

## Codebook for mcub\_jhs Dataset

DATA SET: mcub\_jhs                    LABEL:                    DATE CREATED: 02FEB18:17:32:15  
 Number of Observations: 1253  
 Number of Variables: 55  
 Organization of file: Summary of Participants

Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
SUBJID	PARTICIPANT ID	Char	\$	7		-			
VISIT	CONTACT OCCASION	Num		8	0	0.00-0.00		1253	100.00
MCUBOB	Ob. Staff ID	Num		8	234.233918	208.00-262.00		513	40.94
MCUBOC	Oc. Person being interviewed:	Num		8	1.09161793	1.00-2.00		513	40.94
MCUB1	1. Since we last contacted you, has a doctor said you had high blood pressure?	Char	\$	1		-		165	13.17
						N		43	3.43
						Y		1045	83.40
MCUB1B	1b. CY:	Num		8	3.40191388	2.00-14.00		1045	83.40
MCUB2	2. Since we last contacted you, has a doctor said you have diabetes or sugar in the blood?	Char	\$	1		-		651	51.96
						K		1	0.08
						N		127	10.14
						Y		474	37.83
MCUB3	3. Since we last contacted you, has a doctor told you that you had chronic lung disease, such as bronchitis, or emphysema?	Char	\$	1		-		820	65.44
						N		163	13.01
						Y		270	21.55
MCUB3B	3b. CY:	Num		8	4.71003717	2.00-13.00		269	21.47
MCUB4	4. Since we last contacted you, has a doctor said you had asthma?	Char	\$	1		-		852	68.00
						N		181	14.45
						Y		220	17.56
MCUB4B	4b. CY:	Num		8	4.24324324	2.00-14.00		222	17.72
MCUB5	5. Since we last contacted you, has a doctor said that you have peripheral vascular disease or intermittent claudication?	Char	\$	1		-		986	78.69

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						N		193	15.40
						Y		74	5.91
MCUB5B	5b. CY:	Num		8	8.52702703	4.00-14.00		74	5.91
MCUB2B	2b. CY:	Num		8	4.29386892	2.00-15.00		473	37.75
MCUB6	6. Since we last contacted you, has a doctor said that you had heart failure or congestive heart failure?	Char \$		1		-		842	67.20
						N		251	20.03
						Y		160	12.77
MCUB7	7. Since we last contacted you, has a doctor said that your heart is weak, or does not pump as strongly as it should, or that you had fluid on the lungs?	Char \$		1		-		843	67.28
						N		255	20.35
						Y		155	12.37
MCUB7B	7b. CY:	Num		8	5.2	2.00-14.00		225	17.96
MCUB8A	8a. Name of the doctor you saw:	Char \$		80		-		1245	99.36
					DR. ALETHEA BARRINO			1	0.08
					DR. BOLBAN			1	0.08
					DR. DAVID H. MULHOLLAND			1	0.08
					DR. LINDA MONROE			1	0.08
					DR. LIVINGSTON			1	0.08
					DR. MOHAMAD			1	0.08
					DR. OBIE MCNAIR			1	0.08
					DR. SHERIE MELTON			1	0.08
MCUB8B	8b. Address of the doctor you saw:	Char \$		80		-		1245	99.36
					764 LAKELAND DRIVE			1	0.08

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					970	LAKELAND DRIVE		1	0.08
					1134	WINTER STREET		1	0.08
					2500	N STATE STREET		2	0.16
					MERIT HEALTH (CMMC)			1	0.08
					ST. DOMINIC CLINIC			1	0.08
					UMC/PAVILLION/UROLOGIST			1	0.08
MCUB8C	8c. City:	Char	\$	80	-			1245	99.36
					JACKSON			8	0.64
MCUB8D	8d. State:	Char	\$	2	-			1245	99.36
					MS			8	0.64
MCUB8E1	8e1. Month	Num		8	5.875	1.00-12.00		8	0.64
MCUB8E2	8e2. Year	Num		8	2013.875	2013.00-2015.00		8	0.64
MCUB9	9. May I send you this release form and an addressed envelope for you to mail it back?	Char	\$	1	-			1244	99.28
					N			3	0.24
					Y			6	0.48
MCUB10	10. At that time, were you hospitalized or did you stay in a hospital observation unit?	Char	\$	1	-			1146	91.46
					Y			107	8.54
MCUB11A	11a. Hospital/Medical Facility Name, City, State:	Char	\$	3	-			1251	99.84
					J01			1	0.08
					J04			1	0.08

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MCUB11A1	11a1. Specify hospital/medical facility name, city, and state if not in drop down list:	Char	\$	80		-		1253	100.00
MCUB11B1	11b1. Month	Num		8	10	10.00-10.00		2	0.16
MCUB11B2	11b2. Year	Num		8	2014.5	2014.00-2015.00		2	0.16
MCUB12	Since we last contacted you [name], has a doctor said you [name] had an irregular heartbeat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?	Char	\$	1		-		718	57.30
						N		146	11.65
						Y		389	31.05
MCUB12B	12b. CY:	Num		8	7.00253807	4.00-15.00		394	31.44
MCUB13A	13a. Alzheimer's Disease?	Char	\$	1		-		1039	82.92
						N		209	16.68
						Y		5	0.40
MCUB13A2	3a2. CY:	Num		8	12.2	10.00-14.00		5	0.40
MCUB13B	13b. Parkinson's Disease?	Char	\$	1		-		1040	83.00
						N		212	16.92
						Y		1	0.08
MCUB13B2	13b2. CY:	Num		8	13	13.00-13.00		1	0.08
MCUB13C	13c. Memory loss or cognitive impairment?	Char	\$	1		-		1040	83.00
						N		209	16.68
						U		1	0.08
						Y		3	0.24
MCUB13C2	13c2. CY:	Num		8	11	9.00-12.00		3	0.24
MCUB13D	13d. Dementia, vascular dementia, or hardening of the arteries of the brain?	Char	\$	1		-		1034	82.52

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
					N			207	16.52
					Y			12	0.96
MCUB13D2	13d2. CY:	Num		8	12	9.00-14.00		10	0.80
PILOT	Pilot	Char		3		No		1253	100.00
MCUBFLAG	Data record present?	Num		8	1	1.00-1.00		1253	100.00
VERS	FORM VERSION	Char		1		B		1253	100.00
MCUB0A	0a. Completion Date:	Num	MMDDYY	8	08/23/15	02/03/14-12/31/16		513	40.94
MCUB1A	1a. Date:	Num	MMDDYY	8	03/12/13	07/14/08-12/15/16		9	0.72
MCUB2A	2a. Date:	Num	MMDDYY	8	01/31/15	03/24/13-07/27/16		10	0.80
MCUB3A	3a. Date:	Num	MMDDYY	8	10/11/14	07/13/14-01/10/15		2	0.16
MCUB4A	4a. Date:	Num	MMDDYY	8	03/13/14	03/13/14-03/13/14		1	0.08
MCUB5A	5a. Date:	Num	MMDDYY	8	12/20/13	12/20/13-12/20/13		1	0.08
MCUB7A	7a. Date:	Num	MMDDYY	8	10/23/15	10/23/15-10/23/15		1	0.08
MCUB12A	12a. Date:	Num	MMDDYY	8	06/23/15	07/01/14-02/14/16		3	0.24
MCUB13A1	13a1. Date:	Num	MMDDYY	8	12/12/13	02/14/11-04/15/16		5	0.40
MCUB13B1	13b1. Date:	Num	MMDDYY	8	03/20/15	03/20/15-03/20/15		1	0.08
MCUB13C1	13c1. Date:	Num	MMDDYY	8	09/28/12	10/01/11-04/13/13		3	0.24
MCUB13D1	13d1. Date:	Num	MMDDYY	8	05/07/13	01/01/11-09/01/15		8	0.64
DATE	Date of Collection, Clinic Visit, etc., present: Yes/No	Char		3		No		740	59.06
						Yes		513	40.94