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**COOPERATIVE STUDY OF SICKLE CELL DISEASE
PULMONARY FUNCTION INTAKE FORM**

**ANONID
PFIFID2**

1. Person completing form (Name): _____ **PFIFG** (Initials):
2. CSSCD code number of person completing form: _____ **PFICODE**
3. Date of interview (Month, Day, Year): _____ **PFI_DATE** ____/____/____

CHECK THE NO OR YES BOX FOR EACH OF THE FOLLOWING QUESTIONS:

1.NO 2.YES

4. Has the patient had Acute Chest Syndrome or pneumonia within the past 60 days?
IF YES TO ABOVE, STOP AND RESCHEDULE PULMONARY FUNCTION TESTS AND ARTERIAL BLOOD GAS DETERMINATION.
PFIACS
5. Has the patient had an acute respiratory illness (e.g. acute bronchitis, upper respiratory infection) within the last month?
IF YES TO ABOVE, STOP AND RESCHEDULE PULMONARY FUNCTION TESTS AND ARTERIAL BLOOD GAS DETERMINATION.
PFIARI
6. Does the child currently have any other acute condition which would interfere with testing or render the results invalid?
IF YES TO ABOVE, STOP AND RESCHEDULE PULMONARY FUNCTION TESTS AND ARTERIAL BLOOD GAS DETERMINATION.
PFIACUT
7. Was the patient able to cooperate with pulmonary function testing?
IF NO TO ABOVE, RESCHEDULE TESTS IN 6 MONTHS.
PFICOOP

****ASK THE PARENT OF THE PATIENT TO CHOOSE ONE OF THE FOLLOWING RESPONSES FOR QUESTIONS 8-10****

RESPONSE CODES
1. Never
2. Occasionally
3. Frequently
4. Always

8. Does the patient have difficulty breathing when asleep? **PFIDIFBR**
9. Does patient snore? **PFISNORE**
10. Does patient ever stop breathing while sleeping? **PFISTBR**

1.NO 2. YES

11. Does patient have a history of wheezing? **PFIWZHX**

12. Does patient have a history of asthma? **PFIASTHX**

IF YES TO Q. 12 → 12.1 Is patient currently on medication for asthma? **PFIASMED**

IF YES TO Q. 12.1 → 12.2 Medications (**Check NO or YES for EACH of 12.2 A - F below**)

12.2.A. Steroids **PFISTER**

IF YES TO STEROIDS → 12.2.A.1. Systemic Steroids **PFISSTER**

IF YES TO STEROIDS → 12.2.A.2. Inhaled Steroids **PFIISTER**

12.2.B. Beta-Sympathomimetics **PFIBSYM**

12.2.C. Theophylline **PFITHEO**

12.2.D. Cromolyn (Intal) or Nedocromil (Tilade) **PFICROM**

12.2.E. Anticholinergics **PFIACHOL**

12.2.F. Other medication for asthma? **PFIOMED**

IF YES TO ABOVE → 12.2.F.1. Specify: _____ **PFIOMEDT**

13. Does patient smoke cigarettes? 1. NO 2. YES **PFI6IG**

IF YES TO ABOVE → 13.1 How many does patient smoke in a day? (total #) **PFI6IG**

14. Is there a household member who smokes? 1. NO 2. YES **PFIHSSMK**

15. Has patient ever had pulmonary or cardiac surgery? 1. NO 2. YES **PFIPCSG**

IF YES TO ABOVE → 15.1 Name of Procedure(s) A. **PFIPCSG1** Office Use →

B. **PFIPCSG2** Office Use →

C. **PFIPCSG3** Office Use →

16. Has patient ever had a tonsillectomy or adenoidectomy? 1. NO 2. YES **PFITOSG**

16.1 Reason _____	PFITOSGR	Office Use →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PFITOSGC
16.2 Age surgery performed	<input type="text"/>	<input type="text"/>	PFITOAGE				

17. Has patient taken any medications in the past 24 hours? 1. NO 2. YES **PFIMEDS**

IF YES TO ABOVE → 17.1 List Medication(s) A. _____ **PFIMED1**

B. _____ **PFIMED2**

PFIMED3

C. _____

D. _____

~~PFIMED4~~

18. Physical Examination - LUNGS/RESPIRATIONS (Check NO or YES for EACH of 18 A - E below)

1.NO

2.YES

18.A. Rales (crackles)

PFIRALES

18.B. Rhonchi

PFIRN

18.C. Wheezing

PFIWZ

18.D. Mouth breathing

PFIMBR

18.E. Other lung/respiratory abnormality

PFIORAB

If YES to Q. 18.E. → 18.E.1. Specify: _____

PFIORABT

19. Person completing Physical Exam (Name): _____

PFIPEC

(Initials):

Signature of Data Coordinator: _____

Date: ____/____/____

CSSCD Phases 2 and 3
2.11: Pulmonary Function Intake Form – Form PFIF

QUESTION-BY-QUESTION SPECIFICATIONS FOR THE PULMONARY
FUNCTION INTAKE FORM

Question 1. Person completing form: The person completing the Pulmonary Function Intake Form should enter his/her name on the line and initials in the three boxes to the right of the line. This person completing the form (conducting the interview) should be a CSSCD staff member at the clinic.

Question 2. CSSCD code number of the person completing the form: The code number of the person completing the Pulmonary Function Intake Form is to be assigned by the Data Coordinator at each clinic.

Question 3. Date of interview: The date the Pulmonary Function Intake interview was performed should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

Question 4. Has the patient had Acute Chest Syndrome or pneumonia within the past 60 days?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 1. NO is checked, (the patient has experienced Acute Chest Syndrome or Pneumonia within 60 days prior to the date of the interview), you MUST reschedule the pulmonary function tests and blood drawing for determination of arterial blood gases.

Question 5. Has the patient had an acute respiratory illness within the last month?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, you MUST reschedule the pulmonary function tests and blood drawing for determination of arterial blood gases.

Question 6. Does the child currently have any other acute condition which would interfere with testing or render the results invalid?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, pulmonary function tests and blood drawing for arterial blood gases should be rescheduled.

Question 7. Was the patient able to cooperate with pulmonary function testing?: **NOTE:**

CSSCD Phases 2 and 3

2.11: Pulmonary Function Intake Form – Form PFIF

At the time of the interview and physical examination, the person completing the form will not be able to answer question 7. After the patient is seen in the pulmonary function laboratory and you have received the report regarding the patient's cooperation, please be sure to go back and answer question 7 before submitting the Pulmonary Function Intake Form to the SCC. Place a check mark in the appropriate (1. NO or 2. YES) box. If 1. NO is checked, you MUST reschedule the patient for pulmonary function tests and blood drawing for arterial blood gases determination in 6 months.

Question 8. Does the patient have difficulty breathing while asleep?: Ask parent/patient to choose one of the following responses: 1. NEVER, 2. OCCASIONALLY, 3. FREQUENTLY, 4. ALWAYS. Enter number code in response box.

Question 9. Does patient snore?: Ask parent/patient to choose one of the following responses: 1. NEVER, 2. OCCASIONALLY, 3. FREQUENTLY, 4. ALWAYS. Enter number code in response box.

Question 10. Does the patient ever stop breathing while sleeping?: Ask parent/patient to choose one of the following responses: 1. NEVER, 2. OCCASIONALLY, 3. FREQUENTLY, 4. ALWAYS. Enter number code in response box.

Question 11. Does the patient have a history of wheezing?: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 12. Does the patient have a history of asthma?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, then Question 12.1 MUST be answered.

Question 12.1 Is patient currently on medication for asthma?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, Question 12.2. (A-F) MUST be answered.

Question 1.2 Medications: Ask the parent/guardian about each of the medications listed - i.e., "Is the patient taking?"

Question 12.2.A Steroids: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2.

CSSCD Phases 2 and 3
2.11: Pulmonary Function Intake Form – Form PFIF

YES is checked, you MUST answer Questions 12.2.A.1 and 12.2.A.2.

Question 12.2.B Beta-Sympathomimetics: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 12.2.C Theophylline: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 12.2.D Cromolyn (Intal) or Nedocromil (Tilade): Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 12.2.E Anticholinergics: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 12.2.F Other medications for asthma: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, you MUST ask “what is the name(s) of the medication(s)?” and record the response in the on the “specify” line (Question 12.2.F.1).

Question 13. Does the patient smoke cigarettes?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, Question 13.1 MUST be answered.

Question 13.1 How many does patient smoke in a day?: Write the TOTAL number of cigarettes smoked per day (not amount in packs) in the boxes to the right of the question.

Question 14. Is there a household member who smokes?: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 15. Has the patient ever had pulmonary or cardiac surgery?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, Question 15.1 MUST be answered.

Question 15.1 Name of Procedure: If the response to Question 15 is 2. YES, ask the person being interviewed: “What type(s) of pulmonary or cardiac surgery did [PATIENT NAME} have?” List the name(s) of the pulmonary or cardiac procedure(s) the patient has had on lines A, B, and C. You may list up to 3 procedures. DO NOT fill in the boxes to the right of the procedures.

CSSCD Phases 2 and 3
2.11: Pulmonary Function Intake Form – Form PFIF

Question 16. Has the patient ever had a tonsillectomy or adenoidectomy?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, Questions 16.1 and 16.2 MUST be answered.

Question 16.1 Reason: If the answer to Question 16 is 2. YES, ask the person being interviewed “Why did [PATIENT NAME] have his/her tonsils (and/or adenoids) removed?” Record the response in the space provided. DO NOT fill in the boxes to the right of the reason.

Question 16.2 Age surgery performed: Ask person being interviewed ‘How old was [PATIENT NAME] when (s)he had the surgery?’ Enter age in years in the response boxes.

Question 17. Has the patient taken any medications in the past 24 hours?: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, Question 17.1 MUST be answered.

Question 17.1 List Medications: If the response to Question 17 is 2. YES, ask the person being interviewed “What medications did [PATIENT NAME] take in the last 24 hours?” Record the name(s) of the medications on lines A, B, C, and D. You may list up to 4 medications.

Questions 18 and 19 are to be completed by the physician, physician’s assistant, or nurse practitioner who performs the physical exam.

Question 18. Physical Examination - LUNGS/RESPIRATIONS:

Question 18.A Rates (crackles): Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 18.B Rhonchi: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 18.C Wheezing: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 18.D Mouth breathing: Place a check mark in the appropriate (1. NO or 2. YES) box.

Question 18.E Other lung/respiratory abnormality: Place a check mark in the appropriate (1. NO or 2. YES) box. If 2. YES is checked, the type of other lung/respiratory abnormality MUST be

CSSCD Phases 2 and 3

2.11: Pulmonary Function Intake Form – Form PFIF

specified (Question 18.E.1).

Question 19. Person completing Physical Exam: The doctor, physician's assistant or nurse practitioner performing the exam should enter his/her name on the line and his/her initials in the three boxes to the right of the line.

**CODEBOOK FOR CSSCD FORM PFIF
PULMONARY FUNCTION INTAKE FORM
CSSCD INFANT COHORT PATIENTS**

CONTENTS OF SAS DATASET: PFIFPUBN.SD2
DATA FROM CSSCD FORM PFIF - PULMONARY FUNCTION INTAKE FORM
VARIABLES ARE LISTED IN ALPHABETICAL ORDER AND IN ORDER OF THEIR POSITION
IN THE SAS DATASET AND ON FORM PFIF
DATE VARIABLES HAVE BEEN REMOVED & CSSCD ID #S REPLACED W/ ANONYMIZED ID #

The SAS System 12:05 Thursday, February 12, 2004 1

The CONTENTS Procedure

Data Set Name: IN.PFIFPUBN	Observations:	705
Member Type: DATA	Variables:	47
Engine: V6	Indexes:	
Created: 14:44 Wednesday, February 11, 2004	Observation Length:	469
Last Modified: 14:44 Wednesday, February 11, 2004	Deleted Observations:	0
Protection:	Compressed:	NO
Data Set Type:	Sorted:	NO
Label:		

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

Data Set Page Size: 16384
Number of Data Set Pages: 22
First Data Page: 1
Max Obs per Page: 34
Obs in First Data Page: 21
Number of Data Set Repairs: 0
File Name: pfif_pun.sd2
Release Created: 6.08.00
Host Created: WIN

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

#	Variable	Type	Len	Pos	Format	Informat	Label
1	ANONID	Char	8	0			ANONYMIZED ID #
46	PFIABLE	Num	8	437	2.	2.	FREE OF ILLNESS & ABLE TO DO PFT (PH2)
22	PFIACHOL	Num	8	161	2.	2.	122E PT TAKING ANTICHOLINERGICS
6	PFIACS	Num	8	33	2.	2.	4 PT HAD ACS/PNEUMONIA IN PAST 60 DAYS
7	PFIARI	Num	8	41	2.	2.	5 HAD ACUTE RESP ILLNESS IN LAST MONTH
15	PFIASMED	Num	8	105	2.	2.	121 PT CURRENTLY ON ASTHMA MEDICATION
14	PFIASTHX	Num	8	97	2.	2.	12 DOES PT HAVE HISTORY OF ASTHMA
19	PFIBSYM	Num	8	137	2.	2.	122B PT TAKING BETA-SYMPATHOMETICS
5	PFICODE	Num	8	25	3.	3.	2 CODE NO OF PERSON COMPLETING FORM
9	PFICOOP	Num	8	57	2.	2.	7 PT ABLE TO COOPERATE W/ PF TESTING
21	PFICROM	Num	8	153	2.	2.	122D PT TAKING CROMOLYN OR NEDOCROMIL
10	PFIDIFBR	Num	8	65	2.	2.	8 HAVE DIFFICULTY BREATHING ASLEEP
4	PFIFBNO	Num	8	17	3.	3.	DATA ENTRY BATCH NUMBER
2	PFIFID2	Num	8	8	3.	3.	FOLLOW-UP IDENTIFIER
3	PFIFVERS	Char	1	16			FORM VERSION
25	PFIHSSMK	Num	8	202	2.	2.	14 IS THERE HOUSEHOLD MEMBER WHO SMOKES
18	PFIISTER	Num	8	129	2.	2.	122A2 PT TAKING INHALED STEROIDS
40	PFIMBR	Num	8	378	2.	2.	18D PHYS EXAM LUNGS - MOUTH BREATHING
34	PFIMEDS	Num	8	296	2.	2.	17 PT TAKEN MEDICATIONS IN PAST 24 HRS
8	PFIOACUT	Num	8	49	2.	2.	6 OTHER ACUTE CONDIT INTERFERE W/TEST
23	PFIOMED	Num	8	169	2.	2.	122F PT TAKING OTHER MEDS FOR ASTHMA
48	PFIOMEDC	Num	8	453	4.	4.	OTHER ASTHMA MED SPECIFY CODE (PH2)
24	PFIOMEDT	Char	25	177			122F1 OTHR ASTHMA MEDICATION SPECIFY
41	PFIORAB	Num	8	386	2.	2.	18E PHYS EXAM LUNGS - OTHR ABNORMALITY
42	PFIORABT	Char	30	394			18E1 OTHER LUNG ABNORMALITY SPECIFY
45	PFIOVERS	Char	2	435			VERSION DATA TRANSCRIBED FROM
26	PFIPCSG	Num	8	210	2.	2.	15 HAS PT HAD PULMONARY/CARDIAC SURGERY
27	PFIPCSG1	Num	8	218	6.2	6.2	151A CARDIAC/PULMONARY PROCEDURE CODE

CODEBOOK FOR CSSCD FORM PFIF
PULMONARY FUNCTION INTAKE FORM
 CSSCD INFANT COHORT PATIENTS

28	PFIPCSG2	Num	8	226	6.2	6.2	151B CARDIAC/PULMONARY PROCEDURE CODE
29	PFIPCSG3	Num	8	234	6.2	6.2	151C CARDIAC/PULMONARY PROCEDURE CODE
43	PFIPEC	Char	3	424			19 PERSON COMPLETING PHYSICAL EXAM
37	PFIRALES	Num	8	354	2.	2.	18A PHYSICAL EXAM LUNGS - RALES
38	PFIRN	Num	8	362	2.	2.	18B PHYSICAL EXAM LUNGS - RHONCHI
11	PFISNORE	Num	8	73	2.	2.	9 DOES PATIENT SNORE
17	PFISSTER	Num	8	121	2.	2.	122A1 PT TAKING SYSTEMIC STEROIDS
12	PFISTBR	Num	8	81	2.	2.	10 DOES PT STOP BREATHING WHILE ASLEEP
16	PFISTER	Num	8	113	2.	2.	122A IS PATIENT TAKING STEROIDS
20	PFITHEO	Num	8	145	2.	2.	122C PT TAKING THEOPHYLLINE
33	PFITOAGE	Num	8	288	2.	2.	162 AGE SURGERY PERFORMED
49	PFITODIS	Num	8	461	2.	2.	ESTIMATED TONSILLAR DISTANCE (PH2)
30	PFITOSG	Num	8	242	2.	2.	16 PT HAD TONSILLECTOMY/ADENOIDECTOMY
32	PFITOSGC	Num	8	280	6.2	6.2	1611 REASON FOR TONSILL/ADENOID CODE
31	PFITOSGR	Char	30	250			161 REASON FOR TONSILLECT/ADENOIDECT
44	PFITRNSC	Num	8	427	2.	2.	DATA TRANSCRIBED FROM OLDER VERSION
47	PFIURIOR	Num	8	445	2.	2.	PT HAD URI IN PAST 30 DAYS (PH2)
39	PFIWZ	Num	8	370	2.	2.	18C PHYSICAL EXAM LUNGS - WHEEZING
13	PFIWZHX	Num	8	89	2.	2.	11 DOES PT HAVE HISTORY OF WHEEZING

 * PFIFN.FMT contains value labels for numerical codes assigned to categorical *

**CODEBOOK FOR CSSCD FORM PFIF
PULMONARY FUNCTION INTAKE FORM**
CSSCD INFANT COHORT PATIENTS

```
* variables in the SAS dataset PFIFPUBN.SD2 *
*****;
```

```
PROC FORMAT;
```

```
*Format NO_YES used for the following variables:PFIACS PFIARI PFIOACUT
PFICOOP PFIWZH PFIASHTX PFIASMED PFISTER
PFISSTER PFIISTER PFIBSYM PFITHEO PFICROM
PFIACHOL PFIOMED PFIHSSMK PFIPCSG
PFITOSG PFIMEDS PFIRALES PFIRN PFIWZ PFIMBR
PFIORAB PFIABLE PFIURIOR PFITRNSC;
```

```
VALUE NO_YES 1='NO'
              2='YES';
```

```
*Format BREATHE used for the following variables: PFIDIFBR PFISNORE PFISTBR;
```

```
VALUE BREATHE 1='NEVER'
              2='OCCASIONALLY'
              3='FREQUENTLY'
              4='ALWAYS';
```

```
format
```

```
PFIACS PFIARI PFIOACUT PFICOOP PFIWZH
PFIASHTX PFIASMED PFISTER PFISSTER PFIISTER
PFIBSYM PFITHEO PFICROM PFIACHOL PFIOMED
PFIHSSMK PFIPCSG PFITOSG PFIMEDS PFIRALES PFIRN
PFIWZ PFIMBR PFIORAB PFIABLE PFIURIOR NO_YES.
PFIDIFBR PFISNORE PFISTBR BREATHE.;
```

```
run;
quit;
```

CODEBOOK FOR CSSCD FORM PFIF
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CSSCD INFANT COHORT PATIENTS

PFIFID2 ----- FOLLOW-UP IDENTIFIER

type: numeric (float)

range: [1,15] units: 1
unique values: 5 coded missing: 0 / 705

tabulation:	Freq.	Value
	308	1
	14	5
	325	11
	53	13
	5	15

PFIFVERS ----- FORM VERSION

type: string (str1)

unique values: 1 coded missing: 313 / 705

tabulation:	Freq.	Value
	392	"E"

CODEBOOK FOR CSSCD FORM PFIF
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 CSSCD INFANT COHORT PATIENTS

PFIACS ----- 4 PT HAD ACS/PNEUMONIA IN PAST 60 DAYS

type: numeric (float)
 label: PFIACS

range: [1,2] units: 1
 unique values: 2 coded missing: 0 / 705

tabulation:	Freq.	Numeric	Label
	702	1	NO
	3	2	YES

PFIARI ----- 5 HAD ACUTE RESP ILLNESS IN LAST MONTH

type: numeric (float)
 label: PFIARI

range: [1,1] units: 1
 unique values: 1 coded missing: 316 / 705

tabulation:	Freq.	Numeric	Label
	389	1	NO

PFIARI:

- Response required only if PFIFVERS=E.

PFIOACUT ----- 6 OTHER ACUTE CONDIT INTERFERE W/TEST

type: numeric (float)
 label: PFIOACUT

range: [1,1] units: 1
 unique values: 1 coded missing: 335 / 705

tabulation:	Freq.	Numeric	Label
	370	1	NO

PFIOACUT:

- Response required only if PFIFVERS=E.

PFICOOP ----- 7 PT ABLE TO COOPERATE W/ PF TESTING

type: numeric (float)
 label: PFICOOP

range: [1,2] units: 1
 unique values: 2 coded missing: 315 / 705

tabulation:	Freq.	Numeric	Label
	24	1	NO
	366	2	YES

PFICOOP:

- Response required only if PFIFVERS=E.

CODEBOOK FOR CSSCD FORM PFIF
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CSSCD INFANT COHORT PATIENTS

PFIDIFBR ----- 8 HAVE DIFFICULTY BREATHING ASLEEP

type: numeric (float)
label: PFIDIFBR

range: [1,4] units: 1
unique values: 4 coded missing: 339 / 705

tabulation:	Freq.	Numeric	Label
	317	1	NEVER
	44	2	OCCASIONALLY
	4	3	FREQUENTLY
	1	4	ALWAYS

PFIDIFBR:

1. Response required only if PFIFVERS=E.

PFISNORE ----- 9 DOES PATIENT SNORE

type: numeric (float)
label: PFISNORE

range: [1,4] units: 1
unique values: 4 coded missing: 14 / 705

tabulation:	Freq.	Numeric	Label
	346	1	NEVER
	272	2	OCCASIONALLY
	31	3	FREQUENTLY
	42	4	ALWAYS

PFISTBR ----- 10 DOES PT STOP BREATHING WHILE ASLEEP

type: numeric (float)
label: PFISTBR

range: [1,3] units: 1
unique values: 3 coded missing: 6 / 705

tabulation:	Freq.	Numeric	Label
	685	1	NEVER
	13	2	OCCASIONALLY
	1	3	FREQUENTLY

CODEBOOK FOR CSSCD FORM PFIF
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 CSSCD INFANT COHORT PATIENTS

PFIWZHX ----- 11 DOES PT HAVE HISTORY OF WHEEZING

type: numeric (float)
 label: PFIWZHX

range: [1,2] units: 1
 unique values: 2 coded missing: 1 / 705

tabulation:	Freq.	Numeric	Label
	625	1	NO
	79	2	YES

PFIASTHX ----- 12 DOES PT HAVE HISTORY OF ASTHMA

type: numeric (float)
 label: PFIASTHX

range: [1,2] units: 1
 unique values: 2 coded missing: 1 / 705

tabulation:	Freq.	Numeric	Label
	635	1	NO
	69	2	YES

PFIASMED ----- 121 PT CURRENTLY ON ASTHMA MEDICATION

type: numeric (float)
 label: PFIASMED

range: [1,2] units: 1
 unique values: 2 coded missing: 639 / 705

tabulation:	Freq.	Numeric	Label
	31	1	NO
	35	2	YES

PFIASMED:

1. Response required only if PFIASTHX=2.

PFISTER ----- 122A IS PATIENT TAKING STEROIDS

type: numeric (float)
 label: PFISTER

range: [1,2] units: 1
 unique values: 2 coded missing: 675 / 705

tabulation:	Freq.	Numeric	Label
	21	1	NO
	9	2	YES

PFISTER:

1. Response required only if PFIASMED=2.

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CSSCD INFANT COHORT PATIENTS

PFISSTER ----- 122A1 PT TAKING SYSTEMIC STEROIDS

type: numeric (float)
label: PFISSTER

range: [1,1] units: 1
unique values: 1 coded missing: 698 / 705

tabulation:	Freq.	Numeric	Label
	7	1	NO

PFISSTER:

1. Response required only if PFISTER=2.

PFIISTER ----- 122A2 PT TAKING INHALED STEROIDS

type: numeric (float)
label: PFIISTER

range: [2,2] units: 1
unique values: 1 coded missing: 698 / 705

tabulation:	Freq.	Numeric	Label
	7	2	YES

PFIISTER:

1. Response required only if PFISTER=2.

PFIBSYM ----- 122B PT TAKING BETA-SYMPATHOMETICS

type: numeric (float)
label: PFIBSYM

range: [1,2] units: 1
unique values: 2 coded missing: 674 / 705

tabulation:	Freq.	Numeric	Label
	22	1	NO
	9	2	YES

PFIBSYM:

1. Response required only if PFIASMED=2.

CODEBOOK FOR CSSCD FORM PFIF
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CSSCD INFANT COHORT PATIENTS

PFITHEO ----- 122C PT TAKING THEOPHYLLINE

type: numeric (float)
label: PFITHEO

range: [1,2] units: 1
unique values: 2 coded missing: 674 / 705

tabulation:	Freq.	Numeric	Label
	25	1	NO
	6	2	YES

PFITHEO:

1. Response required only if PFIASMED=2.

PFIGROM ----- 122D PT TAKING CROMOLYN OR NEDOCROMIL

type: numeric (float)
label: PFIGROM

range: [1,2] units: 1
unique values: 2 coded missing: 673 / 705

tabulation:	Freq.	Numeric	Label
	29	1	NO
	3	2	YES

PFIGROM:

1. Response required only if PFIASMED=2.

PFIACHOL ----- 122E PT TAKING ANTICHOLINERGICS

type: numeric (float)
label: PFIACHOL

range: [1,1] units: 1
unique values: 1 coded missing: 674 / 705

tabulation:	Freq.	Numeric	Label
	31	1	NO

PFIACHOL:

1. Response required only if PFIASMED=2.

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PFIOMED ----- 122F PT TAKING OTHER MEDS FOR ASTHMA

type: numeric (float)
label: PFIOMED

range: [1,2] units: 1
unique values: 2 coded missing: 673 / 705

tabulation:	Freq.	Numeric	Label
	18	1	NO
	14	2	YES

PFIOMED:

1. Response required only if PFIASMED=2.

PFIOMEDT ----- 122F1 OTHR ASTHMA MEDICATION SPECIFY

type: string (str25)

unique values: 8 coded missing: 0 / 705

tabulation:	Freq.	Value
	691	"-7"
	1	"ABULTEROL"
	1	"ALBUTERAL"
	4	"ALBUTEROL"
	1	"INHALER"
	1	"THEODUR"
	4	"VENTOLIN"
	2	"VENTOLIN INHALER"

PFIOMEDT:

1. Response required only if PFIOMED=2.

PFICIG ----- 13 DOES PATIENT SMOKE CIGARETTES **DELETE**

type: numeric (float)
label: PFICIG

range: [1,2] units: 1
unique values: 2 coded missing: 1 / 705

tabulation:	Freq.	Numeric	Label
	699	1	NO
	5	2	YES

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PFINCIG ----- 131 HOW MANY DOES PT SMOKE IN A DAY **DELETE**

type: numeric (float)

range: [1,7] units: 1
 unique values: 3 coded missing: 701 / 705

tabulation: Freq. Value

2	1
1	3
1	7

PFINCIG:
 1. Response required only if PFICIG=2.

PFIHSSMK ----- 14 IS THERE HOUSEHOLD MEMBER WHO SMOKES

type: numeric (float)
 label: PFIHSSMK

range: [1,2] units: 1
 unique values: 2 coded missing: 32 / 705

tabulation: Freq. Numeric Label

437	1	NO
236	2	YES

PFIPCSG ----- 15 HAS PT HAD PULMONARY/CARDIAC SURGERY

type: numeric (float)
 label: PFIPCSG

range: [1,2] units: 1
 unique values: 2 coded missing: 1 / 705

tabulation: Freq. Numeric Label

698	1	NO
6	2	YES

PFIPCSG1 ----- 151A CARDIAC/PULMONARY PROCEDURE CODE

type: numeric (float)

range: [34.91,38.93] units: .01
 unique values: 3 coded missing: 700 / 705

tabulation: Freq. Value

2	34.91
2	35.720001
1	38.93

PFIPCSG1:
 1. Response required only if PFIPCSG=2.
 2. See ICD-9 codebook for procedure codes.

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PFIPCSG2 ----- 151B CARDIAC/PULMONARY PROCEDURE CODE

type: numeric (float)

range: [.,.]

units: .

unique values: 0

coded missing: 705 / 705

tabulation: Freq. Value
Value missing for all patients.

PFIPCSG2:

1. Response required only if PFIPCSG=2.
2. See ICD-9 codebook for procedure codes.

PFIPCSG3 ----- 151C CARDIAC/PULMONARY PROCEDURE CODE

type: numeric (float)

range: [.,.]

units: .

unique values: 0

coded missing: 705 / 705

tabulation: Freq. Value
Value missing for all patients.

PFIPCSG3:

1. Response required only if PFIPCSG=2.
2. See ICD-9 codebook for procedure codes.

PFITOSG ----- 16 PT HAD TONSILLECTOMY/ADENOIDECTOMY

type: numeric (float)

label: PFITOSG

range: [1,2]

units: 1

unique values: 2

coded missing: 3 / 705

tabulation:	Freq.	Numeric	Label
	680	1	NO
	22	2	YES

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PFITOSGC ----- 1611 REASON FOR TONSILL/ADENOID CODE

type: numeric (float)

range: [462,799]

units: .01

unique values: 9

coded missing: 685 / 705

tabulation:	Freq.	Value
	1	462
	4	474
	4	474.10001
	4	474.10999
	1	780.5
	1	780.57001
	1	784.90002
	3	786.09003
	1	799

PFITOSGC:

1. Response required only if PFITOSG=2.
2. See ICD-9 codebook for diagnosis codes.

PFITOAGE ----- 162 AGE SURGERY PERFORMED

type: numeric (float)

range: [2,15]

units: 1

unique values: 8

coded missing: 691 / 705

tabulation:	Freq.	Value
	1	2
	1	4
	3	5
	4	7
	1	8
	1	11
	1	13
	2	15

PFITOAGE:

1. Response required only if PFITOSG=2.

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PFIMEDS ----- 17 PT TAKEN MEDICATIONS IN PAST 24 HRS

type: numeric (float)
 label: PFIMEDS

range: [1,2] units: 1
 unique values: 2 coded missing: 3 / 705

tabulation:	Freq.	Numeric	Label
	309	1	NO
	393	2	YES

PFIMED1 ----- 171A LIST MEDICATION(S) **DELETE**

type: string (str25)

unique values: 50 coded missing: 0 / 705

tabulation:

Freq.	Value	Freq.	Value
313	"-7"	1	"PHENOBARB"
1	"AFRIN"	1	"PRENATALVITAMINS"
1	"ALBUTEROL INHALER"	1	"PRN VK"
1	"ANALGESIC"	1	"PROPS"
1	"ANTI-MALARIAL"	5	"PROPS II"
1	"AZMACORT PUFFS"	1	"PROPS II PCN"
2	"DEMEROL"	2	"PROPS II RANDOMIZATION"
1	"DESFERAL IV"	1	"PROPS II RANDOMIZED PILL"
2	"DESFEROL"	1	"PROZAC"
1	"DIMETAPP"	13	"RANDOMIZED PROPS"
12	"FOLATE"	6	"RANDOMIZED PROPS DRUG"
123	"FOLIC ACID"	7	"RANDOMIZED PROPS II"
4	"HYDROXYUREA"	1	"RITALIN"
1	"IMURAN"	1	"SLOBID"
1	"LANOXIN"	1	"STUDY MEDS (RANDOMIZED)"
1	"MESTINON"	1	"THEODUR"
1	"MORPHINE"	1	"TORADOL"
1	"MULTIVITAMINS"	3	"TYLENOL"
1	"NOSE DROPS"	1	"TYLENOL 3"
6	"PCN"	1	"TYLENOL ELIXIR"
1	"PEN V-K"	1	"TYLENOL W CODEINE"
113	"PEN VK"	1	"TYLENOL W/CODEINE"
1	"PENICILIN"	1	"VENTALIN"
59	"PENICILLIN"	1	"VENTOLIN"
1	"PERCOCET"	1	"VITAMINS"

PFIMED1:

1. Response required only if PFIMEDS=2.

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PFIMED2 ----- 171B LIST MEDICATION(S) **DELETE**

type: string (str25)

unique values: 29

coded missing: 0 / 705

tabulation:	Freq.	Value
	533	"-7"
	1	"ACETAMINOPHEN"
	1	"ALBUTEROL"
	1	"AZMACORT INHALER"
	1	"CROMOLYN"
	1	"DEFEROL"
	22	"FOLATE"
	97	"FOLIC ACID"
	2	"HYDROXYUREA"
	1	"IBUPROFEN"
	1	"INH"
	1	"MESTINON-TIME SPAN"
	7	"MULTIVITAMINS"
	1	"PEN V-K"
	14	"PEN VK"
	6	"PENICILLIN"
	1	"PERCOJET"
	1	"PREDNISONE"
	1	"PROPS II"
	1	"PROPS II RANDOMIZATION"
	1	"PROVENTIL PUFFS"
	1	"RANDOMIZED PROPS DRUG"
	1	"RANDOMIZED PROPS II"
	1	"SEPTRA"
	1	"SINEX"
	1	"TORADOL"
	2	"TYLENOL"
	2	"VENTOLIN"
	1	"VITAMINS"

PFIMED2:

1. Response required only if PFIMEDS=2.

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PFIMED3 ----- 171C LIST MEDICATION(S) **DELETE**

type: string (str25)

unique values: 19 coded missing: 0 / 705

tabulation:	Freq.	Value
	681	"-7"
	1	"ADVIL"
	1	"ASTHMA CORT"
	1	"AUGMENTIN"
	2	"DESFERAL"
	2	"FOLIC ACID"
	1	"HYDROCORTISONE CREAM"
	1	"IBUPROFEN"
	1	"IMURAM"
	1	"MESTINON"
	1	"MOTRIN"
	2	"MULTIVITAMINS"
	1	"PEN VK"
	1	"PROTROPIN"
	1	"PROVENTIL"
	1	"PROVENTIL NEBULIZER"
	1	"THEPHYLLINE"
	2	"TYLENOL"
	3	"TYLENOL #3"

PFIMED3:

1. Response required only if PFIMEDS=2.

PFIMED4 ----- 171D LIST MEDICATION(S) **DELETE**

type: string (str25)

unique values: 9 coded missing: 0 / 705

tabulation:	Freq.	Value
	696	"-7"
	1	"BECONASE"
	1	"DILANTIN"
	1	"IBUPROFEN"
	1	"IBUROPROFEN"
	1	"MOTRIN"
	2	"PEN VK"
	1	"PREDNISONONE"
	1	"TYLENOL"

PFIMED4:

1. Response required only if PFIMEDS=2.

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PFIRALES ----- 18A PHYSICAL EXAM LUNGS - RALES

type: numeric (float)
 label: PFIRALES

range: [1,2] units: 1
 unique values: 2 coded missing: 9 / 705

tabulation:	Freq.	Numeric	Label
	695	1	NO
	1	2	YES

PFIRN ----- 18B PHYSICAL EXAM LUNGS - RHONCHI

type: numeric (float)
 label: PFIRN

range: [1,1] units: 1
 unique values: 1 coded missing: 10 / 705

tabulation:	Freq.	Numeric	Label
	695	1	NO

PFIWZ ----- 18C PHYSICAL EXAM LUNGS - WHEEZING

type: numeric (float)
 label: PFIWZ

range: [1,2] units: 1
 unique values: 2 coded missing: 9 / 705

tabulation:	Freq.	Numeric	Label
	691	1	NO
	5	2	YES

PFIMBR ----- 18D PHYS EXAM LUNGS - MOUTH BREATHING

type: numeric (float)
 label: PFIMBR

range: [1,2] units: 1
 unique values: 2 coded missing: 9 / 705

tabulation:	Freq.	Numeric	Label
	672	1	NO
	24	2	YES

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PFIORAB ----- 18E PHYS EXAM LUNGS - OTHR ABNORMALITY

type: numeric (float)

label: PFIORAB

range: [1,2]

units: 1

unique values: 2

coded missing: 9 / 705

tabulation:	Freq.	Numeric	Label
	692	1	NO
	4	2	YES

PFIORABT ----- 18E1 OTHER LUNG ABNORMALITY SPECIFY

type: string (str30)

unique values: 5

coded missing: 0 / 705

tabulation:	Freq.	Value
	701	"-7"
	1	"COARSE BBS"
	1	"COURSE BREATH SOUNDS"
	1	"HARSH BREATH SOUNDS"
	1	"RESTRICTIVE LUNG DISEASE"

PFIORABT:

1. Response required only if PFIORAB=2.

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PFITRNSC ----- DATA TRANSCRIBED FROM OLDER VERSION

type: numeric (float)

range: [1,2] units: 1
unique values: 2 coded missing: 313 / 705

tabulation:	Freq.	Value
	369	1
	23	2

PFIOVERS ----- VERSION DATA TRANSCRIBED FROM

type: string (str2)

unique values: 3 coded missing: 0 / 705

tabulation:	Freq.	Value
	682	"-7"
	7	"B"
	16	"C"

PFIOVERS:

1. Response required only if PFITRNSC=2.

PFIABLE ----- FREE OF ILLNESS & ABLE TO DO PFT (PH2)

type: numeric (float)
label: PFIABLE

range: [1,2] units: 1
unique values: 2 coded missing: 393 / 705

tabulation:	Freq.	Numeric	Label
	38	1	NO
	274	2	YES

PFIABLE:

1. Required only if PFIFVERS NE 'E.'

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PFIURIOR ----- PT HAD URI IN PAST 30 DAYS (PH2)

type: numeric (float)
label: PFIURIOR

range: [1,2] units: 1
unique values: 2 coded missing: 392 / 705

tabulation:	Freq.	Numeric	Label
	292	1	NO
	21	2	YES

PFIURIOR:

1. Required only if PFIFVERS NE 'E.'

PFIOMEDC ----- OTHER ASTHMA MED SPECIFY CODE (PH2)

type: numeric (float)

range: [9999,9999] units: 1
unique values: 1 coded missing: 701 / 705

tabulation:	Freq.	Value
	4	9999

PFIOMEDC:

1. Required only if PFIFVERS NE 'E.'

PFITODIS ----- ESTIMATED TONSILLAR DISTANCE (PH2)

type: numeric (float)

range: [0,10] units: 1
unique values: 8 coded missing: 417 / 705

mean: 2.32986
std. dev: 1.22924

percentiles:	10%	25%	50%	75%	90%
	1	2	2	3	4

PFITODIS:

1. Required only if PFIFVERS NE 'E.'

_dta:

1. Created 12/01/99.