

DATA SET: afuf_jhs LABEL: DATE CREATED: 05FEB18:13:38:51
Number of Observations: 6406
Number of Variables: 173
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								
AFUF8B2	8b2. Year	Num	JS_YEAV	8	2015	-		10.02
AFUF9A	9a. Hospital Name, City, State:	Char	\$JH_HOSV	3		-		
AFUF9A1	9a1. Specify hospital name, city and state if not in drop down list:	Char	\$	80		-		6406100.00
AFUF9B1	9b1. Month	Num	JS_MTHV	8	1	-		10.02
AFUF9B2	9b2. Year	Num	JS_YEAV	8	2015	-		10.02
AFUF10	10. Was hospitalized or did you stay in a hospitalobzervaion unit for any other reason since our last contact	Char	\$YNKRU	1		-		
AFUF11A	11a. Hospital Reason	Char	\$	80		-		640499.97
BLOT CLOT/CANCER								10.02
PNEUMONIA								10.02

Codebook for afuf_jhs Dataset

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency
AFUF13A	13a. Hospital Reason	Char	\$	80		-		6406
								100.00
AFUF13B	13b. Hospital name, city, state	Char	\$JH_HOSV	3		-		
AFUF13B1	13b1. Hospital name, city, and state if not in the drop down list	Char	\$	80		-		6406
								100.00
AFUF13C1	13c1. Months	Num	JS_MTHV	8				0
								0.00
AFUF13C2	13c2. Year	Num	JS_YEAV	8				0
								0.00
AFUF14	14. Were you at an emergency room or a medical facility for outpatient treatment since our last contact?	Char	\$YNKRU	1		-		
AFUF15	15. Was this related to a heart problem or difficulty breathing?	Char	\$YNKRU	1		-		
AFUF16A	16a. ER Facility Name, City, State	Char	\$JH_HOSV	3		-		

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AFUF16A1	16a1. Specify ER facility name, city, and state if not in the drop down list	Char	\$	80		-		6406
								100.00
AFUF16B1	16b1. Months	Num	JS_MTHV	8	5.5	-		2
								0.03
AFUF16B2	16b2. Year	Num	JS_YEAV	8	2015	-		2
								0.03
AFUF17	17. Over the past year, compared to other people your age, would you say	Char	\$AFUA6V	1		-		
AFUF21A	21a. Are there times when you wake up at night because of difficulty breathing?	Char	\$YNKRU	1		-		
AFUF21B	21b. Do you have trouble breathing or shortness of breath when hurrying on the level?	Char	\$YNKRU	1		-		
AFUF21C	21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?	Char	\$YNKRU	1		-		
AFUF21D	21d. Do you stop for breath when walking at your own pace?	Char	\$YNKRU	1		-		

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AFUF21E	21e. Do you stop for breath after walking 100 yards on the level?	Char	\$YNKRU	1		-		
AFUF22	22. Do you have difficulty breathing when you are not walking or active?	Char	\$YNKRU	1		-		
AFUF23	23. Do you usually have some cough or wheezing?	Char	\$YNKRU	1		-		
AFUF26	26. Do you have pain in your legs caused by a blockage of the arteries?	Char	\$YNKRU	1		-		
AFUF27	27. Do you often have swelling in your feet or ankles at the end of the day?	Char	\$YNKRU	1		-		
AFUF27A	27a. Is the swelling in your feet or ankles gone in the morning?	Char	\$YNKRU	1		-		
AFUF21F	21f. Do you have to walk slower than people of your own age on a level surface because of shortness of breath?	Char	\$YNKRU	1		-		
AFUF29	29. May I ask you some more questions about your health?	Char	\$YNKRU	1		-		

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AFUF29A	29a. Is there someone else we can ask?	Char	\$AFUD6AV	1		-		
AFUF28	28. Since we last contacted you, has a doctor said you had cancer?	Char	\$YNKRU	1		-		
AFUF28A	28a. Can you tell me in what part of the body the [name's] most recently diagnosed cancer was located?	Char	\$	80		-		
AFUF28B1	28b1. Months	Num	JS_MTHV	8	5.8	-		60 0.94
AFUF28B2	28b2. Years	Num	JS_YEAV	8	2015.1	-		60 0.94
AFUF28C1	28c1. Doctor Name:	Char	\$	80		-		
AFUF28C2	28c2. Clinic or Institution Name:	Char	\$	80		MS GYNECOLOGICAL @ WOMEN SPECIALTY CANCER		1 0.02
						-		6373 99.48
						971 LAKE LAND DRIVE		1 0.02

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Percent								
METROPOLITAN UROLOGY PA								1
								0.02
MISSISSIPPI BREAST CENTER, LLC								1
								0.02
ST. DOMINIC HOSPITAL								1
								0.02
ST. DOMINIC'S HOSPITAL								5
								0.08
UMMC								1
								0.02
UMMC CANCER CLINIC								1
								0.02
UMMC CANCER INSTITUTE								1
								0.02
UMMC HEALTH CARE								1
								0.02
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER								1
								0.02
UNIVERSITY OF MS MEDICAL CENTER								2
								0.03
UNIVERSITY PHYSICIANS(SELECT SPECIALTY								1
								0.02
UROLOGY ASSOCIATES OF MS								1
								0.02
VA MEDICAL CENTER								2
								0.03

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Percent								
AFUF28C3	28c3. Address:	Char	\$	80		-		6372
								99.47
106 HIGHLAND WAY SUITE 200								1
								0.02
294 E. LAYFAIR DR.								1
								0.02
305 HWY 51								1
								0.02
501 MARSHALL STREET, SUITE 601								1
								0.02
969 LAKELAND DR.								3
								0.05
971 LAKELAND DR. #366								1
								0.02
971 LAKELAND DR. SUITE 360								1
								0.02
971 LAKELAND DRIVE #360								1
								0.02
971 LAKELAND DRIVE SUITE 211								1
								0.02
1020 RIVER OAKS DR. #320								1
								0.02
1227 N STATE STREET #101								1
								0.02

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		Percent						
						NORTH STATE STREET		2
								0.03
						ST. DOMINIC CLINICS		1
								0.02
						STATE STREET		1
								0.02
						TREETOP STREET		1
								0.02
						WOODROW WILSON		1
								0.02
AFUF28C4	28c4. City:	Char	\$	80		-		6372
								99.47
						FLOWOOD		3
								0.05
						HOUSTON		1
								0.02
						JACKSON		27
								0.42
						JACKSON (601-948-6540)		1
								0.02
						MADISON		1
								0.02
						RIDGELAND		1
								0.02
AFUF28C5	28c5. State:	Char	\$JH_STAV	2		-		

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Percent								
AFUF47B2	47b2. Approximate year of hospitalization	Num	JS_YEAV	8	2015	-		6 0.09
AFUF48	48. Since we last contacted you, has a doctor said that you had a stroke, slight stroke, transient ischemic attack, or TIA	Char	\$YNKRU	1		-		
AFUF50A	50a. Hospital name, city, state	Char	\$JH_HOSV	3		-		
AFUF50A1	50a1. Specify hospital name, city and state if not in the drop down list	Char	\$	80		-		6404 99.97
						INOVA HOSPITAL, (MOUNT VERNON- HOSPITAL)		1 0.02
						ST. MARY'S HOSPITAL GRAND RAPIDS, MI		1 0.02
AFUF50B1	50b1. Approximate month of hospitalization	Num	JS_MTHV	8	5.75	-		24 0.37
AFUF50B2	50b2. Approximate year of of hospitalization	Num	JS_YEAV	8	2014.83333	-		24 0.37
AFUF44A1	44a1. Specify hospital name, city and state if not in drop down list	Char	\$	80		-		6406 100.00

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency
Percent								
AFUF44B1	44b1. Approximate month of hospitalization	Num	JS_MTHV	8	7.9047619	-		0.23
								0.33
AFUF44B2	44b2. Approximate year of hospitalization	Num	JS_YEAV	8	2015.04762	-		21
								0.33
AFUF36	36. Since we last contacted you on [mm/dd/yyyy], has a doctor said you had a heart attack?	Char	\$YNKRU	1		-		
AFUF38A	38a. Hospital name, City, State	Char	\$JH_HOSV	3		-		
AFUF61	61. Are you currently a resident of a nursing home or long term care facility?	Char	\$YNKRU	1		-		
AFUF51	51. Since our last contact, were you hospitalized or did you stay in a hospital observation unit for any reason that you have not yet mentioned?	Char	\$YNKRU	1		-		
AFUF52A	52a. Hospitalization Reason	Char	\$	80		-		
AFUF52B	52b. Hospital name, City, State	Char	\$JH_HOSV	3		-		

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AFUF52B1	52b1. Specify hospital name, city and state if not in the drop down list	Char	\$	80		-		
AFUF52C1	52c1. Approximate month of hospitalization	Num	JS_MTHV	8	6.22953737	-		562
								8.77
AFUF52C2	52c2. Approximate Year of hospitalization	Num	JS_YEAV	8	2014.97715	-		569
								8.88
AFUF53A	53a. Hospitalization Reason	Char	\$	80		-		
AFUF53B	53b. Hospital name, City, State	Char	\$JH_HOSV	3		-		
AFUF53B1	53b1. Specify hospital name, city and state if not in the drop down list	Char	\$	80		-		6395
								99.83
CANCER DIAGNOISIS								1
								0.02
GALLBLADDER REMOVED								1
								0.02
HEART FAILURE								1
								0.02
KINGS DAUGHTERS HOSPITAL, BROOKHAVEN, MS								1
								0.02

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MAYO CLINIC (PHOENIX, ARIZONIA)								1
								0.02
MISSISSIPPI STATE HOSPITAL (WHITFIELD)								1
								0.02
PANCREATIC OPERATION								1
								0.02
RIVER REGION HOSPITAL								1
								0.02
STROKE								1
								0.02
STROKE								1
								0.02
TOTAL KNEE REPLACEMENT								1
								0.02
AFUF53C1	53c1. Approximate month of hospitalization	Num	JS_MTHV	8	5.80821918	-		73
								1.14
AFUF53C2	53c2. Approximate year of hospitalization	Num	JS_YEAV	8	2015.14865	-		74
								1.16
AFUF54A	54a. Hospitalization Reason	Char	\$	80		-		6395
								99.83
ANXIETY/DEPRESSION								1
								0.02

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		Percent						
						CHEMO TREATMENT		1
								0.02
						CYST REMOVED		1
								0.02
						ELEVATED BLOOD PRESSURE AND FALLING		1
								0.02
						FLUID ON HEART		1
								0.02
						GLUCOSE EXTREMELY ELEVATED		1
								0.02
						PULMONARY ISSUES		1
								0.02
						same diagnosis-CHANGED (B/P) MEDICATIO		1
								0.02
						SEVERE ABDOMINAL PAIN		1
								0.02
						SHORTNESS OF BREATH		1
								0.02
						URINARY TRACT INFECTION		1
								0.02
AFUF54B	54b. Hospital Name, City, State	Char	\$JH_HOSV	3		-		

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Percent								
AFUF54B1	54b1. Specify hospital name, city and state if not in drop down list	Char	\$	80		-		6405
								99.98
FLUID ON HEART								1
								0.02
AFUF54C1	54c1. Approximate month of hospitalization	Num	JS_MTHV	8	6.27272727	-		11
								0.17
AFUF54C2	54c2. Approximate year of hospitalization	Num	JS_YEAV	8	2015.72727	-		11
								0.17
AFUF55A	55a. Hospitalization Reason	Char	\$	80		-		6406
								100.00
AFUF55B	55b. Hospital name, City, State	Char	\$JH_HOSV	3		-		
AFUF55B1	55b1. Specify hospital name, city, and state if not in the drop down list	Char	\$	80		-		6406
								100.00
AFUF55C1	55c1. Approximate month of hospitalization	Num	JS_MTHV	8				0
								0.00
AFUF55C2	55c2. Approximate year of hospitalization	Num	JS_YEAV	8				0
								0.00

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Percent								
AFUF56A	56a. Hospitalization Reason	Char	\$	80		-		6406
								100.00
AFUF56B	56b. Hospital Name, City, State	Char	\$JH_HOSV	3		-		
AFUF56B1	56b1. Specify hospital name, city, and state if not in the drop down list	Char	\$	80		-		6406
								100.00
AFUF56C1	56c1. Approximate month of hospitalization	Num	JS_MTHV	8				0
								0.00
AFUF56C2	56c2. Approximate year of hospitalization	Num	JS_YEAV	8				0
								0.00
AFUF57	57. Were you admitted to an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]	Char	\$YNKRU	1		-		
AFUF58	58. Was this related to a heart problem or difficulty breathing?	Char	\$YNKRU	1		-		
AFUF59A	59a. ER/Facility name, City, State	Char	\$JH_HOSV	3		-		

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		Percent						
						ST. JOHN PROVIDENCE HOSPITAL, SOUTHFIEL		1
								0.02
						ST. MARY'S HOSPITAL GRAND RAPIDS, MI		1
								0.02
						ST. VINCENT'S BIRMINGHAM, AL		1
								0.02
						THE LAKE HOSPITAL BATON ROUGE, LA		1
								0.02
						VA HOSPITAL (LOCATED IN HAMPTON, VA)		1
								0.02
						WALTHALL GENERAL HOSPITAL, TYLERTOWN, MS		1
								0.02
AFUF59B1	59b1. Approximate month of hospitalization	Num	JS_MTHV	8	5.781893	-		243
								3.79
AFUF59B2	59b2. Approximate year of hospitalization	Num	JS_YEAV	8	2015.08607	-		244
								3.81
AFUF60	60. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home?	Char	\$YNKRU	1		-		

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Percent								
AFUF62	62. Since we last contacted you on [mm/dd/yyyy], have you had any surgery on your heart, or the arteries of you neck or legs, not counting surgery for varicose veins?	Char	\$YNKRU	1		-		
AFUF63A	63a. Coronary bypass?	Char	\$YNKRU	1		-		
AFUF63B	63b. Other heart procedure?	Char	\$YNKRU	1		-		
AFUF63C	63c. Carotid endarteretomy?	Char	\$YNKRU	1		-		
AFUF63D	63d. Site	Char	\$AFUA13V	1		-		
AFUF63E	Did you have arterial revascularization	Char	\$YNKRU	1		-		
AFUF63E1	63e1. Specify	Char	\$	80		-		6398 99.88
ARTERY IN LEFT LEG BURST								1 0.02
LT LEG (CELLULITIS)								1 0.02
PARA- THYROID								1 0.02

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						RIGHT LEFT BROKEN, SEVERE BROKEN LEG		1
								0.02
						SPINAL STENOSIS		1
								0.02
						STENT PLACED IN LEFT LEG		1
								0.02
						SURGERY ON ARTERIES OF LEFT LEG		1
								0.02
						VEINOUS CABLE IN NECK		1
								0.02
AFUF63F	63f. Any other type of surgery on your heart or the arteries of your neck or legs?	Char	\$YNKRU	1		-		
AFUF64	64. Since we last contacted you on [mm/dd/yyyy], have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs?	Char	\$YNKRU	1		-		
AFUF64A	64a. Angioplasty or stent in the arteries of your heart	Char	\$YNKRU	1		-		
AFUF64B	64b. Angioplasty or stent in the arteries of your neck	Char	\$YNKRU	1		-		
AFUF64C	64c. Angioplasty or stent of the lower extremity arteries	Char	\$YNKRU	1		-		

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						DEFIBRILATOR PLACED IN CHEST		1
								0.02
						HEART ABLATION		1
								0.02
						HEART CATHETER PLACED INTO HEART		1
								0.02
						PACEMAKER IMPLANTED IN CHEST WALL		1
								0.02
						PACEMAKER IMPLANTED		1
								0.02
						PACEMAKER		1
								0.02
						PACEMAKER INSTALLED		1
								0.02
						STENT PLACED IN HEART		1
								0.02
						TRIPLE BYPASS		1
								0.02
AFUF65	Did you take any prescription medications in the past four weeks?	Char	\$YNKRU	1		-		
AFUF65A	65a. High blood pressure	Char	\$YNKRU	1		-		

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AFUF65B	65b. High blood cholesterol?	Char	\$YNKRU	1		-		
AFUF65C	65c. Diabetes or high blood sugar?	Char	\$YNKRU	1		-		
AFUF65D	65d. Heart failure	Char	\$YNKRU	1		-		
AFUF65E	65e. Asthma?	Char	\$YNKRU	1		-		
AFUF65F	65f. Chronic bronchitis or emphysema?	Char	\$YNKRU	1		-		
AFUF65G	65g. Chest pain or angina?	Char	\$YNKRU	1		-		
AFUF65H	65h. Abnormal heart rhythm?	Char	\$YNKRU	1		-		
AFUF65I	65i. Blood thinning?	Char	\$YNKRU	1		-		
AFUF65J	65j. Stroke?	Char	\$YNKRU	1		-		

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AFUF65K	65k. Mini-stroke or TIA?	Char	\$YNKRU	1		-		
AFUF65L	65l. Leg pain while walking or claudication?	Char	\$YNKRU	1		-		
AFUF65M	65m. Depression?	Char	\$YNKRU	1		-		
AFUF66	66. DO you regularly take any aspirin or a aspirin-containing products including Alka-Seltzer, cold and allergy medication or headache powder? This does not include Tylenol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.	Char	\$YNKRU	1		-		
AFUF66A	66a. DO you regularly take medicine for pain or inflammation that does NOT contain aspirin? This would include Tylenol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.	Char	\$YNKRU	1		-		
AFUF69	69. Do you now smoke cigarettes?	Char	\$YNKRU	1		-		
AFUF70	70. Please tell me which of the following describes your current marital status:	Char	\$AFUA31V	1		-		
AFUF71	71. AFU Completion Status	Char	\$AFUD72V	1		-		

Codebook for afuf_jhs Dataset

DATA SET: afuf_jhs LABEL: DATE CREATED: 05FEB18:13:38:51

Number of Observations: 6406

Number of Variables: 173

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						
PILOT		Char		3		No		6406
AFUFFLAG	Data record present?	Num		8	1	1.00-1.00		6406
VERS	FORM VERSION	Char		1		F		6406
AFUFOA	0a. Completion Date:	Num	MMDDYY	8	12/30/15	04/24/13-12/31/16		6406
AFUF4	4. Date of death	Num	MMDDYY	8	12/28/14	06/08/08-11/27/16		263
DATE	Date of Collection, Clinic Visit, etc., present: Yes/No	Char		3		Yes		6406