



WHI Baseline Dataset
Form 30 - Medical History

Data File: f30_ct_pub **File Date:** 06/08/2007 **Structure:** One row per participant **Population:** CT participants

Participant ID

Variable # 1 **Usage Notes:** none
Sas Name: ID **Categories:** Study: Administration
Sas Label: Participant ID

F30 Days since randomization/enrollment

Variable # 2 **Usage Notes:** none
Sas Name: F30DAYS **Categories:** Study: Administration
Sas Label: F30 Days since randomization/enrollment

N	Min	Max	Mean	Std Dev
68112	-324	0	-50.47655	34.85105

F30 Hospitalized in last two years

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

Variable # 3 **Usage Notes:** Not collected on all versions of Form 30.
Sas Name: HOSP2Y **Categories:** Medical History
Sas Label: Hospitalized overnight last two years

Values	N	%
0 No	52,984	77.8%
1 Yes	8,221	12.1%
. Missing	6,907	10.1%
	68,112	

F30 Glaucoma

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

Variable # 4 **Usage Notes:** Not collected on all versions of Form 30.
Sas Name: GLAUCOMA **Categories:** Medical History: Other Disease/Condition
Sas Label: Glaucoma ever

Values	N	%
0 No	57,988	85.1%
1 Yes	2,840	4.2%
. Missing	7,284	10.7%
	68,112	



Form 30 - Medical History

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F30 Cataracts

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

Variable # 5

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

Sas Name: CATARACT

Categories: Medical History: Other Disease/Condition

Sas Label: Cataract ever

Values		N	%
0	No	51,400	75.5%
1	Yes	9,428	13.8%
.	Missing	7,284	10.7%
		68,112	

F30 High cholesterol

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

Variable # 6

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

Sas Name: HICHOLRP

Categories: Medical History: Cardiovascular

Sas Label: High cholesterol requiring pills ever

Values		N	%
0	No	53,066	77.9%
1	Yes	7,762	11.4%
.	Missing	7,284	10.7%
		68,112	

F30 Asthma

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

Variable # 7

Usage Notes: none

Sas Name: ASTHMA

Categories: Medical History: Other Disease/Condition

Sas Label: Asthma ever

Values		N	%
0	No	61,958	91.0%
1	Yes	5,216	7.7%
.	Missing	938	1.4%
		68,112	



F30 Emphysema/chronic bronchitis

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

Variable # 8

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

Sas Name: EMPHYSEM

Categories: Medical History: Other Disease/Condition

Sas Label: Emphysema ever

Values		N	%
0	No	58,699	86.2%
1	Yes	2,129	3.1%
.	Missing	7,284	10.7%
		68,112	

F30 Kidney stones

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

Variable # 9

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

Sas Name: KIDNEYST

Categories: Medical History: Other Disease/Condition

Sas Label: Kidney or bladder stones ever

Values		N	%
0	No	58,397	85.7%
1	Yes	2,431	3.6%
.	Missing	7,284	10.7%
		68,112	

F30 High blood calcium

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

Variable # 10

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

Sas Name: HIBLDCA

Categories: Medical History: Other Disease/Condition

Sas Label: High blood calcium

Values		N	%
0	No	60,272	88.5%
1	Yes	556	0.8%
.	Missing	7,284	10.7%
		68,112	



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F30 Stomach or duodenal ulcer

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

Variable # 11

Usage Notes: none

Sas Name: STOMULCR

Categories: Medical History: Other Disease/Condition

Sas Label: Stomach of duodenal ulcer ever

Values		N	%
0	No	62,773	92.2%
1	Yes	4,379	6.4%
.	Missing	960	1.4%
		68,112	

F30 Diverticulitis

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

Variable # 12

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

Sas Name: DIVERTIC

Categories: Medical History: Other Disease/Condition

Sas Label: Diverticulitis ever

Values		N	%
0	No	56,011	82.2%
1	Yes	4,817	7.1%
.	Missing	7,284	10.7%
		68,112	

F30 Ulcerative colitis or Crohns

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

Variable # 13

Usage Notes: none

Sas Name: COLITIS

Categories: Medical History: Other Disease/Condition

Sas Label: Ulcerative colitis ever

Values		N	%
0	No	66,551	97.7%
1	Yes	643	0.9%
.	Missing	918	1.3%
		68,112	



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F30 Systemic erythematosus

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

Variable # 14

Usage Notes: none

Sas Name: LUPUS

Categories: Medical History: Other Disease/Condition

Sas Label: Lupus ever

Values		N	%
0	No	66,908	98.2%
1	Yes	283	0.4%
.	Missing	921	1.4%
		68,112	

F30 Pancreatitis

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

Variable # 15

Usage Notes: none

Sas Name: PANCREAT

Categories: Medical History: Other Disease/Condition

Sas Label: Pancreatitis ever

Values		N	%
0	No	66,711	97.9%
1	Yes	503	0.7%
.	Missing	898	1.3%
		68,112	

F30 Osteoporosis

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

Variable # 16

Usage Notes: none

Sas Name: OSTEOPOR

Categories: Medical History: Bone/Fractures

Sas Label: Osteoporosis ever

Values		N	%
0	No	63,069	92.6%
1	Yes	3,993	5.9%
.	Missing	1,050	1.5%
		68,112	



F30 Hip replacement

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

Variable # 17

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

Sas Name: HIPREP

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

Sas Label: Hip replacement ever

Values		N	%
0	No	59,868	87.9%
1	Yes	960	1.4%
.	Missing	7,284	10.7%
		68,112	

F30 Other joint replacement

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

Variable # 18

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

Sas Name: OTHJREP

Categories: Medical History: Other Disease/Condition

Sas Label: Other joint replacement ever

Values		N	%
0	No	59,356	87.1%
1	Yes	1,472	2.2%
.	Missing	7,284	10.7%
		68,112	

F30 Part of intestines removed

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

Variable # 19

Usage Notes: none

Sas Name: INTESTRM

Categories: Medical History: Other Disease/Condition

Sas Label: Part of intestines removed ever

Values		N	%
0	No	63,255	92.9%
1	Yes	1,104	1.6%
.	Missing	3,753	5.5%
		68,112	



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F30 Migraine headaches

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

Variable # 20

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

Sas Name: MIGRAINE

Categories: Medical History: Other Disease/Condition

Sas Label: Migraine headaches ever

Values		N	%
0	No	54,268	79.7%
1	Yes	6,560	9.6%
.	Missing	7,284	10.7%
		68,112	

F30 Alzheimers disease

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

Variable # 21

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

Sas Name: ALZHEIM

Categories: Medical History: Other Disease/Condition

Sas Label: Alzheimer's disease ever

Values		N	%
0	No	60,791	89.3%
1	Yes	37	0.1%
.	Missing	7,284	10.7%
		68,112	

F30 Multiple sclerosis

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

Variable # 22

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

Sas Name: MS

Categories: Medical History: Other Disease/Condition

Sas Label: MS ever

Values		N	%
0	No	60,660	89.1%
1	Yes	168	0.2%
.	Missing	7,284	10.7%
		68,112	



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F30 Parkinsons disease

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

Variable # 23

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

Sas Name: PARKINS

Categories: Medical History: Other Disease/Condition

Sas Label: Parkinson's disease ever

Values		N	%
0	No	60,727	89.2%
1	Yes	101	0.1%
.	Missing	7,284	10.7%
		68,112	

F30 Amyotropic lateral sclerosis

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

Variable # 24

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

Sas Name: ALS

Categories: Medical History: Other Disease/Condition

Sas Label: ALS ever

Values		N	%
0	No	60,792	89.3%
1	Yes	36	0.1%
.	Missing	7,284	10.7%
		68,112	

F30 None of the above conditions

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

Variable # 25

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

Sas Name: NACOND

Categories: Medical History: Other Disease/Condition

Sas Label: None of listed medical conditions ever

Values		N	%
0	No	32,607	47.9%
1	Yes	28,221	41.4%
.	Missing	7,284	10.7%
		68,112	



F30 Heart or circulation problems

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

Variable # 26

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

Sas Name: CVD

Categories: Medical History: Cardiovascular

Sas Label: Cardiovascular disease ever

Values		N	%
0	No	51,252	75.2%
1	Yes	9,724	14.3%
.	Missing	7,136	10.5%
		68,112	

F30 Cardiac arrest

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

Variable # 27

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

Sas Name: CARDREST

Categories: Medical History: Cardiovascular

Sas Label: Cardiac arrest ever

Values		N	%
0	No	15,766	23.1%
1	Yes	188	0.3%
.	Missing	52,158	76.6%
		68,112	

F30 Heart failure

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

Variable # 28

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

Sas Name: CHF_F30

Categories: Medical History: Cardiovascular

Sas Label: Congestive heart failure ever

Values		N	%
0	No	9,036	13.3%
1	Yes	501	0.7%
.	Missing	58,575	86.0%
		68,112	

F30 Cardiac catheterization

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

Variable # 29

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

Sas Name: CARDCATH

Categories: Medical History: Cardiovascular

Sas Label: Cardiac catheterization ever

Values		N	%
0	No	64,807	95.1%
1	Yes	2,410	3.5%
.	Missing	895	1.3%
		68,112	



F30 Heart bypass

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

Variable # 30

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

Sas Name: CABG

Categories: Medical History: Cardiovascular

Sas Label: Coronary bypass surgery ever

Values		N	%
0	No	66,722	98.0%
1	Yes	488	0.7%
.	Missing	902	1.3%
		68,112	

F30 Angioplasty-coronary artery

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

Variable # 31

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

Sas Name: PTCA

Categories: Medical History: Cardiovascular

Sas Label: Angioplasty of coronary arteries ever

Values		N	%
0	No	66,678	97.9%
1	Yes	547	0.8%
.	Missing	887	1.3%
		68,112	

F30 Carotid endarterectomy

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

Variable # 32

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

Sas Name: CAROTID

Categories: Medical History: Cardiovascular

Sas Label: Carotid endarterectomy/angioplasty ever

Values		N	%
0	No	67,076	98.5%
1	Yes	146	0.2%
.	Missing	890	1.3%
		68,112	



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F30 Atrial fibrillation

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

Variable # 33

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

Sas Name: ATRIALFB

Categories: Medical History: Cardiovascular

Sas Label: Atrial fibrillation ever

Values		N	%
0	No	64,265	94.4%
1	Yes	2,673	3.9%
.	Missing	1,174	1.7%
		68,112	

F30 Aortic aneurysm

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

Variable # 34

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

Sas Name: AORTICAN

Categories: Medical History: Cardiovascular

Sas Label: Aortic aneurysm ever

Values		N	%
0	No	67,049	98.4%
1	Yes	114	0.2%
.	Missing	949	1.4%
		68,112	

F30 None of above heart problems

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

Variable # 35

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

Sas Name: NACVD

Categories: Medical History: Cardiovascular

Sas Label: None of the listed CVD conditions ever

Values		N	%
0	No	4,685	6.9%
1	Yes	4,852	7.1%
.	Missing	58,575	86.0%
		68,112	

F30 Arthritis ever

Did your doctor ever say that you had arthritis?

Variable # 36

Usage Notes: none

Sas Name: ARTHRIT

Categories: Medical History: Other Disease/Condition

Sas Label: Arthritis ever

Values		N	%
0	No	36,483	53.6%
1	Yes	30,947	45.4%
.	Missing	682	1.0%
		68,112	



F30 Type of Arthritis

What type of arthritis do you have?

Variable # 37

Sas Name: RHEUMAT

Sas Label: Rheumatoid arthritis ever

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

Categories: Medical History: Other Disease/Condition

Values		N	%
1	Rheumatoid Arthritis	2,897	4.3%
8	Other/Don't Know	25,140	36.9%
.	Missing	40,075	58.8%
		68,112	

F30 Gallbladder disease/gallstones

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

Variable # 38

Sas Name: GALLBS

Sas Label: Gallbladder disease or gallstones ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	56,464	82.9%
1	Yes	11,260	16.5%
.	Missing	388	0.6%
		68,112	

F30 Gallbladder disease now

Do you now have gallbladder disease or gallstones?

Variable # 39

Sas Name: GALLBSNW

Sas Label: Gallbladder disease or gallstones now

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

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	8,703	12.8%
1	Yes	1,485	2.2%
.	Missing	57,924	85.0%
		68,112	

F30 Gallstones removed

Did you ever have a procedure to remove gallstones?

Variable # 40

Sas Name: GALLSTRM

Sas Label: Gallstones removed

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

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	5,123	7.5%
1	Yes	4,957	7.3%
.	Missing	58,032	85.2%
		68,112	



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F30 Gallbladder removed

Did you have your gallbladder removed?

Variable # 41

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

Sas Name: GALLBLRM

Categories: Medical History: Other Disease/Condition

Sas Label: Gallbladder removed

Values		N	%
0	No	2,107	3.1%
1	Yes	8,988	13.2%
.	Missing	57,017	83.7%
		68,112	

F30 Thyroid gland problem ever

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

Variable # 42

Usage Notes: none

Sas Name: THYROID

Categories: Medical History: Thyroid

Sas Label: Thyroid gland problem ever

Values		N	%
0	No	52,206	76.6%
1	Yes	15,395	22.6%
.	Missing	511	0.8%
		68,112	

F30 Goiter ever

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

Variable # 43

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

Sas Name: GOITER

Categories: Medical History: Thyroid

Sas Label: Goiter ever

Values		N	%
0	No	8,621	12.7%
1	Yes	1,750	2.6%
9	Don't know	742	1.1%
.	Missing	56,999	83.7%
		68,112	

F30 Goiter now

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

Variable # 44

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

Sas Name: GOITERNW

Categories: Medical History: Thyroid

Sas Label: Goiter now

Values		N	%
0	No	1,115	1.6%
1	Yes	588	0.9%
.	Missing	66,409	97.5%
		68,112	



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F30 Nodule ever

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

Variable # 45

Sas Name: NODULE

Sas Label: Thyroid nodule ever

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

Categories: Medical History: Thyroid

Values		N	%
0	No	8,396	12.3%
1	Yes	1,831	2.7%
9	Don't know	854	1.3%
.	Missing	57,031	83.7%
		68,112	

F30 Nodule now

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

Variable # 46

Sas Name: NODULENW

Sas Label: Thyroid nodule now

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

Categories: Medical History: Thyroid

Values		N	%
0	No	1,222	1.8%
1	Yes	552	0.8%
.	Missing	66,338	97.4%
		68,112	

F30 Overactive thyroid ever

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

Variable # 47

Sas Name: OVRTHY

Sas Label: Overactive thyroid ever

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

Categories: Medical History: Thyroid

Values		N	%
0	No	8,136	11.9%
1	Yes	1,581	2.3%
9	Don't know	1,063	1.6%
.	Missing	57,332	84.2%
		68,112	



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F30 Overactive thyroid now

If yes do you now have this problem? Overactive thyroid

Variable # 48

Sas Name: OVRTHYNW

Sas Label: Overactive thyroid now

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

Categories: Medical History: Thyroid

Values		N	%
0	No	1,260	1.8%
1	Yes	265	0.4%
.	Missing	66,587	97.8%
		68,112	

F30 Underactive thyroid ever

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

Variable # 49

Sas Name: UNDTHY

Sas Label: Underactive thyroid ever

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

Categories: Medical History: Thyroid

Values		N	%
0	No	2,475	3.6%
1	Yes	8,631	12.7%
9	Don't know	1,392	2.0%
.	Missing	55,614	81.7%
		68,112	

F30 Underactive thyroid now

If yes do you now have this problem? Underactive thyroid

Variable # 50

Sas Name: UNDTHYNW

Sas Label: Underactive thyroid now

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

Categories: Medical History: Thyroid

Values		N	%
0	No	3,089	4.5%
1	Yes	5,277	7.7%
.	Missing	59,746	87.7%
		68,112	

F30 Hypertension

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

Variable # 51

Sas Name: HYPT

Sas Label: Hypertension ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	44,401	65.2%
1	Yes	23,197	34.1%
.	Missing	514	0.8%
		68,112	



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F30 Age when told hypertension

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

Variable # 52

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

Sas Name: HYPAGE

Categories: Medical History: Cardiovascular

Sas Label: Age told of hypertension

Values		N	%
1	Less than 20	172	0.3%
2	20-29	580	0.9%
3	30-39	2,142	3.1%
4	40-49	5,726	8.4%
5	50-59	8,665	12.7%
6	60-69	4,904	7.2%
7	70 or older	901	1.3%
.	Missing	45,022	66.1%
		68,112	

F30 Ever pills for high blood pressure

Did you ever take pills for high blood pressure?

Variable # 53

Usage Notes: none

Sas Name: HYPPIILL

Categories: Medical History: Cardiovascular

Sas Label: Pills for hypertension ever

Values		N	%
0	No	2,813	4.1%
1	Yes	20,636	30.3%
.	Missing	44,663	65.6%
		68,112	

F30 Taking pills now for high BP

Do you now take pills for high blood pressure?

Variable # 54

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

Sas Name: HYPPIILN

Categories: Medical History: Cardiovascular

Sas Label: Pills for hypertension now

Values		N	%
0	No	4,650	6.8%
1	Yes	16,505	24.2%
.	Missing	46,957	68.9%
		68,112	



F30 Angina

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

Variable # 55

Usage Notes: none

Sas Name: ANGINA

Categories: Medical History: Cardiovascular

Sas Label: Angina ever

Values		N	%
0	No	64,345	94.5%
1	Yes	3,382	5.0%
.	Missing	385	0.6%
		68,112	

F30 Taking pills for angina now

Do you now take pills for angina?

Variable # 56

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

Sas Name: ANGNPILN

Categories: Medical History: Cardiovascular

Sas Label: Pills for angina now

Values		N	%
0	No	1,995	2.9%
1	Yes	1,322	1.9%
.	Missing	64,795	95.1%
		68,112	

F30 Peripheral arterial disease

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

Variable # 57

Usage Notes: none

Sas Name: PAD

Categories: Medical History: Cardiovascular

Sas Label: Peripheral arterial disease ever

Values		N	%
0	No	66,562	97.7%
1	Yes	1,186	1.7%
.	Missing	364	0.5%
		68,112	

F30 Angiography ever

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

Variable # 58

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

Sas Name: PADANGGR

Categories: Medical History: Cardiovascular

Sas Label: Angiography for PAD ever

Values		N	%
0	No	705	1.0%
1	Yes	288	0.4%
.	Missing	67,119	98.5%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 Angioplasty-peripheral artery

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

Variable # 59

Sas Name: PADANGP

Sas Label: Angioplasty for PAD ever

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

Categories: Medical History: Cardiovascular

Values		N	%
0	No	852	1.3%
1	Yes	92	0.1%
.	Missing	67,168	98.6%
		68,112	

F30 Surgery to improve flow ever

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

Variable # 60

Sas Name: PADSURG

Sas Label: Surgery to improve flow to legs for PAD

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

Categories: Medical History: Cardiovascular

Values		N	%
0	No	819	1.2%
1	Yes	157	0.2%
.	Missing	67,136	98.6%
		68,112	

F30 Colonoscopy or sigmoidoscopy

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

Variable # 61

Sas Name: COLNSCPY

Sas Label: Colonoscopy ever

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

Categories: Medical History: Colorectal

Values		N	%
0	No	32,066	47.1%
1	Yes	29,371	43.1%
.	Missing	6,675	9.8%
		68,112	

F30 When was last colonoscopy test

When was the last test?

Variable # 62

Sas Name: COLNSCDT

Sas Label: Date of last colonoscopy

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

Categories: Medical History: Colorectal

Values		N	%
1	Less than 5 years ago	17,700	26.0%
2	5 or more years ago	11,554	17.0%
.	Missing	38,858	57.1%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 Ever had polyps removed

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

Variable # 63

Sas Name: PCOLONRM

Sas Label: Polyps of colon removed

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

Categories: Medical History: Colorectal

Values		N	%
0	No	23,370	34.3%
1	Yes	5,098	7.5%
.	Missing	39,644	58.2%
		68,112	

F30 Rectal stool exam ever

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

Variable # 64

Sas Name: HEMOCCUL

Sas Label: Hemoccult test ever

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

Categories: Medical History: Colorectal

Values		N	%
0	No	17,768	26.1%
1	Yes	43,613	64.0%
.	Missing	6,731	9.9%
		68,112	

F30 When was last stool test

When was the last test?

Variable # 65

Sas Name: HEMOCCDT

Sas Label: Date of last hemoccult test

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

Categories: Medical History: Colorectal

Values		N	%
1	Less than 5 years ago	31,144	45.7%
2	5 or more years ago	12,316	18.1%
.	Missing	24,652	36.2%
		68,112	

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

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

Variable # 66

Sas Name: CANC_F30

Sas Label: Cancer ever

Usage Notes: none

Categories: Medical History: Cancer

Values		N	%
0	No	64,704	95.0%
1	Yes	2,774	4.1%
.	Missing	634	0.9%
		68,112	



F30 Cancer - breast

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

Variable # 67

Sas Name: BRCA_F30

Sas Label: Breast cancer ever

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

Categories: Medical History: Breast
 Medical History: Cancer

Values		N	%
0	No	67,328	98.8%
1	Yes	98	0.1%
.	Missing	686	1.0%
		68,112	

F30 Age cancer - breast

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

Variable # 68

Sas Name: BRCA55

Sas Label: Breast cancer 55 or older

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

Sub-question of F30 V3 Q12.1.1 "Cancer - breast".
 Not collected on all versions of form 30.

Categories: Medical History: Breast
 Medical History: Cancer

Values		N	%
1	Less than 55	72	0.1%
2	55 or older	17	0.0%
.	Missing	68,023	99.9%
		68,112	

F30 Cancer - colon, rectum

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

Variable # 69

Sas Name: COLN_F30

Sas Label: Colorectal cancer ever

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

Categories: Medical History: Cancer
 Medical History: Colorectal

Values		N	%
0	No	67,308	98.8%
1	Yes	106	0.2%
.	Missing	698	1.0%
		68,112	

F30 Age cancer - colon, rectum

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

Variable # 70

Sas Name: COLOCA55

Sas Label: Colorectal cancer 55 or older

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

Sub-question of F30 V3 Q12.1.4 "Cancer - colon, rectum".
 Not collected on all versions of Form 30.

Categories: Medical History: Cancer
 Medical History: Colorectal

Values		N	%
1	Less than 55	52	0.1%
2	55 or older	40	0.1%
.	Missing	68,020	99.9%
		68,112	



F30 Cancer - thyroid

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

Variable # 71

Sas Name: THYRCA

Sas Label: Thyroid cancer ever

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

Categories: Medical History: Cancer
 Medical History: Thyroid

Values		N	%
0	No	67,196	98.7%
1	Yes	210	0.3%
.	Missing	706	1.0%
		68,112	

F30 Age cancer - thyroid

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

Variable # 72

Sas Name: THYRCA55

Sas Label: Thyroid cancer 55 or older

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

Sub-question of F30 V3 Q12.1.5 "Cancer - thyroid".
 Not collected on all versions of Form 30.

Categories: Medical History: Cancer
 Medical History: Thyroid

Values		N	%
1	Less than 55	168	0.2%
2	55 or older	27	0.0%
.	Missing	67,917	99.7%
		68,112	

F30 Cancer - cervix

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

Variable # 73

Sas Name: CERVCA

Sas Label: Cervix cancer ever

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

Categories: Medical History: Cancer
 Medical History: Reproductive

Values		N	%
0	No	66,640	97.8%
1	Yes	771	1.1%
.	Missing	701	1.0%
		68,112	

F30 Cancer - skin (not melanoma)

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

Variable # 74

Sas Name: SKINCA

Sas Label: Skin cancer (not melanoma) ever

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

Categories: Medical History: Cancer

Values		N	%
0	No	63,074	92.6%
1	Yes	4,370	6.4%
.	Missing	668	1.0%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 Cancer - melanoma

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

Variable # 75

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

Sas Name: MELN_F30

Sas Label: Melanoma cancer ever

Categories: Medical History: Cancer

Values		N	%
0	No	67,083	98.5%
1	Yes	317	0.5%
.	Missing	712	1.0%
		68,112	

F30 Cancer - bladder

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

Variable # 76

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

Sas Name: BLADCA

Sas Label: Bladder cancer ever

Categories: Medical History: Cancer

Values		N	%
0	No	67,359	98.9%
1	Yes	44	0.1%
.	Missing	709	1.0%
		68,112	

F30 Other cancers ever

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

Variable # 77

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

Sas Name: OTHERCA

Sas Label: Other cancers ever

Categories: Computed Variables
Medical History: Cancer

Values		N	%
0	No	65,932	96.8%
1	Yes	1,219	1.8%
.	Missing	961	1.4%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 How many falls/past 12 months

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

Variable # 78

Usage Notes: none

Sas Name: NUMFALLS

Categories: Medical History: Bone/Fractures

Sas Label: Times fell down last 12 months

Values		N	%
0	None	42,130	61.9%
1	1 time	12,706	18.7%
2	2 times	5,302	7.8%
3	3 or more times	2,590	3.8%
.	Missing	5,384	7.9%
		68,112	

F30 Fainted or blacked out

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

Variable # 79

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

Sas Name: FAINTED

Categories: Medical History
Medical History: Other Disease/Condition

Sas Label: Fainted last 12 months

Values		N	%
0	No	60,152	88.3%
1	Yes	1,240	1.8%
.	Missing	6,720	9.9%
		68,112	

F30 Broke bone ever

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

Variable # 80

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

Sas Name: BKBONE

Categories: Medical History: Bone/Fractures

Sas Label: Broke bone ever

Values		N	%
0	No	37,797	55.5%
1	Yes	23,558	34.6%
.	Missing	6,757	9.9%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 Broke hip

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

Variable # 81

Sas Name: BKHIP

Sas Label: Broke hip ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	17,747	26.1%
1	Yes	517	0.8%
.	Missing	49,848	73.2%
		68,112	

F30 Age broke hip

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

Variable # 82

Sas Name: BKHIP55

Sas Label: Broke hip first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	205	0.3%
2	55 or older	296	0.4%
.	Missing	67,611	99.3%
		68,112	

F30 Broke back or spine

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

Variable # 83

Sas Name: BKBACK

Sas Label: Broke spine ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	17,235	25.3%
1	Yes	1,029	1.5%
.	Missing	49,848	73.2%
		68,112	

F30 Age broke back or spine

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

Variable # 84

Sas Name: BKBACK55

Sas Label: Broke spine first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	604	0.9%
2	55 or older	396	0.6%
.	Missing	67,112	98.5%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 Broke upper arm

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

Variable # 85

Sas Name: BKUARM

Sas Label: Broke upper arm ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	17,096	25.1%
1	Yes	1,168	1.7%
.	Missing	49,848	73.2%
		68,112	

F30 Age broke upper arm

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

Variable # 86

Sas Name: BKUARM55

Sas Label: Broke upper arm first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	679	1.0%
2	55 or older	466	0.7%
.	Missing	66,967	98.3%
		68,112	

F30 Broke lower arm or wrist

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

Variable # 87

Sas Name: BKLARM

Sas Label: Broke lower arm ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	12,095	17.8%
1	Yes	6,169	9.1%
.	Missing	49,848	73.2%
		68,112	

F30 Age broke lower arm or wrist

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

Variable # 88

Sas Name: BKLARM55

Sas Label: Broke lower arm first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	4,069	6.0%
2	55 or older	2,011	3.0%
.	Missing	62,032	91.1%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 Broke hand

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

Variable # 89

Sas Name: BKHAND

Sas Label: Broke hand ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	17,601	25.8%
1	Yes	663	1.0%
.	Missing	49,848	73.2%
		68,112	

F30 Age broke hand

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

Variable # 90

Sas Name: BKHAND55

Sas Label: Broke hand first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	394	0.6%
2	55 or older	241	0.4%
.	Missing	67,477	99.1%
		68,112	

F30 Broke lower leg or ankle

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

Variable # 91

Sas Name: BKLLEG

Sas Label: Broke lower leg ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	12,949	19.0%
1	Yes	5,315	7.8%
.	Missing	49,848	73.2%
		68,112	

F30 Age broke lower leg or ankle

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

Variable # 92

Sas Name: BKLLEG55

Sas Label: Broke lower leg first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	3,511	5.2%
2	55 or older	1,697	2.5%
.	Missing	62,904	92.4%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

F30 Broke foot

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

Variable # 93

Sas Name: BKFOOT

Sas Label: Broke foot ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	14,955	22.0%
1	Yes	3,309	4.9%
.	Missing	49,848	73.2%
		68,112	

F30 Age broke foot

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

Variable # 94

Sas Name: BKFOOT55

Sas Label: Broke foot first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	2,086	3.1%
2	55 or older	1,120	1.6%
.	Missing	64,906	95.3%
		68,112	

F30 Broke other bone

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

Variable # 95

Sas Name: BKOTHB

Sas Label: Broke other bone ever

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

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	12,852	18.9%
1	Yes	8,312	12.2%
.	Missing	46,948	68.9%
		68,112	

F30 Age broke other bone

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

Variable # 96

Sas Name: BKOTHB55

Sas Label: Broke other bone first time 55 or older

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

Categories: Medical History: Bone/Fractures

Values		N	%
1	Less than 55	5,574	8.2%
2	55 or older	2,618	3.8%
.	Missing	59,920	88.0%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

Hypertension

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

Variable # 97

Usage Notes: none

Sas Name: HTNTRT

Categories: Computed Variables
Medical History: Cardiovascular

Sas Label: Hypertension

Values		N	%
0	Never hypertensive	39,878	58.5%
1	Untreated hypertensive	5,094	7.5%
2	Treated hypertensive	16,188	23.8%
.	Missing	6,952	10.2%
		68,112	

Hip fracture age 55 or older

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

Variable # 98

Usage Notes: none

Sas Name: HIP55

Categories: Computed Variables
Medical History: Bone/Fractures

Sas Label: Hip fracture age 55 or older

Values		N	%
0	No	48,516	71.2%
1	Yes	296	0.4%
.	Missing	19,300	28.3%
		68,112	

Fracture at age 55+

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

Variable # 99

Usage Notes: none

Sas Name: FRACT55

Categories: Computed Variables
Medical History: Bone/Fractures

Sas Label: Fracture at Age 55+

Values		N	%
0	No	41,716	61.2%
1	Yes	7,677	11.3%
.	Missing	18,719	27.5%
		68,112	



Form 30 - Medical History

Data File: f30_ct_pub

File Date: 06/08/2007 Structure: One row per participant

Population: CT participants

CABG/PTCA ever

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

Variable # 100

Usage Notes: none

Sas Name: REVASC

Categories: Computed Variables
Medical History: Cardiovascular

Sas Label: CABG/PTCA Ever

Values		N	%
0	No	66,299	97.3%
1	Yes	908	1.3%
.	Missing	905	1.3%
		68,112	
