

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

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|---------------|--|----------|------------|------------|------|-----------------|--------------------|-----------|
| Percent | | | | | | | | |
| AFUF13A | 13a. Hospital Reason | Char | \$ | 80 | - | | | 6406 |
| 100.00 | | | | | | | | |
| AFUF13B | 13b. Hospital name, city, state | Char | \$JH_HOSV | 3 | - | | | |
| 100.00 | | | | | | | | |
| 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 | - | | | |
| 1 | | | | | | | | |
| AFUF15 | 15. Was this related to a heart problem or difficulty breathing? | Char | \$YNKRU | 1 | - | | | |
| 1 | | | | | | | | |
| AFUF16A | 16a. ER Facility Name, City, State | Char | \$JH_HOSV | 3 | - | | | |

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| Percent | | | | | | | | |
| 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 |
| | | | | | | | | |
| AFUF28B2 | 28b2. Years | Num | JS_YEAV | 8 | 2015.1 | - | | 60 |
| | | | | | | | | |
| AFUF28C1 | 28c1. Doctor Name: | Char | \$ | 80 | - | | | |
| | | | | | | | | |
| AFUF28C2 | 28c2. Clinic or Institution Name: | Char | \$ | 80 | MS GYECOLOGICAL @ WOMEN SPECIALTY CANCE | - | | 1 |
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| Percent | | | | | | | | |
| | BAPT CANCER CNTR FOR WOMEN | | | | | | | 1 |
| | BAPTIST CANCER CENTER | | | | | | | 0.02 |
| | BLUE CLINIC | | | | | | | 1 |
| | CMMC | | | | | | | 0.02 |
| | EAST LAKELAND OB/GYN ASSCIATES | | | | | | | 1 |
| | FAMILY MEDICAL CLINIC | | | | | | | 0.02 |
| | GASTROINTESTINAL CLINIC | | | | | | | 1 |
| | JACKSON ONCOLOGY ASSOCIATES | | | | | | | 0.02 |
| | JACKSON ONCOLOGY CLINIC (BAPT HOSP) | | | | | | | 1 |
| | JACKSON ONLCOLOGY ASSOCIATES | | | | | | | 0.02 |
| | MD ANDERSON CANCER CENTER | | | | | | | 1 |
| | METROPOLITAN UROLOGY | | | | | | | 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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| AFUF40 | 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 | - | - | - | - |
| AFUF42 | 42. Since we last contacted you, has a doctor clot in a leg or deep vein thrombosis | Char | \$YNKRU | 1 | - | - | - | - |
| AFUF43 | 43. Were you hospitalized for a blood clot in a leg or deep vein thrombosis at that time? | Char | \$YNKRU | 1 | - | - | - | - |
| AFUF44A | 44a. Hospital name, city and state | Char | \$JH_HOSV | 3 | - | - | - | - |
| AFUF46 | 46. Were you hospitalized for a blood clot in your lungs or a pulmonary embolus at that time? | Char | \$YNKRU | 1 | - | - | - | - |
| AFUF49 | 49. Were you hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA? | Char | \$YNKRU | 1 | - | - | - | - |
| AFUF38A1 | 38a1. Specify hospital name, city and state if not in drop down list. | Char | \$ | 80 | - | - | 6402 | 99.94 |

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| Percent | | | | | | | | |
| AFUF44B1 | 44b1. Approximate month of hospitalization | Num | JS_MTHV | 8 | 7.9047619 | - | | 0.21 |
| | | | | | | | | 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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|---------------|----------------------|----------|------------|------------|------|--|--------------------|-----------|
| 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 | | | | | | | | |
| AFUF59A1 | 59a1. Specify ER/Facility name, city, and state if not in drop down list | Char | \$ | 80 | - | | | 6390 |
| | | | | | 99.75 | | | |
| | | | | | ATLANTA, GA (UNSURE) | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | HI-DESSERT MEDICAL CENTER (JOSHUA TREE, | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | INOVA HOSPITAL, ALEXANDRIA, VIRGINIA | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | KAIser PERMANENTE MEDICAL CENTER LOS ANG | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | Memphis South Hospital, (Memphis , TN) | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | METHODIST UNIVERSITY HOSPITAL | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | RIVER REGION HOSPITAL | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | RIVER REGION HOSPITAL VICKSBURG, MS | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | ROCKDALE COUNTY HOSPITAL CONYERS, GA | | | 1 |
| | | | | | | 0.02 | | |
| | | | | | ROCKDALE MEDICAL CENTER | | | 1 |
| | | | | | | 0.02 | | |

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| Percent | | | | | | | | |
| | | | | | | ST. JOHN PROVIDENCE HOSPITAL, SOUTHFIELD | | 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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| | | | | | | 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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AFUF65 Did you take any prescription medications in the past four weeks? Char \$YNKRU 1

AFUF65A 65a. High blood pressure Char SYNKRU 1

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