



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 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

F37 Days since randomization/enrollment

Variable # 2 Usage Notes: none
Sas Name: F37DAYS Categories: Study: Administration
Sas Label: F37 Days since randomization/enrollment
Type: Continuous

F37 To listen to you

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone you can count on to listen to you when you need to talk.

Variable # 3 Usage Notes: none
Sas Name: LISTEN Categories: Psychosocial/Behavioral
Sas Label: Someone to listen when need to talk
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 None of the time, 2 A little of the time, 3 Some of the time, 4 Most of the time, 5 All of the time

F37 Someone to give you good advice

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to give you good advice about a problem

Variable # 4 Usage Notes: none
Sas Name: GOODADVC Categories: Psychosocial/Behavioral
Sas Label: Someone to give good advice
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 None of the time, 2 A little of the time, 3 Some of the time, 4 Most of the time, 5 All of the time



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F37 Someone to take you to the doctor

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to take you to the doctor if you need it

Variable # 5 Usage Notes: none
Sas Name: TAKEDR Categories: Psychosocial/Behavioral
Sas Label: Someone can take to the doctor
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (None of the time to All of the time)

F37 Someone to have a good time with

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to have a good time with

Variable # 6 Usage Notes: none
Sas Name: GOODTIME Categories: Psychosocial/Behavioral
Sas Label: Someone to have a good time with
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (None of the time to All of the time)

F37 Someone to help you understand problem

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to help you understand a problem when you need it

Variable # 7 Usage Notes: none
Sas Name: HLPPEB Categories: Psychosocial/Behavioral
Sas Label: Someone to help understand a problem
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (None of the time to All of the time)



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F37 Someone to help with daily chores

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to help with daily chores if you are sick

Variable # 8 **Usage Notes:** none

Sas Name: HLPCHORS **Categories:** Psychosocial/Behavioral

Sas Label: Someone to help with daily chores

Type: Categorical

Values

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

F37 Someone to share your private worries

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to share your most private worries and fears

Variable # 9 **Usage Notes:** none

Sas Name: SHARE **Categories:** Psychosocial/Behavioral

Sas Label: Someone to share private worries/fears

Type: Categorical

Values

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

F37 Someone to do something fun with

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to do something fun with

Variable # 10 **Usage Notes:** none

Sas Name: FUN **Categories:** Psychosocial/Behavioral

Sas Label: Someone to do something fun with

Type: Categorical

Values

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time



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F37 Someone to love you

People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to love you and make you feel wanted

Variable # 11 **Usage Notes:** none

Sas Name: LOVE **Categories:** Psychosocial/Behavioral

Sas Label: Someone to love you/make you feel wanted

Type: Categorical

Values

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

F37 Live alone

Who lives with you? (Mark one oval for each item.) I live alone.

Variable # 12 **Usage Notes:** none

Sas Name: LIVALN **Categories:** Psychosocial/Behavioral

Sas Label: Live alone

Type: Categorical

Values

0	No
1	Yes

F37 Live with husband or partner

Who lives with you? (Mark one oval for each item.) I live with my husband or partner.

Variable # 13 **Usage Notes:** none

Sas Name: LIVPRT **Categories:** Psychosocial/Behavioral

Sas Label: Live with husband/partner

Type: Categorical

Values

0	No
1	Yes

F37 Live with children

Who lives with you? (Mark one oval for each item.) I live with my children.

Variable # 14 **Usage Notes:** none

Sas Name: LIVCHLD **Categories:** Psychosocial/Behavioral

Sas Label: Live with children

Type: Categorical

Values

0	No
1	Yes



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F37 Live with brother or sister

Who lives with you? (Mark one oval for each item.) I live with my brother and/or sister.

Variable # 15 **Usage Notes:** none
Sas Name: LIVSIBL **Categories:** Psychosocial/Behavioral
Sas Label: Live with brother/sister
Type: Categorical

Values

0	No
1	Yes

F37 Live with other relative

Who lives with you? (Mark one oval for each item.) I live with other relatives.

Variable # 16 **Usage Notes:** none
Sas Name: LIVREL **Categories:** Psychosocial/Behavioral
Sas Label: Live with relatives
Type: Categorical

Values

0	No
1	Yes

F37 Live with friends

Who lives with you? (Mark one oval for each item.) I live with friends.

Variable # 17 **Usage Notes:** none
Sas Name: LIVFRNDS **Categories:** Psychosocial/Behavioral
Sas Label: Live with friends
Type: Categorical

Values

0	No
1	Yes

F37 Others that live with you

Who lives with you? (Mark one oval for each item.) Other

Variable # 18 **Usage Notes:** none
Sas Name: LIVOTH **Categories:** Psychosocial/Behavioral
Sas Label: Live with other than listed
Type: Categorical

Values

0	No
1	Yes



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F37 Do you have a pet

Do you have a pet?

Variable # 19

Usage Notes: none

Sas Name: PET

Categories: Psychosocial/Behavioral

Sas Label: Have a pet

Type: Categorical

Values

0	No
1	Yes

F37 Dog

What kind of pet do you have? (Mark all that apply.) Dog.

Variable # 20

Usage Notes: Sub-question of F37 V5 Q11 "Do you have a pet".

Sas Name: DOG

Categories: Psychosocial/Behavioral

Sas Label: Dog

Type: Categorical

Values

0	No
1	Yes

F37 Cat

What kind of pet do you have? (Mark all that apply.) Cat.

Variable # 21

Usage Notes: Sub-question of F37 V5 Q11 "Do you have a pet".

Sas Name: CAT

Categories: Psychosocial/Behavioral

Sas Label: Cat

Type: Categorical

Values

0	No
1	Yes

F37 Bird

What kind of pet do you have? (Mark all that apply.) Bird.

Variable # 22

Usage Notes: Sub-question of F37 V5 Q11 "Do you have a pet".

Sas Name: BIRD

Categories: Psychosocial/Behavioral

Sas Label: Bird

Type: Categorical

Values

0	No
1	Yes



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F37 Fish

What kind of pet do you have? (Mark all that apply.) Fish.

Variable # 23
Sas Name: FISH
Sas Label: Fish
Type: Categorical

Usage Notes: Sub-question of F37 V5 Q11 "Do you have a pet".
Categories: Psychosocial/Behavioral

Values

0	No
1	Yes

F37 Other Pet

What kind of pet do you have? (Mark all that apply.) Other pet.

Variable # 24
Sas Name: OTHPET
Sas Label: Other pet
Type: Categorical

Usage Notes: Sub-question of F37 V5 Q11 "Do you have a pet".
Categories: Psychosocial/Behavioral

Values

0	No
1	Yes

F37 How often gone to church

How often have you gone to a religious service or to church during the past month? (Mark only one oval.)

Variable # 25
Sas Name: RELGTIME
Sas Label: Times attend religious service/church
Type: Categorical

Usage Notes: none
Categories: Psychosocial/Behavioral

Values

1	Not at all in the past month
2	Once in the past month
3	2 or 3 times in the past month
4	Once a week
5	2 or 6 times a week
6	Every day

F37 Religion strength and comfort

How much does religion give you strength and comfort? (Mark one oval.)

Variable # 26
Sas Name: RELSTRN
Sas Label: Religion gives strength and comfort
Type: Categorical

Usage Notes: none
Categories: Psychosocial/Behavioral

Values

1	None
2	A little
3	A great deal



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F37 How many meetings

How often have you gone to meetings of clubs, lodges, or parent groups in the last month? (Mark only one oval.)

Variable # 27 **Usage Notes:** none
Sas Name: CLUB **Categories:** Psychosocial/Behavioral
Sas Label: Attend clubs/lodges/groups last month
Type: Categorical

Values

1	Not at all in the past month
2	Once in the past month
3	2 or 3 times in the past month
4	Once a week
5	2 or 6 times a week
6	Every day

F37 Helping sick friend

Are you now helping at least one sick, limited, or frail family member or friend on a regular basis?

Variable # 28 **Usage Notes:** none
Sas Name: HLPSICK **Categories:** Psychosocial/Behavioral
Sas Label: Helping sick family/friend
Type: Categorical

Values

0	No
1	Yes

F37 How often helped sick family/friend

In the past 4 weeks, how often have you helped this friend or family member?

Variable # 29 **Usage Notes:** Sub-question of F37 V5 Q15 "Helping sick friend".
Sas Name: HLPSICKT **Categories:** Psychosocial/Behavioral
Sas Label: Times helped sick family/friend
Type: Categorical

Values

1	Less than once a week
2	1-2 times a week
3	3-4 times a week
4	5 or more times a week



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F37 Get on your nerves

Of the people who are important to you, how many... Get on your nerves?

Variable # 30 **Usage Notes:** none
Sas Name: NERVES **Categories:** Psychosocial/Behavioral
Sas Label: Number of people who get on nerves
Type: Categorical

Values

1	None
2	One
3	Some
4	Most
5	All

F37 Ask too much of you

Of the people who are important to you, how many... Ask too much of you?

Variable # 31 **Usage Notes:** none
Sas Name: TOOMUCH **Categories:** Psychosocial/Behavioral
Sas Label: Number of people who ask too much
Type: Categorical

Values

1	None
2	One
3	Some
4	Most
5	All

F37 Do not include you

Of the people who are important to you, how many... Do not include you?

Variable # 32 **Usage Notes:** none
Sas Name: EXCLUDE **Categories:** Psychosocial/Behavioral
Sas Label: Number of people who exclude you
Type: Categorical

Values

1	None
2	One
3	Some
4	Most
5	All



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F37 Try to get you to do things

Of the people who are important to you, how many... Try to get you to do things you don't want to?

Variable # 33 **Usage Notes:** none
Sas Name: COERCE **Categories:** Psychosocial/Behavioral
Sas Label: Number of people who try to coerce
Type: Categorical

Values

1	None
2	One
3	Some
4	Most
5	All

F37 In unclear times, expect best

In unclear times, I usually expect the best.

Variable # 34 **Usage Notes:** none
Sas Name: EXPCTBST **Categories:** Psychosocial/Behavioral
Sas Label: Usually expect the best
Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree

F37 If something can go wrong

If something can go wrong for me, it will.

Variable # 35 **Usage Notes:** none
Sas Name: WRONG **Categories:** Psychosocial/Behavioral
Sas Label: Expect something that can will go wrong
Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree



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F37 Always hopeful about future

I'm always hopeful about my future.

Variable # 36

Usage Notes: none

Sas Name: HOPEFUL

Categories: Psychosocial/Behavioral

Sas Label: Always hopeful about future

Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree

F37 Hardly ever expect things to go my way

I hardly ever expect things to go my way.

Variable # 37

Usage Notes: none

Sas Name: NOTMYWAY

Categories: Psychosocial/Behavioral

Sas Label: Hardly ever expect things to go my way

Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree

F37 Rarely count on good things

I rarely count on good things happening to me.

Variable # 38

Usage Notes: none

Sas Name: COUNTGD

Categories: Psychosocial/Behavioral

Sas Label: Rarely count on good things happening

Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree



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F37 Expect more good things

Overall, I expect more good things to happen to me than bad.

Variable # 39

Usage Notes: none

Sas Name: MOREGOOD

Categories: Psychosocial/Behavioral

Sas Label: Expect more good things than bad

Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree

F37 When I am angry, people know

When I am angry, people around me usually know.

Variable # 40

Usage Notes: none

Sas Name: KNWANGRY

Categories: Psychosocial/Behavioral

Sas Label: Usually people around know when angry

Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree

F37 People can tell from face

People can tell from my facial expressions how I am feeling.

Variable # 41

Usage Notes: none

Sas Name: TELLFEEL

Categories: Psychosocial/Behavioral

Sas Label: Tell from facial expressions how feeling

Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree



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F37 Always express disappointment

I always express disappointment when things don't go as I'd like them to.

Variable # 42 Usage Notes: none
 Sas Name: DISAPPNT Categories: Psychosocial/Behavioral
 Sas Label: Express disappointment
 Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree

F37 If angry I will "cause scene"

If someone makes me angry in a public place, I will "cause a scene."

Variable # 43 Usage Notes: none
 Sas Name: SCENEPUB Categories: Psychosocial/Behavioral
 Sas Label: If angered, cause scene in public place
 Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree

F37 After I express anger

After I express anger at someone, it bothers me for a long time.

Variable # 44 Usage Notes: none
 Sas Name: BOTHER Categories: Psychosocial/Behavioral
 Sas Label: After anger bothered for a long time
 Type: Categorical

Values

1	Strongly disagree
2	Disagree
3	Neutral (In-between)
4	Agree
5	Strongly agree



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F37 Try to suppress my anger

I try to suppress my anger, but I would like other people to know how I feel.

Variable # 45 Usage Notes: none
Sas Name: SUPPRESS Categories: Psychosocial/Behavioral
Sas Label: Usually suppress anger
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Label (Strongly disagree, Disagree, Neutral (In-between), Agree, Strongly agree)

F37 I worry about expressing neg emotions

I worry that if I express negative emotions such as fear and anger, other people will not approve of me.

Variable # 46 Usage Notes: none
Sas Name: APPRVNEG Categories: Psychosocial/Behavioral
Sas Label: Fear others will not approve if negative
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Label (Strongly disagree, Disagree, Neutral (In-between), Agree, Strongly agree)

F37 Often have to take orders

I have often had to take orders from someone who did not know as much as I did.

Variable # 47 Usage Notes: none
Sas Name: ORDERS Categories: Psychosocial/Behavioral
Sas Label: Take orders from someone who knew less
Type: Categorical

Values

Table with 2 columns: Value (0, 1) and Label (False, True)

F37 People make bad luck

I think a great many people make a lot of their bad luck in order to gain the sympathy and help of others.

Variable # 48 Usage Notes: none
Sas Name: BADLUCK Categories: Psychosocial/Behavioral
Sas Label: Think people make bad luck for sympathy
Type: Categorical

Values

Table with 2 columns: Value (0, 1) and Label (False, True)



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F37 Takes argument to convince truth

It takes a lot of argument to convince most people of the truth.

Variable # 49 Usage Notes: none
Sas Name: TRUTH Categories: Psychosocial/Behavioral
Sas Label: Argue to convince people of truth
Type: Categorical

Values

Table with 2 rows: 0 False, 1 True

F37 People would lie to get ahead

I think most people would lie to get ahead.

Variable # 50 Usage Notes: none
Sas Name: LIE Categories: Psychosocial/Behavioral
Sas Label: Most people would lie to get ahead
Type: Categorical

Values

Table with 2 rows: 0 False, 1 True

F37 People are mainly honest due to fear

Most people are honest mainly through fear of being caught.

Variable # 51 Usage Notes: none
Sas Name: HONEST Categories: Psychosocial/Behavioral
Sas Label: Most people are honest due to fear
Type: Categorical

Values

Table with 2 rows: 0 False, 1 True

F37 People unfair to profit

Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it

Variable # 52 Usage Notes: none
Sas Name: UNFAIR Categories: Psychosocial/Behavioral
Sas Label: Most people are unfair to gain profit
Type: Categorical

Values

Table with 2 rows: 0 False, 1 True



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F37 No one cares much what happens to you

No one cares much what happens to you.

Variable # 53 **Usage Notes:** none
Sas Name: NOCARE **Categories:** Psychosocial/Behavioral
Sas Label: No one cares what happens to you
Type: Categorical

Values

0	False
1	True

F37 It is safer to trust nobody

It is safer to trust nobody.

Variable # 54 **Usage Notes:** none
Sas Name: TRUSTNO **Categories:** Psychosocial/Behavioral
Sas Label: Safer to trust nobody
Type: Categorical

Values

0	False
1	True

F37 People make friends because useful

Most people make friends because friends are likely to be useful to them.

Variable # 55 **Usage Notes:** none
Sas Name: FRNDSUSE **Categories:** Psychosocial/Behavioral
Sas Label: Make friends because friends are useful
Type: Categorical

Values

0	False
1	True

F37 Do not put themselves out

Most people inwardly do not like putting themselves out to help other people.

Variable # 56 **Usage Notes:** none
Sas Name: NOHELP **Categories:** Psychosocial/Behavioral
Sas Label: People inwardly don't like to help
Type: Categorical

Values

0	False
1	True



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F37 Experts no better than I

I have often met people who were supposed to be experts who were no better than I.

Variable # 57 **Usage Notes:** none
Sas Name: EXPERTS **Categories:** Psychosocial/Behavioral
Sas Label: Experts often no better than I
Type: Categorical

Values

0	False
1	True

F37 People more for own rights

People often demand more respect for their own rights than they are willing to allow for others.

Variable # 58 **Usage Notes:** none
Sas Name: RESPECT **Categories:** Psychosocial/Behavioral
Sas Label: People demand more respect than give
Type: Categorical

Values

0	False
1	True

F37 Bad sexual behavior

A large number of people are guilty of bad sexual behavior.

Variable # 59 **Usage Notes:** none
Sas Name: BADSEX **Categories:** Psychosocial/Behavioral
Sas Label: People guilty of bad sexual behavior
Type: Categorical

Values

0	False
1	True



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F37 Rate quality of life

Overall, how you would rate your quality of life? (Mark one oval in the box below.)

Variable # 60 Usage Notes: none
 Sas Name: LIFEQUAL Categories: Psychosocial/Behavioral
 Sas Label: Rate quality of life
 Type: Categorical

Values

0	Worst
1	1
2	2
3	3
4	4
5	Halfway
6	6
7	7
8	8
9	9
10	Best

F37 Satisfied with quality of life

How satisfied are you with your current quality of life? (Mark one oval in the box below.)

Variable # 61 Usage Notes: none
 Sas Name: SATLIFE Categories: Psychosocial/Behavioral
 Sas Label: Satisfied with quality of life
 Type: Categorical

Values

0	Dissatisfied
1	1
2	2
3	3
4	4
5	Halfway
6	6
7	7
8	8
9	9
10	Satisfied



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F37 In general, health is

In general, would you say your health is (Mark one oval.)

Variable # 62

Usage Notes: none

Sas Name: GENHEL

Categories: Psychosocial/Behavioral

Sas Label: In general, health is

Type: Categorical

Values

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor

F37 Compare health to 1 year ago

Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

Variable # 63

Usage Notes: none

Sas Name: HLTHC1Y

Categories: Psychosocial/Behavioral

Sas Label: Compare health to 1 year ago

Type: Categorical

Values

1	Much better now than 1 year ago
2	Somewhat better now than 1 year ago
3	About the same time
4	Somewhat worse now than 1 year ago
5	Much worse than 1 year ago

F37 Vigorous activities

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Vigorous activities, such as running, lifting heavy objects, or strenuous sports

Variable # 64

Usage Notes: none

Sas Name: VIGACT

Categories: Physical Activity

Sas Label: Vigorous activities

Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all



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F37 Moderate activities

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Moderate activities, such as moving a table, vacuuming, bowling, or golfing

Variable # 65 **Usage Notes:** none
Sas Name: MODACT **Categories:** Physical Activity
Sas Label: Moderate activities
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F37 Lifting or carrying groceries

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Lifting or carrying groceries

Variable # 66 **Usage Notes:** none
Sas Name: LIFTGROC **Categories:** Physical Activity
Sas Label: Lifting or carrying groceries
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F37 Climbing several flights

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing several flights of stairs

Variable # 67 **Usage Notes:** none
Sas Name: STAIRS **Categories:** Physical Activity
Sas Label: Climbing several flights
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all



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F37 Climbing one flight of stairs

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing one flight of stairs

Variable # 68 Usage Notes: none
Sas Name: STAIR Categories: Physical Activity
Sas Label: Climbing one flight of stairs
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Yes, limited a lot; 2 Yes, limited a little; 3 No, not limited at all

F37 Bending, kneeling, stooping

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bending, kneeling, stooping

Variable # 69 Usage Notes: none
Sas Name: BENDING Categories: Physical Activity
Sas Label: Bending, kneeling, stooping
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Yes, limited a lot; 2 Yes, limited a little; 3 No, not limited at all

F37 Walking more than one mile

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking more than a mile

Variable # 70 Usage Notes: none
Sas Name: WALK1M Categories: Physical Activity
Sas Label: Walking more than one mile
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Yes, limited a lot; 2 Yes, limited a little; 3 No, not limited at all



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Data File: f37_ep_base_pub **File Date:** 05/18/2005 **Structure:** One row per participant **Population:** E+P participants

F37 Walking several blocks

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking several blocks

Variable # 71 **Usage Notes:** none
Sas Name: WALKBLKS **Categories:** Physical Activity
Sas Label: Walking several blocks
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F37 Walking one block

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking one block

Variable # 72 **Usage Notes:** none
Sas Name: WALK1BLK **Categories:** Physical Activity
Sas Label: Walking one block
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all

F37 Bathing or dressing yourself

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bathing or dressing yourself

Variable # 73 **Usage Notes:** none
Sas Name: BATHING **Categories:** Physical Activity
Sas Label: Bathing or dressing yourself
Type: Categorical

Values

1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited at all



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F37 Phys or emotional probs interfere

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends and relatives)?

Variable # 74 Usage Notes: none
Sas Name: INTSOC Categories: Lifestyle, Medical History
Sas Label: Phys or emotional probs interfere
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Label (Not at all, Slightly, Moderately, Quite a bit, Extremely)

F37 How much body pain

During the past four weeks, how much bodily pain have you had? (Mark one oval.)

Variable # 75 Usage Notes: none
Sas Name: BODPAIN Categories: Lifestyle, Medical History
Sas Label: How much body pain
Type: Categorical

Values

Table with 2 columns: Value (0-5) and Label (None, Very mild, Mild, Moderate, Severe)

F37 How much did pain interfere

During the past four weeks, how much did pain interfere with your normal work (both outside your home and at home)? (Mark one oval.)

Variable # 76 Usage Notes: none
Sas Name: PAININT Categories: Lifestyle, Medical History
Sas Label: How much did pain interfere
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Label (Not at all, A little bit, Moderately, Quite a bit, Extremely)



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Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Phys/cut down on time spent

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You cut down on the amount of time you spent on work or other activities

Variable # 77 **Usage Notes:** none

Sas Name: LESSWRKP **Categories:** Lifestyle
Medical History

Sas Label: Phys/cut down on time spent

Type: Categorical

Values

0	No
1	Yes

F37 Phys/Accomplished less

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You accomplished less than you would have liked

Variable # 78 **Usage Notes:** none

Sas Name: LESSACCP **Categories:** Lifestyle
Medical History

Sas Label: Phys/Accomplished less

Type: Categorical

Values

0	No
1	Yes

F37 Phys/limited kind of work

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You were limited in the kind of work or other activities you did

Variable # 79 **Usage Notes:** none

Sas Name: LESSKNDP **Categories:** Lifestyle
Medical History

Sas Label: Phys/limited kind of work

Type: Categorical

Values

0	No
1	Yes

F37 Phys/difficulty perform work

The next questions are about your regular daily activities like work, child care, or community activities. As a result of you physical health, have any of the following problems occurred during the past 4 weeks? You had difficulty performing work or other activities (it took extra effort)

Variable # 80 **Usage Notes:** none

Sas Name: WRKDIFFP **Categories:** Lifestyle
Medical History

Sas Label: Phys/difficulty perform work

Type: Categorical

Values

0	No
1	Yes



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F37 Emot/cut down on time spent

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You cut down on the amount of time spent on work or other activities

Variable # 81 **Usage Notes:** none

Sas Name: LESSWRKE **Categories:** Physical Activity
Psychosocial/Behavioral

Sas Label: Emot/cut down on time spent

Type: Categorical

Values

0	No
1	Yes

F37 Emot/Accomplished less

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You accomplished less than you would have liked

Variable # 82 **Usage Notes:** none

Sas Name: LESSACCE **Categories:** Physical Activity
Psychosocial/Behavioral

Sas Label: Emot/Accomplished less

Type: Categorical

Values

0	No
1	Yes

F37 Emot/Worked less careful

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You did work or other things less carefully than usual.

Variable # 83 **Usage Notes:** none

Sas Name: LESSCARE **Categories:** Physical Activity
Psychosocial/Behavioral

Sas Label: Emot/Worked less carefully

Type: Categorical

Values

0	No
1	Yes

F37 I get sick easier

Of these statements, how true or false is each for you? I seem to get sick a little easier than other people.

Variable # 84 **Usage Notes:** none

Sas Name: SICKEASY **Categories:** Medical History
Psychosocial/Behavioral

Sas Label: I get sick easier

Type: Categorical

Values

1	Definitely true
2	Mostly true
3	Not sure
4	Mostly false
5	Definitely false



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F37 I am as healthy as anybody

Of these statements, how true or false is each for you? I am as healthy as anybody I know.

Variable # 85 Usage Notes: none
Sas Name: HLTHYANY
Sas Label: I am as healthy as anybody Categories: Medical History Psychosocial/Behavioral
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Label (Definitely true, Mostly true, Not sure, Mostly false, Definitely false)

F37 I expect health to get worse

Of these statements, how true or false is each for you? I expect my health to get worse.

Variable # 86 Usage Notes: none
Sas Name: HLTHWORS
Sas Label: I expect health to get worse Categories: Medical History Psychosocial/Behavioral
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Label (Definitely true, Mostly true, Not sure, Mostly false, Definitely false)

F37 My health is excellent

Of these statements, how true or false is each for you? My health is excellent.

Variable # 87 Usage Notes: none
Sas Name: HLTHEXCL
Sas Label: My health is excellent Categories: Medical History Psychosocial/Behavioral
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Label (Definitely true, Mostly true, Not sure, Mostly false, Definitely false)



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Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Physical or emotional prob

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends and relatives)?

Variable # 88 Usage Notes: none
Sas Name: INTSOC2 Categories: Medical History Psychosocial/Behavioral
Sas Label: Physical or emotional problem
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (All of the time, Most of the time, Some of the time, A little bit of the time, None of the time)

F37 Did you feel full of pep

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel full of pep?

Variable # 89 Usage Notes: none
Sas Name: FULLPEP Categories: Psychosocial/Behavioral
Sas Label: Did you feel full of pep
Type: Categorical

Values

Table with 2 columns: Value (1-6) and Description (All of the time, Most of the time, A good bit of the time, Some of the time, A little bit of the time, None of the time)

F37 Have you been very nervous

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you been a very nervous person?

Variable # 90 Usage Notes: none
Sas Name: NERVOUS Categories: Psychosocial/Behavioral
Sas Label: Have you been very nervous
Type: Categorical

Values

Table with 2 columns: Value (1-6) and Description (All of the time, Most of the time, A good bit of the time, Some of the time, A little bit of the time, None of the time)



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Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Felt down in dumps

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt so down in the dumps that nothing could cheer you up?

Variable # 91 **Usage Notes:** none
Sas Name: DWNDUMPS **Categories:** Psychosocial/Behavioral
Sas Label: Felt down in dumps
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F37 Felt calm and peaceful

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt calm and peaceful?

Variable # 92 **Usage Notes:** none
Sas Name: CALM **Categories:** Psychosocial/Behavioral
Sas Label: Felt calm and peaceful
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F37 Had lots of energy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you have a lot of energy?

Variable # 93 **Usage Notes:** none
Sas Name: ENERGY **Categories:** Psychosocial/Behavioral
Sas Label: Had lots of energy
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time



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F37 Felt downhearted and blue

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt downhearted and blue?

Variable # 94 **Usage Notes:** none
Sas Name: FELTBUE **Categories:** Psychosocial/Behavioral
Sas Label: Felt downhearted and blue
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F37 Did you feel worn out

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel worn out?

Variable # 95 **Usage Notes:** none
Sas Name: WORNOUT **Categories:** Psychosocial/Behavioral
Sas Label: Did you feel worn out
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F37 Have you been happy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you been happy?

Variable # 96 **Usage Notes:** none
Sas Name: HAPPY **Categories:** Psychosocial/Behavioral
Sas Label: Have you been happy
Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time



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Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Did you feel tired

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closest to the way you have been feeling. Did you feel tired?

Variable # 97 **Usage Notes:** none

Sas Name: TIRED **Categories:** Psychosocial/Behavioral

Sas Label: Did you feel tired

Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F37 Can you eat

Can you eat:

Variable # 98 **Usage Notes:** none

Sas Name: EAT **Categories:** Physical Activity

Sas Label: Can you eat

Type: Categorical

Values

1	Without help (can feed self completely)
2	With some help (help cutting, etc.)
3	Completely unable to feed self

F37 Can you dress and undress

Can you dress and undress yourself:

Variable # 99 **Usage Notes:** none

Sas Name: DRESS **Categories:** Physical Activity

Sas Label: Can you dress and undress self

Type: Categorical

Values

1	Without help (can pick clothes, dress)
2	With some help
3	Unable to dress and undress self



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F37 Can you get in and out of bed

Can you get in and out of bed:

Variable # 100 **Usage Notes:** none
Sas Name: INOUTBED **Categories:** Physical Activity
Sas Label: Can you get in and out of bed
Type: Categorical

Values

1	Without any help or aids
2	With some help (from a person or device)
3	Totally dependent to person to lift self

F37 Can you take a bath or shower

Can you take a bath or shower:

Variable # 101 **Usage Notes:** none
Sas Name: SHOWER **Categories:** Physical Activity
Sas Label: Can you take a bath or shower
Type: Categorical

Values

1	Without help
2	With some help (help in/out, tub attach)
3	Completely unable to bathe self

F37 Bloating or gas

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Bloating or gas

Variable # 102 **Usage Notes:** none
Sas Name: BLOATING **Categories:** Medical History: Other Disease/Condition
Sas Label: Bloating or gas
Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe



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F37 Constipation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Constipation (difficulty having bowel movements)

Variable # 103 Usage Notes: none
Sas Name: CONSTIP Categories: Medical History: Other Disease/Condition
Sas Label: Constipation
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F37 Night sweats

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Night sweats

Variable # 104 Usage Notes: none
Sas Name: NIGHTSWT Categories: Medical History: Other Disease/Condition
Sas Label: Night sweats
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F37 General aches and pains

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. General aches or pains

Variable # 105 Usage Notes: none
Sas Name: ACHES Categories: Medical History: Other Disease/Condition
Sas Label: General aches and pains
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)



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F37 Breast tenderness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Breast tenderness

Variable # 106 Usage Notes: none
Sas Name: BRSTTEN Categories: Medical History: Other Disease/Condition
Sas Label: Breast tenderness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Hot flashes

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hot flashes

Variable # 107 Usage Notes: none
Sas Name: HOTFLASH Categories: Medical History: Other Disease/Condition
Sas Label: Hot flashes
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Diarrhea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Diarrhea

Variable # 108 Usage Notes: none
Sas Name: DIARRHEA Categories: Medical History: Other Disease/Condition
Sas Label: Diarrhea
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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F37 Mood swings

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Mood swings

Variable # 109 **Usage Notes:** none

Sas Name: MOODSWNG **Categories:** Medical History: Other Disease/Condition

Sas Label: Mood swings

Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe

F37 Nausea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Nausea

Variable # 110 **Usage Notes:** none

Sas Name: NAUSEA **Categories:** Medical History: Other Disease/Condition

Sas Label: Nausea

Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe

F37 Dizziness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Dizziness

Variable # 111 **Usage Notes:** none

Sas Name: DIZZY **Categories:** Medical History: Other Disease/Condition

Sas Label: Dizziness

Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe



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F37 Feeling tired

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Feeling tired

Variable # 112 **Usage Notes:** none
Sas Name: TIRED2 **Categories:** Medical History: Other Disease/Condition
Sas Label: Feeling tired
Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe

F37 Forgetfulness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Forgetfulness

Variable # 113 **Usage Notes:** none
Sas Name: FORGET **Categories:** Medical History: Other Disease/Condition
Sas Label: Forgetfulness
Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe

F37 Increased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Increased appetite

Variable # 114 **Usage Notes:** none
Sas Name: HUNGRY **Categories:** Medical History: Other Disease/Condition
Sas Label: Increased appetite
Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe



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F37 Heart racing or skipping

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you... Be sure to mark one box on each line. Heart racing or skipping beats

Variable # 115 Usage Notes: none
Sas Name: HEARTRAC Categories: Medical History: Other Disease/Condition
Sas Label: Heart racing or skipping beats
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Tremors

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Tremors (shakes)

Variable # 116 Usage Notes: none
Sas Name: TREMORS Categories: Medical History: Other Disease/Condition
Sas Label: Tremors
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Heartburn

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Heartburn

Variable # 117 Usage Notes: none
Sas Name: HEARTBRN Categories: Medical History: Other Disease/Condition
Sas Label: Heartburn
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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F37 Restless and fidgety

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Restless or fidgety

Variable # 118 Usage Notes: none
Sas Name: RESTLESS Categories: Medical History: Other Disease/Condition
Sas Label: Restless and fidgety
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Low back pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Low back pain

Variable # 119 Usage Notes: none
Sas Name: LOWBACKP Categories: Medical History: Other Disease/Condition
Sas Label: Low back pain
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Neck pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Neck pain

Variable # 120 Usage Notes: none
Sas Name: NECKPAIN Categories: Medical History: Other Disease/Condition
Sas Label: Neck pain
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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F37 Skin dryness or scaling

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Skin dryness or scaling

Variable # 121 Usage Notes: none
Sas Name: SKINDRY Categories: Medical History: Other Disease/Condition
Sas Label: Skin dryness or scaling
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Headaches or migraines

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Headaches or migraines

Variable # 122 Usage Notes: none
Sas Name: HEADACHE Categories: Medical History: Other Disease/Condition
Sas Label: Headaches or migraines
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Clumsiness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Clumsiness

Variable # 123 Usage Notes: none
Sas Name: CLUMSY Categories: Medical History: Other Disease/Condition
Sas Label: Clumsiness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



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Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Trouble with vision

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Any trouble seeing that is uncorrected by lenses

Variable # 124 Usage Notes: none
Sas Name: TRBSEE Categories: Medical History: Other Disease/Condition
Sas Label: Trouble with vision
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Vaginal or genital irritation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital irritation or itching

Variable # 125 Usage Notes: none
Sas Name: VAGITCH Categories: Medical History: Other Disease/Condition
Sas Label: Vaginal or genital irritation
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)

F37 Difficulty concentrating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Difficulty concentrating

Variable # 126 Usage Notes: none
Sas Name: CONCEN Categories: Medical History: Other Disease/Condition
Sas Label: Difficulty concentrating
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur, mild, moderate, severe)



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Joint pain or stiffness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you... Be sure to mark one box on each line. Joint pain or stiffness

Variable # 127 Usage Notes: none
Sas Name: JNTPAIN Categories: Medical History: Other Disease/Condition
Sas Label: Joint pain or stiffness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F37 Decreased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Decreased appetite

Variable # 128 Usage Notes: none
Sas Name: NOHUNGER Categories: Medical History: Other Disease/Condition
Sas Label: Decreased appetite
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)

F37 Hearing loss

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hearing loss

Variable # 129 Usage Notes: none
Sas Name: HEARLOSS Categories: Medical History: Other Disease/Condition
Sas Label: Hearing loss
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Description (Symptom did not occur to Symptom was severe)



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Swelling of hands or feet

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Swelling of hands or feet

Variable # 130 Usage Notes: none
Sas Name: SWELLHND Categories: Medical History: Other Disease/Condition
Sas Label: Swelling of hands or feet
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, mild, moderate, severe)

F37 Vaginal or genital dryness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital dryness

Variable # 131 Usage Notes: none
Sas Name: VAGDRY Categories: Medical History: Other Disease/Condition
Sas Label: Vaginal or genital dryness
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, mild, moderate, severe)

F37 Upset stomach or belly pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Upset stomach or belly pain or discomfort

Variable # 132 Usage Notes: none
Sas Name: UPSTOM Categories: Medical History: Other Disease/Condition
Sas Label: Upset stomach or belly pain
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, mild, moderate, severe)



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Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Pain/burning while urinating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Pain or burning while urinating

Variable # 133 Usage Notes: none
Sas Name: URINPAIN Categories: Medical History: Other Disease/Condition
Sas Label: Pain/burning while urinating
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, mild, moderate, severe)

F37 Coughing or wheezing

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Cough or wheezing

Variable # 134 Usage Notes: none
Sas Name: COUGH Categories: Medical History: Other Disease/Condition
Sas Label: Coughing or wheezing
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, mild, moderate, severe)

F37 Vaginal or genital discharge

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital discharge

Variable # 135 Usage Notes: none
Sas Name: VAGDIS Categories: Medical History: Other Disease/Condition
Sas Label: Vaginal or genital discharge
Type: Categorical

Values

Table with 2 columns: Value (0-3) and Symptom description (Symptom did not occur, mild, moderate, severe)



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Did your spouse die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner die?

Variable # 136 Usage Notes: none
Sas Name: SPOUSDIE Categories: Psychosocial/Behavioral
Sas Label: Did your spouse die
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F37 Did your spouse have a serious illness

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner have a serious illness?

Variable # 137 Usage Notes: none
Sas Name: SPOUSILL Categories: Psychosocial/Behavioral
Sas Label: Did your spouse have a serious illness
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F37 Did a close friend die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Over the past year: Did a close friend or family member die or have a serious illness (other than your spouse or partner)?

Variable # 138 Usage Notes: none
Sas Name: FRIENDIE Categories: Psychosocial/Behavioral
Sas Label: Did a close friend die
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Major problems with money

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have any major problems with money?

Variable # 139 **Usage Notes:** none
Sas Name: MONPROB **Categories:** Psychosocial/Behavioral
Sas Label: Major problems with money
Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F37 Have a divorce or break-up

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a divorce or break-up with a spouse or partner?

Variable # 140 **Usage Notes:** none
Sas Name: DIVORCE **Categories:** Psychosocial/Behavioral
Sas Label: Have a divorce or break-up
Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F37 Close friend had a divorce

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend have a divorce or break-up?

Variable # 141 **Usage Notes:** none
Sas Name: FRNDIV **Categories:** Psychosocial/Behavioral
Sas Label: Close friend had a divorce
Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much



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Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 Major conflict with children

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a major conflict with children or grandchildren?

Variable # 142 Usage Notes: none
Sas Name: CHILCON Categories: Psychosocial/Behavioral
Sas Label: Major conflict with children
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F37 Major accident or disaster

Below are some hard things that sometimes happen to people. Pls try to think back over the past yr to remember if any of these things happened. Over the past year: Did you have any major accidents,disasters, muggings, unwanted sexual experiences, robberies or similar events?

Variable # 143 Usage Notes: none
Sas Name: MAJACC Categories: Psychosocial/Behavioral
Sas Label: Major accident or disaster
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much

F37 Close friend lost job

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend lose their job or retire?

Variable # 144 Usage Notes: none
Sas Name: FRNJOB Categories: Psychosocial/Behavioral
Sas Label: Close friend lost job
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 0 No, 1 Yes and upset me: Not too much, 2 Yes and upset me: Moderately, 3 Yes and upset me: Very much



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F37 Did a pet die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a pet die?

Variable # 145 **Usage Notes:** none

Sas Name: PETDIE **Categories:** Psychosocial/Behavioral

Sas Label: Did a pet die

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F37 You felt depressed

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt depressed (blue or down)

Variable # 146 **Usage Notes:** none

Sas Name: FELTDEP **Categories:** Psychosocial/Behavioral

Sas Label: You felt depressed

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F37 Your sleep was restless

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. Your sleep was restless

Variable # 147 **Usage Notes:** none

Sas Name: RESTSLP **Categories:** Lifestyle: Sleep
Psychosocial/Behavioral

Sas Label: Your sleep was restless

Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 You enjoyed life

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You enjoyed life

Variable # 148 Usage Notes: none
 Sas Name: ENJLIF Categories: Psychosocial/Behavioral
 Sas Label: You enjoyed life
 Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F37 You had crying spells

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You had crying spells

Variable # 149 Usage Notes: none
 Sas Name: CRYSPELL Categories: Psychosocial/Behavioral
 Sas Label: You had crying spells
 Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F37 You felt sad

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt sad

Variable # 150 Usage Notes: none
 Sas Name: FELTSAD Categories: Psychosocial/Behavioral
 Sas Label: You felt sad
 Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time



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F37 You felt people disliked you

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt that people disliked you

Variable # 151 **Usage Notes:** none
Sas Name: PEOPDIS **Categories:** Psychosocial/Behavioral
Sas Label: You felt people disliked you
Type: Categorical

Values

0	Rarely or none of the time
1	Some or a little of the time
2	Occasionally or a moderate amount
3	Most or all of the time

F37 Felt sad for two weeks

In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

Variable # 152 **Usage Notes:** none
Sas Name: SAD2WK **Categories:** Psychosocial/Behavioral
Sas Label: Felt sad for two weeks
Type: Categorical

Values

0	No
1	Yes

F37 Felt sad two or more years

Have you had two years or more in your life when you felt depressed or sad on most days, even if you felt okay sometimes?

Variable # 153 **Usage Notes:** none
Sas Name: SAD2YRS **Categories:** Psychosocial/Behavioral
Sas Label: Felt sad two or more years
Type: Categorical

Values

0	No
1	Yes

F37 Felt sad much of past year

Have you felt depressed or sad much of the time in the past year?

Variable # 154 **Usage Notes:** Sub-question of F37 V5 Q102 "Felt sad two or more years". Not collected on all versions of Form 37.
Sas Name: SADMUCH **Categories:** Psychosocial/Behavioral
Sas Label: Felt sad much of past year
Type: Categorical

Values

0	No
1	Yes



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F37 take medication for sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you take any kind of medication or alcohol at bedtime to help you sleep?

Variable # 155 Usage Notes: none
Sas Name: MEDSLEEP Categories: Lifestyle: Sleep
Sas Label: take medication for sleep
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (No, not in past 4 weeks to Yes, 5 or more times a week)

F37 fall asleep during quiet activity

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?

Variable # 156 Usage Notes: none
Sas Name: FALLSLP Categories: Lifestyle: Sleep
Sas Label: fall asleep during quiet activ
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (No, not in past 4 weeks to Yes, 5 or more times a week)

F37 Did you nap during the day

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you nap during the day?

Variable # 157 Usage Notes: none
Sas Name: NAP Categories: Lifestyle: Sleep
Sas Label: Did you nap during the day
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (No, not in past 4 weeks to Yes, 5 or more times a week)



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F37 Did you have trouble sleeping

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble falling asleep?

Variable # 158 **Usage Notes:** none

Sas Name: TRBSLEEP **Categories:** Lifestyle: Sleep

Sas Label: Did you have trouble sleeping

Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F37 Did you wake up several times

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up several times at night?

Variable # 159 **Usage Notes:** none

Sas Name: WAKENIGHT **Categories:** Lifestyle: Sleep

Sas Label: Did you wake up several times

Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F37 wake up earlier than planned

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up earlier than you planned

Variable # 160 **Usage Notes:** none

Sas Name: UPEARLY **Categories:** Lifestyle: Sleep

Sas Label: wake up earlier than planned

Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week



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F37 trouble getting back to sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble getting back to sleep after you woke up too early?

Variable # 161 Usage Notes: none
Sas Name: BACKSLP Categories: Lifestyle: Sleep
Sas Label: trouble getting back to sleep
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 No, not in past 4 weeks; 2 Yes, less than once a week; 3 Yes 1 or 2 times a week; 4 Yes, 3 or 4 times a week; 5 Yes, 5 or more times a week

F37 Did you snore

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you snore?

Variable # 162 Usage Notes: none
Sas Name: SNORE Categories: Lifestyle: Sleep
Sas Label: Did you snore
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 No, not in past 4 weeks; 2 Yes, less than once a week; 3 Yes 1 or 2 times a week; 4 Yes, 3 or 4 times a week; 5 Yes, 5 or more times a week; 9 Don't know

F37 Typical nights sleep

Overall, was your typical night's sleep during the past 4 weeks:

Variable # 163 Usage Notes: none
Sas Name: QUALSLP Categories: Lifestyle: Sleep
Sas Label: Typical night's sleep
Type: Categorical

Values

Table with 2 columns: Value, Description. Rows: 1 Very restless; 2 Restless; 3 Average quality; 4 Sound or restful; 5 Very sound or restful



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F37 How many hours of sleep

About how many hours of sleep did you get on a typical night during the past 4 weeks?

Variable # 164 Usage Notes: none
Sas Name: HRSSLP Categories: Lifestyle: Sleep
Sas Label: How many hours of sleep
Type: Categorical

Values

Table with 2 columns: Value (1-6) and Description (5 or less hours to 10 or more hours)

F37 Ever leaked urine

Have you ever leaked even a very small amount of urine involuntarily and you couldn't control it?

Variable # 165 Usage Notes: none
Sas Name: INCONT Categories: Medical History: Incontinence
Sas Label: Ever leaked urine
Type: Categorical

Values

Table with 2 columns: Value (0, 1) and Description (No, Yes)

F37 How often leaked urine

How often does this leaking urine occur? (Mark one oval.)

Variable # 166 Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Not collected on all versions of Form 37.
Sas Name: FRQINCON Categories: Medical History: Incontinence
Sas Label: How often leaked urine
Type: Categorical

Values

Table with 2 columns: Value (1-5) and Description (Not once during past year to Daily)



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F37 No longer leak urine

When do you usually leak urine? (Mark all that apply.) No longer leak urine

Variable # 167

Sas Name: NOINCON

Sas Label: No longer leak urine

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 Leak urine when cough, laugh

When do you usually leak urine? (Mark all that apply.) When I cough, laugh, sneeze, lift, stand up. Or exercise

Variable # 168

Sas Name: CGHINCON

Sas Label: Leak urine when cough, laugh

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Sub-question of F37 V5 Q115 "No longer leak urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 Leak when can't get to toilet

When do you usually leak urine? (Mark all that apply.) When I feel the need to urinate and can't get to a toilet fast enough

Variable # 169

Sas Name: TOINCON

Sas Label: Leak when can't get to toilet

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Sub-question of F37 V5 Q115 "No longer leak urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 Leak when I am sleeping

When do you usually leak urine? (Mark all that apply.) When I sleep

Variable # 170

Sas Name: SLPINCON

Sas Label: Leak when I am sleeping

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Sub-question of F37 V5 Q115 "No longer leak urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes



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F37 When leak urine, Other

When do you usually leak urine? (Mark all that apply.) Other

Variable # 171

Sas Name: OTHINCON

Sas Label: When leak urine, Other

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Sub-question of F37 V5 Q115 "No longer leak urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 How much urine do you lose

How much urine do you usually lose when it leaks? (Mark one oval.)

Variable # 172

Sas Name: LEAKAMT

Sas Label: How much urine do you lose

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Sub-question of F37 V5 Q115 "No longer leak urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

1	None
2	Barely noticeable on underpants
3	Soaked underpants
4	Soaked through to outer clothing

F37 Leak Protect/No protection

What protection do you wear in case you leak urine? (Mark all that apply.) None

Variable # 173

Sas Name: NOPRTCT

Sas Label: Leak Protect/No protection

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Sub-question of F37 V5 Q115 "No longer leak urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 Leak Protect/Mini-pad, tissue

What protection do you wear in case you leak urine? (Mark all that apply.) Mini-pad, tissue or towel

Variable # 174

Sas Name: MINIPAD

Sas Label: Leak Protect/Mini-pad, tissue

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine". Sub-question of F37 V5 Q115 "No longer leak urine". Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes



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F37 Leak Protection/Menstrual pad

What protection do you wear in case you leak urine? (Mark all that apply.) Menstrual pad or shield

Variable # 175

Sas Name: MENSPAD

Sas Label: Leak Protection/Menstrual pad

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 Leak protect/Diaper, Attends

What protection do you wear in case you leak urine? (Mark all that apply.) Diaper, towel, Attends, Depends

Variable # 176

Sas Name: DIAPER

Sas Label: Leak protect/Diaper, Attends

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 Leaking urine protection other

What protection do you wear in case you leak urine? (Mark all that apply.) Other

Variable # 177

Sas Name: OTHPRTCT

Sas Label: Leaking urine protection, Other

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F37 leak limit activities

How often does the leakage of urine limit your daily activities? (Mark one oval.)

Variable # 178

Sas Name: INCONLMT

Sas Label: leak limit activities

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

1	Never
2	Almost never
3	Sometimes
4	Fairly often
5	Very often



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

F37 How much does leakage bother you

How much does the leakage of urine bother or disturb you? (Mark one oval.)

Variable # 179

Sas Name: INCONDIS

Sas Label: How much does leakage bother

Type: Categorical

Usage Notes: Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

Categories: Medical History: Incontinence

Values

1	Not at all disturbing
2	A little disturbing
3	Somewhat disturbing
4	Very disturbing
5	Extremely disturbing

F37 Currently married or intimate

Are you currently married or in an intimate relationship with at least one person?

Variable # 180

Sas Name: MARRIED

Sas Label: Currently married or intimate

Type: Categorical

Usage Notes: none

Categories: Lifestyle: Sexual Activity

Values

0	No
1	Yes

Activities of daily living construct

Computed from Forms 36/37, questions 84-87. Source: WHI BAC. Four items describing basic activities (whether can eat, dress, get in and out of bed, and take a bath) each of which has three possible values (1=without help, 2=some help, 3=completely unable) are summed. A lower score indicates greater ability to cope with daily living activities. Missing if any of the four items are missing.

Variable # 181

Sas Name: ACTDLY

Sas Label: Activities of Daily Living Construct

Type: Continuous

Usage Notes: none

Categories: Computed Variables

Ambivalence over emotional expressiveness

Computed from Form 36/37, questions 30, 31 and 32. Reference: King L, Emmons R (1990). Average of three components coded from 1=strongly disagree to 5=strongly agree. The summary score ranges from 1 to 5 where a higher score indicates greater ambivalence in expressing negative emotions. Missing if any of the three components is missing.

Variable # 182

Sas Name: AMBEMOT

Sas Label: Ambivalence over Emotional Expressiveness

Type: Continuous

Usage Notes: none

Categories: Computed Variables



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

Care giving construct #1 (0,1 scoring)

Computed from Form 36/37, question 15. Source: Cardiovascular Health Study. CAREGIV1 is an indicator of whether the participant is currently helping a sick, limited or frail family member on a regular basis. (See also CAREGIV2.)

Variable # 183 Usage Notes: none
Sas Name: CAREGIV1 Categories: Computed Variables
Sas Label: Care Giving Construct #1 (0,1 scoring)
Type: Categorical

Values

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

Care giving construct #2 (0-5+ scoring)

Computed from Form 36/37, question 15 and 15.1. Source: Cardiovascular Health Study. CAREGIV2 combines questions 15 and 15.1 to give the number of times per week a participant currently helps a friend or family member. (See also CAREGIV1.)

Variable # 184 Usage Notes: none
Sas Name: CAREGIV2 Categories: Computed Variables
Sas Label: Care Giving Construct #2 (0-5+ scoring)
Type: Categorical

Values

Table with 2 columns: Value, Label. Row 1: 0, No. Row 2: 1, Less than once a week. Row 3: 2, 1-2 times a week. Row 4: 3, 3-4 times a week. Row 5: 4, 5 or more times a week.

Role limitations due to emotional problems

Computed from Form 36/37, questions 67, 68, and 69. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on role limitations due to emotional problems. EMOLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 185 Usage Notes: none
Sas Name: EMOLIMIT Categories: Computed Variables
Sas Label: Role Limitations Due to Emotional Proble
Type: Continuous

Emotional well-being

Computed from Form 36/37, questions 76, 77, 78, 80, and 82. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on emotional well-being. EMOWELL ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 186 Usage Notes: none
Sas Name: EMOWELL Categories: Computed Variables
Sas Label: Emotional Well-being
Type: Continuous



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub **File Date:** 05/18/2005 **Structure:** One row per participant **Population:** E+P participants

Energy/fatigue

Computed from Form 36/37, questions 75, 79, 81, and 83. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on energy/fatigue. ENERFAT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 187 **Usage Notes:** none
Sas Name: ENERFAT **Categories:** Computed Variables
Sas Label: Energy/Fatigue
Type: Continuous

Hostility construct

Computed from Form 36/37, questions 33-45. Source: Cynicism Subscale of Cooke-Medley Questionnaire. Sum of thirteen True/False items resulting in a possible range from 0 to 13 where a higher score indicates greater hostility. Missing if any of the thirteen items are missing.

Variable # 188 **Usage Notes:** none
Sas Name: HOSTIL **Categories:** Computed Variables
Sas Label: Hostility Construct
Type: Continuous

General health construct

Computed from Form 36/37, questions 48, 70, 71, 72, and 73. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on general health. GENHLTH ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 189 **Usage Notes:** none
Sas Name: GENHLTH **Categories:** Computed Variables
Sas Label: General Health Construct
Type: Continuous

Life event construct #1 (0,1 scoring)

Computed from Form 36/37, questions 89.1, and 90-99. Source: WHI BAC; based on measures used in the Alameda County Study and BHAT. The eleven items are recoded, setting original responses from 1-3 equal to 1, and then summed. The construct has a range from 0 to 11 with a higher score indicating a greater number of life events. Missing if any of the eleven items are missing.

Variable # 190 **Usage Notes:** none
Sas Name: LFEVENT1 **Categories:** Computed Variables
Sas Label: Life Event Construct #1 (0,1 scoring)
Type: Continuous

Life event construct #2 (0-3 scoring)

Computed from Form 36/37, question questions 89.1, and 90-99. Source: WHI BAC; based on measures used in the Alameda County Study and BHAT. This construct is a sum of the eleven items that are coded from 0-3 resulting in a range from 0 to 33 with a higher score indicating a greater number of life events. If any of the eleven items are missing, LFEVENT2 is set to missing.

Variable # 191 **Usage Notes:** none
Sas Name: LFEVENT2 **Categories:** Computed Variables
Sas Label: Life Event Construct #2 (0-3 scoring)
Type: Continuous



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

Living alone

Computed from Form 36/37, questions 10.1-10.7. Indicator of whether the participant lives alone.

Variable # 192 Usage Notes: none
 Sas Name: LIVALOR Categories: Computed Variables
 Sas Label: Living Alone
 Type: Categorical

Values

0	No
1	Yes

Negative emotional expressiveness (NEE)

Computed from Form 36/37, questions 26-29. Reference: King L, Emmons R (1990). Average of four components coded from 1=strongly disagree to 5=strongly agree. The summary score ranges from 1 to 5 where a higher score indicates greater ambivalence in expressing negative emotions. Missing if any of the four components is missing.

Variable # 193 Usage Notes: none
 Sas Name: NEGEMOT Categories: Computed Variables
 Sas Label: Negative Emotional Expressiveness (NEE)
 Type: Continuous

Optimism construct

Computed from Form 36/37, questions 20-25. Source: Life Orientation Test-Revised (LOT-R). Sum of six components coded from 1=strongly disagree to 5=strongly agree. Questions 21, 23 and 24 are reverse coded before summing. The summary score ranges from 6 to 30 where a higher score indicates greater optimism. Missing if any of the six components is missing.

Variable # 194 Usage Notes: none
 Sas Name: OPTIMISM Categories: Computed Variables
 Sas Label: Optimism Construct
 Type: Continuous

Pain construct

Computed from Form 36/37, questions 61 and 62. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on pain. PAIN ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 195 Usage Notes: none
 Sas Name: PAIN Categories: Computed Variables
 Sas Label: Pain Construct
 Type: Continuous

Role limitations due to physical health

Computed from Form 36/37, questions 63-66. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on role limitations due to physical health. PHYLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 196 Usage Notes: none
 Sas Name: PHYLIMIT Categories: Computed Variables
 Sas Label: Role Limitations Due to Physical Health
 Type: Continuous



Form 37 - Thoughts and Feelings

Data File: f37_ep_base_pub File Date: 05/18/2005 Structure: One row per participant Population: E+P participants

Physical functioning construct

Computed from Form 36/37, questions 50-59. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on physical functioning. PHYSFUN ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 197 **Usage Notes:** none
Sas Name: PHYSFUN **Categories:** Computed Variables
Sas Label: Physical Functioning Construct
Type: Continuous

Shortened CES-D/DIS screening instrument

Computed from Form 36/37, questions 100.1-100.6, 101, and 102. Source: Center for Epidemiological Studies; depression scale (CES-D, short form). PSHTDEP ranges from 0 to 1 with a higher score indicating a greater likelihood of depression. Cutoff values of .06 and .009 have been used to indicate depression.

Variable # 198 **Usage Notes:** none
Sas Name: PSHTDEP **Categories:** Computed Variables
Sas Label: Shortened CES-D/DIS Screening Instrument
Type: Continuous

Sleep disturbance construct

Computed from Form 36/37, questions 106-109 and 111. Sum of five components. Questions 106-109 range from 1-5 and question 111 is recoded and reverse coded resulting in a range from 0-4 before summing. The summary score ranges from 4 to 24 where a higher score indicates greater sleep disturbance. Missing if any of the five components is missing.

Variable # 199 **Usage Notes:** none
Sas Name: SLPDSTRB **Categories:** Computed Variables
Sas Label: Sleep Disturbance Construct
Type: Continuous

Social functioning

Computed from Form 36/37, questions 60 and 74. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on social functioning. SOCFUNC ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 200 **Usage Notes:** none
Sas Name: SOCFUNC **Categories:** Computed Variables
Sas Label: Social Functioning
Type: Continuous

Social strain construct

Computed from Form 36/37, questions 16-19. Source: Antonucci TA, Kahn RC, Akiyama H (1989). Scale measuring negative aspects of social relations. Sum of four components coded from 1=none to 5=all. The summary score ranges from 4 to 20 where a higher score indicates more social strain. Missing if any of the four components is missing.

Variable # 201 **Usage Notes:** none
Sas Name: SOCSTRN **Categories:** Computed Variables
Sas Label: Social Strain Construct
Type: Continuous



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Data File: f37_ep_base_pub **File Date:** 05/18/2005 **Structure:** One row per participant **Population:** E+P participants

Social support construct

Computed from Form 36/37, questions 1-9. Source: Medical Outcomes Study. Sum of nine components coded from 1=none of the time to 5=all of the time. The summary score ranges from 9 to 45 where a higher score indicates more social support. Missing if any of the nine components is missing.

Variable # 202

Usage Notes: none

Sas Name: SOCSUPP

Categories: Computed Variables

Sas Label: Social Support Construct

Type: Continuous

Symptom construct

Computed from Form 36/37, questions 88.1-88.34. Source: PEPI, national and other surveys. Average of 34 items measuring occurrence and severity of symptoms. The summary score ranges from 0 to 3 where a higher score indicates more numerous and/or more severe symptoms. Missing if any of the 34 items is missing.

Variable # 203

Usage Notes: none

Sas Name: SYMPTOM

Categories: Computed Variables

Sas Label: Symptom Construct

Type: Continuous
