONE
18	DT4MSEQ	Num	8	F42 II_4A 4-MONTHS OF AGE VACCINATIONS DTP/DTAP SEQUENCE IN SERIES
19	DT4MND	Num	8	F42 II_4AND 4-MONTHS OF AGE VACCINATIONS DTP/DTAP NOT DONE
20	HO4MSEQ	Num	8	F42 II_4B 4-MONTHS OF AGE VACCINATIONS HBOC/HIB SEQUENCE IN SERIES
21	HO4MND	Num	8	F42 II_4BND 4-MONTHS OF AGE VACCINATIONS HBOC/HIB NOT DONE
22	OP4MSEQ	Num	8	F42 II_4C 4-MONTHS OF AGE VACCINATIONS OPV/IPV SEQUENCE IN SERIES
23	OP4MND	Num	8	F42 II_4CND 4-MONTHS OF AGE VACCINATIONS OPV/IPV NOT DONE
24	PN4MSEQ	Num	8	F42 II_4D 4-MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) SEQUENCE IN SERIES
25	PN4MND	Num	8	F42 II_4DND 4-MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) NOT DONE
26	DT6MSEQ	Num	8	F42 II_5A 6-MONTHS OF AGE VACCINATIONS DTP/DTAP SEQUENCE IN SERIES
27	DT6MND	Num	8	F42 II_5AND 6-MONTHS OF AGE VACCINATIONS DTP/DTAP NOT DONE
28	HO6MSEQ	Num	8	F42 II_5B 6-MONTHS OF AGE VACCINATIONS HBOC/HIB SEQUENCE IN SERIES
29	HO6MND	Num	8	F42 II_5BND 6-MONTHS OF AGE VACCINATIONS HBOC/HIB NOT DONE



Num	Variable	Type	Len	Label
30	PN6MSEQ	Num	8	F42 II_5C 6-MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) SEQUENCE IN SERIES
31	PN6MND	Num	8	F42 II_5CND 6-MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) NOT DONE
32	DT12MSEQ	Num	8	F42 II_6A 6-18 MONTHS OF AGE VACCINATIONS DTP/DTAP SEQUENCE IN SERIES
33	DT12MND	Num	8	F42 II_6AND 6-18 MONTHS OF AGE VACCINATIONS DTP/DTAP NOT DONE
34	HO12MSEQ	Num	8	F42 II_6B 6-18 MONTHS OF AGE VACCINATIONS HBOC/HIB SEQUENCE IN SERIES
35	HO12MND	Num	8	F42 II_6BND 6-18 MONTHS OF AGE VACCINATIONS HBOC/HIB NOT DONE
36	OP12MSEQ	Num	8	F42 II_6C 6-18 MONTHS OF AGE VACCINATIONS SEQUENCE IN SERIES
37	OP12MND	Num	8	F42 II_6CND 6-18 MONTHS OF AGE VACCINATIONS IPV NOT DONE
38	PN12MSEQ	Num	8	F42 II_6D 6-18 MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) SEQUENCE IN SERIES
39	PN12MND	Num	8	F42 II_6DND 6-18 MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) NOT DONE
40	HB12MSQ1	Num	8	F42 II_6E 6-18 MONTHS OF AGE VACCINATIONS HEP B
41	HB12MND1	Num	8	F42 II_6END 6-18 MONTHS OF AGE VACCINATIONS HEP B NOT DONE
42	MM12MSEQ	Num	8	F42 II_6F 6-18 MONTHS OF AGE VACCINATIONS MMR SEQUENCE IN SERIES
43	MM12MND	Num	8	F42 II_6FND 6-18 MONTHS OF AGE VACCINATIONS MMR NOT DONE
44	VR12MSEQ	Num	8	F42 II_6G 6-18 MONTHS OF AGE VACCINATIONS VARICELLA SEQUENCE IN SERIES
45	VR12MND	Num	8	F42 II_6GND 6-18 MONTHS OF AGE VACCINATIONS VARICELLA NOT DONE
46	OPBLND	Num	8	F42 II_8AND SERUM OPSONOPHAGOCYTIC + PNEUMOCOCCAL ANTIBODY NOT DONE
47	OPBLLBL	Char	5	F42 II_8B STUDY ENTRY (PRE-TREATMENT): TUBE LABEL (3.0 CC IN RED TUBE)
48	CD4BLND	Num	8	F42 II_8CND STUDY ENTRY (PRE-TREATMENT): NAIVE AND MEMORY CD4/CD8 NOT DONE
49	CD4BLLBL	Char	5	F42 II_8D STUDY ENTRY (PRE-TREATMENT): TUBE LABEL (0.5 CC IN PURPLE TUBE)
50	MMA12MND	Num	8	F42 II_9AND 2-6 WEEKS AFTER MMR: ANTIBODY TO MMR NOT DONE
51	MMA12MLB	Char	5	F42 II_9B 2-6 WEEKS AFTER MMR: TUBE LABEL (1.2 CC IN RED TUBE)
52	PCAB2YND	Num	8	F42 II_10AND 23-MONTH-OF-AGE BLOOD SAMPLES: ANTIBODY RESPONSE TO PNEUMO 23 NOT DONE
53	PCAB2YLB	Char	5	F42 II_10B 23-MONTH-OF-AGE BLOOD SAMPLES: TUBE LABEL (3.0 CC IN RED TUBE)
54	MMA2YND	Num	8	F42 II_10CND 23-MONTH-OF-AGE BLOOD SAMPLES: ANTIBODY RESPONSE TO MMR NOT DONE
55	MMA2YLBL	Char	5	F42 II_10D 23-MONTH-OF-AGE BLOOD SAMPLES: TUBE LABEL (1.2 CC IN RED TUBE)
56	CD42YND	Num	8	F42 II_10END 23-MONTH-OF-AGE BLOOD SAMPLES: NAIVE AND MEMORY CD4/CD8 NOT DONE
57	CD42YLBL	Char	5	F42 II_10F 23-MONTH-OF-AGE BLOOD SAMPLES: TUBE LABEL (0.5 CC IN PURPLE TUBE)

Num	Variable	Type	Len	Label
58	PN2YSEQ	Num	8	F42 II_11A 24-MONTH OF AGE VACCINATION PNEUMO 23 (23 PS) SEQUENCE IN SERIES
59	PN2YND	Num	8	F42 II_11AND 24-MONTH OF AGE VACCINATION PNEUMO 23 (23 PS) NOT DONE
60	OC2YND	Num	8	F42 II_12AND 2-8 WEEKS AFTER 24-MONTH OF AGE VACCINATIONS: SERUM OPSONOPHAGOCYTIC + PNEUMOCOCCAL ANTIBODY NOT DONE
61	OC2YLBL	Char	5	F42 II_12B 2-8 WEEKS AFTER 24-MONTH OF AGE VACCINATIONS: TUBE LABEL (3.0 CC IN RED TUBE)
62	OCAEOSND	Num	8	F42 II_13AND STUDY EXIT: SERUM OPSONOPHAGOCYTIC + PNEUMOCOCCAL ANTIBODY NOT DONE
63	OCAEOSLB	Char	5	F42 II_13B STUDY EXIT: TUBE LABEL (3.0 CC IN RED TUBE)
64	MMAEOSND	Num	8	F42 II_13CND STUDY EXIT: ANTIBODY RESPONSE TO MMR NOT DONE
65	MMAEOSLB	Char	5	F42 II_13D STUDY EXIT: TUBE LABEL (1.2 CC IN RED TUBE)
66	CD4EDSND	Num	8	F42 II_13END STUDY EXIT: NAIVE AND MEMORY CD4/CD8 CELLS NOT DONE
67	CD4EDSLB	Char	5	F42 II_13F STUDY EXIT: TUBE LABEL (0.5 CC IN PURPLE TUBE)
68	GEN_CMNT	Num	8	F42 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
69	VIS_DT_DAYS	Num	8	F42 I_5 VISIT DATE (recode: number of days after date of eligibility or ineligibility)
70	HB2WDT_DAYS	Num	8	F42 II_2ADT HEP B 0-2 WEEKS VACCINATION DATE (recode: number of days after date of eligibility or ineligibility)
71	DT6WDT_DAYS	Num	8	F42 II_3ADT 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS DTP/DTAP DATE (recode: number of days after date of eligibility or ineligibility)
72	HO6WDT_DAYS	Num	8	F42 II_3BDT 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS HBOC/HIB DATE (recode: number of days after date of eligibility or ineligibility)
73	OP6WDT_DAYS	Num	8	F42 II_3CDT 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS OPV/IPV DATE (recode: number of days after date of eligibility or ineligibility)
74	PN6WDT_DAYS	Num	8	F42 II_3DDT 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS PNEUMO (PCV7) DATE (recode: number of days after date of eligibility or ineligibility)
75	HB6WDT_DAYS	Num	8	F42 II_3EDT 6-WEEKS TO 2-MONTHS OF AGE VACCINATIONS HEP B DATE (recode: number of days after date of eligibility or ineligibility)
76	DT4MDT_DAYS	Num	8	F42 II_4ADT 4-MONTHS OF AGE VACCINATIONS DTP/DTAP DATE (recode: number of days after date of eligibility or ineligibility)
77	HO4MDT_DAYS	Num	8	F42 II_4BDT 4-MONTHS OF AGE VACCINATIONS HBOC/HIB DATE (recode: number of days after date of eligibility or ineligibility)
78	OP4MDT_DAYS	Num	8	F42 II_4CDT 4-MONTHS OF AGE VACCINATIONS OPV/IPV DATE (recode: number of days after date of eligibility or ineligibility)
79	PN4MDT_DAYS	Num	8	F42 II_4DDT 4-MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) DATE (recode: number of days after date of eligibility or ineligibility)
80	DT6MDT_DAYS	Num	8	F42 II_5ADT 6-MONTHS OF AGE VACCINATIONS DTP/DTAP DATE (recode: number of days after date of eligibility or ineligibility)
81	HO6MDT_DAYS	Num	8	F42 II_5BDT 6-MONTHS OF AGE VACCINATIONS HBOC/HIB DATE (recode: number of days after date of eligibility or ineligibility)
82	PN6MDT_DAYS	Num	8	F42 II_5CDT 6-MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) DATE (recode: number of days after date of eligibility or ineligibility)
83	DT12MDT_DAYS	Num	8	F42 II_6ADT 6-18 MONTHS OF AGE VACCINATIONS DTP/DTAP DATE (recode: number of days after date of eligibility or ineligibility)

Num	Variable	Type	Len	Label
84	HO12MDT_DAYS	Num	8	F42 II_6BDT 6-18 MONTHS OF AGE VACCINATIONS HBOC/HIB DATE (recode: number of days after date of eligibility or ineligibility)
85	OP12MDT_DAYS	Num	8	F42 II_6CDT 6-18 MONTHS OF AGE VACCINATIONS IPV DATE (recode: number of days after date of eligibility or ineligibility)
86	PN12MDT_DAYS	Num	8	F42 II_6DDT 6-18 MONTHS OF AGE VACCINATIONS PNEUMO (PCV 7) DATE (recode: number of days after date of eligibility or ineligibility)
87	HB12MDT1_DAYS	Num	8	F42 II_6EDT 6-18 MONTHS OF AGE VACCINATIONS HEP B DATE (recode: number of days after date of eligibility or ineligibility)
88	MM12MDT_DAYS	Num	8	F42 II_6FDT 6-18 MONTHS OF AGE VACCINATIONS MMR DATE (recode: number of days after date of eligibility or ineligibility)
89	VR12MDT_DAYS	Num	8	F42 II_6GDT 6-18 MONTHS OF AGE VACCINATIONS VARICELLA DATE (recode: number of days after date of eligibility or ineligibility)
90	INFLU1_DAYS	Num	8	F42 II_7A DATE OF YEARLY INFLUENZA VACCINES, A (recode: number of days after date of eligibility or ineligibility)
91	INFLU2_DAYS	Num	8	F42 II_7B DATE OF YEARLY INFLUENZA VACCINES, B (recode: number of days after date of eligibility or ineligibility)
92	INFLU3_DAYS	Num	8	F42 II_7C DATE OF YEARLY INFLUENZA VACCINES, C (recode: number of days after date of eligibility or ineligibility)
93	INFLU4_DAYS	Num	8	F42 II_7D DATE OF YEARLY INFLUENZA VACCINES, D (recode: number of days after date of eligibility or ineligibility)
94	OPBLDT_DAYS	Num	8	F42 II_8ADT STUDY ENTRY (PRE-TREATMENT): SERUM OPSONOPHAGOCYTIC + PNEUMOCOCCAL ANTIBODY DATE (recode: number of days after date of eligibility or ineligibility)
95	CD4BLDT_DAYS	Num	8	F42 II_8CDT STUDY ENTRY (PRE-TREATMENT): NAIVE AND MEMORY CD4/CD8 DATE (recode: number of days after date of eligibility or ineligibility)
96	MMA12MDT_DAYS	Num	8	F42 II_9ADT 2-6 WEEKS AFTER MMR: ANTIBODY TO MMR DATE (recode: number of days after date of eligibility or ineligibility)
97	PCAB2YDT_DAYS	Num	8	F42 II_10ADT 23-MONTH-OF-AGE BLOOD SAMPLES: ANTIBODY RESPONSE TO PNEUMO 23 DATE (recode: number of days after date of eligibility or ineligibility)
98	MMA2YDT_DAYS	Num	8	F42 II_10CDT 23-MONTH-OF-AGE BLOOD SAMPLES: ANTIBODY RESPONSE TO MMR DATE (recode: number of days after date of eligibility or ineligibility)
99	CD42YDT_DAYS	Num	8	F42 II_10EDT 23-MONTH-OF-AGE BLOOD SAMPLES: NAIVE AND MEMORY CD4/CD8 DATE (recode: number of days after date of eligibility or ineligibility)
100	PN2YDT_DAYS	Num	8	F42 II_11ADT 24-MONTH OF AGE VACCINATION PNEUMO 23 (23 PS) DATE (recode: number of days after date of eligibility or ineligibility)
101	OC2YDT_DAYS	Num	8	F42 II_12ADT 2-8 WEEKS AFTER 24-MONTH OF AGE VACCINATIONS: SERUM OPSONOPHAGOCYTIC + PNEUMOCOCCAL ANTIBODY DATE (recode: number of days after date of eligibility or ineligibility)
102	OCAEOSDT_DAYS	Num	8	F42 II_13ADT STUDY EXIT: SERUM OPSONOPHAGOCYTIC + PNEUMOCOCCAL ANTIBODY DATE (recode: number of days after date of eligibility or ineligibility)
103	MMAEOSDT_DAYS	Num	8	F42 II_13CDT STUDY EXIT: ANTIBODY RESPONSE TO MMR DATE (recode: number of days after date of eligibility or ineligibility)
104	CD4EDSDT_DAYS	Num	8	F42 II_13EDT STUDY EXIT: NAIVE AND MEMORY CD4/CD8 CELLS DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm43.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F43 FORM STUDY FORM NUMBER
3	REV	Char	1	F43 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F43 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F43 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	HANDED	Num	8	F43 II_1 WHICH HAND DOES YOUR CHILD PREFER TO?
7	SWALLOW	Num	8	F43 II_2 HOW WOULD YOU DESCRIBE YOUR CHILD'S ABILITY TO SWALLOW?
8	WALKCLMB	Num	8	F43 II_3 HOW WOULD YOU DESCRIBE YOUR CHILD'S ABILITY TO WALK AND CLIMB STAIRS?
9	DIAPNITE	Num	8	F43 II_4A DESCRIBE YOUR CHILD'S TOILETING: ROUTINELY WEARS DIAPERS AT NIGHT
10	WETSNITE	Num	8	F43 II_4B DESCRIBE YOUR CHILD'S TOILETING: WETS AT NIGHT
11	DIAP_DAY	Num	8	F43 II_4C DESCRIBE YOUR CHILD'S TOILETING: ROUTINELY WEARS DIAPERS IN DAYTIME
12	WET_ACC	Num	8	F43 II_4C1 IF NOT WEARING DIAPERS IN DAYTIME, CURRENTLY EXPERIENCING WETTING ACCIDENTS
13	TINGNUMB	Num	8	F43 II_5 DOES YOUR CHILD HAVE TINGLING, NUMBNESS, PINS AND NEEDLES, ELECTRIC SHOCK OR A BURNING SENSATION IN HIS/HER HANDS OR FEET?
14	SEIZURE	Num	8	F43 II_6 HAS YOUR CHILD EVER HAD A SEIZURE OR CONVULSION?
15	SENSLOSS	Num	8	F43 III_1 DOES THE CHILD HAVE SENSORY LOSS OR SENSORY DIMINISHMENT?
16	DESCLOS R	Num	8	F43 III_1AR WHICH BEST DESCRIBES THE CHANGE, RIGHT
17	DESCLOS L	Num	8	F43 III_1AL WHICH BEST DESCRIBES THE CHANGE, LEFT
18	LOSSSTRG	Num	8	F43 III_2 DOES THE CHILD HAVE LOSS OR DIMINISHMENT OF MOTOR FUNCTION?
19	LOSSSTRU	Num	8	F43 III_2A1 LOSS OF STREHGTH: RIGHT UPPER
20	LOSSSTLU	Num	8	F43 III_2A2 LOSS OF STREHGTH: LEFT UPPER
21	LOSSSTR L	Num	8	F43 III_2A3 LOSS OF STREHGTH: RIGHT LOWER
22	LOSSSTLL	Num	8	F43 III_2A4 LOSS OF STREHGTH: LEFT LOWER
23	LOSSGMTR	Num	8	F43 III_2A5 NONFOCAL IMPAIRMENT OF GROSS MOTOR DEVELOPMENT
24	LOSSFMTR	Num	8	F43 III_2A6 NONFOCAL IMPAIRMENT OF FINE MOTOR SKILLS
25	LOSSTONE	Num	8	F43 III_2B WHICH BEST DESCRIBES THE CHANGE IN TONE?
26	RFLXBIC R	Num	8	F43 IV_1R A BICEPS REFLEX, RIGHT
27	RFLXBIC L	Num	8	F43 IV_1L A BICEPS REFLEX, LEFT
28	RFLXKJ R	Num	8	F43 IV_2R KNEE JERK, RIGHT
29	RFLXKJ L	Num	8	F43 IV_2L KNEE JERK, LEFT
30	RFLXAJ R	Num	8	F43 IV_3R ANKLE JERK, RIGHT
31	RFLXAJ L	Num	8	F43 IV_3L ANKLE JERK, LEFT
32	RFLXAC R	Num	8	F43 IV_4R ANKLE CLONUS, RIGHT
33	RFLXAC L	Num	8	F43 IV_4L ANKLES CLONUS, LEFT

Num	Variable	Type	Len	Label
34	RFLXARR	Num	8	F43 IV_5R    CROSSED ADDUCTOR RESPONSE, RIGHT
35	RFLXARL	Num	8	F43 IV_5L    CROSSED ADDUCTOR RESPONSE, LEFT
36	RFLXUPTR	Num	8	F43 IV_6R    UPGOING TOE, RIGHT
37	RFLXUPTL	Num	8	F43 IV_6L    UPGOING TOE, LEFT
38	WALKINDE	Num	8	F43 V_1      DOES THE CHILD ORDINARILY WALK INDEPENDENTLY?
39	CRWL9IN	Num	8	F43 V_1A1    CRAWLS ON FOUR LIMBS FOR 9 INCHES OR MORE
40	PULL2STD	Num	8	F43 V_1A2    PULLS-TO-STAND
41	STND3SEC	Num	8	F43 V_1A3    STANDS ALONE FOR AT LEAST 3 SECONDS
42	STND30S	Num	8	F43 V_1A4    STANDS ALONE FOR AT LEAST 30 SECONDS
43	STEP3SPT	Num	8	F43 V_1A5    TAKES AT LEAST 3 STEPS WITH SUPPORT
44	STEP3HOL	Num	8	F43 V_1A6    TAKES AT LEAST 3 STEPS HOLDING ONTO FURNITURE
45	STEP3ALN	Num	8	F43 V_1A7    TAKES AT LEAST 3 STEPS WITHOUT SUPPORT
46	STDUPALN	Num	8	F43 V_1A8    GETS UP OFF FLOOR TO STANDING WITHOUT HELP
47	WALK6FT	Num	8	F43 V_1A9    WALKS INDEPENDENTLY FOR AT LEAST 6 FEET
48	KNEEFLXR	Num	8	F43 V_1B1R   KNEE FLEXION, RIGHT
49	KNEEFLXL	Num	8	F43 V_1B1L   KNEE FLEXION, LEFT
50	KNEHYPER	Num	8	F43 V_1B2R   KNEE HYPEREXTENSION, RIGHT
51	KNEHYPEL	Num	8	F43 V_1B2L   KNEE HYPEREXTENSION, LEFT
52	TOEWALKR	Num	8	F43 V_1B3R   TOE WALKING, RIGHT
53	TOEWALKL	Num	8	F43 V_1B3L   TOE WALKING, LEFT
54	CIRCGTR	Num	8	F43 V_1B4R   CIRCUMDUCTING GAIT, RIGHT
55	CIRCGTL	Num	8	F43 V_1B4L   CIRCUMDUCTING GAIT, LEFT
56	DECRSWNR	Num	8	F43 V_1B5R   DECREASING ARM SWING, RIGHT
57	DECRSWNL	Num	8	F43 V_1B5L   DECREASING ARM SWING, LEFT
58	CORARMPR	Num	8	F43 V_1B6R   CORTICAL ARM POSTURE, RIGHT
59	CORARMPL	Num	8	F43 V_1B6L   CORTICAL ARM POSTURE, LEFT
60	HYPOTOND	Num	8	F43 VI_1AD   TONE HYPOTONIA DISTRIBUTION
61	HYPOTONS	Num	8	F43 VI_1AS   TONE HYPOTONIA SEVERITY
62	HYPRTOND	Num	8	F43 VI_1BD   TONE HYPERTONIA DISTRIBUTION
63	HYPRTONS	Num	8	F43 VI_1BS   TONE HYPERTONIA SEVERITY
64	DIAGNOS	Num	8	F43 VI_2     ARE ANY OF THE DIAGNOSES LISTED BELOW PRESENT TODAY?
65	DIAGN_A	Num	8	F43 VI_2ADS   DIAGNOSIS A
66	DIAGN_AS	Num	8	F43 VI_2ASI   DIAGNOSIS A SIDE
67	DIAGNASP	Num	8	F43 VI_2ASP   DIAGNOSIS A, SPECIFY
68	DIAGN_B	Num	8	F43 VI_2BDS   DIAGNOSIS B
69	DIAGN_BS	Num	8	F43 VI_2BSI   DIAGNOSIS B SIDE
70	DIAGNBSP	Num	8	F43 VI_2BSP   DIAGNOSIS B, SPECIFY
71	DIAGN_C	Num	8	F43 VI_2CDS   DIAGNOSIS C
72	DIAGN_CS	Num	8	F43 VI_2CSI   DIAGNOSIS C SIDE

Num	Variable	Type	Len	Label
73	DIAGNCSP	Num	8	F43 VI_2CSP DIAGNOSIS C, SPECIFY
74	NEURSTA1	Num	8	F43 VII_1 FROM A NEUROLOGICAL STANDPOINT, WHAT DO YOU THINK THE STATUS OF THE PATIENT IS SINCE LAST ASSESSMENT?
75	NEURSTA2	Num	8	F43 VII_2 FROM A NEUROLOGICAL STANDPOINT, WHAT DO YOU THINK THE STATUS OF THE PATIENT IS SINCE INITITAL BASELINE ASSESSMENT?
76	NEW_STRK	Num	8	F43 VII_3A SUMMARY FINDINGS NEW STROKE
77	NEW_TIA	Num	8	F43 VII_3B SUMMARY FINDINGS NEW TIA
78	F80VII4	Num	8	F43 VII_4 FORM 80 SUBMITTED?
79	GEN_CMNT	Num	8	F43 VII_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
80	VIS_DT_DAYS	Num	8	F43 I_5 TESTING DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm44.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F44 FORM STUDY FORM NUMBER
3	REV	Char	1	F44 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F44 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F44 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	CAMTYPE	Char	17	F44 II_1 CAMERA MANUFACTURER
7	CAMMODEL	Char	14	F44 II-2 CAMERA MODEL
8	COLLIMAT	Char	14	F44 II_3 COLLIMATOR
9	SUPCOLLD	Char	15	F44 II_4 SUPPLIER OF TC-SULFUR COLLOID
10	DOSINJ44	Num	8	F44 II_5 DOSE INJECTED
11	INJ44HR	Num	8	F44 II_6HR TIME OF INJECTION (24-HOUR CLOCK), HOUR
12	INJ44MN	Num	8	F44 II_6MN TIME OF INJECTION (24-HOUR CLOCK), MINUTE
13	IMSTRHR	Num	8	F44 II_7HR TIME IMAGING STARTED, HOUR
14	IMSTRMN	Num	8	F44 II_7MN TIME IMAGING STARTED, MINUTE
15	IMCOMHR	Num	8	F44 II_8HR TIME IMAGING COMPLETED, HOUR
16	IMCOMMN	Num	8	F44 II_8MN TIME IMAGING COMPLETED, MINUTE
17	CAMANGLE	Num	8	F44 II_9 CAMERA ANGLE
18	ANTPOSMN	Num	8	F44 II_10MN TRUE POSTERIOR IMAGING TIME (MIN:SEC), MINUTE
19	ANTPOSSC	Num	8	F44 II_10SC TRUE POSTERIOR IMAGING TIME (MIN:SEC), SECOND
20	OBLIMCNT	Num	8	F44 II_11 RIGHT POSTERIOR OBLIQUE IMAGE COUNTS:
21	LSSCNLBL	Char	5	F44 II_12 FILM LABEL
22	AOI400K	Num	8	F44 II_13A 400 K IMAGE ADEQUATE?
23	AOITIMED	Num	8	F44 II_13B TIMED IMAGE ADEQUATE?
24	KASPLTOT	Num	8	F44 III_1A1A 400K IMAGE: ANTERIOR VIEW SPLEEN TOTAL COUNTS
25	KASPLPIX	Num	8	F44 III_1A1B 400K IMAGE: ANTERIOR VIEW SPLEEN # PIXELS IN ROI
26	KASPLCNT	Num	8	F44 III_1A1C 400K IMAGE: ANTERIOR VIEW SPLEEN COUNTS/PIXEL
27	KALIVTOT	Num	8	F44 III_1A2A 400K IMAGE: ANTERIOR VIEW LIVER TOTAL COUNTS
28	KALIVPIX	Num	8	F44 III_1A2B 400K IMAGE: ANTERIOR VIEW LIVER # PIXELS IN ROI
29	KALIVCNT	Num	8	F44 III_1A2C 400K IMAGE: ANTERIOR VIEW LIVER COUNTS/PIXEL
30	KPSPLTOT	Num	8	F44 III_1B1A 400K IMAGE: POSTERIOR VIEW SPLEEN TOTAL COUNTS
31	KPSPLPIX	Num	8	F44 III_1B1B 400K IMAGE: POSTERIOR VIEW SPLEEN # PIXELS IN ROI
32	KPSPLCNT	Num	8	F44 III_1B1C 400K IMAGE: POSTERIOR VIEW SPLEEN COUNTS/PIXEL
33	KPLIVTOT	Num	8	F44 III_1B2A 400K IMAGE: POSTERIOR VIEW LIVER TOTAL COUNTS
34	KPLIVPIX	Num	8	F44 III_1B2B 400K IMAGE: POSTERIOR VIEW LIVER # PIXELS IN ROI
35	KPLIVCNT	Num	8	F44 III_1B2C 400K IMAGE: POSTERIOR VIEW LIVER COUNTS/PIXEL
36	KSLRTTOT	Num	8	F44 III_1C1 400K IMAGE: SPLEEN/LIVER RATIO TOTAL COUNTS

Num	Variable	Type	Len	Label
37	KSLRTCNT	Num	8	F44 III_1C2 400K IMAGE: SPLEEN/LIVER RATIO COUNTS/PIXEL
38	TASPLTOT	Num	8	F44 III_2A1A TIMED IMAGE: LEFT ANTERIOR OBLIQUE VIEW SPLEEN TOTAL COUNTS
39	TASPLPIX	Num	8	F44 III_2A1B TIMED IMAGE: LEFT ANTERIOR OBLIQUE VIEW SPLEEN # PIXELS IN ROI
40	TASPLCNT	Num	8	F44 III_2A1C TIMED IMAGE: LEFT ANTERIOR OBLIQUE VIEW SPLEEN COUNTS/PIXEL
41	TALIVTOT	Num	8	F44 III_2A2A TIMED IMAGE: LEFT ANTERIOR OBLIQUE VIEW LIVER TOTAL COUNTS
42	TALIVPIX	Num	8	F44 III_2A2B TIMED IMAGE: LEFT ANTERIOR OBLIQUE VIEW LIVER # PIXELS IN ROI
43	TALIVCNT	Num	8	F44 III_2A2C TIMED IMAGE: LEFT ANTERIOR OBLIQUE VIEW LIVER COUNTS/PIXEL
44	TPSPLTOT	Num	8	F44 III_2B1A TIMED IMAGE: RIGHT ANTERIOR OBLIQUE VIEW SPLEEN TOTAL COUNTS
45	TPSPLPIX	Num	8	F44 III_2B1B TIMED IMAGE: RIGHT ANTERIOR OBLIQUE VIEW SPLEEN # PIXELS IN ROI
46	TPSPLCNT	Num	8	F44 III_2B1C TIMED IMAGE: RIGHT ANTERIOR OBLIQUE VIEW SPLEEN COUNTS/PIXEL
47	TPLIVTOT	Num	8	F44 III_2B2A TIMED IMAGE: RIGHT ANTERIOR OBLIQUE VIEW LIVER TOTAL COUNTS
48	TPLIVPIX	Num	8	F44 III_2B2B TIMED IMAGE: RIGHT ANTERIOR OBLIQUE VIEW LIVER # PIXELS IN ROI
49	TPLIVCNT	Num	8	F44 III_2B2C TIMED IMAGE: RIGHT ANTERIOR OBLIQUE VIEW LIVER COUNTS/PIXEL
50	TSLRTTOT	Num	8	F44 III_2C1 TIMED IMAGE: SPLEEN/LIVER RATIO TOTAL COUNTS
51	TSLRTCNT	Num	8	F44 III_2C2 TIMED IMAGE: SPLEEN/LIVER RATIO COUNTS/PIXEL
52	GEN_CMNT	Num	8	F44 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
53	VIS_DT_DAYS	Num	8	F44 I_V PROCEDURE DATE (recode: number of days after date of eligibility or ineligibility)



**Data Set Name: fm45.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F45 FORM STUDY FORM NUMBER
3	REV	Char	1	F45 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F45 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F45 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	ABDSEQPT	Char	30	F45 II_1 EQUIPMENT
7	ABDSTRNS	Char	20	F45 II_2 TRANSDUCER
8	STATUS45	Num	8	F45 II_4 QUALITY OF STUDY, FORM 45
9	SONO_LBL	Char	5	F45 II_5 FILM LABEL
10	GEN_CMNT	Num	8	F45 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
11	VIS_DT_DAYS	Num	8	F45 I_5 PROCEDURE DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm46.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F46 FORM STUDY FORM NUMBER
3	REV	Char	1	F46 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F46 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F46 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	TCDMNUM	Char	8	F46 II_2 TCD MACHINE SERIAL NUMBER
7	PTNTPOS	Num	8	F46 II_3 PATIENT'S POSITION DURING EXAM
8	POS_SP	Num	8	F46 II_3A PATIENT'S POSITION DURING EXAM, SPECIFY
9	PTNTCALM	Num	8	F46 III_1A PATIENT'S COOPERATIVENESS DURING THE EXAM, CALM
10	PTNTCACT	Num	8	F46 III_1B PATIENT'S COOPERATIVENESS DURING THE EXAM, VERY ACTIVE
11	PTNTCRY	Num	8	F46 III_1C PATIENT'S COOPERATIVENESS DURING THE EXAM, CRYING/SCREAMING
12	COMPEXAM	Num	8	F46 III_2 COMPLETENESS OF EXAM
13	INCEXAM	Num	8	F46 III_2A REASON FOR INCOMPLETE EXAM
14	INCEX_SP	Num	8	F46 III_2A1 REASON FOR INCOMPLETE EXAM, SPECIFY
15	TCD_LBL	Char	5	F46 III_2B TCD LABEL
16	GEN_CMNT	Num	8	F46 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
17	VIS_DT_DAYS	Num	8	F46 I_5 PROCEDURE DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm47.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F47 FORM STUDY FORM NUMBER
3	REV	Char	1	F47 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F47 I_4VIS SUBJECT CLINICAL VISIT NUMBER
5	SEQNO	Num	8	F47 I_4SEQ SUBJECT VISIT SEQUENCE NUMBER
6	MRI	Num	8	F47 II_1 MRI INTERPRETABLE?
7	MRI_LBL	Char	5	F47 II_2 MRI FILM LABEL
8	MRA	Num	8	F47 II_3 MRA INTERPRETABLE?
9	STENOSIS	Num	8	F47 II_3A GREATER THAN 50% STENOSIS?
10	MRA_LBL	Char	5	F47 II_4 MRA FILM LABEL
11	GEN_CMNT	Num	8	F47 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
12	VIS_DT_DAYS	Num	8	F47 I_5 FILM DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm51.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F51 FORM STUDY FORM NUMBER
3	REV	Char	1	F51 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F51 I_4VIS WEEK OF VISIT
5	REASON	Num	8	F51 II_1 PLEASE INDICATE WHY THIS FORM IS BEING SUBMITTED.
6	SUPPLE	Num	8	F51 III_1A DID THE PATIENT RECEIVE SUPPLEMENTS?
7	ANTIBIOT	Num	8	F51 III_2A DID THE PATIENT RECEIVE ANTIBIOTICS?
8	ANALGES	Num	8	F51 III_3A DID THE PATIENT RECEIVE ANALGESICS?
9	PULMONAR	Num	8	F51 III_4A DID THE PATIENT RECEIVE PULMONARY MEDICATIONS?
10	TOPICALS	Num	8	F51 III_5A WAS THE PATIENT USING TOPICAL MEDICATIONS?
11	OTHER	Num	8	F51 III_6A WAS THE PATIENT USING ANY OTHER MEDICATIONS?
12	GEN_CMNT	Num	8	F51 GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
13	VIS_DT_DAYS	Num	8	F51 I_5 CONCOMITANT MEDICATIONS COLLECTION START DATE (recode: number of days after date of eligibility or ineligibility)
14	EVENT_DT_DAYS	Num	8	F51 II_2 DATE OF CORRESPONDING EVENT (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm51a.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F51AFORM STUDY FORM NUMBER
3	REV	Char	1	F51AREV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F51AI_4VIS WEEK OF VISIT
5	SEQNO	Num	8	F51ASEQNO SEQUENCE NUMBER OF THE VISIT
6	ADD_MED	Num	8	F51AINTERNAL ADDITIONAL MEDICATION
7	MED_TYPE	Num	8	F51AINTERNAL MEDICATION TYPE (THIS FIELD IS AUTO-POPULATED)
8	MED_CD	Num	8	F51AINTERNAL MEDICATION CODE (THIS FIELD IS AUTO-POPULATED)
9	MED_NAME	Char	120	F51A MEDICATION NAME (THIS FIELD IS AUTO-POPULATED)
10	NOT_RECD	Num	8	F51A(A) NOT RECEIVED
11	W3DPK	Num	8	F51A(B) WITHIN 3 DAYS OF PK COLLECTION
12	W7DPK	Num	8	F51A(C) WITHIN 7 DAYS OF SAE ONSET
13	CLOS_SAE	Num	8	F51A(D) UNTIL CLOSE OF SAE
14	GEN_CMNT	Num	8	F51AIV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
15	MAIN	Num	8	F51AINTERNAL ANSWER TO THE LEADING QUESTION (THIS FIELD IS AUTO-POPULATED)
16	VIS_DT_DAYS	Num	8	F51A CONCOMITANT MEDICATIONS COLLECTION START DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm52.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F52 FORM STUDY FORM NUMBER
3	REV	Char	1	F52 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F52 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F52 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	TR_TYPE	Num	8	F52 II_1 TRANSFUSION TYPE
7	TRVOLPR2	Num	8	F52 II_2B VOLUME OF PACKED RED CELLS TRANSFUSED
8	TR_SP	Num	8	F52 II_5 REASON FOR TRANSFUSION
9	GEN_CMNT	Num	8	F52 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
10	VIS_DT_DAYS	Num	8	F52 I_5 TRANSFUSION DATE (recode: number of days after date of eligibility or ineligibility)
11	TSTRT_DT_DAYS	Num	8	F52 II_3 TRANSFUSION START DATE (recode: number of days after date of eligibility or ineligibility)
12	TSTOP_DT_DAYS	Num	8	F52 II_4 TRANSFUSION STOP DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm64.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F64 FORM STUDY FORM NUMBER
3	REV	Char	1	F64 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F64 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F64 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	STOPBY	Num	8	F64 II_1 STOP ORDER INITIATED BY
7	TPSTOPTX	Num	8	F64 II_2 TYPE OF STOP ORDER
8	CCSTOPTX	Num	8	F64 II_3 IS CLINICAL CENTER STAFF DIRECTED TO CONTACT THE PATIENT'S CAREGIVER AND INSTRUCT HIM/HER TO STOP TAK STDY MED TO THE PATIENT?
9	CCCONTPT	Num	8	F64 III_1 DID THE CLINICAL CENTER STAFF CONTACT THE PATIENT'S CAREGIVER?
10	CONTHR	Num	8	F64 III_1BHR STOP ORDER TIME, HOUR
11	CONTMN	Num	8	F64 III_1BMN STOP ORDER TIME, MINUTES
12	ATTMCONT	Num	8	F64 III_2A HOW MANY ATTEMPTS WERE MADE TO CONTACT THE PATIENT?
13	ENDCONHR	Num	8	F64 III_2B2HRCONTACT ATTEMPTS ENDED, HOUR
14	ENDCONMN	Num	8	F64 III_2B2MNCNTACT ATTEMPTS ENDED, MINUTES
15	PTAGR	Num	8	F64 III_3 DID PATIENT'S CAREGIVER AGREE TO STOP TAKING ALL STUDY TREATMENTS?
16	PTAGRTRN	Num	8	F64 III_4 DID PATIENT'S CAREGIVER AGREE TO RETURN ALL UNUSED STUDY MEDICATION AT NEXT CLINIC VISIT?
17	GEN_CMNT	Num	8	F64 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
18	VIS_DT_DAYS	Num	8	F64 I_5 DATE OF ORDER (recode: number of days after date of eligibility or ineligibility)
19	CCCONTDT_DAYS	Num	8	F64 III_1ADT STOP ORDER DATE (recode: number of days after date of eligibility or ineligibility)
20	ENDCOND_T_DAYS	Num	8	F64 III_2B1DTDATE AND TIME CONTACT ATTEMPTS ENDED (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm65.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F65 FORM STUDY FORM NUMBER
3	REV	Char	1	F65 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F65 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F65 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	RESTRTTY	Num	8	F65 II_1 TYPE OF RESTART
7	PATUNSTN	Num	8	F65 II_2 DID PATIENT'S CAREGIVER RECEIVE AND UNDERSTAND INSTRUCTION?
8	GEN_CMNT	Num	8	F65 III_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
9	VIS_DT_DAYS	Num	8	F65 I_5 DATE OF ORDER (recode: number of days after date of eligibility or ineligibility)



**Data Set Name: fm66.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F66 FORM STUDY FORM NUMBER
3	REV	Char	1	F66 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F66 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F66 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	MEDEMERG	Num	8	F66 II_3A MEDICAL EMERGENCY
7	NONMEDEM	Num	8	F66 II_3B NON-MEDICAL EMERGENCY
8	OVERDOSE	Num	8	F66 II_3C POSSIBLE OR REAL STUDY TREATMENT OVERDOSE
9	DOSOTHER	Num	8	F66 II_3D OTHER REASONS FOR DOSING IRREGULARITY OCCURRENCE
10	DOS_SP	Num	8	F66 II_3D_1 IF OTHER, SPECIFY THE REASONS
11	UNBLIND	Num	8	F66 III_1 WAS THE PATIENT UNBLINDED?
12	INDPRINV	Num	8	F66 III_4A PRINCIPAL INVESTIGATOR
13	INDCOORD	Num	8	F66 III_4B CLINIC COORDINATOR
14	INDPTNT	Num	8	F66 III_4C PATIENT/FAMILY
15	INDOTHER	Num	8	F66 III_4D OTHER INDIVIDUALS INFORMED OF THE ASSIGNED STUDY TREATMENT
16	GEN_CMNT	Num	8	F66 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
17	VIS_DT_DAYS	Num	8	F66 I_5 DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm80.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F80 FORM STUDY FORM NUMBER
3	REV	Char	1	F80 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F80 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F80 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	FORM2	Char	3	F80 FORM
7	REV2	Char	1	F80 REV
8	PAGE	Num	8	F80 PAGE
9	GEN_CMNT	Num	8	F80 GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
10	VIS_DT_DAYS	Num	8	F80 I_5 DATE OF REFERENCED FORM (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm81.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F81 FORM STUDY FORM NUMBER
3	REV	Char	1	F81 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F81 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F81 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	MRI_LBL	Char	5	F81 II_3 FILM LABEL
7	QUAL81	Num	8	F81 II_4 SCAN QUALITY
8	VOLUM81	Num	8	F81 II_5 VOLUMETRICS
9	STATUS81	Num	8	F81 II_6 CURRENT READING STATUS, FORM 81
10	F80II5A	Num	8	F81 II_6A IF CURRENT READING STATUS IS (2) OR (3), FORM 80 SUBMITTED?
11	ATROPHY	Num	8	F81 II_7 GENERAL APPEARANCE
12	ATR_GENL	Num	8	F81 II_7A IS THE ATROPHY GENERAL?
13	ATRGSULC	Num	8	F81 II_7A1 GENERAL: SULCAL
14	ATRGVENT	Num	8	F81 II_7A2 GENERAL: VENTRICULAR
15	ATR_SEV	Num	8	F81 II_7A3 GENERAL: LEVEL OF SEVERITY
16	ATR_FOCL	Num	8	F81 II_7B FOCAL
17	ATRFSULC	Num	8	F81 II_7B1 FOCAL: SULCAL
18	ATRFVENT	Num	8	F81 II_7B2 FOCAL: VENTRICULAR
19	FOCAL_SP	Num	8	F81 II_7B3SP FOCAL: SPECIFY AREA
20	FINDINGS	Num	8	F81 III_1 DISCREET FINDINGS
21	LSNA_SID	Char	1	F81 III_1ASIDLESION SIDE A
22	LSNA_TYP	Char	1	F81 III_1ATYPLESION TYPE A
23	LSNA_SIZ	Num	8	F81 III_1ASIZLESION SIZE A
24	LSNA_LC1	Num	8	F81 III_1A1 LESION LOCATION A1
25	LSNA_LC2	Num	8	F81 III_1A2 LESION LOCATION A2
26	LSNA_LC3	Num	8	F81 III_1A3 LESION LOCATION A3
27	LSNA_LC4	Num	8	F81 III_1A4 LESION LOCATION A4
28	LSNB_SID	Char	1	F81 III_1BSIDLESION SIDE B
29	LSNB_TYP	Char	1	F81 III_1BTYPLESION TYPE B
30	LSNB_SIZ	Num	8	F81 III_1BSIZLESION SIZE B
31	LSNB_LC1	Num	8	F81 III_1B1 LESION LOCATION B1
32	LSNB_LC2	Num	8	F81 III_1B2 LESION LOCATION B2
33	LSNB_LC3	Num	8	F81 III_1B3 LESION LOCATION B3
34	LSNB_LC4	Num	8	F81 III_1B4 LESION LOCATION B4
35	LSNC_SID	Char	1	F81 III_1CSIDLESION SIDE C
36	LSNC_TYP	Char	1	F81 III_1CTYPLESION TYPE C

Num	Variable	Type	Len	Label
37	LSNC_SIZ	Num	8	F81 III_1CSIZLESION SIZE C
38	LSNC_LC1	Num	8	F81 III_1C1 LESION LOCATION C1
39	LSNC_LC2	Num	8	F81 III_1C2 LESION LOCATION C2
40	LSNC_LC3	Num	8	F81 III_1C3 LESION LOCATION C3
41	LSNC_LC4	Num	8	F81 III_1C4 LESION LOCATION C4
42	LSND_SID	Char	1	F81 III_1DSIDLESION SIDE D
43	LSND_TYP	Char	1	F81 III_1DTYPLESION TYPE D
44	LSND_SIZ	Num	8	F81 III_1DSIZLESION SIZE D
45	LSND_LC1	Num	8	F81 III_1D1 LESION LOCATION D1
46	LSND_LC2	Num	8	F81 III_1D2 LESION LOCATION D2
47	LSND_LC3	Num	8	F81 III_1D3 LESION LOCATION D3
48	LSND_LC4	Num	8	F81 III_1D4 LESION LOCATION D4
49	LSNE_SID	Char	1	F81 III_1ESIDLESION SIDE E
50	LSNE_TYP	Char	1	F81 III_1ETYPLESION TYPE E
51	LSNE_SIZ	Num	8	F81 III_1ESIZLESION SIZE E
52	LSNE_LC1	Num	8	F81 III_1E1 LESION LOCATION E1
53	LSNE_LC2	Num	8	F81 III_1E2 LESION LOCATION E2
54	LSNE_LC3	Num	8	F81 III_1E3 LESION LOCATION E3
55	LSNE_LC4	Num	8	F81 III_1E4 LESION LOCATION E4
56	VRIICC_R	Num	8	F81 III_2AR VASCULAR REGION OF INFARCT: ICC, RIGHT
57	VRIICC_L	Num	8	F81 III_2AL VASCULAR REGION OF INFARCT: ICC, LEFT
58	VRIICS_R	Num	8	F81 III_2BR VASCULAR REGION OF INFARCT: ICS, RIGHT
59	VRIICS_L	Num	8	F81 III_2BL VASCULAR REGION OF INFARCT: ICS, LEFT
60	VRIMCA_R	Num	8	F81 III_2CR VASCULAR REGION OF INFARCT: MCA, RIGHT
61	VRIMCA_L	Num	8	F81 III_2CL VASCULAR REGION OF INFARCT: MCA, LEFT
62	VRIACA_R	Num	8	F81 III_2DR VASCULAR REGION OF INFARCT: ACA, RIGHT
63	VRIACA_L	Num	8	F81 III_2DL VASCULAR REGION OF INFARCT: ACA, LEFT
64	VRIPCA_R	Num	8	F81 III_2ER VASCULAR REGION OF INFARCT: PCA, RIGHT
65	VRIPCA_L	Num	8	F81 III_2EL VASCULAR REGION OF INFARCT: PCA, LEFT
66	VRIBSL	Num	8	F81 III_2F VASCULAR REGION OF INFARCT: BASILAR
67	VRIABZ	Num	8	F81 III_2G VASCULAR REGION OF INFARCT: ANTERIOR BORDER ZONE
68	VRIPBZ	Num	8	F81 III_2H VASCULAR REGION OF INFARCT: POSTERIOR BORDER ZONE
69	VRICSB	Num	8	F81 III_2I VASCULAR REGION OF INFARCT: CENTRUM SEMIOVALE BORDER ZONE
70	VRISTR	Num	8	F81 III_2J VASCULAR REGION OF INFARCT: STRIATUM (LENTICULOSTRIATES)
71	BONY_CHG	Num	8	F81 III_4 BONY CHANGES
72	F80III4A	Num	8	F81 III_4A IF BONE CHANGES IS FOCAL ABNORMALITY, FORM 80 SUBMITTED?
73	OTHLESN	Num	8	F81 III_5 OTHER LESIONS
74	DWIFAVAI	Num	8	F81 III_6 ARE DWI FILMS AVAILABLE FOR THIS REVIEW?

Num	Variable	Type	Len	Label
75	F80III6A	Num	8	F81 III_6A IF YES, FORM 80 SUBMITTED
76	GEN_CMNT	Num	8	F81 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
77	VIS_DT_DAYS	Num	8	F81 I_5 FILM DATE (recode: number of days after date of eligibility or ineligibility)
78	RDR81_DT_DAYS	Num	8	F81 II_2DT DATE READ (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm82.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F82 FORM STUDY FORM NUMBER
3	REV	Char	1	F82 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F82 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F82 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	MRA_LBL	Char	5	F82 II_3 FILM LABEL
7	QUAL82	Num	8	F82 II_4 SCAN QUALITY
8	STATUS82	Num	8	F82 II_5 CURRENT STATUS OF THIS READING
9	ORRICA	Num	8	F82 III_1A RIGHT ICA OVERALL RATING
10	ABRICA	Num	8	F82 III_1B RIGHT ICA DESCRIPTION OF ABNORMALITY
11	LSSRICA	Num	8	F82 III_1C RIGHT ICA LENGTH OF STENOTIC SEGMENT
12	INVSEGR1	Num	8	F82 III_1D1 RIGHT ICA INVOLVED SEGMENTS ONE
13	INVSEGR2	Num	8	F82 III_1D2 RIGHT ICA INVOLVED SEGMENTS TWO
14	INVSEGR3	Num	8	F82 III_1D3 RIGHT ICA INVOLVED SEGMENTS THREE
15	INVSEGR4	Num	8	F82 III_1D4 RIGHT ICA INVOLVED SEGMENTS FOUR
16	ORRMCA	Num	8	F82 III_2A RIGHT MCA OVERALL RATING
17	ABRMCA	Num	8	F82 III_2B RIGHT MCA DESCRIPTION OF ABNORMALITY
18	LSSRMCA	Num	8	F82 III_2C RIGHT MCA LENGHT OF STENOTIC SEGMENT
19	ORRACA	Num	8	F82 III_3A RIGHT ACA OVERALL RATING
20	ABRACA	Num	8	F82 III_3B RIGHT ACA DESCRIPTION OF ABNORMALITY
21	LSSRACA	Num	8	F82 III_3C RIGHT ACA LENGTH OF STENOTIC SEGMENT
22	ORLICA	Num	8	F82 III_4A LEFT ICA OVERALL RATING
23	ABLICA	Num	8	F82 III_4B LEFT ICA DESCRIPTION OF ABNORMALITY
24	LSSLICA	Num	8	F82 III_4C LEFT ICA LENGHT OF STENOTIC SEGMENT
25	INVSEGL1	Num	8	F82 III_4D1 LEFT ICA INVOLVED SEGMENT ONE
26	INVSEGL2	Num	8	F82 III_4D2 LEFT ICA INVOLVED SEGMENT TWO
27	INVSEGL3	Num	8	F82 III_4D3 LEFT ICA INVOLVED SEGMENT THREE
28	INVSEGL4	Num	8	F82 III_4D4 LEFT ICA INVOLVED SEGMENT FOUR
29	ORLMCA	Num	8	F82 III_5A LEFT MCA OVERALL RATING
30	ABLMCA	Num	8	F82 III_5B LEFT MCA DESCRIPTION OF ABNORMALITY
31	LSSLMCA	Num	8	F82 III_5C LEFT MCA LENGTH OF STENOTIC SEGMENT
32	ORLACA	Num	8	F82 III_6A LEFT ACA OVERALL RATING
33	ABLACA	Num	8	F82 III_6B LEFT ACA DESCRIPTION OF ABNORMALITY
34	LSSLACA	Num	8	F82 III_6C LEFT ACA LENGTH OF STENOTIC SEGMENT
35	ORBASIL	Num	8	F82 III_7A BASILAR OVERALL RATING
36	LSSBASIL	Num	8	F82 III_7C BASILAR LENGHT OF STENOTIC SEGMENT

Num	Variable	Type	Len	Label
37	ORMRA	Num	8	F82 III_8A OVERALL MRA OVERALL RATING
38	ABMRA	Num	8	F82 III_8B OVERALL MRA DESCRIPTION OF ABNORMALITY
39	LSSMRA	Num	8	F82 III_8C OVERALL MRA LENGHT OF STENOTIC SEGMENT
40	INVSEG1	Num	8	F82 III_8D1 OVERALL MRA INVOLVED SEGMENT ONE
41	INVSEG2	Num	8	F82 III_8D2 OVERALL MRA INVOLVED SEGMENT TWO
42	INVSEG3	Num	8	F82 III_8D3 OVERALL MRA INVOLVED SEGMENT THREE
43	INVSEG4	Num	8	F82 III_8D4 OVERALL MRA INVOLVED SEGMENT FOUR
44	BLDVSLs	Num	8	F82 III_9 COLLATERAL BLOOD VESSELS (MARK ONE):
45	FM80III7	Num	8	F82 III_10 IF NARRATIVE PROVIDED, COMPLETE FORM 80
46	GEN_CMNT	Num	8	F82 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
47	VIS_DT_DAYS	Num	8	F82 I_5 FILM DATE (recode: number of days after date of eligibility or ineligibility)
48	RDR82_DT_DAYS	Num	8	F82 II_2 DATE READ (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fm84.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F84 FORM STUDY FORM NUMBER
3	REV	Char	1	F84 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F84 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F84 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	LSSCNLBL	Char	5	F84 II-3 FILM LABEL NUMBER
7	QUAL84	Num	8	F84 II_4 CURRENT STATUS OF THIS READING
8	F80II3A	Num	8	F84 II_4A IF ITEM 4 IS (2), SUBMIT FORM 80
9	SPLUPT84	Num	8	F84 III_1 SPLENIC UPTAKE
10	GEN_CMNT	Num	8	F84 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
11	VIS_DT_DAYS	Num	8	F84 I_5 PROCEDURE DATE (recode: number of days after date of eligibility or ineligibility)
12	RD84_DT_DAYS	Num	8	F84 II_2 DATE OF READING (recode: number of days after date of eligibility or ineligibility)



**Data Set Name: fm85.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	F85 FORM STUDY FORM NUMBER
3	REV	Char	1	F85 REV NUMBER OF THE FORM REVISIONS
4	VISIT	Char	3	F85 I_4VIS VISIT NUMBER
5	SEQNO	Num	8	F85 I_4SEQ SEQUENCE NUMBER OF THE VISIT
6	STATUS85	Num	8	F85 II_3 CURRENT STATUS OF THIS READING
7	F80II3A	Num	8	F85 II_3A IF STATUS85 IS (2) OR (3), SUBMIT FORM 80
8	GALBLA85	Num	8	F85 III_1 GALLBLADDER
9	GBWALL85	Num	8	F85 III_1A GALLBLADDER: WALL
10	GBCDV85	Num	8	F85 III_1B GALLBLADDER: COLOR DOPPLER VASCULARITY
11	GBNSTN85	Num	8	F85 III_1C1 GALLBLADDER: NUMBER OF STONES
12	GBMSTN85	Num	8	F85 III_1C2 GALLBLADDER: MULTIPLE STONES NOT COUNTABLE
13	GBLGST85	Num	8	F85 III_1D GALLBLADDER: LARGEST STONE
14	GBLGSTNA	Num	8	F85 III_1DNA GALLBLADDER: LARGEST STONE ( NOT APPLICABLE)
15	GBSFM85	Num	8	F85 III_1E GALLBLADDER: STONES FREELY MOBILE
16	GBCBD85	Num	8	F85 III_1F1 GALLBLADDER: COMMON BILE DUCT
17	GBPAND85	Num	8	F85 III_1F2 GALLBLADDER: PANCREATIC DUCT
18	GBIHEP85	Num	8	F85 III_1F3 GALLBLADDER: INTRAHEPATIC DUCTS
19	GBSLDG85	Num	8	F85 III_1G GALLBLADDER: SLUDGE
20	GBPRFL85	Num	8	F85 III_1H GALLBLADDER: PERICHOLECYSTIC FLUID
21	SPLEEN85	Num	8	F85 III_2 SPLEEN PRESENCE
22	ACCSPL85	Num	8	F85 III_2A SPLEEN: ACCESSORY SPLEEN(S)
23	SPLCLN85	Num	8	F85 III_2B SPLEEN: CEPHALOCAUDAD LENGTH
24	SPLTRN85	Num	8	F85 III_2C SPLEEN: TRANSVERSE
25	SPLANP85	Num	8	F85 III_2D SPLEEN: ANTERIOR - POSTERIOR
26	SPLVOL85	Num	8	F85 III_2E SPLEEN: ESTIMATED TOTAL SPLEEN VOLUME
27	SPLVOLND	Num	8	F85 III_2END SPLEEN: TOTAL SPLEEN VOLUME NOT DONE
28	SPLHOM85	Num	8	F85 III_2F SPLEEN: HOMOGENEITY
29	F80III2F	Num	8	F85 III_2F1 SPLEEN: IF INHOMOGENEOUS, SUBMIT FORM 80
30	RKIDN85	Num	8	F85 III_3 RIGHT KIDNEY
31	RKVOL85	Num	8	F85 III_3A RIGHT KIDNEY: ESTIMATED VOLUME
32	RKRPAR85	Num	8	F85 III_3B RIGHT KIDNEY: RENAL PARENCHYMA
33	RKRPEX85	Num	8	F85 III_3B1 IF ABNORMAL, EXPLAIN:
34	RKECHO85	Num	8	F85 III_3C RIGHT KIDNEY: ECHOGENICITY
35	RKECEX85	Num	8	F85 III_3C1 IF ABNORMAL, EXPLAIN:
36	LKID85	Num	8	F85 III_4 LEFT KIDNEY

Num	Variable	Type	Len	Label
37	LKVOL85	Num	8	F85 III_4A LEFT KIDNEY: ESTIMATED VOLUME
38	LKRPAR85	Num	8	F85 III_4B LEFT KIDNEY: RENAL PARENCHYMA
39	LKRPEX85	Num	8	F85 III_4B1 LEFT KIDNEY: IF ABNORMAL, EXPLAIN:
40	LKECHO85	Num	8	F85 III_4C LEFT KIDNEY: ECHOGENICITY
41	LKECEX85	Num	8	F85 III_4C1 LEFT KIDNEY: IF ABNORMAL, EXPLAIN:
42	LVRENL85	Num	8	F85 III_5 LIVER ENLARGED
43	ABDABN85	Num	8	F85 III_6 ANY OTHER ABDOMINAL ABNORMALITIES
44	F80III5A	Num	8	F85 III_6A IF YES, SUBMIT FORM 80
45	GEN_CMNT	Num	8	F85 IV_1C GENERAL COMMENTS REGARDING TO THE FILLED OUT FORM
46	SPLVLCAL	Num	8	F85 SPLEEN: CALCULATED TOTAL SPLEEN VOLUME
47	VIS_DT_DAYS	Num	8	F85 I_5 PROCEDURE DATE (recode: number of days after date of eligibility or ineligibility)
48	RDR85_DT_DAYS	Num	8	F85 II_2 DATE OF READING (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: fmcomment.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	FORM NUMBER
3	REV	Char	1	FORM REVISION NUMBER
4	VISIT	Char	3	VISIT NUMBER
5	SEQNO	Num	8	FORM SEQUENCE NUMBER
6	COL_NAME	Char	8	COMMENT FIELD
7	VIS_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: immunology\_mmr.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	MMA12MLB	Char	5	TUBE LABEL: BASELINE
3	BOX_NUM	Num	8	BOX NUMBER
4	MEASLES_12M	Char	20	MEASLES ANTIBODY INDEX: BASELINE
5	MUMPS_12M	Num	8	MUMPS ANTIBODY INDEX: BASELINE
6	RUBELLA_12M	Char	10	RUBELLA ANTIBODY INDEX: BASELINE
7	MMA2YLBL	Char	5	TUBE LABEL: AT AGE OF TWO YEARS
8	MEASLES_2Y	Char	20	MEASLES ANTIBODY INDEX: AT AGE OF 24 MONTHS
9	MUMPS_2Y	Num	8	MUMPS ANTIBODY INDEX: AT AGE OF 24 MONTHS
10	RUBELLA_2Y	Char	10	RUBELLA ANTIBODY INDEX: AT AGE OF 24 MONTHS
11	MMAEOSLB	Char	5	TUBE LABEL: EXIT
12	MEASLES_EOS	Char	20	MEASLES ANTIBODY INDEX: EXIT
13	MUMPS_EOS	Num	8	MUMPS ANTIBODY INDEX: EXIT
14	RUBELLA_EOS	Char	10	RUBELLA ANTIBODY INDEX: EXIT
15	MMA12MDT_DAYS	Num	8	DATE OF ANTIBODY TO MMR AT BASELINE (recode: number of days after date of eligibility or ineligibility)
16	MMA2YDT_DAYS	Num	8	DATE OF ANTIBODY RESPONSE TO MMR AT AGE OF TWO YEARS (recode: number of days after date of eligibility or ineligibility)
17	MMAEOSDT_DAYS	Num	8	DATE OF ANTIBODY RESPONSE TO MMR AT STUDY EXIT (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: inventory.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	ELIGSTAT	Num	8	STATUS OF ELIGIBILITY (1 = ELIGIBLE; 2 = INELIGIBLE)
3	TRT_GRP	Num	8	TREATMENT GROUP (1 = HU; 2 = Placebo)
4	MTD	Num	8	MAXIMUM TOLERANCE DOSE (mg)
5	MTD_VIS	Char	3	VISIT OF REACHING MAXIMUM TOLERANCE DOSE
6	KIT	Char	4	DRUG KIT NUMBER
7	MTD_VIS_ACT	Char	3	ACTUAL VISIT OF REACHING MAXIMUM TOLERANCE DOSE
8	SEQNO	Num	8	SUBJECT SEQUENCE NUMBER
9	TRT_AGE	Num	8	AGE AT TREATMENT INITIATION (MONTH)
10	SIBLING_RAND	Char	8	RANDOMIZED ID OF SIBLINGS
11	MATCH_ID_RAND	Char	8	RANDOMIZED ID OF MATCHED SUBJECT
12	SCRN_DT_DAYS	Num	8	DATE OF SCREENING (recode: number of days after date of eligibility or ineligibility)
13	TRT_DT_DAYS	Num	8	DATE OF TREATMENT INITIATION (recode: number of days after date of eligibility or ineligibility)
14	DEATH_DT_DAYS	Num	8	DATE OF DEATH (recode: number of days after date of eligibility or ineligibility)
15	EXIT_DT_DAYS	Num	8	DATE OF EXIT (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: labs.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	FORM NUMBER
3	VISIT	Char	3	VISIT NUMBER
4	LABEL	Char	5	SAMPLE LABEL
5	LAB	Char	35	LABORATORY TYPE
6	HB	Char	40	HEMOGLOBIN (HB) (g/dL)
7	PCV	Char	40	PACKED CELL VOLUME (%)
8	HBF	Char	15	FETAL HEMOGLOBIN (HBF) (%)
9	MCV	Char	40	MEAN CORPUSCULAR VOLUME (MCV) (fL)
10	PLAT	Char	40	PLATELET COUNT (K/mm <sup>3</sup> )
11	NEUT_PT	Char	40	NEUTROPHILS (% OF WBC)
12	LYMPH_PT	Char	40	LYMPHOCYTES (%OF WBC)
13	RETIC_PT	Char	40	RETICULOCYTES (%OF RBC)
14	NEUT_CT	Char	40	NEUTROPHIL COUNT (K/mm <sup>3</sup> )
15	LYMPH_CT	Char	40	LYMPHOCYTE COUNT
16	RETIC_CT	Char	40	RETICULOCYTE COUNT (K/mm <sup>3</sup> )
17	WBC	Char	40	WHITE BLOOD CELL COUNT (K/mm <sup>3</sup> )
18	RBC	Char	40	RED BLOOD CELL COUNT (M/mm <sup>3</sup> )
19	MCH	Char	15	MEAN CORPUSCULAR HB (PG)
20	MCHC	Char	15	MEAN CORPUSCULAR HB CONCENTRATION (g/dL)
21	NRBC	Char	40	NUCLEATED RED BLOOD CELLS (% of WBC)
22	CWBC	Char	40	CORRECTED WBC (K/mm <sup>3</sup> )
23	F_CELL	Char	15	FETAL CELLS BY CYTOFLOW (%)
24	MONO_CT	Char	40	MONOCYTE COUNT
25	MONO_PT	Char	40	MONOCYTE (%)
26	CREAT	Char	15	SERUM CREATININE (mg/dL)
27	T_BILI	Char	15	TOTAL BILIRUBIN (mg/dL)
28	UREA_N	Char	15	UREA N (mg/dL)
29	ALT	Char	15	ALANINE TRANSAMINASE (ALT) (/dL)
30	FERRITIN	Char	15	FERRITIN (ng/mL)
31	D_BILI	Char	15	DIRECT BILIRUBIN (mg/dL)
32	CA	Char	15	CALCIUM (mg/dL)
33	PO4	Char	15	INORGANIC PHOSPHOROUS (mg/dL)
34	MG	Char	15	MAGNESIUM (mg/dL)
35	CREAT_H	Char	15	CREATININE BY HPLC (mg/dL)
36	PIT_CELL	Char	15	PITTED CELLS (%)

Num	Variable	Type	Len	Label
37	PENICIL	Char	15	PENICILLIN (1 = YES; 2 = NO)
38	HBA_PCT	Char	15	GEL ELECTROPHORESIS %HBA
39	HBA2_PCT	Char	15	GEL ELECTROPHORESIS %HBA2
40	HBS_PCT	Char	15	GEL ELECTROPHORESIS %HBS
41	HBF_PCT	Char	15	GEL ELECTROPHORESIS %HBF
42	HBOTHR	Char	15	GEL ELECTROPHORESIS % OTHER
43	S_OSMO	Char	15	SERUM OSMOLALITY (MOSM)
44	U_OSMO	Char	15	URINE OSMOLALITY (MOSM)
45	NAIV_CD4	Char	15	NAIVE CD4 COUNT (/uL)
46	NAIV_CD8	Char	15	NAIVE CD8 COUNT (/uL)
47	MEM_CD4	Char	15	MEMORY CD4 COUNT (/uL)
48	MEM_CD8	Char	15	MEMORY CD8 COUNT (/uL)
49	ABS_CD4	Char	50	ABS CD4 COUNT (/uL)
50	ABS_CD8	Char	15	ABS CD8 COUNT (/uL)
51	WBC_IMM	Char	15	WBC (/uL)
52	LYMPHIMM	Char	15	LYMPHOCYTES %
53	LYMCTIMM	Char	15	LYMPHOCYTES COUNT (K/mm <sup>3</sup> )
54	PER_CD3	Char	15	CD3 %
55	PER_CD4	Char	15	CD4 %
56	PER_CD8	Char	15	CD8 %
57	CD4PP	Char	15	CD4+CD45RA/CD45RO +/+
58	CD4PM	Char	15	CD4+CD45RA/CD45RO +/-
59	CD4MP	Char	15	CD4+CD45RA/CD45RO -/+
60	CD4MM	Char	15	CD4+CD45RA/CD45RO -/-
61	CD8PP	Char	15	CD8+CD45RA/CD45RO +/+
62	CD8PM	Char	15	CD8+CD45RA/CD45RO +/-
63	CD8MP	Char	15	CD8+CD45RA/CD45RO -/+
64	CD8MM	Char	15	CD8+CD45RA/CD45RO -/-
65	VIS_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of eligibility or ineligibility)
66	LABDATE_DAYS	Num	8	DATE RECEIVED BY LAB (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: labs\_central\_numeric.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	FORM NUMBER
3	VISIT	Char	3	VISIT NUMBER
4	LABEL	Char	5	SAMPLE LABEL
5	LAB	Char	35	LABORATORY TYPE
6	HB	Num	8	HEMOGLOBIN (HB) (g/dL)
7	PCV	Num	8	PACKED CELL VOLUME (%)
8	HBF	Num	8	FETAL HEMOGLOBIN (HBF) (%)
9	MCV	Num	8	MEAN CORPUSCULAR VOLUME (MCV) (fL)
10	PLAT	Num	8	PLATELET COUNT (K/mm <sup>3</sup> )
11	NEUT_PT	Num	8	NEUTROPHILS (% OF WBC)
12	LYMPH_PT	Num	8	LYMPHOCYTES (%OF WBC)
13	RETIC_PT	Num	8	RETICULOCYTES (%OF RBC)
14	NEUT_CT	Num	8	NEUTROPHIL COUNT (K/mm <sup>3</sup> )
15	LYMPH_CT	Num	8	LYMPHOCYTE COUNT
16	RETIC_CT	Num	8	RETICULOCYTE COUNT (K/mm <sup>3</sup> )
17	WBC	Num	8	WHITE BLOOD CELL COUNT (K/mm <sup>3</sup> )
18	RBC	Num	8	RED BLOOD CELL COUNT (M/mm <sup>3</sup> )
19	MCH	Num	8	MEAN CORPUSCULAR HB (PG)
20	MCHC	Num	8	MEAN CORPUSCULAR HB CONCENTRATION (g/dL)
21	NRBC	Num	8	NUCLEATED RED BLOOD CELLS (% of WBC)
22	CWBC	Num	8	CORRECTED WBC (K/mm <sup>3</sup> )
23	F_CELL	Num	8	FETAL CELLS BY CYTOFLOW (%)
24	MONO_CT	Num	8	MONOCYTE COUNT
25	MONO_PT	Num	8	MONOCYTE (%)
26	HBA_PCT	Num	8	GEL ELECTROPHORESIS %HBA
27	HBA2_PCT	Num	8	GEL ELECTROPHORESIS %HBA2
28	HBS_PCT	Num	8	GEL ELECTROPHORESIS %HBS
29	HBF_PCT	Num	8	GEL ELECTROPHORESIS %HBF
30	HBOTHR	Num	8	GEL ELECTROPHORESIS % OTHER
31	S_OSMO	Num	8	SERUM OSMOLALITY (MOSM)
32	U_OSMO	Num	8	URINE OSMOLALITY (MOSM)
33	CREAT	Num	8	SERUM CREATININE (mg/dL)
34	T_BILI	Num	8	TOTAL BILIRUBIN (mg/dL)
35	UREA_N	Num	8	UREA N (mg/dL)
36	ALT	Num	8	ALANINE TRANSAMINASE (ALT) (/dL)



Num	Variable	Type	Len	Label
37	FERRITIN	Num	8	FERRITIN (ng/mL)
38	D_BILI	Num	8	DIRECT BILIRUBIN (mg/dL)
39	CA	Num	8	CALCIUM (mg/dL)
40	PO4	Num	8	INORGANIC PHOSPHOROUS (mg/dL)
41	MG	Num	8	MAGNESIUM (mg/dL)
42	CREAT_H	Num	8	CREATININE BY HPLC (mg/dL)
43	PIT_CELL	Num	8	PITTED CELLS (%)
44	PENICIL	Num	8	PENICILLIN (1 = YES; 2 = NO)
45	NAIV_CD4	Num	8	NAIVE CD4 COUNT (/uL)
46	NAIV_CD8	Num	8	NAIVE CD8 COUNT (/uL)
47	MEM_CD4	Num	8	MEMORY CD4 COUNT (/uL)
48	MEM_CD8	Num	8	MEMORY CD8 COUNT (/uL)
49	ABS_CD4	Num	8	ABS CD4 COUNT (/uL)
50	ABS_CD8	Num	8	ABS CD8 COUNT (/uL)
51	WBC_IMM	Num	8	WBC (/uL)
52	LYMPHIMM	Num	8	LYMPHOCYTES %
53	LYMCTIMM	Num	8	LYMPHOCYTES COUNT (K/mm <sup>3</sup> )
54	PER_CD3	Num	8	CD3 %
55	PER_CD4	Num	8	CD4 %
56	PER_CD8	Num	8	CD8 %
57	CD4PP	Num	8	CD4+CD45RA/CD45RO +/+
58	CD4PM	Num	8	CD4+CD45RA/CD45RO +/-
59	CD4MP	Num	8	CD4+CD45RA/CD45RO -/+
60	CD4MM	Num	8	CD4+CD45RA/CD45RO -/-
61	CD8PP	Num	8	CD8+CD45RA/CD45RO +/+
62	CD8PM	Num	8	CD8+CD45RA/CD45RO +/-
63	CD8MP	Num	8	CD8+CD45RA/CD45RO -/+
64	CD8MM	Num	8	CD8+CD45RA/CD45RO -/-
65	VIS_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of eligibility or ineligibility)
66	LABDATE_DAYS	Num	8	DATE RECEIVED BY LAB (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: labs\_history.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	FORM	Char	3	FORM NUMBER
3	VISIT	Char	3	VISIT NUMBER
4	LABEL	Char	5	SAMPLE LABEL
5	LAB	Char	35	LABORATORY TYPE
6	HB	Char	15	HEMOGLOBIN (HB) (g/dL)
7	PCV	Char	15	PACKED CELL VOLUME (%)
8	HBF	Char	15	FETAL HEMOGLOBIN (HBF) (%)
9	MCV	Char	15	MEAN CORPUSCULAR VOLUME (MCV) (fL)
10	PLAT	Char	15	PLATELET COUNT (K/mm <sup>3</sup> )
11	NEUT_PT	Char	15	NEUTROPHILS (% OF WBC)
12	LYMPH_PT	Char	15	LYMPHOCYTES (%OF WBC)
13	RETIC_PT	Char	15	RETICULOCYTES (%OF RBC)
14	NEUT_CT	Char	15	NEUTROPHIL COUNT (K/mm <sup>3</sup> )
15	LYMPH_CT	Char	15	LYMPHOCYTE COUNT
16	RETIC_CT	Char	15	RETICULOCYTE COUNT (K/mm <sup>3</sup> )
17	WBC	Char	15	WHITE BLOOD CELL COUNT (K/mm <sup>3</sup> )
18	RBC	Char	15	RED BLOOD CELL COUNT (M/mm <sup>3</sup> )
19	MCH	Char	15	MEAN CORPUSCULAR HB (PG)
20	MCHC	Char	15	MEAN CORPUSCULAR HB CONCENTRATION (g/dL)
21	NRBC	Char	15	NUCLEATED RED BLOOD CELLS (% of WBC)
22	CWBC	Char	15	CORRECTED WBC (K/mm <sup>3</sup> )
23	F_CELL	Char	15	FETAL CELLS BY CYTOFLOW (%)
24	MONO_CT	Char	15	MONOCYTE COUNT
25	MONO_PT	Char	15	MONOCYTE (%)
26	CREAT	Char	15	SERUM CREATININE (mg/dL)
27	T_BILI	Char	15	TOTAL BILIRUBIN (mg/dL)
28	UREA_N	Char	15	UREA N (mg/dL)
29	ALT	Char	15	ALANINE TRANSAMINASE (ALT) (/dL)
30	FERRITIN	Char	15	FERRITIN (ng/mL)
31	D_BILI	Char	15	DIRECT BILIRUBIN (mg/dL)
32	CA	Char	15	CALCIUM (mg/dL)
33	PO4	Char	15	INORGANIC PHOSPHOROUS (mg/dL)
34	MG	Char	15	MAGNESIUM (mg/dL)
35	CREAT_H	Char	15	CREATININE BY HPLC (mg/dL)
36	PIT_CELL	Char	15	PITTED CELLS (%)

Num	Variable	Type	Len	Label
37	PENICIL	Char	15	PENICILLIN (1 = YES; 2 = NO)
38	HBA_PCT	Char	15	GEL ELECTROPHORESIS %HBA
39	HBA2_PCT	Char	15	GEL ELECTROPHORESIS %HBA2
40	HBS_PCT	Char	15	GEL ELECTROPHORESIS %HBS
41	HBF_PCT	Char	15	GEL ELECTROPHORESIS %HBF
42	HBOTHR	Char	15	GEL ELECTROPHORESIS % OTHER
43	S_OSMO	Char	15	SERUM OSMOLALITY (MOSM)
44	U_OSMO	Char	15	URINE OSMOLALITY (MOSM)
45	NAIV_CD4	Char	15	NAIVE CD4 COUNT (/uL)
46	NAIV_CD8	Char	15	NAIVE CD8 COUNT (/uL)
47	MEM_CD4	Char	15	MEMORY CD4 COUNT (/uL)
48	MEM_CD8	Char	15	MEMORY CD8 COUNT (/uL)
49	ABS_CD4	Char	50	ABS CD4 COUNT (/uL)
50	ABS_CD8	Char	15	ABS CD8 COUNT (/uL)
51	WBC_IMM	Char	15	WBC (/uL)
52	LYMPHIMM	Char	15	LYMPHOCYTES %
53	LYMCTIMM	Char	15	LYMPHOCYTES COUNT (K/mm^3)
54	PER_CD3	Char	15	CD3 %
55	PER_CD4	Char	15	CD4 %
56	PER_CD8	Char	15	CD8 %
57	CD4PP	Char	15	CD4+CD45RA/CD45RO +/+
58	CD4PM	Char	15	CD4+CD45RA/CD45RO +/-
59	CD4MP	Char	15	CD4+CD45RA/CD45RO -/+
60	CD4MM	Char	15	CD4+CD45RA/CD45RO -/-
61	CD8PP	Char	15	CD8+CD45RA/CD45RO +/+
62	CD8PM	Char	15	CD8+CD45RA/CD45RO +/-
63	CD8MP	Char	15	CD8+CD45RA/CD45RO -/+
64	CD8MM	Char	15	CD8+CD45RA/CD45RO -/-
65	VIS_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of eligibility or ineligibility)
66	LABDATE_DAYS	Num	8	DATE RECEIVED BY LAB (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: protocol\_dev.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	DVSEQ	Num	8	Sequence number
3	VIOLATION_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: titration.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	EXP	Char	3	EXPECTED VISIT NUMBER
3	VISIT	Char	3	ACTUAL VISIT NUMBER
4	TIT_DOSE	Num	8	TIT_DOSE (mg)
5	CUR_DOSE	Num	8	CURRENT DOSE (mg)
6	TOXSTAT	Num	8	TOXICITY STATUS(1 = YES; 2 = NO; 3 = MISSED VISIT)
7	STOPSTAT	Num	8	STOP REASON (1 = TOXICITY; 2 = PHYSICIAN ORDER)
8	ISSUE_STOP	Num	8	ISSUE STOP (1 = YES; 2= NO;)
9	RESOLVED	Num	8	ISSUE RESOLVED? (1 = YES; 2 = NO;)
10	WKNONTOX	Num	8	TIME WITHOUT TOXICITY (WEEK)
11	NEW_DOSE	Num	8	NEW DOSE (mg)
12	WEIGHT	Num	8	SUBJECT WEIGHT (kg)
13	MTD_FLG	Num	8	MTD FLAG (1 = YES; 0 = NO)
14	VIS_DT_DAYS	Num	8	ACTUAL VISIT DATE (recode: number of days after date of eligibility or ineligibility)
15	STOP_DT_DAYS	Num	8	STOP DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: v\_cytogenetics.sas7bdat**

Num	Variable	Type	Len	Label
1	VISIT	Char	3	VISIT NUMBER
2	LABEL	Char	5	LABEL NUMBER
3	SPECTYPE	Char	15	SPECIMEN TYPE
4	BANDANL	Char	15	CHROMOSOME BANDING ANALYSIS
5	RESOLUTN	Char	30	Resolution (Bands)
6	BA_MPANL	Char	15	NUMBER OF METAPHASES ANALYZED
7	BA_MPKRT	Char	15	NUMBER OF METAPHASES KARYOTYPED
8	CHROMS	Char	15	NUMBER OF CHROMOSOMES
9	CHRTYPE	Char	15	SEX CHROMOSOME TYPE
10	BA_ABN	Char	30	CLONAL CYTOGENETIC ABNORMALITIES
11	BREAKANL	Char	15	CHROMOSOME BREAKAGE ANALYSIS
12	BR_MPANL	Char	15	NUMBER OF METAPHASES ANALYZED FOR CHROMOSOME BREAKAGE ANALYSIS
13	CHRBREAK	Char	60	NUMBER OF CHROMOSOME BREAKS
14	CMBREAK	Char	15	NUMBER OF CHROMATID BREAKS
15	BR_CELL	Char	15	BREAKS/CELL
16	ID	Char	8	Unique patient identifier (randomized)
17	VIS_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of eligibility or ineligibility)
18	LABDATE_DAYS	Num	8	DATE OF SPECIMEN RECEIVED (recode: number of days after date of eligibility or ineligibility)
19	REPDATE_DAYS	Num	8	DATE OF REPORT (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: v\_dna\_vdj.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	LABEL	Char	15	SAMPLE LABEL
3	VISIT	Char	3	VISIT NUMBER
4	BLOOD_ML	Num	8	BLOOD(ml)
5	PBMC	Num	8	PBMC DNA(ug)
6	PMN	Num	8	PMN TOTAL(ug)
7	TESTING	Char	15	VDJ TESTING
8	PCRAVG	Num	8	AVERAGE PCR
9	PCRAVGR	Num	8	INVERSE AVERAGE PCR
10	HJB_STAT	Char	25	HJB STATUS
11	PCTRETIC	Num	8	YOUNG RETICULOCYTES(%)
12	YRETWHJB	Num	8	YOUNG RETICULOCYTES WITH HJB(%)
13	PRBCWHJB	Num	8	MATURE RBC WITH HJB(%)
14	MATRBC	Num	8	MATURE RBC WITH HJB(No.)
15	LABDATE_DAYS	Num	8	DATE OF SPECIMEN RECEIVED (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: v\_tcd.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT	Char	3	VISIT NUMBER
3	LABEL	Char	5	LABEL NUMBER
4	RESULTS	Char	20	RESULTS
5	HDIAM	Num	8	HEAD DIAMETER (cm)
6	LM1DE	Num	8	Left Side M-1: Depth
7	LM1M	Num	8	Left Side M-1: Mean Velocity (cm/s)
8	LM1S	Num	8	Left Side M-1: Waveform Systolic Measurement (cm/s)
9	LM1D	Num	8	Left Side M-1: Waveform Diastolic Measurement (cm/s)
10	LM1PI	Num	8	Left Side M-1: Waveform Pulsatility Index
11	LM1RI	Num	8	Left Side M-1: Waveform Resistance Index
12	LMCADE	Num	8	Left Side MCA: Depth
13	LMCAM	Num	8	Left Side MCA: Mean Velocity (cm/s)
14	LMCAS	Num	8	Left Side MCA: Waveform Systolic Measurement (cm/s)
15	LMCAD	Num	8	Left Side MCA: Waveform Diastolic Measurement (cm/s)
16	LMCAPI	Num	8	Left Side MCA: Waveform Pulsatility Index
17	LMCARI	Num	8	Left Side MCA: Waveform Resistance Index
18	LBIFDE	Num	8	Left Side BIF: Depth
19	LBIFM	Num	8	Left Side BIF: Mean Velocity (cm/s)
20	LBIFS	Num	8	Left Side BIF: Waveform Systolic Measurement (cm/s)
21	LBIFD	Num	8	Left Side BIF: Waveform Diastolic Measurement (cm/s)
22	LBIFPI	Num	8	Left Side BIF: Waveform Pulsatility Index
23	LBIFRI	Num	8	Left Side BIF: Waveform Resistance Index
24	LACADE	Num	8	Left Side ACA: Depth
25	LACAM	Num	8	Left Side ACA: Mean Velocity (cm/s)
26	LACAS	Num	8	Left Side ACA: Waveform Systolic Measurement (cm/s)
27	LACAD	Num	8	Left Side ACA: Waveform Diastolic Measurement (cm/s)
28	LACAPI	Num	8	Left Side ACA: Waveform Pulsatility Index
29	LACARI	Num	8	Left Side ACA: Waveform Resistance Index
30	LICADE	Num	8	Left Side dICA: Depth
31	LICAM	Num	8	Left Side dICA: Mean Velocity (cm/s)
32	LICAS	Num	8	Left Side dICA: Waveform Systolic Measurement (cm/s)
33	LICAD	Num	8	Left Side dICA: Waveform Diastolic Measurement (cm/s)
34	LICAPI	Num	8	Left Side dICA: Waveform Pulsatility Index
35	LICARI	Num	8	Left Side dICA: Waveform Resistance Index
36	LPCADE	Num	8	Left Side PCA: Depth



Num	Variable	Type	Len	Label
37	LPCAM	Num	8	Left Side PCA: Mean Velocity (cm/s)
38	LPCAS	Num	8	Left Side PCA: Waveform Systolic Measurement (cm/s)
39	LPCAD	Num	8	Left Side PCA: Waveform Diastolic Measurement (cm/s)
40	LPCAPI	Num	8	Left Side PCA: Waveform Pulsatility Index
41	LPCARI	Num	8	Left Side PCA: Waveform Resistance Index
42	LTOBDE	Num	8	Left Side TOB: Depth
43	LTOBM	Num	8	Left Side TOB: Mean Velocity (cm/s)
44	LTOBS	Num	8	Left Side TOB: Waveform Systolic Measurement (cm/s)
45	LTOBD	Num	8	Left Side TOB: Waveform Diastolic Measurement (cm/s)
46	LTOBPI	Num	8	Left Side TOB: Waveform Pulsatility Index
47	LTOBRI	Num	8	Left Side TOB: Waveform Resistance Index
48	RM1DE	Num	8	Right Side M-1: Depth
49	RM1M	Num	8	Right Side M-1: Mean Velocity (cm/s)
50	RM1S	Num	8	Right Side M-1: Waveform Systolic Measurement (cm/s)
51	RM1D	Num	8	Right Side M-1: Waveform Diastolic Measurement (cm/s)
52	RM1PI	Num	8	Right Side M-1: Waveform Pulsatility Index
53	RM1RI	Num	8	Right Side M-1: Waveform Resistance Index
54	RMCAD	Num	8	Right Side MCA: Depth
55	RMCAM	Num	8	Right Side MCA: Mean Velocity (cm/s)
56	RMCAS	Num	8	Right Side MCA: Waveform Systolic Measurement (cm/s)
57	RMCAD	Num	8	Right Side MCA: Waveform Diastolic Measurement (cm/s)
58	RMCAPI	Num	8	Right Side MCA: Waveform Pulsatility Index
59	RMCARI	Num	8	Right Side MCA: Waveform Resistance Index
60	RBIFDE	Num	8	Right Side BIF: Depth
61	RBIFM	Num	8	Right Side BIF: Mean Velocity (cm/s)
62	RBIFS	Num	8	Right Side BIF: Waveform Systolic Measurement (cm/s)
63	RBIFD	Num	8	Right Side BIF: Waveform Diastolic Measurement (cm/s)
64	RBIFPI	Num	8	Right Side BIF: Waveform Pulsatility Index
65	RBIFRI	Num	8	Right Side BIF: Waveform Resistance Index
66	RACADE	Num	8	Right Side ACA: Depth
67	RACAM	Num	8	Right Side ACA: Mean Velocity (cm/s)
68	RACAS	Num	8	Right Side ACA: Waveform Systolic Measurement (cm/s)
69	RACAD	Num	8	Right Side ACA: Waveform Diastolic Measurement (cm/s)
70	RACAPI	Num	8	Right Side ACA: Waveform Pulsatility Index
71	RACARI	Num	8	Right Side ACA: Waveform Resistance Index
72	RICADE	Num	8	Right Side dICA: Depth
73	RICAM	Num	8	Right Side dICA: Mean Velocity (cm/s)
74	RICAS	Num	8	Right Side dICA: Waveform Systolic Measurement (cm/s)
75	RICAD	Num	8	Right Side dICA: Waveform Diastolic Measurement (cm/s)

Num	Variable	Type	Len	Label
76	RICAPI	Num	8	Right Side dICA: Waveform Pulsatility Index
77	RICARI	Num	8	Right Side dICA: Waveform Resistance Index
78	RPCADE	Num	8	Right Side PCA: Depth
79	RPCAM	Num	8	Right Side PCA: Mean Velocity (cm/s)
80	RPCAS	Num	8	Right Side PCA: Waveform Systolic Measurement (cm/s)
81	RPCAD	Num	8	Right Side PCA: Waveform Diastolic Measurement (cm/s)
82	RPCAPI	Num	8	Right Side PCA: Waveform Pulsatility Index
83	RPCARI	Num	8	Right Side PCA: Waveform Resistance Index
84	RTOBDE	Num	8	Right Side TOB: Depth
85	RTOBM	Num	8	Right Side TOB: Mean Velocity (cm/s)
86	RTOBS	Num	8	Right Side TOB: Waveform Systolic Measurement (cm/s)
87	RTOBD	Num	8	Right Side TOB: Waveform Diastolic Measurement (cm/s)
88	RTOBPI	Num	8	Right Side TOB: Waveform Pulsatility Index
89	RTOBRI	Num	8	Right Side TOB: Waveform Resistance Index
90	VIS_DT_DAYS	Num	8	VISIT DATE (recode: number of days after date of eligibility or ineligibility)

**Data Set Name: visit\_vis\_stat.sas7bdat**

Num	Variable	Type	Len	Label
1	ID	Char	8	Unique patient identifier (randomized)
2	VISIT	Char	3	VISIT NUMBER
3	VIS_STAT	Num	8	VISIT STATUS (1 = VISITED; 2 = MISSED; 3 = UNEXPECTED)
4	LIWIN_DAYS	Num	8	LOWER VISIT WINDOW: IDEAL (recode: number of days after date of eligibility or ineligibility)
5	UIWIN_DAYS	Num	8	UPPER VISIT WINDOW: IDEAL (recode: number of days after date of eligibility or ineligibility)
6	LWIN_DAYS	Num	8	LOWER VISIT WINDOW: EXTENDED (recode: number of days after date of eligibility or ineligibility)
7	UWIN_DAYS	Num	8	UPPER VISIT WINDOW: EXTENDED (recode: number of days after date of eligibility or ineligibility)