

Codebook for afud_jhs Dataset

DATA SET: afud_jhs LABEL: DATE CREATED: 12AUG14:08:03:48
 Number of Observations: 7307
 Number of Variables: 171
 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	10.726153	8.00-14.00		7307	100.00
AFUDOB	Ob. Staff ID	Num		8	236.852197	208.00-262.00		7307	100.00
AFUD1	1. Result of contact for the interview (select one)	Char	\$AFUD1V	1		-			
AFUD2	2. Is the participant deceased?	Char	\$JH_YNV	1		-			
AFUD3	3. Death reported by (select one)	Char	\$AFUD3V	1		-			
AFUD5A	5. City	Char	\$	80		-		7286	99.71
						CANTON		1	0.01
						DENTON		1	0.01
						Jackson		2	0.03
						JACKSON		17	0.23
AFUD5B	5b. County	Char	\$	80		-		7270	99.49
						Hinds		1	0.01
						HINDS		34	0.47
						MADISON		1	0.01
						TARRANT		1	0.01
AFUD5C	5c. State	Char	\$JH_STAV	2		-			
AFUD6	6. Are you able to answer some questions about any hospitalization that occurred since our last contact with name on mm/dd/yyyy?	Char	\$JH_YNV	20		-			
AFUD6A	6a. Is there someone else who could answer these questions?	Char	\$AFUD6AV	1		-			
AFUD7	7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on mm/dd/yyyy?	Char	\$JH_YNV	1		-			
AFUD8A	8a. Hospital Name, City, State	Char	\$JH_HOSV	3		-			

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AFUD8A1	8b. Specify hospital name, city and state if not in the drop down list..	Char	\$	80	-	-	-	7307	100.00
AFUD8B1	8b1. Month	Num	JS_MTHV	8	5.33333333	-	-	-	3 0.04
AFUD8B2	8b2. Year	Num	JS_YEAV	8	2012.33333	-	-	-	3 0.04
AFUD9A	9a. Hospital Name, City, State:	Char	\$JH_HOSV	3	-	-	-	-	-
AFUD9A1	9a1. Specify hospital name, city and state if not in drop down list:	Char	\$	80	-	-	-	7307	100.00
AFUD9B1	9b1. Month	Num	JS_MTHV	8	-	-	-	-	0 0.00
AFUD9B2	9b2. Year	Num	JS_YEAV	8	-	-	-	-	0 0.00
AFUD10	10. Did you stay overnight as a patient in a hospital for any other reason since our last contact	Char	\$JH_YNV	1	-	-	-	-	-
AFUD11A	11a. Hospital Reason	Char	\$	80	-	-	-	7306	99.99
					LYMPHOMA	-	-	-	1 0.01
AFUD11B	11b. Hospital name, City, State:	Char	\$JH_HOSV	3	-	-	-	-	-
AFUD11B1	11b1 Specify hospital name, city, and state if not in drop down list	Char	\$	80	-	-	-	7306	99.99
					MS BAPTIST MEDICAL CENTER, JXN., MS	-	-	-	1 0.01
AFUD11C1	11c1. Months	Num	JS_MTHV	8	8	-	-	-	1 0.01
AFUD11C2	11c2. Year	Num	JS_YEAV	8	2011	-	-	-	1 0.01
AFUD12A	12a. Hospital Reason:	Char	\$	80	-	-	-	7306	99.99
					LYMPHOMA	-	-	-	1 0.01
AFUD12B	12b. Hospital Name, City, State	Char	\$JH_HOSV	3	-	-	-	-	-

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AFUD12B1	12b1. Specify hospital name, city, and state if not in the drop down list	Char	\$	80	-			7307	100.00
AFUD12C1	12c1. Months	Num	JS_MTHV	8	-			0	0.00
AFUD12C2	12c2. Year	Num	JS_YEAV	8	-			0	0.00
AFUD13A	13a. Hospital Reason	Char	\$	80	-			7307	100.00
AFUD13B	13b. Hospital name, city, and state if not in the drop down list	Char	\$JH_HOSV	3	-				
AFUD13B1	13b1. Hospital name, city, state	Char	\$JH_MFV	80	-				
AFUD13C1	13c1. Months	Num	JS_MTHV	8	-			0	0.00
AFUD13C2	13c2. Year	Num	JS_YEAV	8	-			0	0.00
AFUD14	14. Were you admitted to an emergency room or a medical facility for outpatient treatment since our last contact?	Char	\$JH_YNV	1	-				
AFUD15	15. Was this related to a heart problem or difficulty breathing?	Char	\$JH_YNV	1	-				
AFUD16A	16a. Hospital /Medical Facility Name, City, State	Char	\$JH_HOSV	3	-				
AFUD16A1	16a1. Specify hospital/medical facility name, city, and state if not in the drop down list	Char	\$	80	-			7307	100.00
AFUD16B1	16b1. Months	Num	JS_MTHV	8	-			0	0.00
AFUD16B2	16b2. Year	Num	JS_YEAV	8	-			0	0.00
AFUD17	17. Over the past year, compared to other people your age, would you say	Char	\$AFUAA6V	1	-				
AFUD18	18. Since we last contacted you, has a doctor said you had high blood pressure?	Char	\$JH_YNV	1	-				
AFUD19	19. Since we last contacted you, has a doctor told you that you had diabetes or sugar in the blood	Char	\$JH_YNV	1	-				

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AFUD20	20. Since we last contacted you, has a doctor told you that you had chronic lung disease, such as bronchitis or emphysema?	Char	\$JH_YNV	1		-			
AFUD21A	21a. Are there times when you wake up at night because of difficulty breathing?	Char	\$JH_YNV	1		-			
AFUD21B	21b. Do you have trouble breathing or shortness of breath when hurrying on the level?	Char	\$JH_YNV	1		-			
AFUD21C	21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?	Char	\$JH_YNV	1		-			
AFUD21D	21d. Do you stop for breath when walking at your own pace?	Char	\$JH_YNV	1		-			
AFUD21E	21e. Do you stop for breath after walking 100 yards on the level?	Char	\$JH_YNV	1		-			
AFUD22	22. Do you have difficulty breathing when you are not walking or active?	Char	\$JH_YNV	1		-			
AFUD23	23. Do you usually have some cough or wheezing?	Char	\$JH_YNV	1		-			
AFUD24	24. Since we last contacted you on [mm/dd/yyyy] has a doctor said that you had asthma?	Char	\$JH_YNV	1		-			
AFUD25	25. Since we last contacted you, has a doctor said that you have peripheral vascular disease or intermittent claudication?	Char	\$JH_YNV	1		-			
AFUD26	26. Do you have pain in your legs caused by a blockage of the arteries?	Char	\$JH_YNV	1		-			
AFUD27	27. Do you often have swelling in your feet or ankles at the end of the day?	Char	\$JH_YNV	1		-			
AFUD27A	27a. Is the swelling in your feet or ankles gone in the morning?	Char	\$JH_YNV	1		-			
AFUD28	28. Since we last contacted you, has a doctor said you had cancer?	Char	\$JH_YNV	1		-			

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AFUD28A	28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?	Char	\$	80	-				
AFUD28B1	28b1. Months	Num	JS_MTHV	8	6.32352941	-		68	0.93
AFUD28B2	28b2. Years	Num	JS_YEAV	8	2011.35821	-		67	0.92
AFUD29	29. May I ask you some questions about your health?	Char	\$JH_YNV	1	-				
AFUD29A	29a. Is there someone else we can ask?	Char	\$AFUD6AV	1	-				
AFUD30	30. Previously diagnosed with heart failure?	Char	\$JH_YNV	1	-				
AFUD31	31. Since we last contacted you on [mm/dd/yyyy], has a doctor said that you had heart failure or congestive heart failure?	Char	\$JH_YNV	1	-				
AFUD32	32. Since we last contacted you, has a doctor said that your heart is weak, or does not pump as strongly as it should	Char	\$JH_YNV	1	-				
AFUD33A	33a. Name and address of the doctor you saw:	Char	\$	100	-				
AFUD33B	33b. Address	Char	\$	100	-				
AFUD33C	33c. City	Char	\$	80	-			7246	99.17
					CANTON			2	0.03
					Flowood			1	0.01
					FLOWOOD			1	0.01
					Jackson			4	0.05
					JACKSON			43	0.59
					MADISON			2	0.03
					MERIDIAN			1	0.01
					NATCHEZ			1	0.01
					RAYMOND			1	0.01
					RICHLAND			2	0.03
					RIDGELAND			1	0.01

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						TULSA		1	0.01
						VA MEDICAL CENTER, JACKSON		1	0.01
AFUD33D	33d. States	Char	\$JH_STAV	2		-			
AFUD33E1	33e1. Approx Month	Num	JS_MTHV	8	6.68965517	-		58	0.79
AFUD33E2	33e2. Approx Year	Num	JS_YEAV	8	2011.61017	-		59	0.81
AFUD34	34. Were you hospitalized at that time?	Char	\$JH_YNV	1		-			
AFUD35A	35a. Hospital/medical facility name, city, state	Char	\$JH_HOSV	3		-			
AFUD35A1	35a1. Specify hospital, medical facility, city, and state if not in drop down list	Char	\$	80		-		7301	99.92
						CMMC, CHADWICK DRIVE, JXN., MS		1	0.01
						MS BAPTIST MEDICAL CENTER, JXN., MS		1	0.01
						NATCHEZ REGIONAL HOSPITAL		1	0.01
						RUSH HOSPITAL, MERIDIAN , MS		1	0.01
						ST DOMONIC MEDICAL CENTER, JXN., MS		1	0.01
						ST. DOMONIC MEDICAL CENTER, JXN., MS		1	0.01
AFUD35B1	35b1. Approx Month	Num	JS_MTHV	8	7	-		33	0.45
AFUD35B2	35b2. Approx. Year	Num	JS_YEAV	8	2011.5	-		34	0.47
AFUD36	36. May i send this release form and an address envelope for you to mail it back?	Char	\$JH_YNV	1		-			
AFUD37	37. Since we last contacted you on mm/dd/yyyy, has a doctor said you had a heart attack?	Char	\$JH_YNV	1		-			

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AFUD38	38. Were you hospitalized at that time?	Char	\$JH_YNV	1		-			
AFUD39A	39a. Hospital name, City, State	Char	\$JH_HOSV	3		-			
AFUD39A1	39a1. Specify hospital name, city and state if not in drop down list.	Char	\$	80		-		7304	99.96
					MADISON RIVER OAKS, MADISON, MS			1	0.01
					NATCHEZ REGIONAL HOSPITAL			1	0.01
					ST DOMONIC MEDICAL CENTER, JXN., MS			1	0.01
AFUD39B1	39b1. Approximate month of hospitalization	Num	JS_MTHV	8	5.85714286	-		14	0.19
AFUD39B2	39b2. Approximate year of hospitalization	Num	JS_YEAV	8	2011.64286	-		14	0.19
AFUD40	40. Hospital Name, city and state	Char	\$JH_HOSV	3		-			
AFUD40A1	40a1. Specify hospital name, city, and state if not in drop down list	Char	\$	80		-		7306	99.99
					ST DOMONIC MEDICAL CENTER, JXN., MS			1	0.01
AFUD40B1	40b1. Approximate month of hospitalization	Num		8	10	10.00-10.00			
AFUD40B2	40b2. Approximate year of hospitalization	Num	JS_YEAV	8	2012	-			
AFUD41	41. Since we last contacted you, has a doctor said you had angina, angina pectoris or chest pain due to heart disease?	Char	\$JH_YNV	1		-			
AFUD42	42. Since we last contacted you, has a doctor said you had an irregular heart beat called atrial fibrillation, or atrial	Char	\$JH_YNV	1		-			
AFUD43	43. Since we last contacted you, has a doctor clot in a leg or deep vein thrombosis	Char	\$JH_YNV	1		-			
AFUD44	44. Were you hospitalized for a blood clot in a leg or deep vein thrombosis at that time?	Char	\$JH_YNV	1		-			

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AFUD45A	45a. Hospital name, city and state	Char	\$JH_HOSV	3		-			
AFUD45A1	45a1. Specify hospital name, city and state if not in drop down list	Char	\$	80		-		7304	99.96
						GALLSTONE REMOVED		1	0.01
						RIVER OAKS HOSPITAL, FLOWOOD, MS		1	0.01
						WESLEY MEDICAL CENTER, HATTISBURG, MS		1	0.01
AFUD45B1	45b1. Approximate month of hospitalization	Num	JS_MTHV	8	7.125	-		16	0.22
AFUD45B2	45b2. Approximate year of hospitalization	Num	JS_YEAV	8	2011.76471	-		17	0.23
AFUD46	46. Since we last contacted you, has a doctor said that you had a blood clot in your lungs or a pulmonary embolus?	Char	\$JH_YNV	1		-			
AFUD47	47. Were you hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?	Char	\$JH_YNV	1		-			
AFUD48A	48a. Hospital name, city and state	Char	\$JH_HOSV	3		-			
AFUD48A1	48a1. Specify hospital name, city and state if not in the drop down list	Char	\$	80		-		7306	99.99
						WESLEY MEDICAL CENTER, HATTISBURG, MS		1	0.01
AFUD48B1	48b1. Approximate month of hospitalization	Num	JS_MTHV	8	8.66666667	-		9	0.12
AFUD48B2	48b2. Approximate year of hospitalization	Num	JS_YEAV	8	2011.55556	-		9	0.12
AFUD49	49. Since we last contacted you, has a doctor said that you had a stroke, slight stroke, transient ischemic attack, or TIA	Char	\$JH_YNV	1		-			
AFUD50	50. Were you hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?	Char	\$JH_YNV	1		-			

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AFUD51A	51a. Hospital name, city, state	Char	\$JH_HOSV	3		-			
AFUD51A1	51a1. Specify hospital name, city and state if not in the drop down list	Char	\$	80		-		7296	99.85
						CMMC JXN, MS		1	0.01
						GREENWOOD LEFORE HOSPITAL, GREENWOOD, MS		1	0.01
						MS BAPTIST MEDICAL CENTER, JXN., MS		2	0.03
						RIVER REGION HOSPITAL. VICKSBURG, MS		1	0.01
						ST DOMONIC MEDICAL CENTER, JXN., MS		2	0.03
						UMMC, JXN., MS		3	0.04
						VA MEDICAL CENTER, JXN., MS		1	0.01
AFUD51B1	51b1. Approximate month of hospitalization	Num	JS_MTHV	8	6.58823529	-		51	0.70
AFUD51B2	51b2. Approximate year of hospitalization	Num	JS_YEAV	8	2011.58824	-		51	0.70
AFUD52	52. Have you stayed (or Did you stay) overnight as a patient in a hospital for any other reason since our last contact?	Char	\$JH_YNV	1		-			
AFUD53A	53a. Hospitalization Reason	Char	\$	80		-			
AFUD53B	53b. Hospital name, City, State	Char	\$JH_HOSV	3		-			
AFUD53B1	53b1. Specify hospital name, city and state if not in the drop down list	Char	\$	80		-			
AFUD53C1	53c1. Approximate month of hospitalization	Num	JS_MTHV	8	6.43342037	-		766	10.48
AFUD53C2	53c2. Approximate Year of hospitalization	Num	JS_YEAV	8	2011.82429	-		774	10.59
AFUD54A	54a. Hospitalization Reason	Char	\$	80		-			

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AFUD54B	54b. Hospital name, City, State	Char	\$JH_HOSV	3	-	-	-	-	-
AFUD54B1	54b1. Specify hospital name, city and state if not in the drop down list	Char	\$	80	-	-	-	7285	99.70
					2	2	1	0.01	
					5	5	1	0.01	
					BOLIVAR MEDICAL CNTER, CLEVELAND, MS	BOLIVAR MEDICAL CNTER, CLEVELAND, MS	1	0.01	
					CHAMPAINE, IL	CHAMPAINE, IL	1	0.01	
					CMMC, JXN., MS	CMMC, JXN., MS	1	0.01	
					HUNT REGIONAL HOSPITAL, GREENVIEW, TX	HUNT REGIONAL HOSPITAL, GREENVIEW, TX	1	0.01	
					JEFF ANDERSON REGIONA; MEDICAL CENTER, M	JEFF ANDERSON REGIONA; MEDICAL CENTER, M	1	0.01	
					MADISON RIVER OAKS, CANTON, MS	MADISON RIVER OAKS, CANTON, MS	1	0.01	
					MADISON RIVER OAKS, MADISON , MS	MADISON RIVER OAKS, MADISON , MS	1	0.01	
					MADISON RIVER OAKS, MADISON, MS	MADISON RIVER OAKS, MADISON, MS	1	0.01	
					MEMPHIS, TN/ HOSPITAL UNKNOWN	MEMPHIS, TN/ HOSPITAL UNKNOWN	1	0.01	
					MS BAPTIST MEDICAL CENTER, JXN., MS	MS BAPTIST MEDICAL CENTER, JXN., MS	1	0.01	
					MS REHAB	MS REHAB	1	0.01	
					NATCHEZ, MS	NATCHEZ, MS	1	0.01	
					RIVER OAKS HOSPITAL, MADISON, MS	RIVER OAKS HOSPITAL, MADISON, MS	1	0.01	
					ST DOMONIC MEDICAL CENTER, JXN., MS	ST DOMONIC MEDICAL CENTER, JXN., MS	4	0.05	
					UMMC, JXN., MS	UMMC, JXN., MS	1	0.01	
					WEST FLORIDA HOSPITAL, PENSACOLA FLORIDA	WEST FLORIDA HOSPITAL, PENSACOLA FLORIDA	1	0.01	

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						WOMAN'S HOSPITAL		1	0.01
AFUD54C1	54c1. Approximate month of hospitalization	Num	JS_MTHV	8	6.32786885	-		122	1.67
AFUD54C2	54c2. Approximate year of hospitalization	Num	JS_YEAV	8	2011.92623	-		122	1.67
AFUD55A	55a. Hospitalization Reason	Char	\$	80		-		7283	99.67
						ABDOMINAL TUMOR REMOVED		1	0.01
						ANOTHER SURGERY IN REF TO SMALL INTESTIN		1	0.01
						BULGING DISC IN BACK		1	0.01
						CANCER OF STOMACH		1	0.01
						CHF		1	0.01
						COLONOSCOPY COMPLICATIONS		1	0.01
						DIABETIC NEUROPATHY		1	0.01
						FACIAL SURGERY/ ASSAULTED DURING FIGHT		1	0.01
						FLUID ON HEART		1	0.01
						GALLBLADDER REMOVED		1	0.01
						Knee surgery		1	0.01
						LOW PLATELET COUNT		1	0.01
						LOW SUGAR		1	0.01
						MORE FOLLOW UP TESTS FOR BRAIN SEIZURES		1	0.01
						NAUSEA		1	0.01
						NEPRECTEMY		1	0.01
						Operation on stomach		1	0.01
						PHYSICAL THERAPY		1	0.01

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						RECEIVE FLUIDS (PARTICIPANT WAS NOT EATI		1	0.01
						Severe Nausea and Vomitting		1	0.01
						SHORTNESS OF BREATH/TIREDNESS		1	0.01
						STOMACH INFECTIONS FROM HORSE ACCIDENT		1	0.01
						STROKE		1	0.01
						VOMITTING BLOOD R/T STOMACH ULCER BLOOD		1	0.01
AFUD55B	55b. Hospital Name, City, State	Char	\$JH_HOSV	3		-			
AFUD55B1	55b1. Specify hospital name, city and state if not in drop down list	Char	\$	80		-		7303	99.95
						MADISON RIVER OAKS, MADISON, MS		1	0.01
						RIVER REGION HOSPITAL, VICKSBURG, MS		1	0.01
						SELECT HOSPITAL		1	0.01
						THE MEDICAL CNTER OF PLANO, TX		1	0.01
AFUD55C1	55c1. Approximate month of hospitalization	Num	JS_MTHV	8	6.16666667	-		24	0.33
AFUD55C2	55c2. Approximate year of hospitalization	Num	JS_YEAV	8	2012.04167	-		24	0.33
AFUD56A	56a. Hospitalization Reason	Char	\$	80		-		7303	99.95
						BACK SURGERY --STIMULATOR PLACEMENT		1	0.01
						ELEVATED B/P		1	0.01
						SPLENECTECMY		1	0.01
						TIA (LIGHT STROKE)		1	0.01

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AFUD56B	56b. Hospital name, City, State	Char	\$JH_HOSV	3		-			
AFUD56B1	56b1. Specify hospital name, city, and state if not in the drop down list	Char	\$	80		-		7307	100.00
AFUD56C1	56c1. Approximate month of hospitalization	Num	JS_MTHV	8	9	-		4	0.05
AFUD56C2	56c2. Approximate year of hospitalization	Num	JS_YEAV	8	2011.75	-		4	0.05
AFUD57A	57a. Hospitalization Reason	Char	\$	80		-		7307	100.00
AFUD57B	57b. Hospital Name, City, State	Char	\$JH_HOSV	3		-			
AFUD57B1	57b1. Specify hospital name, city, and state if not in the drop down list	Char	\$	80		-		7307	100.00
AFUD57C1	57c1. Approximate month of hospitalization	Num	JS_MTHV	8				0	0.00
AFUD57C2	57c2. Approximate year of hospitalization	Num	JS_YEAV	8				0	0.00
AFUD58	58. Were you admitted to an emergency room or a medical facility for outpatient treatment since our lat contact on [mm/dd/yyyy]	Char	\$JH_YNV	1		-			
AFUD59	59. Was this related to a heart problem or difficulty breathing?	Char	\$JH_YNV	1		-			
AFUD60A	60a. ER/Facility name, City, State	Char	\$JH_HOSV	3		-			
AFUD60A1	60a1. Specify ER/Facility name, city, and state if not in drop down list	Char	\$	80		N. EASTCAPITAL MEDICAL HOSPITAL, TALLAH		1	0.01
						-		7276	99.58
						4		1	0.01
						ALANE HOSPITAL, ZACKERY, LA		1	0.01
						BAPTIST GULF COAST, GULFPORT, MS		1	0.01

Codebook for afud_jhs Dataset

DATA SET: afud_jhs LABEL: DATE CREATED: 12AUG14:08:03:48
 Number of Observations: 7307
 Number of Variables: 171
 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
						Baptist Memorial Hospital		1	0.01
						CHEST PAINS		2	0.03
						DIFFICULTY BREATHING		1	0.01
						DIFFICULTY BREATING		1	0.01
						FORREST GENERAL HOSPITAL, HATTIESBURG,		1	0.01
						GREENWOOD LEFLORE HOSPITAL, GREENWOOD, M		1	0.01
						HOLY CROSS HOSPITAL, SILVER SPRINGS, MD		1	0.01
						HUNT REGIONAL HOSPITAL, COMMERCE, TX		1	0.01
						JEFF ANDERSON REGIONAL MEDICAL CENTER		1	0.01
						MADISON - RIDGELAND MEDICAL CLINIC, RIDG		1	0.01
						MEA CLINIC, ELLIS AVE		1	0.01
						MEA CLINIC, ELLIS AVE, JXN MS		1	0.01
						MEA CLINIC/ OLD CANTON RD, JXN,MS		1	0.01
						MORE MEDICAL CNTER, JACKSON, MS		1	0.01
						MS BAPTIST MEDICAL CENTER, JXN, MS		2	0.03
						MS BAPTIST MEDICAL CENTER, JXN., MS		1	0.01
						MS BAPTIST MEDICAL CNETER, JXN, MS		1	0.01
						NATCHEX AND RIVER REGIONS HOSPITAL		1	0.01

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
						PNEMOUNIA		1	0.01
						POSSIBLE STROKE		1	0.01
						sleep link on lakeland		1	0.01
						ST DOMONIC HOSPITAL, JXN., MS		1	0.01
						St. Mary's Hospital		1	0.01
						UMMC, JXN., MS		1	0.01
						VA MEDICAL CENTER, JXN., MS		1	0.01
AFUD60B1	60b1. Approximate month of hospitalization	Num	JS_MTHV	8	6.1971831	-		213	2.92
AFUD60B2	60b2. Approximate year of hospitalization	Num	JS_YEAV	8	2012.03738	-		214	2.93
AFUD61	61. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home?	Char	\$JH_YNV	1		-			
AFUD62	62. Are you currently a resident of a nursing home or long term care facility?	Char	\$JH_YNV	1		-			
AFUD63	63. Since we last contacted you on [mm/dd/yyyy], have you had any surgery on your heart, or the arteries of your neck or legs, not counting surgery for varicose veins?	Char	\$JH_YNV	1		-			
AFUD64A	64a. Coronary bypass?	Char	\$JH_YNV	1		-			
AFUD64B	64b. Other heart procedure?	Char	\$JH_YNV	1		-			
AFUD64C	64c. Carotid endarterectomy?	Char	\$JH_YNV	1		-			
AFUD64D	64d. Site	Char	\$AFUA13V	1		-			
AFUD64E	64e. Other arterial revascularization?	Char	\$JH_YNV	1		-			
AFUD64E1	64e1. Specify	Char	\$	80		-		7297	99.86

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
						ARTERY TAKEN FROM LEG-RT/ REPLACE IN HEA		1	0.01
						DEFIBRILATOR		1	0.01
						HEART CATH.		1	0.01
						HEART SCANN		1	0.01
						INSERT WINDOW AROUND THE HEART FOR FLUID		1	0.01
						MICRO-VALVE REPLACEMENT		1	0.01
						N		1	0.01
						PACEMAKER		1	0.01
						PACEMAKER PLACED IN HEART		1	0.01
						REPAIR A VALUE, AND ECTEMY OF TUMOR ON H		1	0.01
AFUD64F	64f. Any other type of surgery on your heart or the arteries of your neck or legs?	Char	\$JH_YNV	1		-			
AFUD65	65. 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	\$JH_YNV	1		-			
AFUD65A	65a. Angioplasty or stent in the arteries of your heart	Char	\$JH_YNV	1		-			
AFUD65B	65b. Angioplasty or stent in the arteries of your neck	Char	\$JH_YNV	1		-			
AFUD65C	65c. Angioplasty or stent of the lower extremity arteries	Char	\$JH_YNV	1		-			
AFUD66A	66a. High blood pressure	Char	\$JH_YNV	1		-			
AFUD66B	66b. High blood cholesterol?	Char	\$JH_YNV	1		-			
AFUD66C	66c. Diabetes or high blood sugar?	Char	\$JH_YNV	1		-			
AFUD66D	66d. Heart failure	Char	\$JH_YNV	1		-			

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Variable Name	Variable Label (VAR)	VAR Type	VAR Format	VAR Length	Mean	Range of Values	Frequency Category	Frequency	Percent
AFUD67	67. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? this does not include Tylenol or Advil	Char	\$JH_YNV	1		-			
AFUD68	68. Does the participant have medications to report?	Char	\$JH_YNV	1		-			
AFUD69	69. List names of medications	Char	\$	1000		-			
AFUD70	70. Do you now smoke cigarettes?	Char	\$JH_YNV	1		-			
AFUD71	71. Please tell me which of the following describes your current marital status:	Char	\$AFUA31V	1		-			
AFUD72	72. AFU Completion Status	Char	\$AFUD72V	1		-			
PILOT		Char		3		No		7307	100.00
AFUDFLAG	Data record present?	Num		8	1	1.00-1.00		7307	100.00
VERS	FORM VERSION	Char		1		D		7307	100.00
AFUDOA	0a. Completion Date:	Num	MMDDYY	8	10/23/12	09/01/11-02/01/14		7307	100.00
AFUD4	4. Date of death	Num	MMDDYY	8	07/11/12	07/22/11-10/21/13		115	1.57
DATE	Date of Collection, Clinic Visit, etc., present: Yes/No	Char		3		Yes		7307	100.00