



### Form 2 - Eligibility Screening

Data File: f2\_ep\_base\_pub File Date: 04/20/2005 Structure: One row per participant Population: E+P participants

#### Participant ID

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

#### F2 Days since randomization

**Variable #** 2 **Usage Notes:** none  
**Sas Name:** F2DAYS **Categories:** Study: Administration  
**Sas Label:** F2 Days since randomization  
**Type:** Continuous

#### F2 Living in area next 3 years

Do you think you will be living in this area for the next three years?

**Variable #** 3 **Usage Notes:** none  
**Sas Name:** AREA3Y **Categories:** Demographic: Geographic  
**Sas Label:** Living in area for next 3 years Study: Eligibility-DM  
**Type:** Categorical Study: Eligibility-HRT  
Study: Eligibility-OS

**Values**

0	No
1	Yes

#### F2 In any other study

Are you now in any other research study?

**Variable #** 4 **Usage Notes:** none  
**Sas Name:** OTHSTDY **Categories:** Study  
**Sas Label:** In other research study  
**Type:** Categorical

**Values**

0	No
1	Yes

#### F2 Excluded study

Is study on CC list of excluding studies?

**Variable #** 5 **Usage Notes:** Sub-question of F2 V3 Q9 "In any other study".  
**Sas Name:** EXSTDY **Categories:** Study  
**Sas Label:** Excluded study Study: Eligibility-DM  
**Type:** Categorical Study: Eligibility-HRT  
Study: Eligibility-OS

**Values**

0	No
1	Yes



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#### F2 Cancer - breast

Did a doctor ever say that you had breast cancer?

Variable # 6

Usage Notes: none

Sas Name: BRCA\_F2

Sas Label: Breast cancer ever

Type: Categorical

Categories: Medical History: Breast  
Medical History: Cancer  
Study: Eligibility-DM  
Study: Eligibility-HRT

Values

0	No
1	Yes

#### F2 Cancer - colon rectum

Did a doctor ever say that you had colon, rectum, bowel or intestinal cancer?

Variable # 7

Usage Notes: none

Sas Name: COLON\_F2

Sas Label: Colorectal cancer ever

Type: Categorical

Categories: Medical History: Cancer  
Study: Eligibility-DM

Values

0	No
1	Yes

#### F2 10 yr cancer - colon rectum

Were you told that you had this cancer in the last 10 years?

Variable # 8

Usage Notes: Sub-question of F2 V3 Q11 "Cancer-colon,rectum".

Sas Name: COLON10Y

Sas Label: Colorectal cancer last 10 years

Type: Categorical

Categories: Medical History: Cancer  
Study: Eligibility-DM  
Study: Eligibility-HRT

Values

0	No
1	Yes

#### F2 Cancer - endometrial

Did a doctor ever say that you had endometrial cancer (cancer of the lining of the uterus or womb)?

Variable # 9

Usage Notes: none

Sas Name: ENDO\_F2

Sas Label: Endometrial cancer ever

Type: Categorical

Categories: Medical History: Cancer  
Medical History: Reproductive  
Study: Eligibility-HRT

Values

0	No
1	Yes



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**F2 10 yr cancer - endometrial**

Were you told that you had this cancer in the last 10 years?

**Variable #** 10

**Usage Notes:** Sub-question of F2 V3 Q12 "Cancer-endometrial".

**Sas Name:** ENDO10Y

**Categories:** Medical History: Cancer  
Medical History: Reproductive  
Study: Eligibility-DM  
Study: Eligibility-HRT

**Sas Label:** Endometrial cancer last 10 years

**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Cancer - skin**

Did a doctor ever say that you had skin cancer?

**Variable #** 11

**Usage Notes:** none

**Sas Name:** SKIN\_F2

**Categories:** Medical History: Cancer

**Sas Label:** Skin cancer ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Cancer - melanoma**

Was the skin cancer a melanoma?

**Variable #** 12

**Usage Notes:** none

**Sas Name:** MELAN\_F2

**Categories:** Medical History: Cancer  
Study: Eligibility-HRT

**Sas Label:** Melanoma cancer ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F2 10 yr cancer - melanoma**

Were you told that you had this melanoma in the last 10 years?

**Variable #** 13

**Usage Notes:** Sub-question of F2 V3 Q13 "Cancer-skin".  
Sub-question of F2 V3 Q13.1 "Cancer-melanoma".

**Sas Name:** MELAN10Y

**Categories:** Medical History: Cancer  
Study: Eligibility-DM  
Study: Eligibility-HRT

**Sas Label:** Melanoma cancer last 10 years

**Type:** Categorical

**Values**

0	No
1	Yes



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**F2 10 yr cancer - other**

In the past 10 years, did a doctor ever say that you had any other cancers?

**Variable #** 14

**Usage Notes:** none

**Sas Name:** OTHCA10Y

**Categories:** Medical History: Cancer  
Study: Eligibility-DM  
Study: Eligibility-HRT

**Sas Label:** Any other cancer than listed last 10 yrs

**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Racial or ethnic group**

How would you describe your racial or ethnic group? If you are of mixed blood, which group do you identify with most?

**Variable #** 15

**Usage Notes:** none

**Sas Name:** RACE

**Categories:** Demographic

**Sas Label:** Racial or ethnic group

**Type:** Categorical

**Values**

1	American Indian or Alaskan Native
2	Asian or Pacific Islander
3	Black or African-American
4	Hispanic/Latino
5	White (not of Hispanic origin)
8	Other

**F2 Heard about study**

How did you hear about the study? (Mark one. If you heard in more than one way, mark the one that made you decide to contact us.)

**Variable #** 16

**Usage Notes:** none

**Sas Name:** HEARSTDY

**Categories:** Study: Interest

**Sas Label:** Reason for contacting study

**Type:** Categorical

**Values**

1	Mailed letter
2	Brochure
3	T.V.
4	Radio
5	Newspaper or Magazine
6	Meeting
7	Friend or Relative
8	Other



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#### F2 Female hormones ever

Did you ever use any female hormones like estrogen (Premarin) or progesterone (Provera)? These might be pills, skin patches, implants, creams, suppositories, shots, or birth control pills. (This does not include birth control pills you used before you were 50.)

Variable # 17

Usage Notes: Not collected on all versions of Form 2.

Sas Name: HORM

Categories: Medical History: Reproductive  
Reproductive: Hormones

Sas Label: Female hormones ever

Type: Categorical

Values

0	No
1	Yes

#### F2 Female hormones now

Are you using female hormones now?

Variable # 18

Usage Notes: Sub-question of F2 V3 Q17 "Female hormones ever".  
Not collected on all versions of Form 2.

Sas Name: HORMNW

Categories: Medical History: Reproductive  
Reproductive: Hormones

Sas Label: Female hormones now

Type: Categorical

Values

0	No
1	Yes

#### F2 Hormones last 3 months

Have you used female hormones in the last 3 months?

Variable # 19

Usage Notes: Sub-question of F2 V3 Q17 "Female hormones ever".  
Sub-question of F2 V3 Q17.1 "Female hormones now".  
Not collected on all versions of Form 2.

Sas Name: HORM3M

Categories: Medical History: Reproductive  
Reproductive: Hormones

Sas Label: Female hormones last 3 months

Type: Categorical

Values

0	No
1	Yes

#### F2 Osteoporosis related break

Have you ever had an osteoporosis-related fracture or broken bone? (Osteoporosis is a condition where bones become brittle and weak as a woman ages.)

Variable # 20

Usage Notes: Sub-question of F2 V3 Q17 "Female hormones ever".  
Not collected on all versions of Form 2.

Sas Name: OSTEObk

Categories: Medical History: Bone/Fractures

Sas Label: Osteoporosis-related fracture ever

Type: Categorical

Values

0	No
1	Yes



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#### F2 Hormones to treat break

Did a doctor give you hormones to treat the fracture or broken bone?

Variable # 21

Sas Name: HORMBK

Sas Label: Hormones to treat osteoporosis fracture

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F2 V3 Q17 "Female hormones ever".  
Sub-question of F2 V3 Q17.3 "Osteoporosis-related fracture".  
Not collected on all versions of Form 2.

Categories: Medical History: Bone/Fractures  
Medical History: Medications  
Reproductive: Hormones  
Study: Eligibility-HRT

#### F2 Ever had a hysterectomy

Did you ever have a hysterectomy? (This is an operation to take out your uterus or womb.)

Variable # 22

Sas Name: HYST

Sas Label: Hysterectomy ever

Type: Categorical

Values

0	No
1	Yes

Usage Notes: none

Categories: Medical History: Reproductive  
Reproductive

#### F2 Hysterectomy in last 3 mon

Was your hysterectomy within the last 3 months?

Variable # 23

Sas Name: HYST3M

Sas Label: Hysterectomy last 3 months

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F2 V3 Q18 "Ever had a hysterectomy".

Categories: Medical History: Reproductive  
Reproductive

#### F2 Age at hysterectomy

How old were you when you had your hysterectomy?

Variable # 24

Sas Name: HYSTAGE

Sas Label: Age at hysterectomy

Type: Categorical

Values

1	Less than 30
2	30-34
3	35-39
4	40-44
5	45-49
6	50-54
7	55-59
8	60 or older

Usage Notes: Sub-question of F2 V3 Q18 "Ever had a hysterectomy".

Categories: Medical History: Reproductive  
Reproductive



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#### F2 Last bleeding or spotting

When was the last time you had any menstrual bleeding or spotting? (Your best guess.)

**Variable #** 25 **Usage Notes:** none

**Sas Name:** MENSELST **Categories:** Medical History: Reproductive  
Reproductive: Menstrual

**Sas Label:** Last time had any menstrual bleeding

**Type:** Categorical

**Values**

1	Still having menstrual bleeding
2	Within last 6 months
3	7 to 12 months ago
4	Over 12 months ago

#### F2 Meals away from home

How many of your meals are prepared away from your home each week, that is, meals that you eat in a restaurant, or as "take-out", or at friends' or relatives' houses?

**Variable #** 26 **Usage Notes:** none

**Sas Name:** MEALOUT **Categories:** Diet  
Study: Eligibility-DM

**Sas Label:** 10 or more meals prepared away from home

**Type:** Categorical

**Values**

1	Less than 10 meals each week
2	10 or more meals each week

#### F2 Malabsorption diet

Are you following a special diet prescribed by a doctor for malabsorption, celiac sprue (sometimes this is called a gluten-free diet), ulcerative colitis, or Crohn's disease? (We know that these may be unfamiliar words. If you have not been told to follow one of these diets, mark No.)

**Variable #** 27 **Usage Notes:** Not collected on all versions of Form 2.

**Sas Name:** MALDIET **Categories:** Diet  
Study: Eligibility-DM

**Sas Label:** Special malabsorption diet

**Type:** Categorical

**Values**

0	No
1	Yes

#### F2 Low fiber diet

Are you following a special low-fiber or low-residue diet (low in fruits, vegetables, and grains) that was prescribed for you by your doctor?

**Variable #** 28 **Usage Notes:** Not collected on all versions of Form 2.

**Sas Name:** LFDIETF2 **Categories:** Diet  
Study: Eligibility-DM

**Sas Label:** Special low-fiber diet

**Type:** Categorical

**Values**

0	No
1	Yes



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**F2 Sugar diabetes**

Did a doctor ever say that you had sugar diabetes or high blood sugar when you were not pregnant?

**Variable #** 29 **Usage Notes:** none  
**Sas Name:** DIAB **Categories:** Medical History: Diabetes  
**Sas Label:** Diabetes ever  
**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Age when 1st told diabetes**

How old were you when you were first told you had sugar diabetes? (Don't include diabetes you had only when pregnant.)

**Variable #** 30 **Usage Notes:** Sub-question of F2 V3 Q23 "Sugar diabetes".  
**Sas Name:** DIABAGE **Categories:** Medical History: Diabetes  
**Sas Label:** Age first told had diabetes  
**Type:** Categorical

**Values**

1	Less than 21
2	21-29
3	30-39
4	40-49
5	50-59
6	60-69
7	70 or older

**F2 Hospitalized for diabetes**

Were you ever hospitalized for a diabetic coma?

**Variable #** 31 **Usage Notes:** Sub-question of F2 V3 Q23 "Sugar diabetes".  
**Sas Name:** DIABCOMA **Categories:** Medical History: Diabetes  
**Sas Label:** Hospitalized for a diabetic coma  
**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Special diet for diabetes**

Did a doctor ever tell you to keep a special diet for your diabetes?

**Variable #** 32 **Usage Notes:** Sub-question of F2 V3 Q23 "Sugar diabetes".  
**Sas Name:** DBDIETF2 **Categories:** Diet  
**Sas Label:** Special diet for diabetes **Medical History:** Diabetes  
**Type:** Categorical **Study:** Eligibility-DM

**Values**

0	No
1	Yes



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F2 Ever taken insulin

Did you ever take insulin shots?

Variable # 33

Sas Name: INSULIN

Sas Label: Insulin shots ever

Type: Categorical

Usage Notes: Sub-question of F2 V3 Q23 "Sugar diabetes".

Categories: Medical History: Diabetes
Medical History: Medications

Values

Table with 2 rows: 0 No, 1 Yes

F2 Taking insulin now

Are you using insulin now?

Variable # 34

Sas Name: INSULINW

Sas Label: Insulin shots now

Type: Categorical

Usage Notes: Sub-question of F2 V3 Q23 "Sugar diabetes".
Sub-question of F2 V3 Q23.4 "Ever taken insulin".

Categories: Medical History: Diabetes
Medical History: Medications

Values

Table with 2 rows: 0 No, 1 Yes

F2 Pills for diabetes

Did you ever take pills for your diabetes to lower your blood sugar?

Variable # 35

Sas Name: DIABPILL

Sas Label: Pills for diabetes ever

Type: Categorical

Usage Notes: Sub-question of F2 V3 Q23 "Sugar diabetes".

Categories: Medical History: Diabetes
Medical History: Medications

Values

Table with 2 rows: 0 No, 1 Yes

F2 Sugar diabetes now

Do you have sugar diabetes or high blood sugar now?

Variable # 36

Sas Name: DIABNW

Sas Label: Diabetes now

Type: Categorical

Usage Notes: Sub-question of F2 V3 Q23 "Sugar diabetes".

Categories: Medical History: Diabetes

Values

Table with 2 rows: 0 No, 1 Yes



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F2 Blood clot in legs

Did a doctor ever say that you had a blood clot in your legs? This is sometimes called deep vein thrombosis or DVT. This does not include varicose veins or phlebitis.

Variable # 37 Usage Notes: none
Sas Name: DVT Categories: Medical History: Cardiovascular
Sas Label: DVT ever Study: Eligibility-HRT
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F2 Leg clot in last 6 mon

Did you have a blood clot in your leg in the last 6 months?

Variable # 38 Usage Notes: Sub-question of F2 V3 Q24 "Blood clot in legs".
Sas Name: DVT6M Categories: Medical History: Cardiovascular
Sas Label: DVT last 6 months Study: Eligibility-HRT
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F2 Leg clot 1mo after accident

Did this blood clot occur within one month after a serious accident, fracture, injury, or operation?

Variable # 39 Usage Notes: Sub-question of F2 V3 Q24 "Blood clot in legs".
Sas Name: DVTACC1M Not collected on all versions of Form 2.
Sas Label: DVT 1 month after accident Categories: Medical History: Cardiovascular
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F2 Blood clot in lung

Did a doctor ever say that you had a blood clot in your lung? This is sometimes called a pulmonary embolus or PE.

Variable # 40 Usage Notes: none
Sas Name: PE Categories: Medical History: Cardiovascular
Sas Label: Pulmonary embolism ever Study: Eligibility-HRT
Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes



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F2 Lung clot in last 6 mon

Did you have a blood clot in your lung in the last 6 months?

Variable # 41

Usage Notes: Sub-question of F2 V3 Q25 "Blood clot in lung".

Sas Name: PE6M

Categories: Medical History: Cardiovascular
Study: Eligibility-HRT

Sas Label: Pulmonary embolism last 6 months

Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F2 Lung clot 1mo aftr accident

Did this blood clot occur within one month after a serious accident, fracture, injury, or operation?

Variable # 42

Usage Notes: Sub-question of F2 V3 Q25 "Blood clot in lung".
Not collected on all versions of Form 2.

Sas Name: PEACC1M

Categories: Medical History: Cardiovascular

Sas Label: Pulmonary embolism 1 mo after accident

Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F2 Stroke ever

Did a doctor ever say that you had a stroke?

Variable # 43

Usage Notes: none

Sas Name: STROKE

Categories: Medical History: Cardiovascular

Sas Label: Stroke ever

Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes

F2 Stroke in last 6 months

Did you have a stroke in the last 6 months?

Variable # 44

Usage Notes: Sub-question of F2 V3 Q26 "Stroke ever".

Sas Name: STROKE6M

Categories: Medical History: Cardiovascular
Study: Eligibility-DM
Study: Eligibility-HRT

Sas Label: Stroke last 6 months

Type: Categorical

Values

Table with 2 rows: 0 No, 1 Yes



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#### F2 Small stroke ever

Did a doctor ever say that you had a small stroke that lasted less than 24 hours? This is sometimes called a transient ischemic attack or TIA.

**Variable #** 45 **Usage Notes:** none  
**Sas Name:** TIA **Categories:** Medical History: Cardiovascular  
**Sas Label:** TIA ever  
**Type:** Categorical

**Values**

0	No
1	Yes

#### F2 Small stroke in last 6 mon

Did you have a TIA in the last 6 months?

**Variable #** 46 **Usage Notes:** Sub-question of F2 V3 Q27 "Small stroke ever".  
**Sas Name:** TIA6M **Categories:** Medical History: Cardiovascular  
**Sas Label:** TIA last 6 months Study: Eligibility-DM  
**Type:** Categorical Study: Eligibility-HRT

**Values**

0	No
1	Yes

#### F2 Heart attack ever

Did a doctor ever say that you had a heart attack? This is sometimes called a coronary, myocardial infarction, or MI.

**Variable #** 47 **Usage Notes:** none  
**Sas Name:** MI **Categories:** Medical History: Cardiovascular  
**Sas Label:** MI ever  
**Type:** Categorical

**Values**

0	No
1	Yes

#### F2 Age at first heart attack

How old were you when you had your first heart attack? (Your best guess.)

**Variable #** 48 **Usage Notes:** Sub-question of F2 V3 Q28 "Heart attack ever".  
**Sas Name:** MIAGE **Categories:** Medical History: Cardiovascular  
**Sas Label:** Age first had MI  
**Type:** Categorical

**Values**

1	Less than 40
2	40-49
3	50-59
4	60-69
5	70 or older



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**F2 Heart attack in last 6 mon**

Did you have a heart attack in the last 6 months?

**Variable #** 49

**Usage Notes:** Sub-question of F2 V3 Q28 "Heart attack ever".

**Sas Name:** MI6M

**Categories:** Medical History: Cardiovascular  
Study: Eligibility-DM  
Study: Eligibility-HRT

**Sas Label:** MI last 6 months

**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Sickle cell anemia**

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Sickle cell anemia?

**Variable #** 50

**Usage Notes:** none

**Sas Name:** SCANEMIA

**Categories:** Medical History: Other Disease/Condition  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

**Sas Label:** Sickle cell anemia ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Heart failure**

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Heart failure?

**Variable #** 51

**Usage Notes:** none

**Sas Name:** CHF\_F2

**Categories:** Medical History: Cardiovascular  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

**Sas Label:** Heart failure ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F2 Liver disease**

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)?

**Variable #** 52

**Usage Notes:** none

**Sas Name:** LIVERDIS

**Categories:** Medical History: Other Disease/Condition  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

**Sas Label:** Liver disease ever

**Type:** Categorical

**Values**

0	No
1	Yes



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F2 Bleeding problem

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Bleeding problem?

Variable # 53 Usage Notes: none
Sas Name: BLDPROB Categories: Medical History: Cardiovascular
Sas Label: Bleeding problem ever Study: Eligibility-HRT
Type: Categorical

Table with 2 columns: Value, Label. Row 1: 0, No. Row 2: 1, Yes.

F2 Lost 15 lbs in last 6 month

Have you lost 15 or more pounds in the last 6 months without trying?

Variable # 54 Usage Notes: none
Sas Name: L15LBS6M Categories: Medical History: Height/Weight History
Sas Label: Lost 15 lbs in the last 6 mo w/o trying Physical Measurements: Height/Weight History
Type: Categorical Study: Eligibility-DM
Study: Eligibility-HRT

Table with 2 columns: Value, Label. Row 1: 0, No. Row 2: 1, Yes.

F2 Kidney dialysis

Are you on kidney dialysis or a kidney machine for kidney or renal failure?

Variable # 55 Usage Notes: none
Sas Name: DIALYSIS Categories: Medical History: Other Disease/Condition
Sas Label: Kidney dialysis for kidney failure Study: Eligibility-DM
Type: Categorical Study: Eligibility-HRT
Study: Eligibility-OS

Table with 2 columns: Value, Label. Row 1: 0, No. Row 2: 1, Yes.

F2 Other long term illness

Do you have any other long-term or chronic illness?

Variable # 56 Usage Notes: none
Sas Name: OTHCHRON Categories: Medical History: Other Disease/Condition
Sas Label: Other long-term illness
Type: Categorical

Table with 2 columns: Value, Label. Row 1: 0, No. Row 2: 1, Yes.



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#### F2 Hard to be in study

Are there any reasons, like serious emotional problems, mental illness, or too much stress, that would make it hard for you to be in a research study?

Variable # 57

Usage Notes: Not collected on all versions of Form 2.

Sas Name: HARDSTDY

Categories: Study: Interest

Sas Label: Problems make it hard to participate

Type: Categorical

Values

0	No
1	Yes

#### F2 Able to get to clinic

Will you be able to come to our clinic?

Variable # 58

Usage Notes: none

Sas Name: COMECC

Categories: Study

Sas Label: Able to come to clinic

Type: Categorical

Values

0	No
1	Yes

#### F2 Special kind of help

What kind of help would you need to come to our clinic?

Variable # 59

Usage Notes: Sub-question of F2 V3 Q34 "Able to get to clinic".

Sas Name: HELPCC

Categories: Study

Sas Label: Kind of help needed to come to clinic

Type: Categorical

Values

1	Transportation
2	Child care
3	Adult care
8	Other

#### F2 Interested in diet

Do you think you might be interested in the Dietary Change part of the study?

Variable # 60

Usage Notes: none

Sas Name: INTDM

Categories: Study: Interest

Sas Label: Interested in DM part of study

Type: Categorical

Values

0	No
1	Yes
9	Don't know



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#### F2 Available for meetings

If you join the dietary part of the study, you will be placed in a dietary change or usual diet group. You may be attending regular group meetings. Will you be available for regular meetings for the next year?

**Variable #** 61 **Usage Notes:** Sub-question of F2 V3 Q35 "Interested in diet".  
 Not collected on all versions of Form 2.

**Sas Name:** AVAILDM **Categories:** Study: Interest

**Sas Label:** Available for regular dietary meetings

**Type:** Categorical

**Values**

0	No
1	Yes

#### F2 Interested in HRT

Do you think you might be interested in the Hormone Replacement part of the study?

**Variable #** 62 **Usage Notes:** none

**Sas Name:** INTHRT **Categories:** Study: Interest

**Sas Label:** Interested in HRT part of study

**Type:** Categorical

**Values**

0	No
1	Yes
9	Don't know

#### F2 Consider only study pills

If you join the hormone part of the study, you may be placed into the hormone or no-hormone (placebo) group. Would you consider taking only the hormone pills given to you by Clinical Center staff if you join the hormone part of the study?

**Variable #** 63 **Usage Notes:** Sub-question of F2 V3 Q36 "Interested in HRT".  
 Not collected on all versions of Form 2.

**Sas Name:** AVAILHRT **Categories:** Reproductive: Hormones  
 Study  
 Study: Eligibility-HRT

**Sas Label:** Consider taking only HRT from CC

**Type:** Categorical

**Values**

0	No
1	Yes
9	Don't know

#### F2 Talk to doctor

If you are currently on hormones, are you interested in talking to your doctor about the Hormone Replacement part of the study?

**Variable #** 64 **Usage Notes:** Sub-question of F2 V3 Q36 "Interested in HRT".  
 Not collected on all versions of Form 2.

**Sas Name:** TALKDOC **Categories:** Study

**Sas Label:** Interested in talking to Dr. about HRT

**Type:** Categorical

**Values**

0	No
1	Yes
2	Not on hormones
9	Don't know



### Form 2 - Eligibility Screening

Data File: f2\_ep\_base\_pub File Date: 04/20/2005 Structure: One row per participant Population: E+P participants

#### F2 Send HRT info to doctor

Would you like us to send information about the Hormone Replacement part of the study to your doctor?

**Variable #** 65 **Usage Notes:** Sub-question of F2 V3 Q36 "Interested in HRT".  
 Not collected on all versions of Form 2.

**Sas Name:** HRTINFDR **Categories:** Study

**Sas Label:** Send HRT info to Doctor

**Type:** Categorical

**Values**

0	No
1	Yes

#### F2 Need help with forms

Will you need someone to help you fill out forms if you join this study?

**Variable #** 66 **Usage Notes:** Not collected on all versions of Form 2.

**Sas Name:** HELPFILL **Categories:** Study

**Sas Label:** Need someone to help fill out forms

**Type:** Categorical

**Values**

0	No
1	Yes

#### F2 Age at screening

Age at screening. Computed from Form 2 birthdate.

**Variable #** 67 **Usage Notes:** none

**Sas Name:** AGE **Categories:** Computed Variables  
Demographic  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

**Sas Label:** Age at screening

**Type:** Continuous

#### HRT use ever

Computed from Form 2, questions 17 and 17.1. Combines questions 17 and 17.1 into a three category HRT use variable (never, past, current).

**Variable #** 68 **Usage Notes:** none

**Sas Name:** HORMSTAT **Categories:** Computed Variables  
Medical History: Medications  
Medical History: Reproductive  
Reproductive: Hormones

**Sas Label:** HRT use ever

**Type:** Categorical

**Values**

0	Never used hormones
1	Past hormone user
2	Current hormone user



Form 2 - Eligibility Screening

Data File: f2\_ep\_base\_pub File Date: 04/20/2005 Structure: One row per participant Population: E+P participants

Hysterectomy age group

Computed from Form 2, questions 18 and 18.2. Collapses age at hysterectomy categories from question 18.2 into four groups. Set to missing if no hysterectomy, or age at hysterectomy is missing.

Variable # 69 Usage Notes: none
Sas Name: AGEHYST
Sas Label: Hysterectomy age group
Type: Categorical
Categories: Computed Variables, Medical History: Reproductive, Reproductive

Values

Table with 2 columns: Value, Label. Rows: 1 < 40, 2 40-49, 3 50-54, 4 55+

Diabetes treated (pills or shots)

Computed from Form 2, question 23, 23.4 and 23.6. Indicator for whether the participant has ever been treated for diabetes with pills or shots.

Variable # 70 Usage Notes: none
Sas Name: DIABTRT
Sas Label: Diabetes treated (pills or shots)
Type: Categorical
Categories: Computed Variables, Medical History: Diabetes, Medical History: Medications

Values

Table with 2 columns: Value, Label. Rows: 0 No, 1 Yes