

SCREENING FORM

ID No.		-			
Form Type	S	V	0	1	

Part I: Visit Identification

1. Patient's initials: -----
2. Screening date: ----- FO3-DAYS -----
 Month Day Year

Part II: Eligibility Criteria

3. Is the patient at least 18 years of age? ----- () (stop) AGE
 Yes No
- A. Date of birth: ----- B-YRS. -----
 Month Day Year

USE DR. HILDEGARD MARICQ'S DIALOGUE AND DIAGNOSTIC CHARTS TO COMPLETE ITEMS 4 TO 20.

4. Are the patient's fingers unusually sensitive to cold? ----- () () COLDSEN
 Yes No
5. Do the patient's fingers sometimes show unusual color changes? ----- () () UNCOLOR
 Yes No

Check all that apply.

A. Fingers turn white ----- () WHITE

B. Fingers turn blue
 or purple ----- () BLPURP

C. Fingers turn red ----- () RED

6. Patient's opinion of fingertip color at time of examination: ----- PTOPIN
7. Patient's usual fingertip color ----- USUAL
8. Examiner's opinion of fingertip color at time of examination: ----- EXOPIN

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9. What is the palest the patient's fingertips get? ----- PALEST
10. What is the bluest the patient's fingertips get? ----- BLUEST
11. What is the most purple the patient's fingertips get? ----- MOST PURP
12. What is the reddest the patient's fingertips get? ----- REDDEST
13. Are the patient's fingertips or whole fingers ever clearly more white, blue or purple than the rest of the hand? ----- () () ()
 Yes No Unknown

Which pictures do the fingers resemble?

(Check all that apply.)

A. Picture A - - - - - ()

B. Picture B - - - - - ()

C. Picture C - - - - - ()

PICTA
 PICTB
 PICTC

14. Do the patient's hands ever look like any of the pictures on the White Chart? ----- () () ()
 Yes No Unknown

Which pictures on White Chart do the fingers resemble?

(Check all that apply.)

A. Photo 1 - - - - - ()

B. Photo 2 - - - - - ()

C. Photo 3 - - - - - ()

D. Photo 4 - - - - - ()

WH-CHART

PHOTO1-W
 PHOTO2-W
 PHOTO3-W
 PHOTO4-W

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BL Chart

15. Do the patient's hands ever look like any of the pictures on the Blue Chart? () () ()
 Yes No Unknown

Which pictures on Blue Chart do the fingers resemble?	
(Check all that apply.)	
A. Photo 1 - - - - -	()
B. Photo 2 - - - - -	()
C. Photo 3 - - - - -	()
D. Photo 4 - - - - -	()

*PHOTO 1-B
 PHOTO 2-E
 PHOTO 3-E
 PHOTO 4-B*

16. Describe the line of demarcation between the white area of finger(s) and the rest of finger/hand:

- Sharp ()
- Definite ()
- Blurred ()
- Absent ()
- Unknown ()
- Fingers do not get white ()

DEMARC W

17. Describe the line of demarcation between the blue or purple area of finger(s) and the rest of finger/hand:

- Sharp ()
- Definite ()
- Blurred ()
- Absent ()
- Unknown ()
- Fingers do not get blue or purple ()

DEMARC -B

18. Do these color changes occur:

- Suddenly ()
- Gradually ()
- Almost always present, varying only in intensity ()
- Unknown ()
- Patient denies all color changes compared with charts-- ()

COLOR CHG

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19. Summary of diagnosis of white Raynaud's phenomenon.

- A. Item 4 was answered "YES" and/or Item 5A was checked: ----- (1) (2)
 Yes No *WH-RPA*
- B. Response to Item 9 was 01 or 02: ----- (1) (2)
 Yes No *WH-RPB*
- C. Response to at least one of the following was checked:
 13A, 14B, 14C, 14D, or (14A with a response to Item 16
 of "SHARP" or "DEFINITE.") ----- (1) (2)
 Yes No *WH-RPC*
- D. Does the patient have a diagnosis of white Raynaud's
 phenomenon? (Items 19A, B and C are answered "YES.") ----- (1) (2)
 Yes No *WH-RPD*

20. Summary of diagnosis of blue Raynaud's phenomenon.

- A. Item 4 was answered "YES" and/or Item 5B was checked: ----- (1) (2)
 Yes No *BL-RPA*
- B. Patient selected one of the following combinations
 of the blue scale and blue hand pictures: ----- (1) (2)
 Yes No *BL-RPB*
1. Item 13C or Item 15A checked and response
 to Item 10 or 11 is 06, 07, 11 or 12.
2. Item 15B checked and response to Item 10 or 11 is 07 or 12.
3. Item 13B checked and response to Item 10 or 11 is 07.
4. Item 13B checked and the response to Item 10 is 06
 and to Item 11 is 12 or the response to Item 10 is
 12 and to Item 11 is 06. *BL-RPC*
- C. Response to Item 17 was "Sharp, definite or blurred": ----- (1) (2)
 Yes No *BL-RPD*
- D. Response to Item 18 was "Always present": ----- (1) (2)
 Yes No
- E. Does the patient have a diagnosis of blue Raynaud's
 phenomenon? (Items 20A, B and C are answered "YES"
 and Item 20D is answered "NO.") ----- (1) (2)
 Yes No *BL-RPE*

21. Was the response to either Item 19D or 20E "Yes"? ----- (1) (STOP)
 Yes No

RESPONSE

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22. A. Which fingers undergo color changes? (Check all that apply.)

	(a) Thumb	(b) Index	(c) Middle	(d) Ring	(e) Little
(1) Left hand	LEFT T	LEFT I	LEFT M	LEFT R	LEFT L
(2) Right hand	RIGHT T	RIGHT I	RIGHT M	RIGHT R	RIGHT L

ONEFING

B. Is there at least one finger from each hand involved? ----- () (STOP)
 Yes No

23. Did the patient have at least 14 Raynaud's attacks per week in the previous cold season? ----- () (STOP)
 Yes No

ATT14

24. Has the patient had Raynaud's for at least one previous cold season? ----- () (STOP)
 Yes No

ONECOLD

A. Month and year of onset of Raynaud's: -----
 Month Year

ONSET_DT

25. Assessment of normal nailfold capillaries.

A. Uniform distribution of capillaries? ----- () (STOP)
 Yes No

NAIL-A

B. Capillary loop width <100µ in the distal row? ----- () (STOP)
 Yes No

NAIL-B

C. Capillary loop is without marked tortuosity or other deformation? ----- () (STOP)
 Yes No

NAIL-C

D. Edematous appearance? ----- (STOP) ()
 Yes No

NAIL-D

E. Few, if any, capillary hemorrhages with normal outgrowth in the cuticle? ----- () (STOP)
 Yes No

NAIL-E

F. Localized avascular areas? ----- (STOP) ()
 Yes No

NAIL-F

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25. (Continued)

G. Any other definitely abnormal capillary microscopy findings? ----- (STOP) ()
 Yes No NAIL G

H. Does the patient have normal nailfold capillaries? (Items 27A, B, C and E answered "YES," and Item 27D, F, and G answered "NO.") ----- () (STOP)
 Yes No NAIL H

26. Does the patient have a telephone or can the patient establish a method of regular contact with the Clinical Unit? ----- () (STOP)
 Yes No PHONE

27. Has the patient signed the Informed Consent Form? ----- () (STOP)
 Yes No CONSENT

Part IV: Exclusion Criteria

28. Does the patient have a history of digital ulcers or digital gangrene or have digital pits or loss of fingerpad substance? ----- (STOP) ()
 Yes No DIGITAL

29. Are there any indications that the patient's Raynaud's phenomenon is secondary Raynaud's phenomenon? ----- (STOP) ()
 Yes No SECOND

30. Does the patient have a history of alcohol or illicit drug abuse or is he/she otherwise unreliable? ----- (STOP) ()
 Yes No ABUSE

31. Does the patient have evidence of any cardiovascular, pulmonary, renal, hepatic, endocrine, neoplastic, psychiatric, neurologic, or gastrointestinal disease which is likely to interfere with the conduct of the study? ----- (STOP) ()
 Yes No OTH-ILL

32. Is the patient planning to move out of the area during the study (next 24 months)? ----- (STOP) ()
 Yes No MOVING

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MEDUSE

33. Has the patient ever used any of the following medications? ----- (1) (2)
 Yes No
 ↓ ↓
 ↓ ↓
 ↓ ↓

SKIP to
 Item 34.

A. Alpha Methyl dopa period of use: ALPHA

(1) Within 1 month ----- (STOP)

(2) Ever (prior to past month) ----- (2)
 ↓

(a) Did medication improve ALPHA-A
 Raynaud's symptoms? --- (1) (2)
 Yes No

B. Beta blockers period of use: BETA

(1) Within 1 month ----- (STOP)

(2) Ever (prior to past month) ----- (2)
 ↓

(a) Did medication improve BETA-A
 Raynaud's symptoms? --- (1) (2)
 Yes No

C. Calcium channel blockers period of use: CALC

(1) Within 1 month ----- (STOP)

(2) Ever (prior to past month) ----- (2)
 ↓

(a) Did medication improve CALC-A
 Raynaud's symptoms? --- (1) (2)
 Yes No

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Form Type	S	V	O	1	

33. (Continued)

H. Guanethidine period of use: GUAN

(1) Within 1 month ----- (error)

(2) Ever (prior to past month) ----- (2)

↓

(a) Did medication improve GUAN-A
 Raynaud's symptoms? --- (1) (2)
Yes No

I. Hydralazine period of use: HYDRA

(1) Within 1 month ----- (error)

(2) Ever (prior to past month) ----- (2)

↓

(a) Did medication improve HYDRA-A
 Raynaud's symptoms? --- (1) (2)
Yes No

J. Minoxidil period of use: MINOX

(1) Within 1 month ----- (error)

(2) Ever (prior to past month) ----- (2)

↓

(a) Did medication improve MINOX-A
 Raynaud's symptoms? --- (1) (2)
Yes No

K. Pentoxifylline period of use: PENT

(1) Within 1 month ----- (error)

(2) Ever (prior to past month) ----- (2)

↓

(a) Did medication improve PENT-A
 Raynaud's symptoms? --- (1) (2)
Yes No

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Form Type	S	V	0	1	

33. (Continued)

L. Prazosin period of use:

PRAZ

(1) Within 1 month (STOP)

(2) Ever (prior to past month) ()

(a) Did medication improve PRAZ-A
 Raynaud's symptoms? --- () ()
 Yes No

M. Reserpine period of use:

RESERP

(1) Within 1 month (STOP)

(2) Ever (prior to past month) ()

(a) Did medication improve RESERP-A
 Raynaud's symptoms? --- () ()
 Yes No

N. Other Vasodilators:

Specify: _____

(1) Within 1 month (STOP) OTHVAS

(2) Ever (prior to past month) ()

(a) Did medication improve OTHVAS-A
 Raynaud's symptoms? --- () ()
 Yes No

O. Coumadin period of use:

COUM

(1) Within 1 month (STOP)

(2) Ever (prior to past month) ()

(a) Did medication improve COUM-A
 Raynaud's symptoms? --- () ()
 Yes No

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34. Has the patient ever used nifedipine or nifedipine XL? ----- (1) (2) *NIF*
 Yes No

NIF-A

A. Is the patient intolerant of or hypersensitive to nifedipine or nifedipine XL? ----- (*stop*) (2)
 Yes No

NIF-B

B. Has patient used nifedipine or nifedipine XL within 1 month? ----- (*stop*) (2)
 Yes No

(1) What was the daily dose? ----- *NIFDOSE* mg

(2) Did medication improve Raynaud's symptoms? ----- (1) (2)
 Yes No

35. Has the patient ever been treated for Raynaud's phenomenon with biofeedback therapy? ----- *BIOOTHER*
 (*stop*) (2)
 Yes No

Part III: Administrative Matters

36. Person conducting diagnostic color chart dialogue with patient:
 Signature: _____ RTS Staff No.: _____

37. Person performing capillary microscopy:
 Signature: _____ RTS Staff No.: _____

38. Research Coordinator:
 Signature: _____ RTS Staff No.: _____

39. Date form completed: -----
 Month Day Year

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SCREENING FORM

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Part I: Visit Identification

1. Patient's initials: -----
2. Screening date: ----- F03-DAYS
Month Day Year

Part II: Eligibility Criteria

3. Is the patient at least 18 years of age? ----- () (STOP) AGE
Yes No
- A. Date of birth: ----- B-YRS
Month Day Year

USE DR. HILDEGARD MARICQ'S DIALOGUE AND DIAGNOSTIC CHARTS TO COMPLETE ITEMS 4 TO 20.

4. Are the patient's fingers unusually sensitive to cold? ----- () () COLDSEN
Yes No
5. Do the patient's fingers sometimes show unusual color changes? ----- () () UNCOLOR
Yes No

Check all that apply.

A. Fingers turn white ----- () WHITE

B. Fingers turn blue
or purple ----- () BLPURP

C. Fingers turn red ----- () RED

6. Patient's opinion of fingertip color at time of examination: ----- PIOPIN
7. Patient's usual fingertip color ----- USUAL
8. Examiner's opinion of fingertip color at time of examination: ----- EXOPIN

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9. What is the palest the patient's fingertips get? ----- PALEST

10. What is the bluest the patient's fingertips get? ----- BLUEST

11. What is the most purple the patient's fingertips get? ----- MOSTPURP

12. What is the reddest the patient's fingertips get? ----- REDDDEST

13. Are the patient's fingertips or whole fingers ever clearly more white, blue or purple than the rest of the hand? ----- () () ()
 Yes No Unknown
 ↓

Which pictures do the fingers resemble?

(Check all that apply.)

A. Picture A - - - - - ()
 B. Picture B - - - - - ()
 C. Picture C - - - - - ()

PICTA
PICTB
PICTC

14. Do the patient's hands ever look like any of the pictures on the White Chart? ----- () () ()
 Yes No Unknown
 ↓

Which pictures on White Chart do the fingers resemble?

(Check all that apply.)

A. Photo 1 - - - - - ()
 B. Photo 2 - - - - - ()
 C. Photo 3 - - - - - ()
 D. Photo 4 - - - - - ()

PHOTO1-W
PHOTO2-W
PHOTO3-W
PHOTO4-W

ID No.				
Form Type	S	V	O	I

BL-CHART

15. Do the patient's hands ever look like any of the pictures on the Blue Chart? (1) (2) (3)
 Yes No Unknown
 ↓

Which pictures on Blue Chart do the fingers resemble?	
(Check all that apply.)	
A. Photo 1 - - - - -	(1)
B. Photo 2 - - - - -	(2)
C. Photo 3 - - - - -	(3)
D. Photo 4 - - - - -	(4)

PHOTO 1 - B
PHOTO 2 - B
PHOTO 3 - B
PHOTO 4 - B

16. Describe the line of demarcation between the white area of finger(s) and the rest of finger/hand: *DEMARC - W*

- Sharp (1)
- Definite (2)
- Blurred (3)
- Absent (4)
- Unknown (5)
- Fingers do not get white (6)

17. Describe the line of demarcation between the blue or purple area of finger(s) and the rest of finger/hand: *DEMARC - B*

- Sharp (1)
- Definite (2)
- Blurred (3)
- Absent (4)
- Unknown (5)
- Fingers do not get blue or purple (6)

18. Do these color changes occur: *COLOR CHG*

- Suddenly (1)
- Gradually (2)
- Almost always present, varying only in intensity (3)
- Unknown (4)
- Patient denies all color changes compared with charts-- (5)

ID No.				
Form Type	S	V	O	I

19. Summary of diagnosis of white Raynaud's phenomenon.

WH-RPA

- A. Item 4 was answered "YES" and/or Item 5A was checked: ----- () ()
 Yes No
- B. Response to Item 9 was 01 or 02: ----- () ()
 Yes No
- C. Response to at least one of the following was checked:
 13A, 14B, 14C, 14D, or (14A with a response to Item 16
 of "SHARP" or "DEFINITE.") ----- () ()
 Yes No
- D. Does the patient have a diagnosis of white Raynaud's
 phenomenon? (Items 19A, B and C are answered "YES.") ----- () ()
 Yes No

WH-RPB

WH-RPC

WH-RPD

20. Summary of diagnosis of blue Raynaud's phenomenon.

BL-RPA

- A. Item 4 was answered "YES" and/or Item 5B was checked: ----- () ()
 Yes No
- B. Patient selected one of the following combinations
 of the blue scale and blue hand pictures: ----- () ()
 Yes No
1. Item 13C or Item 15A checked and response
 to Item 10 or 11 is 06, 07, 11 or 12.
 2. Item 15B checked and response to Item 10 or 11 is 07 or 12.
 3. Item 13B checked and response to Item 10 or 11 is 07.
 4. Item 13B checked and the response to Item 10 is 06
 and to Item 11 is 12 or the response to Item 10 is
 12 and to Item 11 is 06.
- C. Response to Item 17 was "Sharp, definite or blurred": ----- () ()
 Yes No
- D. Response to Item 18 was "Always present": ----- () ()
 Yes No
- E. Does the patient have a diagnosis of blue Raynaud's
 phenomenon? (Items 20A, B and C are answered "YES"
 and Item 20D is answered "NO.") ----- () ()
 Yes No

BL-RPB

BL-RPC

BL-RPD

BL-RPE

21. Was the response to either Item 19D or 20E "Yes"? ----- () ()
 Yes No

RESPONSE

ID No.					
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22. A. Which fingers undergo color changes? (Check all that apply.)

	(a) Thumb	(b) Index	(c) Middle	(d) Ring	(e) Little
(1) Left hand	LEFT-T	LEFT-I	LEFT-M	LEFT-R	LEFT-L
(2) Right hand	RIGHT-T	RIGHT-I	RIGHT-M	RIGHT-R	RIGHT-L

B. Is there at least one finger from each hand involved? () (stop)
 Yes No ONEFING

23. Did the patient have at least 14 Raynaud's attacks per week in the previous cold season? () (stop)
 Yes No ATTN

24. Has the patient had Raynaud's for at least one previous cold season? () (stop)
 Yes No ONECOLD

A. Month and year of onset of Raynaud's:
ONSET=DT
 Month Year

25. Assessment of normal nailfold capillaries. NAIL-A

A. Uniform distribution of capillaries? () (stop)
 Yes No

B. Capillary loop width <100µ in the distal row? () (stop)
 Yes No NAIL-B

C. Capillary loop is without marked tortuosity or other deformation? () (stop)
 Yes No NAIL-C

D. Edematous appearance? (stop) ()
 Yes No NAIL-D

E. Few, if any, capillary hemorrhages with normal outgrowth in the cuticle? () (stop)
 Yes No NAIL-E

F. Localized avascular areas? (stop) ()
 Yes No NAIL-F

ID No.				
Form Type	S	V	O	1

25. (Continued)

G. Any other definitely abnormal capillary microscopy findings? ----- (stop) () *NAIL-G*
 Yes No

H. Does the patient have normal nailfold capillaries? (Items 27A, B, C and E answered "YES," and Item 27D, F, and G answered "NO.") ----- () (stop) *NAIL-A*
 Yes No

26. Does the patient have a telephone or can the patient establish a method of regular contact with the Clinical Unit? ----- () (stop) *PHONE*
 Yes No

27. Has the patient signed the Informed Consent Form? ----- () (stop) *CONSENT*
 Yes No

Part IV: Exclusion Criteria

28. Does the patient have a history of digital ulcers or digital gangrene or have digital pits or loss of fingerpad substance? ----- (stop) () *DIGITAL*
 Yes No

29. Are there any indications that the patient's Raynaud's phenomenon is secondary Raynaud's phenomenon? ----- (stop) () *SECOND*
 Yes No

30. Does the patient have a history of alcohol or illicit drug abuse or is he/she otherwise unreliable? ----- (stop) () *ABUSE*
 Yes No

31. Does the patient have evidence of any cardiovascular, pulmonary, renal, hepatic, endocrine, neoplastic, psychiatric, neurologic, or gastrointestinal disease which is likely to interfere with the conduct of the study? ----- (stop) () *OTH ILL*
 Yes No

32. Is the patient planning to move out of the area during the study (next 24 months)? ----- (stop) () *MOVING*
 Yes No

ID No.				
Form Type	S	V	G	1

MEDUSE

33. Has the patient ever used any of the following medications? ----- (1) (2)
 Yes No
 ↓ ↓
 ↓ ↓
 ↓ ↓

SKIP to
 Item 34.

A. Alpha Methyldopa period of use:

ALPHA

(1) Within 1 month ----- (STOP)

(2) Ever (prior to past month) ----- (2)

(a) Did medication improve ALPHA
 Raynaud's symptoms? --- (1) (2)
 Yes No

B. Beta blockers period of use:

BETA

(1) Within 1 month ----- (STOP)

(2) Ever (prior to past month) ----- (2)

(a) Did medication improve BETA
 Raynaud's symptoms? --- (1) (2)
 Yes No

C. Calcium channel blockers period of use:

CALC

(1) Within 1 month ----- (STOP)

(2) Ever (prior to past month) ----- (2)

(a) Did medication improve CALC
 Raynaud's symptoms? --- (1) (2)
 Yes No

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33. (Continued)

D. Clonidine period of use: CLON

(1) Within 1 month ----- (stop) ()

(2) Ever (prior to past month) ----- ()

↓

(a) Did medication improve CLON-A
 Raynaud's symptoms? --- () ()
Yes No

E. Ergot preparations period of use: ERGOT

(1) Within 1 month ----- (stop) ()

(2) Ever (prior to past month) ----- ()

↓

(a) Did medication improve ERGOT-A
 Raynaud's symptoms? --- () ()
Yes No

F. Nitroglycerine ointment period of use: NITRO

(1) Within 1 month ----- (stop) ()

(2) Ever (prior to past month) ----- ()

↓

(a) Did medication improve NITRO-A
 Raynaud's symptoms? --- () ()
Yes No

G. Nicotine resin or transdermal patch period of use: NIC

(1) Within 1 month ----- (stop) ()

(2) Ever (prior to past month) ----- ()

↓

(a) Did medication improve NIC-A
 Raynaud's symptoms? --- () ()
Yes No

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33. (Continued)

L. Prazosin period of use:

PRAZ

(1) Within 1 month ()

(2) Ever (prior to past month) ()

(a) Did medication improve *PRAZ-A*
 Raynaud's symptoms? --- () ()
 Yes No

M. Reserpine period of use:

RESERP

(1) Within 1 month ()

(2) Ever (prior to past month) ()

(a) Did medication improve *RESERP-A*
 Raynaud's symptoms? --- () ()
 Yes No

N. Other Vasodilators:

Specify: _____

(IGNORE Any Remark)

OTIVAS

(1) Within 1 month ()

(2) Ever (prior to past month) ()

(a) Did medication improve *OTIVAS-A*
 Raynaud's symptoms? --- () ()
 Yes No

O. Coumadin period of use:

COUM

(1) Within 1 month ()

(2) Ever (prior to past month) ()

(a) Did medication improve *COUM-A*
 Raynaud's symptoms? --- () ()
 Yes No

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34. Has the patient ever used nifedipine or nifedipine XL? ----- (1) (2) *NIF*
 Yes No
 ↓

A. Is the patient intolerant of or hypersensitive to nifedipine or nifedipine XL? ----- Yes No	<i>NIF-A</i> (STOP) (1) Yes No
B. Has patient used nifedipine or nifedipine XL within 1 month? ----- Yes No	<i>NIF-B</i> (STOP) (1) Yes No
(1) What was the daily dose? ---- <i>NIFDOSE</i> mg (2) Did medication improve Raynaud's symptoms? ----- (1) (2) Yes No	

35. Has the patient ever been treated for Raynaud's phenomenon with biofeedback therapy? ----- (STOP) (2)
 Yes No
BIOFEED

Part III: Administrative Matters

36. Physician performing diagnosis of Raynaud's phenomenon:
 Signature: _____ RTS Staff No.: _____

37. Research Coordinator:
 Signature: _____ RTS Staff No.: _____

38. Date form completed: -----
 Month Day Year

ID No.		-			
Form Type	S	V	0	1	

FORM 03 (Rev. 2, 3)

SCREENING FORM

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
HEADER	NEWID	I(4)	Patient ID
2	F03_DAYS	I(4)	Screening date Days from Randomization
3	AGE	I(1)	1 = Yes, 2 = No
3A	B_YRS	I(4)	Age at Randomization (years)
4	COLDSEN	I(1)	1 = Yes, 2 = No
5	UNCOLOR	I(1)	1 = Yes, 2 = No
5A	WHITE		
5B	BLPURP		
5C	RED		
6	PTOPIN	I(2)	1 - 12
7	USUAL	I(2)	1 - 12
8	EXOPIN	I(2)	1 - 12
9	PALEST	I(2)	0 - 12 (0 = do not get pale)
10	BLUEST	I(2)	0 - 12 (0 = do not get blue)
11	MOSTPURP	I(2)	0 - 12 (0 = do not get purple)
12	REDDEST	I(2)	0 - 12 (0 = do not get red)
13	FINGMWBP	I(1)	1 = Yes, 2 = No, 3 = Unknown
13A	PICTA	I(1)	1 = Yes, 2 = No
13B	PICTB	I(1)	1 = Yes, 2 = No
13C	PICTC	I(1)	1 = Yes, 2 = No
14	WH_CHART	I(1)	1 = Yes, 2 = No, 3 = Unknown
14A	PHOTO1_W		
14B	PHOTO2_W		
14C	PHOTO3_W		
14D	PHOTO4_W	I(1)	1 = Yes, 2 = No
15	BL_CHART	I(1)	1 = Yes, 2 = No, 3 = Unknown
15A	PHOTO1_B		
15B	PHOTO2_B		
15C	PHOTO3_B		
15D	PHOTO4_B	I(1)	1 = Yes, 2 = No
16	DEMARC_W	I(1)	1 = Sharp 2 = Definite 3 = Blurred 4 = Absent 5 = Unknown 6 = Fingers do not get white
17	DEMARC_B	I(1)	1 = Sharp 2 = Definite 3 = Blurred 4 = Absent 5 = Unknown 6 = Fingers do not get blue or purple

FORM 03 (Rev. 2, 3)

SCREENING FORM
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
18	COLCHG	I(1)	1 = Suddenly 2 = Gradually 3 = Almost always present, varying only in intensity 4 = Unknown 5 = Patient denies all color changes
19A 19B 19C 19D	WH_RPA WH_RPB WH_RPC WH_RPD	I(1)	1 = Yes, 2 = No
20A 20B 20C 20D 20E	BL_RPA BL_RPB BL_RPC BL_RPD BL_RPE	I(1)	1 = Yes, 2 = No
21	RESPONSE	I(1)	1 = Yes, 2 = No
22A1a 22A1b 22A1c 22A1d 22A1e 22A2a 22A2b 22A2c 22A2d 22A2e	LEFT_T LEFT_I LEFT_M LEFT_R LEFT_L RIGHT_T RIGHT_I RIGHT_M RIGHT_R RIGHT_L	I(1)	1 = Yes, 2 = No
22B	ONEFING	I(1)	1 = Yes, 2 = No
23	ATT14	I(1)	1 = Yes, 2 = No
24 24A	ONECOLD ON_DAYS	I(1) I(8)	1 = Yes, 2 = No Onset of Raynaud's Days from Randomization
25A 25B 25C 25D 25E 25F 25G 25H	NAIL_A NAIL_B NAIL_C NAIL_D NAIL_E NAIL_F NAIL_G NAIL_H	I(1)	1 = Yes, 2 = No
26	PHONE	I(1)	1 = Yes, 2 = No
27	CONSENT	I(1)	1 = Yes, 2 = No
28	DIGITAL	I(1)	1 = Yes, 2 = No
29	SECOND	I(1)	1 = Yes, 2 = No
30	ABUSE	I(1)	1 = Yes, 2 = No
31	OTH_ILL	I(1)	1 = Yes, 2 = No

FORM 03 (Rev. 2, 3)

SCREENING FORM
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
32	MOVING	I(1)	1 = Yes, 2 = No
33	MEDUSE	I(1)	1 = Yes, 2 = No
33A	ALPHA	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	ALPH_A	I(1)	1 = Yes, 2 = No
33B	BETA	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	BETA_A	I(1)	1 = Yes, 2 = No
33C	CALC	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	CALC_A	I(1)	1 = Yes, 2 = No
33D	CLON	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	CLON_A	I(1)	1 = Yes, 2 = No
33E	ERGOT	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	ERGOT_A	I(1)	1 = Yes, 2 = No
33F	NITRO	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	NITRO_A	I(1)	1 = Yes, 2 = No
33G	NIC	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	NIC_A	I(1)	1 = Yes, 2 = No
33H	GUAN	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	GUAN_A	I(1)	1 = Yes, 2 = No
33I	HYDRA	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	HYDRA_A	I(1)	1 = Yes, 2 = No
33J	MINOX	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	MINOX_A	I(1)	1 = Yes, 2 = No

FORM 03 (Rev. 2, 3)

SCREENING FORM
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
33K	PENT	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	PENT_A	I(1)	1 = Yes, 2 = No
33L	PRAZ	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	PRAZ_A	I(1)	1 = Yes, 2 = No
33M	RESERP	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	RESERP_A	I(1)	1 = Yes, 2 = No
33N	OTHVAS	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	OTHVAS_A	I(1)	1 = Yes, 2 = No
33O	COUM	I(1)	1 = Within 1 month 2 = Ever 3 = Never
	COUM_A	I(1)	1 = Yes, 2 = No
34	NIF	I(1)	1 = Yes, 2 = No
34A	NIF_A	I(1)	1 = Yes, 2 = No
34B	NIF_B	I(1)	1 = Yes, 2 = No
34B1	NIFDOSE	I(3)	mg
34B2	NIFIMP	I(1)	1 = Yes, 2 = No
35	BIOTHER	I(1)	1 = Yes, 2 = No

CONTENTS PROCEDURE

Data Set Name:	RTS.FORM03	Observations:	391
Member Type:	DATA	Variables:	109
Engine:	V612	Indexes:	0
Created:	11:06 Thursday, April 27, 2000	Observation Length:	449
Last Modified:	11:06 Thursday, April 27, 2000	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size:	13824
Number of Data Set Pages:	15
File Format:	607
First Data Page:	3
Max Obs per Page:	30
Obs in First Data Page:	30

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
66	ABUSE	Num	4	260	1.	BEST22.	f03q30 Drug/alcohol abuse or unreliable
1	AGE	Num	4	0	1.	BEST22.	f03q3 At least 18 years old
70	ALPHA	Num	4	276	1.	BEST22.	f03q33a Alpha Methyl dopa used
71	ALPHA_A	Num	4	280	1.	BEST22.	f03q33a Improved symptoms
52	ATT14	Num	4	204	1.	BEST22.	f03q23 >= 14 attacks last winter
72	BETA	Num	4	284	1.	BEST22.	f03q33b Beta blockers used
73	BETA_A	Num	4	288	1.	BEST22.	f03q33b Improved symptoms
105	BIOTHER	Num	4	416	1.	BEST22.	f03q35 Previous biofeedback therapy
5	BLPURP	Num	4	16	1.	BEST22.	f03q5b Fingers turn blue or purple
11	BLUEST	Num	4	40	2.	BEST22.	f03q10 Bluest fingertips get
23	BL_CHART	Num	4	88	1.	BEST22.	f03q15 Looks like hands on Blue Chart
35	BL_RPA	Num	4	136	1.	BEST22.	f03q20a Sensitive to cold and turn blue
36	BL_RPB	Num	4	140	1.	BEST22.	f03q20b Description of blue color
37	BL_RPC	Num	4	144	1.	BEST22.	f03q20c Demarcation line present
38	BL_RPD	Num	4	148	1.	BEST22.	f03q20d Color changes always present
39	BL_RPE	Num	4	152	1.	BEST22.	f03q20e Diagnosis of blue Raynauds
108	B_YRS	Num	8	433	4.	BEST22.	f03q3a Age (years) at randomization
74	CALC	Num	4	292	1.	BEST22.	f03q33c Calcium channel blockers used
75	CALC_A	Num	4	296	1.	BEST22.	f03q33c Improved symptoms
76	CLON	Num	4	300	1.	BEST22.	f03q33d Clonidine used
77	CLON_A	Num	4	304	1.	BEST22.	f03q33d Improved symptoms
30	COLCHG	Num	4	116	1.	BEST22.	f03q18 Timing of color changes
2	COLSEN	Num	4	4	1.	BEST22.	f03q4 Fingers sensitive to cold
63	CONSENT	Num	4	248	1.	BEST22.	f03q27 Signed the Informed Consent Form
98	COUM	Num	4	388	1.	BEST22.	f03q33o Coumadin used
99	COUM_A	Num	4	392	1.	BEST22.	f03q33o Improved symptoms
29	DEMARC_B	Num	4	112	1.	BEST22.	f03q17 Demarcation line for blue area
28	DEMARC_W	Num	4	108	1.	BEST22.	f03q16 Demarcation line for white area
64	DIGITAL	Num	4	252	1.	BEST22.	f03q28 Digital ulcers/gangrene/pits

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
78	ERGOT	Num	4	308	1.	BEST22.	f03q33e Ergot preparations used
79	ERGOT_A	Num	4	312	1.	BEST22.	f03q33e Improved symptoms
9	EXOPIN	Num	4	32	2.	BEST22.	f03q8 Examiners opinion at exam
106	F03_DAYS	Num	5	420	4.		f03q2 Days from randomization
14	FINGMMP	Num	4	52	1.	BEST22.	f03q13 More color than rest of hand
84	GUAN	Num	4	332	1.	BEST22.	f03q33h Guanethidine used
85	GUAN_A	Num	4	336	1.	BEST22.	f03q33h Improved symptoms
86	HYDRA	Num	4	340	1.	BEST22.	f03q33i Hydralazine used
87	HYDRA_A	Num	4	344	1.	BEST22.	f03q33i Improved symptoms
42	LEFT_I	Num	4	164	1.	BEST22.	f03q22b1 Index finger on left hand
45	LEFT_L	Num	4	176	1.	BEST22.	f03q22e1 Little finger on left hand
43	LEFT_M	Num	4	168	1.	BEST22.	f03q22c1 Middle finger on left hand
44	LEFT_R	Num	4	172	1.	BEST22.	f03q22d1 Ring finger on left hand
41	LEFT_T	Num	4	160	1.	BEST22.	f03q22a1 Thumb on left hand
69	MEDUSE	Num	4	272	1.	BEST22.	f03q33 Previous medications
88	MINOX	Num	4	348	1.	BEST22.	f03q33j Minoxidil used
89	MINOX_A	Num	4	352	1.	BEST22.	f03q33j Improved symptoms
12	MOSTPURP	Num	4	44	2.	BEST22.	f03q11 Most purple fingertips get
68	MOVING	Num	4	268	1.	BEST22.	f03q32 Patient will be moving
54	NAIL_A	Num	4	212	1.	BEST22.	f03q25a Uniform dist. of capillaries
55	NAIL_B	Num	4	216	1.	BEST22.	f03q25b Loop width <100u in distal row
56	NAIL_C	Num	4	220	1.	BEST22.	f03q25c No tortuosity or deformation
57	NAIL_D	Num	4	224	1.	BEST22.	f03q25d Edematous appearance
58	NAIL_E	Num	4	228	1.	BEST22.	f03q25e Few hemorrhages
59	NAIL_F	Num	4	232	1.	BEST22.	f03q25f Localized avascular areas
60	NAIL_G	Num	4	236	1.	BEST22.	f03q25g Other abnormal findings
61	NAIL_H	Num	4	240	1.	BEST22.	f03q25h Normal nailfold capillaries
107	NEWID	Num	8	425	4.		Patient ID
82	NIC	Num	4	324	1.	BEST22.	f03q33g Nicotine resin or patch used
83	NIC_A	Num	4	328	1.	BEST22.	f03q33g Improved symptoms
100	NIF	Num	4	396	1.	BEST22.	f03q34 Nifedipine ever used
103	NIFDOSE	Num	4	408	3.	BEST22.	f03q34b1 Nifedipine daily dose
104	NIFIMP	Num	4	412	1.	BEST22.	f03q34b2 Nifedipine improved symptoms
101	NIF_A	Num	4	400	1.	BEST22.	f03q34a Intolerant of Nifedipine
102	NIF_B	Num	4	404	1.	BEST22.	f03q34b Nifedipine used in last month
80	NITRO	Num	4	316	1.	BEST22.	f03q33f Nitroglycerine ointment used
81	NITRO_A	Num	4	320	1.	BEST22.	f03q33f Improved symptoms
53	ONECOLD	Num	4	208	1.	BEST22.	f03q24 Had Raynauds for >= 1 winter
51	ONEFING	Num	4	200	1.	BEST22.	f03q22b At least one finger per hand
109	ON_DAYS	Num	8	441	8.		f03q24a Onset of Raynauds
96	OTHVAS	Num	4	380	1.	BEST22.	f03q33n Other vasodilators used
97	OTHVAS_A	Num	4	384	1.	BEST22.	f03q33n Improved symptoms
67	OTH_ILL	Num	4	264	1.	BEST22.	f03q31 Other interfering disease
10	PALEST	Num	4	36	2.	BEST22.	f03q9 Palest fingertips get
90	PENT	Num	4	356	1.	BEST22.	f03q33k Pentoxifylline used
91	PENT_A	Num	4	360	1.	BEST22.	f03q33k Improved symptoms
62	PHONE	Num	4	244	1.	BEST22.	f03q26 Telephone or other contact
24	PHOTO1_B	Num	4	92	1.	BEST22.	f03q15a Fingers resemble Photo 1
19	PHOTO1_W	Num	4	72	1.	BEST22.	f03q14a Fingers resemble Photo 1
25	PHOTO2_B	Num	4	96	1.	BEST22.	f03q15b Fingers resemble Photo 2
20	PHOTO2_W	Num	4	76	1.	BEST22.	f03q14b Fingers resemble Photo 2
26	PHOTO3_B	Num	4	100	1.	BEST22.	f03q15c Fingers resemble Photo 3

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
21	PHOTO3_W	Num	4	80	1.	BEST22.	f03q14c Fingers resemble Photo 3
27	PHOTO4_B	Num	4	104	1.	BEST22.	f03q15d Fingers resemble Photo 4
22	PHOTO4_W	Num	4	84	1.	BEST22.	f03q14d Fingers resemble Photo 4
15	PICTA	Num	4	56	1.	BEST22.	f03q13a Fingers resemble Picture A
16	PICTB	Num	4	60	1.	BEST22.	f03q13b Fingers resemble Picture B
17	PICTC	Num	4	64	1.	BEST22.	f03q13c Fingers resemble Picture C
92	PRAZ	Num	4	364	1.	BEST22.	f03q33l Prazosin used
93	PRAZ_A	Num	4	368	1.	BEST22.	f03q33l Improved symptoms
7	PTOPIN	Num	4	24	2.	BEST22.	f03q6 Patients opinion at exam
6	RED	Num	4	20	1.	BEST22.	f03q5c Fingers turn red
13	REDDEST	Num	4	48	2.	BEST22.	f03q12 Reddest findertips get
94	RESERP	Num	4	372	1.	BEST22.	f03q33m Reserpine used
95	RESERP_A	Num	4	376	1.	BEST22.	f03q33m Improved symptoms
40	RESPONSE	Num	4	156	1.	BEST22.	f03q21 White or blue Raynauds
47	RIGHT_I	Num	4	184	1.	BEST22.	f03q22b2 Index finger on right hand
50	RIGHT_L	Num	4	196	1.	BEST22.	f03q22e2 Little finger on right hand
48	RIGHT_M	Num	4	188	1.	BEST22.	f03q22c2 Middle finger on right hand
49	RIGHT_R	Num	4	192	1.	BEST22.	f03q22d2 Ring finger on right hand
46	RIGHT_T	Num	4	180	1.	BEST22.	f03q22a2 Thumb on right hand
65	SECOND	Num	4	256	1.	BEST22.	f03q29 Secondary Raynauds
3	UNCOLOR	Num	4	8	1.	BEST22.	f03q5 Fingers show color changes
8	USUAL	Num	4	28	2.	BEST22.	f03q7 Usual fingertip color
4	WHITE	Num	4	12	1.	BEST22.	f03q5a Fingers turn white
18	WH_CHART	Num	4	68	1.	BEST22.	f03q14 Looks like hands on White Chart
31	WH_RPA	Num	4	120	1.	BEST22.	f03q19a Sensitive to cold and turn white
32	WH_RPB	Num	4	124	1.	BEST22.	f03q19b Palest color is 01 or 02
33	WH_RPC	Num	4	128	1.	BEST22.	f03q19c Demarcation line present
34	WH_RPD	Num	4	132	1.	BEST22.	f03q19d Diagnosis of white Raynauds

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
AGE	f03q3 At least 18 years old	391	1.0	0.0	1.0	1.0
COLDSEN	f03q4 Fingers sensitive to cold	391	1.0	0.0	1.0	1.0
UNCOLOR	f03q5 Fingers show color changes	391	1.0	0.0	1.0	1.0
WHITE	f03q5a Fingers turn white	391	1.0	0.2	1.0	2.0
BLPURP	f03q5b Fingers turn blue or purple	391	1.4	0.5	1.0	2.0
RED	f03q5c Fingers turn red	391	1.4	0.5	1.0	2.0
PTOPIN	f03q6 Patients opinion at exam	391	4.3	1.5	1.0	12.0
USUAL	f03q7 Usual fingertip color	390	4.2	1.4	1.0	12.0
EXOPIN	f03q8 Examiners opinion at exam	391	4.3	1.3	1.0	12.0
PALEST	f03q9 Palest fingertips get	391	1.2	0.5	0.0	5.0
BLUEST	f03q10 Bluest fingertips get	391	4.9	4.3	0.0	12.0
MOSTPURP	f03q11 Most purple fingertips get	391	4.9	4.8	0.0	12.0
REDDEST	f03q12 Reddest findertips get	391	6.4	3.9	0.0	12.0
FINGMMBP	f03q13 More color than rest of hand	391	1.0	0.2	1.0	3.0
PICTA	f03q13a Fingers resemble Picture A	382	1.1	0.2	1.0	2.0
PICTB	f03q13b Fingers resemble Picture B	382	1.9	0.3	1.0	2.0
PICTC	f03q13c Fingers resemble Picture C	382	1.7	0.5	1.0	2.0
WH_CHART	f03q14 Looks like hands on White Chart	391	1.1	0.2	1.0	2.0
PHOTO1_W	f03q14a Fingers resemble Photo 1	370	1.4	0.5	1.0	2.0
PHOTO2_W	f03q14b Fingers resemble Photo 2	370	1.3	0.5	1.0	2.0
PHOTO3_W	f03q14c Fingers resemble Photo 3	370	1.4	0.5	1.0	2.0
PHOTO4_W	f03q14d Fingers resemble Photo 4	370	2.0	0.1	1.0	2.0
BL_CHART	f03q15 Looks like hands on Blue Chart	391	1.5	0.5	1.0	3.0
PHOTO1_B	f03q15a Fingers resemble Photo 1	196	1.5	0.5	1.0	2.0
PHOTO2_B	f03q15b Fingers resemble Photo 2	196	1.6	0.5	1.0	2.0
PHOTO3_B	f03q15c Fingers resemble Photo 3	196	1.7	0.5	1.0	2.0
PHOTO4_B	f03q15d Fingers resemble Photo 4	196	1.8	0.4	1.0	2.0
DEMARC_W	f03q16 Demarcation line for white area	391	1.8	1.1	1.0	6.0
DEMARC_B	f03q17 Demarcation line for blue area	391	4.1	1.8	1.0	6.0
COLCHG	f03q18 Timing of color changes	391	1.4	0.5	1.0	4.0
WH_RPA	f03q19a Sensitive to cold and turn white	391	1.0	0.1	1.0	2.0
WH_RPB	f03q19b Palest color is 01 or 02	391	1.0	0.2	1.0	2.0
WH_RPC	f03q19c Demarcation line present	391	1.1	0.2	1.0	2.0
WH_RPD	f03q19d Diagnosis of white Raynauds	391	1.1	0.2	1.0	2.0
BL_RPA	f03q20a Sensitive to cold and turn blue	391	1.0	0.2	1.0	2.0
BL_RPB	f03q20b Description of blue color	391	1.6	0.5	1.0	2.0
BL_RPC	f03q20c Demarcation line present	391	1.5	0.5	1.0	2.0
BL_RPD	f03q20d Color changes always present	391	2.0	0.1	1.0	2.0
BL_RPE	f03q20e Diagnosis of blue Raynauds	391	1.6	0.5	1.0	2.0
RESPONSE	f03q21 White or blue Raynauds	391	1.0	0.1	1.0	2.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
LEFT_T	f03q22a1 Thumb on left hand	391	1.6	0.5	1.0	2.0
LEFT_I	f03q22b1 Index finger on left hand	391	1.1	0.2	1.0	2.0
LEFT_M	f03q22c1 Middle finger on left hand	391	1.0	0.1	1.0	2.0
LEFT_R	f03q22d1 Ring finger on left hand	391	1.1	0.3	1.0	2.0
LEFT_L	f03q22e1 Little finger on left hand	391	1.3	0.4	1.0	2.0
RIGHT_T	f03q22a2 Thumb on right hand	391	1.6	0.5	1.0	2.0
RIGHT_I	f03q22b2 Index finger on right hand	391	1.0	0.2	1.0	2.0
RIGHT_M	f03q22c2 Middle finger on right hand	391	1.0	0.2	1.0	2.0
RIGHT_R	f03q22d2 Ring finger on right hand	391	1.1	0.2	1.0	2.0
RIGHT_L	f03q22e2 Little finger on right hand	391	1.2	0.4	1.0	2.0
ONEFING	f03q22b At least one finger per hand	391	1.0	0.0	1.0	1.0
ATT14	f03q23 >= 14 attacks last winter	391	1.0	0.0	1.0	1.0
ONECOLD	f03q24 Had Raynauds for >= 1 winter	391	1.0	0.0	1.0	1.0
NAIL_A	f03q25a Uniform dist. of capillaries	391	1.0	0.1	1.0	2.0
NAIL_B	f03q25b Loop width <100u in distal row	391	1.0	0.1	1.0	2.0
NAIL_C	f03q25c No tortuosity or deformation	391	1.0	0.1	1.0	2.0
NAIL_D	f03q25d Edematous appearance	391	2.0	0.1	1.0	2.0
NAIL_E	f03q25e Few hemorrhages	391	1.0	0.1	1.0	2.0
NAIL_F	f03q25f Localized avascular areas	391	2.0	0.1	1.0	2.0
NAIL_G	f03q25g Other abnormal findings	391	2.0	0.1	1.0	2.0
NAIL_H	f03q25h Normal nailfold capillaries	391	1.0	0.1	1.0	2.0
PHONE	f03q26 Telephone or other contact	391	1.0	0.0	1.0	1.0
CONSENT	f03q27 Signed the Informed Consent Form	391	1.0	0.0	1.0	1.0
DIGITAL	f03q28 Digital ulcers/gangrene/pits	391	2.0	0.1	1.0	2.0
SECOND	f03q29 Secondary Raynauds	391	2.0	0.1	1.0	2.0
ABUSE	f03q30 Drug/alcohol abuse or unreliable	391	2.0	0.0	2.0	2.0
OTH_ILL	f03q31 Other interfering disease	391	2.0	0.1	1.0	2.0
MOVING	f03q32 Patient will be moving	391	2.0	0.0	2.0	2.0
MEDUSE	f03q33 Previous medications	391	1.8	0.4	1.0	2.0
ALPHA	f03q33a Alpha Methyl dopa used	391	3.0	0.1	2.0	3.0
ALPHA_A	f03q33a Improved symptoms	1	2.0	.	2.0	2.0
BETA	f03q33b Beta blockers used	391	3.0	0.2	2.0	3.0
BETA_A	f03q33b Improved symptoms	11	2.0	0.0	2.0	2.0
CALC	f03q33c Calcium channel blockers used	391	2.9	0.3	2.0	3.0
CALC_A	f03q33c Improved symptoms	34	1.6	0.5	1.0	2.0
CLON	f03q33d Clonidine used	391	3.0	0.0	3.0	3.0
CLON_A	f03q33d Improved symptoms	0	.	.	.	.
ERGOT	f03q33e Ergot preparations used	391	3.0	0.1	2.0	3.0
ERGOT_A	f03q33e Improved symptoms	4	2.0	0.0	2.0	2.0
NITRO	f03q33f Nitroglycerine ointment used	391	3.0	0.1	2.0	3.0

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
NITRO_A	f03q33f Improved symptoms	2	1.5	0.7	1.0	2.0
NIC	f03q33g Nicotine resin or patch used	391	3.0	0.2	2.0	3.0
NIC_A	f03q33g Improved symptoms	11	2.0	0.0	2.0	2.0
GUAN	f03q33h Guanethidine used	391	3.0	0.0	3.0	3.0
GUAN_A	f03q33h Improved symptoms	0	.	.	.	.
HYDRA	f03q33i Hydralazine used	391	3.0	0.0	3.0	3.0
HYDRA_A	f03q33i Improved symptoms	0	.	.	.	.
MINOX	f03q33j Minoxidil used	391	3.0	0.1	2.0	3.0
MINOX_A	f03q33j Improved symptoms	1	2.0	.	2.0	2.0
PENT	f03q33k Pentoxifylline used	391	3.0	0.1	2.0	3.0
PENT_A	f03q33k Improved symptoms	3	1.3	0.6	1.0	2.0
PRAZ	f03q33l Prazosin used	391	3.0	0.1	2.0	3.0
PRAZ_A	f03q33l Improved symptoms	3	2.0	0.0	2.0	2.0
RESERP	f03q33m Reserpine used	391	3.0	0.0	3.0	3.0
RESERP_A	f03q33m Improved symptoms	0	.	.	.	.
OTHVAS	f03q33n Other vasodilators used	391	3.0	0.1	2.0	3.0
OTHVAS_A	f03q33n Improved symptoms	8	2.0	0.0	2.0	2.0
COUM	f03q33o Coumadin used	391	3.0	0.1	2.0	3.0
COUM_A	f03q33o Improved symptoms	2	2.0	0.0	2.0	2.0
NIF	f03q34 Nifedipine ever used	391	1.9	0.3	1.0	3.0
NIF_A	f03q34a Intolerant of Nifedipine	41	2.0	0.2	1.0	2.0
NIF_B	f03q34b Nifedipine used in last month	41	2.0	0.0	2.0	2.0
NIFDOSE	f03q34b1 Nifedipine daily dose	35	36.1	26.0	5.0	120.0
NIFIMP	f03q34b2 Nifedipine improved symptoms	37	1.6	0.5	1.0	2.0
BIOOTHER	f03q35 Previous biofeedback therapy	391	2.0	0.0	2.0	2.0
F03_DAYS	f03q2 Days from randomization	313	-41.4	12.5	-121.0	-27.0
NEWID	Patient ID	391	213.3	143.1	1.0	556.0
B_YRS	f03q3a Age (years) at randomization	313	44.6	11.9	20.0	78.0
ON_DAYS	f03q24a Onset of Raynauds	238	-4917.6	3863.1	-23005.0	-406.0