Codebook for afue_jhs Dataset

DATA SET: afue_jhs   LABEL: DATE CREATED: 05FEB18:13:33:29
Number of Observations: 2965
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
SUBJID	PARTICIPANT ID	Char	$	7		–			
VISIT	CONTACT OCCASION	Num		8	12.4350759	11.00–15.00		2965	100.00
AFUE0B	0b. Staff ID	Num		8	233.852614	208.00–262.00		2965	100.00
AFUE1	1. Result of contact for the interview	Char	$AFUD1V	1		–			
AFUE2	2. Is the participant deceased?	Char	$YNKRU	1		–			
AFUE3	3. Death reported by	Char	$AFUD3V	1		–			
AFUE5A	5a. Location of death: City:	Char	$	80		–		2954	99.63
							BOLTON	2	0.07
							HATTIESBURG	1	0.03
							JACKSON	8	0.27
AFUE5B	5b. County	Char	$	80		–		2952	99.56
							FORREST	1	0.03
							HINDS	10	0.34
							HOINDS	1	0.03
							RANKIN	1	0.03
AFUE5C	5c. State	Char	$JH_STAV	2		–			
AFUE6	6. Are you able to answer some questions about any hospitalization that occurred since our last contact with name on mm/dd/yyyy?	Char	$YNKRU	20		–			
AFUE6A	6a. Is there someone else who could answer these questions?	Char	$AFUD6AV	1		–			
AFUE7	7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on mm/dd/yyyy?	Char	$YNKRU	1		–			
AFUE8A	8a. Hospital Name, City, State	Char	$JH_HOSV	3		–			

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
AFUE8A1	8a1. Specify hospital name, city and state if not in the drop down list..	Char	$	80		-		2965	100.00
AFUE8B1	8b1. Month	Num	JS_MTHV	8				0	0.00
AFUE8B2	8b2. Year	Num	JS_YEAV	8				0	0.00
AFUE9A	9a. Hospital Name, City, State:	Char	$JH_HOSV	3		-			
AFUE9A1	9a1. Specify hospital name, city and state if not in drop down list:	Char	$	80		-		2965	100.00
AFUE9B1	9b1. Month	Num	JS_MTHV	8				0	0.00
AFUE9B2	9b2. Year	Num	JS_YEAV	8				0	0.00
AFUE10	10. Did you stay overnight as a patient in a hospital for any other reason since our last contact	Char	$YNKRU	1		-			
AFUE11A	11a. Hospital Reason	Char	$	80		-		2963	99.93
							LEG AMPUTATION	1	0.03
							REMOVAL OF MASS (CANCER)	1	0.03
AFUE11B	11b. Hospital name, City, State:	Char	$JH_HOSV	3		-			
AFUE11B1	11b1 Specify hospital name, city, and state if not in drop down list	Char	$	80		-		2965	100.00
AFUE11C1	11c1. Months	Num	JS_MTHV	8	4	-		2	0.07
AFUE11C2	11c2. Year	Num	JS_YEAV	8	2014	-		2	0.07
AFUE12A	12a. Hospital Reason:	Char	$	80		-		2963	99.93
							CANCER	1	0.03
							LEG AMPUTATION	1	0.03
AFUE12B	12b. Hospital Name, City, State	Char	$JH_HOSV	3		-			

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
AFUE12B1	12b1. Specify hospital name, city, and state if not in the drop down list	Char	$	80		-		2965	100.00
AFUE12C1	12c1. Months	Num	JS_MTHV	8	7	-		2	0.07
AFUE12C2	12c2. Year	Num	JS_YEAV	8	2014	-		2	0.07
AFUE13A	13a. Hospital Reason	Char	$	80		-		2965	100.00
AFUE13B	13b. Hospital name, city, state	Char	$JH_HOSV	3		-			
AFUE13B1	13b1. Hospital name, city, and state if not in the drop down list	Char	$	80		-		2965	100.00
AFUE13C1	13c1. Months	Num	JS_MTHV	8				0	0.00
AFUE13C2	13c2. Year	Num	JS_YEAV	8				0	0.00
AFUE14	14. Were you admitted to an emergency room or a medical facility for outpatient treatment since our last contact?	Char	$YNKRU	1		-			
AFUE15	15. Was this related to a heart problem or difficulty breathing?	Char	$YNKRU	1		-			
AFUE16A	16a. Hospital /Medical Facility Name, City, State	Char	$JH_HOSV	3		-			
AFUE16A1	16a1. Specify hospital/medical facility name, city, and state if not in the drop down list	Char	$	80		-		2965	100.00
AFUE16B1	16b1. Months	Num	JS_MTHV	8	3	-		1	0.03
AFUE16B2	16b2. Year	Num	JS_YEAV	8	2014	-		1	0.03
AFUE17	17. Over the past year, compared to other people your age, would you say	Char	$AFUA6V	1		-			
AFUE21A	21a. Are there times when you wake up at night because of difficulty breathing?	Char	$YNKRU	1		-			
AFUE21B	21b. Do you have trouble breathing or shortness of breath when hurrying on the level?	Char	$YNKRU	1		-			

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
AFUE21C	21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?	Char	$YNKRU	1		-			
AFUE21D	21d. Do you stop for breath when walking at your own pace?	Char	$YNKRU	1		-			
AFUE21E	21e. Do you stop for breath after walking 100 yards on the level?	Char	$YNKRU	1		-			
AFUE22	22. Do you have difficulty breathing when you are not walking or active?	Char	$YNKRU	1		-			
AFUE23	23. Do you usually have some cough or wheezing?	Char	$YNKRU	1		-			
AFUE26	26. Do you have pain in your legs caused by a blockage of the arteries?	Char	$YNKRU	1		-			
AFUE27	27. Do you often have swelling in your feet or ankles at the end of the day?	Char	$YNKRU	1		-			
AFUE27A	27a. Is the swelling in your feet or ankles gone in the morning?	Char	$YNKRU	1		-			
AFUE21F	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		-			
AFUE29	29. May I ask you some questions about your health?	Char	$YNKRU	1		-			
AFUE29A	29a. Is there someone else we can ask?	Char	$AFUD6AV	1		-			
AFUE28	28. Since we last contacted you, has a doctor said you had cancer?	Char	$YNKRU	1		-			
AFUE28A	28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?	Char	$	80		-		2935	98.99
							BLADDER CANCER	1	0.03
							BREAST	2	0.07
							BREAST CANCER	2	0.07
							BREAST-RT	1	0.03

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
						CARNOID CANCER		1	0.03
						COLON		3	0.10
						COLON CANCER		2	0.07
						HEEL OF PARTICIPANT'S FOOT		1	0.03
						HODKIN LYMPHOMA		1	0.03
						KIDNEY		1	0.03
						LEIMYSCOMA CANCER		1	0.03
						LUKEIMIA		1	0.03
						LUNG		1	0.03
						LUNG CANCER		1	0.03
						LUNGS		1	0.03
						PARATARNIEUM		1	0.03
						PROSTATE		4	0.13
						PROSTATE CANCER		2	0.07
						PROSTATE/ PROSTECTEMY		1	0.03
						SKIN CANCER (BASAL CELL CARCINOMA)		1	0.03
						THROID		1	0.03
AFUE28B1	28b1. Months	Num	JS_MTHV	8	6.76666667	-		30	1.01
AFUE28B2	28b2. Years	Num	JS_YEAV	8	2013.3	-		30	1.01
AFUE28C1	28c1. Doctor Name:	Char	$	80		-		2954	99.63
						DR. BIGALOW		1	0.03
						DR. BOBBY GRAHAM		1	0.03
						DR. DESMOND HAYNES		1	0.03
						DR. EMMANUEL OKOLO		1	0.03
						DR. JOHN ADAMS		1	0.03
						DR. JONES		1	0.03

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
						DR. LYNELL FRAZIER		1	0.03
						DR. STACEY MOULDER		1	0.03
						REGINALD MARTIN		1	0.03
						UNABLE TO GIVE INFO (INFO W/ DOCTOR AT		1	0.03
						UNSURE		1	0.03
AFUE28C2	28c2. Clinic or Institution Name:	Char	$	80		–		2954	99.63
						MD ANDERSON CANCER CENTER		1	0.03
						MISSISSIPPI BAPTIST HEALTH SYSTEM		1	0.03
						MISSISSIPPI UROLOGY CLINIC		1	0.03
						ST DOMONIC CANCER		1	0.03
						ST. DOMINIC HOSPITAL/ METROPOLITIAN UROL		1	0.03
						ST. DOMNIC'S HOSPITAL		2	0.07
						ST. DOMONIC CANCER CENTER		1	0.03
						UMC/HEMOLGIST		1	0.03
						UMMC PHYSICIANS		1	0.03
						VA HOSPITAL		1	0.03
AFUE28C3	28c3. Address:	Char	$	80		–		2954	99.63
						969 LAKELAND DRIVE		2	0.07
						1225 N STATE ST.		1	0.03
						1421 N. STATE STREET SUITE 403		1	0.03
						1600 E. WOODROW WILSON		1	0.03
						2500 N STATE STREET		1	0.03

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						HOLCOMBE STREET		1	0.03
						JACKSON MEDICAL MALL/CANCER CLINIC		1	0.03
						LAKELAND DRIVE		2	0.07
						LALKELAND DRIVE		1	0.03
AFUE28C4	28c4. City:	Char	$	80		–		2953	99.60
						FLOWOOD		1	0.03
						HOUSTON		1	0.03
						JACKSON		10	0.34
AFUE28C5	28c5. State:	Char	$JH_STAV	2		–			
AFUE28C61	28c61. Month	Num	JS_MTHV	8	7.16666667	–		12	0.40
AFUE28C62	28c62. Year	Num	JS_YEAV	8	2013.41667	–		12	0.40
AFUE28D	May I send you this release form and an addressed envelope for you to mail it back?	Char	$YNKRU	1		–			
AFUE37	37. Were you hospitalized at that time?	Char	$YNKRU	1		–			
AFUE39A	39a. Hospital name, City, State	Char	$JH_HOSV	3		–			
AFUE39A1	39a1. Specify hospital name, city and state if not in drop down list.	Char	$	80		–		2965	100.00
AFUE39B1	39b1. Approximate month of hospitalzation	Num	JS_MTHV	8	9.66666667	–		3	0.10
AFUE39B2	39b2. Approximiate year of hospitalization	Num	JS_YEAV	8	2013.66667	–		3	0.10
AFUE40	40. Since we last contacted you, has a doctor said you had angina, angina pectoris or chest pain due to heart disease?	Char	$YNKRU	1		–			
AFUE42	42. Since we last contacted you, has a doctor clot in a leg or deep vein thrombosis	Char	$YNKRU	1		–			

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
AFUE43	43. Were you hospitalized for a blood clot in a leg or deep vein thrombsis at that time?	Char	$YNKRU	1		–			
AFUE44A	44a. Hospital name, city and state	Char	$JH_HOSV	3		–			
AFUE46	46. Were you hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?	Char	$YNKRU	1		–			
AFUE49	49. Were you hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?	Char	$YNKRU	1		–			
AFUE38A1	38a1. Specify hospital name, city and state if not in drop down list.	Char	$	80		–		2965	100.00
AFUE38B1	38b1. Approximate month of hospitalzation	Num	JS_MTHV	8	7.16666667	–		12	0.40
AFUE38B2	38b2. Approximiate year of hospitalization	Num	JS_YEAV	8	2013.41667	–		12	0.40
AFUE45	45. Since we last contacted you, has a doctor said that you had a blood clot in your lungs or a pulmonary embolus?	Char	$YNKRU	1		–			
AFUE47A	47a. Hospital name, city and state	Char	$JH_HOSV	3		–			
AFUE47A1	47a1. Specify hospital name, city and state if not in the drop down list	Char	$	80		–		2965	100.00
AFUE47B1	47b1. Approximate month of hospitalization	Num	JS_MTHV	8	7.75	–		4	0.13
AFUE47B2	47b2. Approximate year of hospitalization	Num	JS_YEAV	8	2013.25	–		4	0.13
AFUE48	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		–			
AFUE50A	50a. Hospital name, city, state	Char	$JH_HOSV	3		–			
AFUE50A1	50a1. Specify hospital name, city and state if not in the drop down list	Char	$	80		–		2964	99.97
							STROKE	1	0.03

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
AFUE50B1	50b1. Approximate month of hospitalization	Num	JS_MTHV	8	6.92307692	–		13	0.44
AFUE50B2	50b2. Approximate year of of hospitalization	Num	JS_YEAV	8	2013.46154	–		13	0.44
AFUE44A1	44a1. Specify hospital name, city and state if not in drop down list	Char	$	80		–		2964	99.97
						RUSH FOUNDATION HOSPITAL MERIDIAN, MS		1	0.03
AFUE44B1	44b1. Approximate month of hospitalization	Num	JS_MTHV	8	5	–		6	0.20
AFUE44B2	44b2. Approximate year of hospitalization	Num	JS_YEAV	8	2013.5	–		6	0.20
AFUE36	36. Since we last contacted you on [mm/dd/yyyy], has a doctor said you had a heart attack?	Char	$YNKRU	1		–			
AFUE38A	38a. Hospital name, City, State	Char	$JH_HOSV	3		–			
AFUE61	61. Are you currently a resident of a nursing home or long term care facility?	Char	$YNKRU	1		–			
AFUE51	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		–			
AFUE52A	52a. Hospitalization Reason	Char	$	80		–			
AFUE52B	52b. Hospital name, City, State	Char	$JH_HOSV	3		–			
AFUE52B1	52b1. Specify hospital name, city and state if not in the drop down list	Char	$	80		–		2950	99.49
						Advocate South Suburban Hospital (Hazel		1	0.03
						ATLANTA, GA– (NORTHSIDE HOSPITAL)		1	0.03
						FORREST GENERAL, FOREST, MS		1	0.03

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
						HERMANN MEMORIAL HOSPITAL HOUSTON TEXAS		1	0.03
						KINGS DAUGHTER HOSPITAL, BROOKHAVEN, MS		1	0.03
						MAYO CLINIC, PHEONIX, ARIZONA		1	0.03
						METHODIST HOSPITAL, MEMPHIS, TN		1	0.03
						NATCHEZ REGIONAL MEDICAL CENTER, NATCHEZ		1	0.03
						NORTHWESTERN HOSPITAL, CHICAGO, IL		1	0.03
						PROVIDENCE MEDICAL CENTER, KANSAS CITY,		1	0.03
						RUSH FOUNDATION HOSPITAL MERIDIAN , MS		1	0.03
						ST. MARY HOSPITAL, TORRANCE, CALIFORNIA		1	0.03
						ST. MARY'S HOSPITAL (GRAND RAPIDS, MI)		1	0.03
						TEXAS HEALTH HOSPITAL- PRESBYTERIAN PLAN		1	0.03
						WINTHROP UNIVERSITY HOSP, NEWYORK-STATE,		1	0.03
AFUE52C1	52c1. Approximate month of hospitalization	Num	JS_MTHV	8	6.5177305	-		282	9.51
AFUE52C2	52c2. Approximate Year of hospitalization	Num	JS_YEAV	8	2013.47703	-		283	9.54
AFUE53A	53a. Hospitalization Reason	Char	$	80		-			

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
AFUE53B	53b. Hospital name, City, State	Char	$JH_HOSV	3		–			
AFUE53B1	53b1. Specify hospital name, city and state if not in the drop down list	Char	$	80		–		2960	99.83
						Advocate South Surburban Hospital (Hazel		1	0.03
						MD ANDERSON, HOUSTON, TX		1	0.03
						NORTHWESTERN HOSPITAL, CHICAGO, IL		1	0.03
						STROKE		1	0.03
						TKR-RT TOTAL KNEE REPLACEMENT		1	0.03
AFUE53C1	53c1. Approximate month of hospitalization	Num	JS_MTHV	8	6	–		56	1.89
AFUE53C2	53c2. Approximate year of hospitalization	Num	JS_YEAV	8	2013.58929	–		56	1.89
AFUE54A	54a. Hospitalization Reason	Char	$	80		–		2954	99.63
						ACID REFLUX		1	0.03
						BLOOD TRANSFUSION		1	0.03
						DEHYDRATED		1	0.03
						ENLARGE PROSTATE		1	0.03
						FEEDING TUBE CAME OUT		1	0.03
						FOOT AMPUTATION		1	0.03
						LUMPECTOMY		1	0.03
						MYOCARDIAL INFARCTION		1	0.03
						NAUSEA & VOMITTING		1	0.03
						SHORTNESS OF BREATH (ASTHMA, ALLERGY & A		1	0.03

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
						SHORTNESS OF BREATH (CHRONIC ANEMIA & LO		1	0.03
AFUE54B	54b. Hospital Name, City, State	Char	$JH_HOSV	3		–			
AFUE54B1	54b1. Specify hospital name, city and state if not in drop down list	Char	$	80		–		2965	100.00
AFUE54C1	54c1. Approximate month of hospitalization	Num	JS_MTHV	8	5.36363636	–		11	0.37
AFUE54C2	54c2. Approximate year of hospitalization	Num	JS_YEAV	8	2013.54545	–		11	0.37
AFUE55A	55a. Hospitalization Reason	Char	$	80		–		2960	99.83
						2ND STROKE		1	0.03
						CHEMOTHERAPY		1	0.03
						CHEST PAIN, SEVERE HEADACHES, ANXIETY		1	0.03
						COMPLICATION W/PROSTATE		1	0.03
						LUMPECTOMY		1	0.03
AFUE55B	55b. Hospital name, City, State	Char	$JH_HOSV	3		–			
AFUE55B1	55b1. Specify hospital name, city, and state if not in the drop down list	Char	$	80		–		2965	100.00
AFUE55C1	55c1. Approximate month of hospitalization	Num	JS_MTHV	8	3.2	–		5	0.17
AFUE55C2	55c2. Approximate year of hospitalization	Num	JS_YEAV	8	2013.8	–		5	0.17
AFUE56A	56a. Hospitalization Reason	Char	$	80		–		2963	99.93
						CHEMOTHERAPY		1	0.03
						FLU AND PNEUMONIA		1	0.03
AFUE56B	56b. Hospital Name, City, State	Char	$JH_HOSV	3		–			

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AFUE56B1	56b1. Specify hospital name, city, and state if not in the drop down list	Char	$	80		–		2965	100.00
AFUE56C1	56c1. Approximate month of hospitalization	Num	JS_MTHV	8	7	–		2	0.07
AFUE56C2	56c2. Approximate year of hospitalization	Num	JS_YEAV	8	2013.5	–		2	0.07
AFUE57	57. Were you admitted to an emergency room or a medical facility for outpatient treatment since our lat contact on [mm/dd/yyyy]	Char	$YNKRU	1		–			
AFUE58	58. Was this related to a heart problem or difficulty breathing?	Char	$YNKRU	1		–			
AFUE59A	59a. ER/Facility name, City, State	Char	$JH_HOSV	3		–			
AFUE59A1	59a1. Specify ER/Facility name, city, and state if not in drop down list	Char	$	80		–		2958	99.76
						FORREST GENERAL HOSPITAL, FOREST,MS		1	0.03
						HERMANN MEMORIAL HOSPITAL HOUSON, TX		1	0.03
						KINGS DAUGHTER HOSP, BROOKHAVEN, MS		1	0.03
						NORTHWESTERN HOSPITAL, CHICAGO, IL		1	0.03
						RIVER REGION (VICKSBURG, MS)		1	0.03
						RUSH FOUNDATION HOSPITAL MERIDIAN, MS		1	0.03
						WINTHROP UNIVERSITY HOSP, NASSUAU COUNTY		1	0.03
AFUE59B1	59b1. Approximate month of hospitalization	Num	JS_MTHV	8	6.38655462	–		119	4.01
AFUE59B2	59b2. Approximate year of hospitalization	Num	JS_YEAV	8	2013.58824	–		119	4.01

Codebook for afue_jhs Dataset

DATA SET: afue_jhs   LABEL: DATE CREATED: 05FEB18:13:33:29
Number of Observations: 2965
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
AFUE60	60. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home?	Char	$YNKRU	1		–			
AFUE62	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		–			
AFUE63A	63a. Coronary bypass?	Char	$YNKRU	1		–			
AFUE63B	63b. Other heart procedure?	Char	$YNKRU	1		–			
AFUE63C	63c. Carotid endarteretomy?	Char	$YNKRU	1		–			
AFUE63D	63d. Site	Char	$AFUA13V	1		–			
AFUE63E	Did you have other arterial revascularization?	Char	$YNKRU	1		–			
AFUE63E1	63e1. Specify	Char	$	80		–		2962	99.90
						A CENTRAL LINE PLACED IN NECK FOR FEEDIN		1	0.03
						PACE MAKER		1	0.03
						UNBLOCKAGE		1	0.03
AFUE63F	63f. Any other type of surgery on your heart or the arteries of your neck or legs?	Char	$YNKRU	1		–			
AFUE64	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		–			
AFUE64A	64a. Angioplasty or stent in the arteries of your heart	Char	$YNKRU	1		–			
AFUE64B	64b. Angioplasty or stent in the arteries of your neck	Char	$YNKRU	1		–			
AFUE64C	64c. Angioplasty or stent of the lower extremity arteries	Char	$YNKRU	1		–			
AFUE64D	64d. Facility Name, City, State:	Char	$JH_HOSV	3		–			

Codebook for afue_jhs Dataset

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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
AFUE64E	64e. Specify Facility name, city, and state if not in drop down list:	Char	$	80		–		2965	100.00
AFUE64F1	64f1. Approximate month of hospitalization	Num	JS_MTHV	8	5.73333333	–		15	0.51
AFUE64F2	64f2. Approximate year of hospitalization	Num	JS_YEAV	8	2009.40909	–		22	0.74
AFUE63B1	Did you have other heart procedure?	Char	$	80		–		2955	99.66
						BLOCKAGE IN THE HEART		1	0.03
						DEFILLATOR INPLANTED		1	0.03
						OPEN HEART SURGERY		1	0.03
						PACE MAKER		1	0.03
						PACE MAKER IMPLANTED		1	0.03
						PACE-MAKER INSTALLED		2	0.07
						PACEMAKER PLACEMENT		1	0.03
						TRIPLE BYPASS		2	0.07
AFUE65	Did you take any medications prescribed by a health professional during the past four weeks?	Char	$YNKRU	1		–			
AFUE65A	65a. High blood pressure	Char	$YNKRU	1		–			
AFUE65B	65b. High blood cholesterol?	Char	$YNKRU	1		–			
AFUE65C	65c. Diabetes or high blood sugar?	Char	$YNKRU	1		–			
AFUE65D	65d. Heart failure	Char	$YNKRU	1		–			
AFUE65E	65e. Asthma?	Char	$YNKRU	1		–			
AFUE65F	65f. Chronic bronchitis or emphysema?	Char	$YNKRU	1		–			
AFUE65G	65g. Chest pain or angina?	Char	$YNKRU	1		–			

Codebook for afue_jhs Dataset

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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
AFUE65H	65h. Abnormal heart rhythm?	Char	$YNKRU	1		–			
AFUE65I	65i. Blood thinning?	Char	$YNKRU	1		–			
AFUE65J	65j. Stroke?	Char	$YNKRU	1		–			
AFUE65K	65k. Mini-stroke or TIA?	Char	$YNKRU	1		–			
AFUE65L	65l. Leg pain while walking or claudication?	Char	$YNKRU	1		–			
AFUE65M	65m. Depression?	Char	$YNKRU	1		–			
AFUE66	66. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? this does not include Tylenol or Advil	Char	$YNKRU	1		–			
AFUE66A	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		–			
AFUE69	69. Do you now smoke cigarettes?	Char	$YNKRU	1		–			
AFUE70	70. Please tell me which of the following describes your current marital status:	Char	$AFUA31V	1		–			
AFUE71	71. AFU Completion Status	Char	$AFUD72V	1		–			
PILOT		Char		3		No		2965	100.00
AFUEFLAG	Data record present?	Num		8	1	1.00-1.00		2965	100.00
VERS	FORM VERSION	Char		1		E		2965	100.00
AFUE0A	0a. Completion Date:	Num	MMDDYY	8	07/16/14	11/27/13-01/03/15		2965	100.00
AFUE4	4. Date of death	Num	MMDDYY	8	05/26/14	06/08/08-11/11/14		62	2.09
DATE	Date of Collection, Clinic Visit, etc., present: Yes/No	Char		3		Yes		2965	100.00