

Data Set Name: enrgise_adverse_events.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			Masked Participant ID
2	AFIB_ADEV	Num	8	1.	1.	Indicate that type of Adverse Event (Check all that apply) ;Atrial Fibrillation
3	COUGH_ADEV	Num	8	1.	1.	Cough
4	DIZZI_ADEV	Num	8	1.	1.	Dizziness/Presyncope
5	FALL_ADEV	Num	8	1.	1.	Fall (mechanical)
6	FATIGUE_ADEV	Num	8	1.	1.	Fatigue
7	SYNCOPE_ADEV	Num	8	1.	1.	Syncope
8	GIUPSET_ADEV	Num	8	1.	1.	GI Upset (nausea, vomiting, diarrhea, e.g.)
9	HYPGLYC_ADEV	Num	8	1.	1.	Hyperglycemia (FSBG > 300)
10	HYPKAL_ADEV	Num	8	1.	1.	Hyperkalemia (K>5.5 mEq/L)
11	SVRHYPGLY_ADEV	Num	8	1.	1.	Severe Hyperglycemic Episode (HHNK or DKA)
12	DROPHMG_ADEV	Num	8	1.	1.	Drop in hemoglobin by >20%
13	HYPOTEN_ADEV	Num	8	1.	1.	Hypotension (BP < 90/50)
14	DROPEGFR_ADEV	Num	8	1.	1.	Drop in eGFR >20%
15	ARF_ADEV	Num	8	1.	1.	Acute Renal Failure
16	ANGIO_ADEV	Num	8	1.	1.	Angioedema
17	STROKE_ADEV	Num	8	1.	1.	Stroke or TIA
18	ONGOING_ADEV	Num	8	1.	1.	Event Ongoing
19	OTH_ADEV	Num	8	1.	1.	Other
20	STDYDRUGREL_ADEV	Num	8	11.	11.	Was this AE related to either of the study drugs?
21	STDYPROCREL_ADEV	Num	8	11.	11.	Was this AE related to any of the study procedures?
22	NOACTN_ADEV	Num	8	1.	1.	Please list the actions taken, if any (check all that apply): ;No Action Taken
23	DXDLOPBO_ADEV	Num	8	1.	1.	Discontinued Losartan/Placebo
24	DXDFOPBO_ADEV	Num	8	1.	1.	Discontinued Fish Oil/Placebo
25	TRANSPACF_ADEV	Num	8	1.	1.	Transported participant to Acute Care Facility (e.g. ER, Hospital)
26	CONPPCP_ADEV	Num	8	1.	1.	Contacted participant's PCP directly to discuss
27	INSTRDSCPCP_ADEV	Num	8	1.	1.	Instructed Participant to Discuss with PCP
28	DECRLOPBO_ADEV	Num	8	1.	1.	Decreased Losartan/Placebo
29	DECRFOPBO_ADEV	Num	8	1.	1.	Decreased Fish Oil/Placebo
30	COUNSELED_ADEV	Num	8	1.	1.	Counseled on storage/timing of dose for fish oil/placebo
31	INCRMFRQBW_ADEV	Num	8	1.	1.	Increased monitoring frequency for bloodwork
32	INCRMFRQBP_ADEV	Num	8	1.	1.	Increased monitoring frequency for blood pressure
33	OTHACTN_ADEV	Num	8	1.	1.	Other
34	ISSAE_ADEV	Num	8	11.	11.	Does this event meet the definition of serious (i.e. resulted in inpatient hospitalization, death, life-threatening condition, or major disability or disruption in ability to conduct normal life functions)?

Num	Variable	Type	Len	Format	Informat	Label
35	AID_ADEV	Num	8	11.	11.	Adverse Event Number
36	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
37	WHATVISIT_ADEV	Num	8	6.	6.	At what visit was the AE reported?
38	UNEXP_ADEV	Num	8	6.	6.	Does this AE meet the definition of Unexpected?
39	SEVERITY_ADEV	Num	8	6.	6.	Please rate the severity of this AE:
40	ANCRELATE_ADEV	Num	8	6.	6.	Was this AE related to an ancillary study?
41	NOMEDCH_ADEV	Num	8	1.	1.	No Action Taken, Med Change Not Necessary
42	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_afib.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	ADDHOSP	Num	8	4.	4.	How many additional hospitalizations were identified?
3	AENOTAPP	Num	8	1.	1.	N/A
4	AENUM	Num	8	6.	6.	Please provide the AE## associated with this AFib/hospitalization report.
5	CNCONFIRM	Num	8	1.	1.	Clinical Notes
6	DIAGAFIB	Num	8	4.	4.	Is a diagnosis of atrial fibrillation confirmed by review of documentation?
7	DIAGTYPE	Num	8	4.	4.	What type of afib was diagnosed? What type of records were used to confirm afib diagnosis? (check all that apply)
8	DSCONFIRM	Num	8	1.	1.	Discharge Summary
9	DUPEHID	Num	8	11.	11.	
10	ECGCONFIRM	Num	8	1.	1.	ECG
11	HID	Num	8	11.	11.	Please provide the Hospitalization ID## associated with this AFib report.
12	HOLTCONFIRM	Num	8	1.	1.	Holter Monitor
13	HOWAFIB	Num	8	4.	4.	How was this potential case of atrial fibrillation initially reported?
14	OTHCONFIRM	Num	8	1.	1.	Other
15	UNREPORTAFIB	Num	8	4.	4.	During the review of records, were previously unreported Afib and/or hospitalizations identified?
16	VISAFIB	Num	8	4.	4.	At what visit was the afib or hospitalization reported?
17	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
18	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_bl_medical_history.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	HBP_MHXB	Num	8	6.	6.	High Blood Pressure
3	HBP_AGE_MHXB	Num	8	4.	4.	Age of First Diagnosis
4	HCHOL_MHXB	Num	8	6.	6.	High Cholesterol
5	HCHOL_AGE_MHXB	Num	8	4.	4.	Age of First Diagnosis
6	ANGINA_MHXB	Num	8	6.	6.	Angina or Chest Pain
7	ANGINA_AGE_MHXB	Num	8	4.	4.	Age of First Diagnosis
8	MI_MHXB	Num	8	6.	6.	Heart Attack or Myocardial Infarction (MI)
9	MI_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
10	CHF_MHXB	Num	8	6.	6.	Congestive heart failure (CHF)
11	CHF_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
12	CAD_MHXB	Num	8	6.	6.	Coronary Artery Disease
13	CAD_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
14	PALPI_MHXB	Num	8	6.	6.	Palpitations, irregular heartbeat
15	PALPI_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
16	VLVDZ_MHXB	Num	8	6.	6.	Valve disease
17	VLVDZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
18	CLAUD_MHXB	Num	8	6.	6.	Poor circulation (claudication)
19	CLAUD_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
20	BYPSRG_MHXB	Num	8	6.	6.	Bypass surgery
21	BYPSRG_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
22	HRTVRPT_MHXB	Num	8	6.	6.	Heart valve replacement
23	HRTVRPT_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Hematologic
24	ANEMIA_MHXB	Num	8	6.	6.	Anemia
25	ANEMIA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
26	BLDCLTS_MHXB	Num	8	6.	6.	Blood Clots
27	BLDCLTS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
28	BLDDISO_MHXB	Num	8	6.	6.	Bleeding disorder (vonWillebrands, hemophillia, e.g.)
29	BLDDISO_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Pulmonary / Vascular
30	PNEUMX_MHXB	Num	8	6.	6.	Pneumothorax (chest tube)
31	PNEUMX_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
32	PRFVLRDZ_MHXB	Num	8	6.	6.	Peripheral Vascular Disease
33	PRFVLRDZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
34	STROKE_MHXB	Num	8	6.	6.	Stroke
35	STROKE_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
36	TIA_MHXB	Num	8	6.	6.	TIA (transient ischemic attack)

Num	Variable	Type	Len	Format	Informat	Label
37	TIA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
38	PULMODZ_MHXB	Num	8	6.	6.	Pulmonary Disorder requiring steroid (prednisone) or oxygen therapy
39	PULMODZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Gastrointestinal
40	HRTBRN_MHXB	Num	8	6.	6.	Acid reflux/GERD/heartburn
41	HRTBRN_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
42	CROHNS_MHXB	Num	8	6.	6.	Crohn's disease or Ulcerative colitis
43	CROHNS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
44	ULCER_MHXB	Num	8	6.	6.	Ulcers
45	ULCER_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
46	CIRRHOSIS_MHXB	Num	8	6.	6.	Cirrhosis
47	CIRRHOSIS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
48	IBS_MHXB	Num	8	6.	6.	IBS (Irritable Bowel Syndrome)
49	IBS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
50	HIATAH_MHXB	Num	8	6.	6.	Hiatal hernia
51	HIATAH_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
52	PANCRE_MHXB	Num	8	6.	6.	Pancreatitis
53	PANCRE_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
54	HEPATITIS_MHXB	Num	8	6.	6.	Hepatitis
55	HEPATITIS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
56	FTYLVRDZ_MHXB	Num	8	6.	6.	Fatty Liver Disease
57	FTYLVRDZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
58	LVRDZ_MHXB	Num	8	6.	6.	Liver Disease
59	LVRDZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Cancer
60	LNG_CNCR_MHXB	Num	8	6.	6.	Lung Cancer
61	LNG_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
62	BRS_CNCR_MHXB	Num	8	6.	6.	Breast Cancer
63	BRS_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
64	PRS_CNCR_MHXB	Num	8	6.	6.	Prostate Cancer
65	PRS_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
66	COL_CNCR_MHXB	Num	8	6.	6.	Colon Cancer
67	COL_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
68	SKIN_CNCR_MHXB	Num	8	6.	6.	Skin Cancer (not melanoma)
69	SKIN_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
70	MELANOMA_MHXB	Num	8	6.	6.	Melanoma of the skin
71	MELANOMA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
72	UTE_CNCR_MHXB	Num	8	6.	6.	Uterine Cancer
73	UTE_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
74	OVA_CNCR_MHXB	Num	8	6.	6.	Ovarian Cancer

Num	Variable	Type	Len	Format	Informat	Label
75	OVA_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
76	CRV_CNCR_MHXB	Num	8	6.	6.	Cervical Cancer
77	CRV_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
78	PAN_CNCR_MHXB	Num	8	6.	6.	Pancreatic Cancer
79	PAN_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
80	LYMPHOMA_MHXB	Num	8	6.	6.	Lymphoma
81	LYMPHOMA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
82	BRNTUMR_MHXB	Num	8	6.	6.	Brain Tumor
83	BRNTUMR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
84	HNK_CNCR_MHXB	Num	8	6.	6.	Head or Neck Cancer
85	HNK_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
86	TUM_CNCR_MHXB	Num	8	6.	6.	Stomach Cancer
87	TUM_CNCR_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
88	LEUKEMIA_MHXB	Num	8	6.	6.	Leukemia
89	LEUKEMIA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Renal / genitourinary
90	RF_MHXB	Num	8	6.	6.	Renal Failure
91	RF_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
92	DIALYSIS_MHXB	Num	8	6.	6.	Dialysis
93	DIALYSIS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
94	RAS_MHXB	Num	8	6.	6.	Renal artery stenosis
95	RAS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Muscular / skeletal
96	CTD_MHXB	Num	8	6.	6.	Connective Tissue Disease (Lupus, scleroderma)
97	CTD_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
98	OSTARTH_MHXB	Num	8	6.	6.	Osteoarthritis
99	OSTARTH_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
100	RA_MHXB	Num	8	6.	6.	Rheumatoid Arthritis
101	RA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
102	GOUT_MHXB	Num	8	6.	6.	Gout
103	GOUT_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
104	OP_MHXB	Num	8	6.	6.	Osteoporosis (thin bones)
105	OP_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
106	JOINT_MHXB	Num	8	6.	6.	Joint (Hip or Knee) Replacement
107	JOINT_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
108	SPINFRC_MHXB	Num	8	6.	6.	Spinal Fractures (compression)
109	SPINFRC_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
110	HIPFRC_MHXB	Num	8	6.	6.	Hip Fracture
111	HIPFRC_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
112	PREDIA_MHXB	Num	8	6.	6.	Pre-diabetes
113	PREDIA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis

Num	Variable	Type	Len	Format	Informat	Label
114	TYPIDIA_MHXB	Num	8	6.	6.	Type I Diabetes
115	TYPIDIA_AGE_MHXB	Num	8	6.	6.	Age of Diagnosis
116	TYPIIDIA_MHXB	Num	8	6.	6.	Type II Diabetes
117	TYPIIDIA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Nervous System
118	PARALYSIS_MHXB	Num	8	6.	6.	Paralysis
119	PARALYSIS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
120	MS_MHXB	Num	8	6.	6.	Multiple sclerosis
121	MS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
122	NP_MHXB	Num	8	6.	6.	Neuropathy;;
123	NP_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
124	PARKSDZ_MHXB	Num	8	6.	6.	Parkinson's disease
125	PARKSDZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
126	FAINTING_MHXB	Num	8	6.	6.	Syncope or fainting
127	FAINTING_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
128	SEIZDZ_MHXB	Num	8	6.	6.	Seizure disorder
129	SEIZDZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Psychiatric Conditions
130	DEPRESS_MHXB	Num	8	6.	6.	Depression
131	DEPRESS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
132	BIPODX_MHXB	Num	8	6.	6.	Bipolar disorder
133	BIPODX_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
134	SCZ_MHXB	Num	8	6.	6.	Schizophrenia
135	SCZ_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
136	SUICIDAL_MHXB	Num	8	6.	6.	Suicidality
137	SUICIDAL_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
138	DEMENTIA_MHXB	Num	8	6.	6.	Dementia*
139	DEMENTIA_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
140	MACDEG_MHXB	Num	8	6.	6.	Macular degeneration
141	MACDEG_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
142	HIVAIDS_MHXB	Num	8	6.	6.	HIV / AIDS
143	HIVAIDS_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis Other (Please specify)
144	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
145	AFIB_MHXB	Num	8	6.	6.	Atrial Fibrillation (afib)*
146	AFIB_AGE_MHXB	Num	8	4.	4.	Age of First diagnois
147	SPISRG_MHXB	Num	8	6.	6.	Spinal Surgery*
148	SPISRG_AGE_MHXB	Num	8	4.	4.	Age of First Diagnosis
149	PT_MHXB	Num	8	6.	6.	Physical Therapy for gait/balance*
150	PT_AGE_MHXB	Num	8	4.	4.	Age of First Diagnosis Endocrine
151	ALZ_MHXB	Num	8	6.	6.	Alzheimer's Disease
152	ALZ_AGE_MHXB	Num	8	4.	4.	Age of First Diagnosis

Num	Variable	Type	Len	Format	Informat	Label
153	MEMDX_MHXB	Num	8	6.	6.	Memory disorder*
154	MEMDX_AGE_MHXB	Num	8	4.	4.	Age of Diagnosis
155	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_cesd.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	EFFORT_CESD	Num	8	11.	11.	I felt that everything I did was an effort.
3	APPETITE_CESD	Num	8	11.	11.	I did not feel like eating; my appetite was poor.
4	RESTLESS_CESD	Num	8	11.	11.	My sleep was restless.
5	DEPRESS_CESD	Num	8	11.	11.	I felt depressed.
6	HAPPY_CESD	Num	8	11.	11.	I was happy.
7	LONELY_CESD	Num	8	11.	11.	I felt lonely.
8	UNFRIEND_CESD	Num	8	11.	11.	People were unfriendly.
9	ENJLIFE_CESD	Num	8	11.	11.	I enjoyed life.
10	SAD_CESD	Num	8	11.	11.	I felt sad.
11	DISLIKED_CESD	Num	8	11.	11.	I felt that people disliked me.
12	GETGOING_CESD	Num	8	11.	11.	I could not get "going"
13	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
14	DAYSSINCERAND	Num	8			

Data Set Name: *enrgise_consent.sas7bdat*

Num	Variable	Type	Len	Label
1	MASKID	Char	6	Masked Participant ID
2	SAMPLE	Char	25	I agree that my samples may be stored, coded to protect my identity, and that my identity will not be disclosed to anyone without my permission, except when required by law.
3	EXCESS	Char	25	I agree that some excess blood may be kept by the ENRGISE Study for use in future research related to the aim of the ENRGISE Study.
4	RSRCH	Char	25	I agree that my blood may be used for research to answer other medical questions that are not necessarily related to the aims of the ENRGISE Study.
5	DNA	Char	25	I agree that my DNA may be stored, coded to protect my identity, and that my identity will not be disclosed to anyone without my permission, except when required by law.
6	EXDNA	Char	25	I agree that some excess DNA sample may be kept by the ENRGISE Study for use in future related to the aims of the ENRGISE Study.
7	DNARSRCH	Char	25	I agree that my DNA sample may be used for research to answer other medical questions that are not necessarily related to the aims of the ENRGISE Study?

Data Set Name: enrgise_demographics.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	LIVEALONE_DEMG	Num	8	11.	11.	Do you live alone?
3	SPOUSE_DEMG	Num	8	1.	1.	spouse_demg
4	CHILD_DEMG	Num	8	1.	1.	Child
5	FRIEND_DEMG	Num	8	1.	1.	Friend
6	OTHREL_DEMG	Num	8	1.	1.	Other relative
7	PAIDEMPL_DEMG	Num	8	1.	1.	Paid Employee
8	OTHLV_DEMG	Num	8	1.	1.	Other
9	LIVEREF_DEMG	Num	8	1.	1.	Refused
10	HOUSELIV_DEMG	Num	8	11.	11.	Including yourself, how many people live in your household? ;;
11	HOUSEREF_DEMG	Num	8	1.	1.	Refused
12	MARST_DEMG	Num	8	11.	11.	Which of the following best describes your current marital status?
13	SOBREF_DEMG	Num	8	6.	6.	
14	LASTGR_DEMG	Num	8	11.	11.	What is the last grade you completed in school?
15	SMOKE100_DEMG	Num	8	11.	11.	Have you smoked a total of 100 or more cigarettes during your lifetime.
16	SMOKECURR_DEMG	Num	8	11.	11.	Do you smoke cigarettes at the present time?
17	WORKVOL_DEMG	Num	8	11.	11.	Did you work for pay or as a volunteer in the last 7 days?
18	HRSWORKVOL_DEMG	Num	8	11.	11.	How man hours per week do you work for pay and/or as a volunteer?
19	HRSWORKREF_DEMG	Num	8	1.	1.	Refused
20	EMPLOY_DEMG	Num	8	11.	11.	Have you EVER been employed for wages or salary?
21	OCCUPATION_DEMG	Num	8	11.	11.	What kind of work have your done most of your life? (What was your job called?);;(Interviewer Note: Select the category which best describes their occupation)
22	OCCMILITARY_DEMG	Num	8	11.	11.	If Member of the military - (please select one that applies):
23	INCOME_DEMG	Num	8	11.	11.	Roughly how much income from all sources (including earnings, pensions, investments, etc.) did your household have last year (before taxes)?
24	CHILDCARE_DEMG	Num	8	11.	11.	Are you currently providing childcare on a regular basis? (at least weekly)
25	HAVECHILD_DEMG	Num	8	1.	1.	Do you have any children?
26	CHILDNUM_DEMG	Num	8	4.	4.	How many children do you have?
27	CHILDREF_DEMG	Num	8	1.	1.	Refused carereg_demg
28	CAREREG_DEMG	Num	8	11.	11.	carereg_demg
29	CAREREGMO_DEMG	Num	8	4.	4.	Approximately how long have you been caring for this person on a regular basis? Months
30	CAREREGYR_DEMG	Num	8	4.	4.	Years
31	CAREREGDK_DEMG	Num	8	11.	11.	

Num	Variable	Type	Len	Format	Informat	Label
32	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
33	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_disability.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	COLL_FDIS	Num	8	11.	11.	How was this information collected?
3	DIFWLK_FDIS	Num	8	11.	11.	During the past month, how much difficulty have you [the participant] had walking across a small room because of your health?
4	RCVHLP_FDIS	Num	8	11.	11.	Do you [the participant] usually receive help from another person when you walk across a small room?
5	REQASDV_OTS_FDIS	Num	8	11.	11.	When you [the participant] walk outside your [his/her] home, do you require an assistive device to help you get around?
6	DVC_OTS_FDIS	Num	8	11.	11.	What kind of device do you [the participant] use? (select ONE most used, if more than one indicated)
7	REQASDV_INS_FDIS	Num	8	11.	11.	When you [the participant] walk inside your [his/her] home, do you require an assistive device to help you get around?
8	DVC_INS_FDIS	Num	8	11.	11.	What kind of device do you [the participant] use? (select ONE most used, if more than one indicated)
9	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
10	DAYSSINCERAND	Num	8			

Data Set Name: *enrgise_fatigability.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	LEWALK_PF_FATS	Num	8	6.	6.	Physical Fatigue
3	LEWALK_MF_FATS	Num	8	6.	6.	Mental Fatigue
4	LEWALK_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? Brisk or fast walk for 1 hour
5	BRWALK_PF_FATS	Num	8	6.	6.	Physical Fatigue
6	BRWALK_MF_FATS	Num	8	6.	6.	Mental Fatigue
7	BRWALK_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? Light household activity for 1 hour (cleaning, cooking, dusting, straightening up, baking, making beds, dishwashing, watering plants)
8	LTHOUSE_PF_FATS	Num	8	6.	6.	Physical Fatigue
9	LTHOUSE_MF_FATS	Num	8	6.	6.	Mental Fatigue
10	LTHOUSE_PAST_FATS	Num	8	6.	6.	Have your done this activity in the past month? Heavy gardening or outdoor work for 1 hour (mowing (push), raking, weeding, planting, shoveling snow)
11	HEGARD_PF_FATS	Num	8	6.	6.	Physical Fatigue
12	HEGARD_MF_FATS	Num	8	6.	6.	Mental Fatigue
13	HEGARD_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? Watching TV for 2 hours
14	WATCH_PF_FATS	Num	8	6.	6.	Physical Fatigue
15	WATCH_MF_FATS	Num	8	6.	6.	Mental Fatigue
16	WATCH_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? Sitting quietly for 1 hour
17	SITQU_PF_FATS	Num	8	6.	6.	Physical Fatigue
18	SITQU_MF_FATS	Num	8	6.	6.	Mental Fatigue
19	SITQU_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? Moderate-to high-intensity strength training for 30 minutes (hand-held weights or machines greater than 5 lbs., push-ups)
20	MODTRAIN_PF_FATS	Num	8	6.	6.	Physical Fatigue
21	MODTRAIN_MF_FATS	Num	8	6.	6.	Mental Fatigue
22	MODTRAIN_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? Participating in a social activity for 1 hour (party, dinner, senior center, gathering with family/friends, playing cards, bridge)
23	PARTSOCIAL_PF_FATS	Num	8	6.	6.	Physical Fatigue
24	PARTSOCIAL_MF_FATS	Num	8	6.	6.	Mental Fatigue
25	PARTSOCIAL_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? Hosting a social event for 1 hour (not including preparation time)
26	HOSTSOCIAL_PF_FATS	Num	8	6.	6.	Physical Fatigue
27	HOSTSOCIAL_MF_FATS	Num	8	6.	6.	Mental Fatigue

Num	Variable	Type	Len	Format	Informat	Label
28	HOSTSOCIAL_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month? High-intensity activity for 30 minutes (jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba)
29	HIACT_PF_FATS	Num	8	6.	6.	Physical Fatigue
30	HIACT_MF_FATS	Num	8	6.	6.	Mental Fatigue
31	HIACT_PAST_FATS	Num	8	6.	6.	Have you done this activity in the past month?
32	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
33	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_fu_medical_history.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	INTCOMP_MHXF	Num	8	6.	6.	How was this interview completed?
3	SOURCE_MHXF	Num	8	6.	6.	Who is the source of the information collected?
4	EXPIRED_MHXF	Num	8	6.	6.	Has the participant expired since the last visit?
5	HEALTH_MHXF	Num	8	6.	6.	Compared to 6 months ago, would you say your health is better, about the same, or worse than then?
6	HOSP_MHXF	Num	8	6.	6.	Since the last visit, have you [the participant] been hospitalized overnight for any reason?
7	HOSPNUM_MHXF	Num	8	4.	4.	How many times were you hospitalized since the last visit?
8	URGENT_MHXF	Num	8	6.	6.	Since the last visit, have you [the participant] been to the ER or urgent care and not hospitalized overnight?
9	URGENTNUM_MHXF	Num	8	4.	4.	How many times did you go the ER/urgent care?
10	HCHANGE_MHXF	Num	8	6.	6.	Since the last visit, have you [the participant] had any new symptoms or other changes in your health?
11	NEWREPORT_MHXF	Num	8	6.	6.	Did the participant report any NEW dizziness, lightheadedness or syncope?
12	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
13	OUTSIDE_FISHOIL_MHXF	Num	8	6.	6.	Have you begun taking fish oil/omega-3 outside of the study medication?
14	OUTSIDE_ARBS_MHXF	Num	8	6.	6.	Have you begun taking any ARBs/ACEIs outside of the study medication?
15	ANYMEDS_MHXF	Num	8	6.	6.	Have you taken any medications since your last visit?
16	NEWAFIB_MHXF	Num	8	6.	6.	Did the participant report any NEW atrial fibrillation (afib)?
17	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_grip_strength.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	PAIN_GRIP	Num	8	11.	11.	Has any pain or arthritis in your hands gotten worse recently?
3	PAIN_HAND_GRIP	Num	8	11.	11.	Which hand?
4	SURG_GRIP	Num	8	11.	11.	Have you had any surgery on your hands or wrists in the past 3 months?
5	SURG_HAND_GRIP	Num	8	11.	11.	Which hand?
6	HANDED_GRIP	Num	8	11.	11.	Are you right or left handed?
7	DYN_SET_GRIP	Num	8	11.	11.	Dynamometer setting:
8	RT_EXC_GRIP	Num	8	1.	1.	Right Hand ;;Excluded;;
9	RT_TRIAL1_GRIP	Num	8	4.	4.	Trial 1. kg
10	RT_TRIAL1_REF_GRIP	Num	8	1.	1.	Refused
11	RT_TRIAL2_GRIP	Num	8	4.	4.	Trial 2. kg
12	RT_TRIAL2_REF_GRIP	Num	8	1.	1.	Refused
13	LT_EXC_GRIP	Num	8	1.	1.	Left Hand;;Excluded
14	LT_TRIAL1_GRIP	Num	8	4.	4.	Trial 1. kg
15	LT_TRIAL1_REF_GRIP	Num	8	1.	1.	Refused
16	LT_TRIAL2_GRIP	Num	8	4.	4.	Trial 2. kg
17	LT_TRIAL2_REF_GRIP	Num	8	1.	1.	Refused
18	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
19	DAYSSINCERAND	Num	8			

Data Set Name: *enrgise_il6.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			Masked Participant ID
2	VISIT	Char	3	\$3.	\$3.	Visit
3	ASSAYCODE	Char	5	\$5.	\$5.	Which test was done
4	RESULT	Char	10	\$10.	\$10.	Result of the test
5	UNITS	Char	10	\$10.	\$10.	Units
6	QUALITYCODE	Char	2	\$2.	\$2.	Quality of Sample
7	DAYSSINCERAND	Num	8			Days Since Ranodmization

Data Set Name: enrgise_key_variables.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			Masked Participant ID
2	STRATUM	Char	50	\$50.	\$50.	Stratum
3	OMEGA3MASK	Char	50	\$50.	\$50.	omega3Mask
4	LOSARTANMASK	Char	50	\$50.	\$50.	Masked Losartan Arm
5	RANDSITE	Char	50	\$50.	\$50.	Site Number at which participant was randomized

Data Set Name: enrgise_knee_extension.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	WARMUP_KEPT	Num	8	11.	11.	Did the participant complete a walking warm-up?
3	BPCOLLECT_KEPT	Num	8	11.	11.	Is the Blood Pressure collected on the BP, Pulse, Weight & Temp form > 199/109mmHg.
4	ANEURYSM_KEPT	Num	8	11.	11.	Has the doctor ever told you that you have an aneurysm in the brain?
5	CEREBRAL_KEPT	Num	8	11.	11.	Has the doctor ever told you that you had a cerebral hemorrhage or bleeding in your brain in the last 3 months?
6	KNSURG_KEPT	Num	8	11.	11.	Have you ever had knee surgery on either leg where all or part of the joint was replaced?
7	KNSURG_RT_KEPT	Num	8	1.	1.	Right
8	KNSURG_LT_KEPT	Num	8	1.	1.	Left
9	DIFFICULT_KEPT	Num	8	11.	11.	Is it difficult for you to bend or straighten either of your knees fully due to pain, arthritic, injury, or some other condition?
10	DIFFICULT_RT_KEPT	Num	8	1.	1.	Right
11	DIFFICULT_LT_KEPT	Num	8	1.	1.	Left
12	LEGS_KEPT	Num	8	11.	11.	Which legs are you testing?
13	DYNAM_KEPT	Num	8	6.2	6.2	Dynamometer Right (or Left)
14	CHAIR_HT_KEPT	Num	8	5.2	5.2	Chair Height
15	CHAIR_DT_KEPT	Num	8	5.2	5.2	Chair Depth
16	CHAIR_AGL_KEPT	Num	8	4.	4.	Chair Angle
17	T_DT_KEPT	Num	8	6.1	6.1	T Depth
18	ARMLLEN_KEPT	Num	8	6.1	6.1	Attachment arm length
19	MRANGE_KEPT	Num	8	4.	4.	Measure Range of Motion Peak Torque
20	DEG60AWY_PTRQ_KEPT	Num	8	11.2	11.2	
21	DEG60TWD_PTRQ_KEPT	Num	8	11.2	11.2	Average Power
22	DEG60AWY_AVGP_KEPT	Num	8	11.2	11.2	
23	DEG60TWD_AVGP_KEPT	Num	8	11.2	11.2	% CV
24	DEG60AWY_PCV_KEPT	Num	8	11.2	11.2	
25	DEG60TWD_PCV_KEPT	Num	8	11.2	11.2	Peak Torque
26	DEG180AWY_PTRQ_KEPT	Num	8	11.2	11.2	
27	DEG180TWD_PTRQ_KEPT	Num	8	11.2	11.2	Average Power
28	DEG180AWY_AVGP_KEPT	Num	8	11.2	11.2	
29	DEG180TWD_AVGP_KEPT	Num	8	11.2	11.2	% CV
30	DEG180AWY_PCV_KEPT	Num	8	11.2	11.2	
31	DEG180TWD_PCV_KEPT	Num	8	11.2	11.2	
32	PRINT_KEPT	Num	8	11.	11.	Have you printed the Dynamometry report and filed it?
33	VISIT_CODE	Char	3	\$3.	\$3.	visit_code

Num	Variable	Type	Len	Format	Informat	Label
34	STOPPAIN_KEPT	Num	8	6.	6.	Did you have to stop the testing after starting due to participant pain?
35	ISSUES_KEPT	Num	8	6.	6.	Were there any issues with data quality during the test?
36	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_lab_data.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			Masked Participant ID
2	VISIT	Char	255	\$255.	\$255.	Visit
3	RESULT_NAME	Char	8000	\$8000.	\$8000.	Which test was done
4	RESULT_VALUE_LITERAL	Char	255	\$255.	\$255.	Result of the test
5	UNITS	Char	255	\$255.	\$255.	Units
6	DAYSSINCERAND	Num	8			Days Since Ranodmization
7	OLD_RESULT_VALUE_LITERAL	Char	50			

Data Set Name: enrgise_medical_clearance.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	ELIG_RANDOM_MCLR	Num	8	11.	11.	Section 1: Randomization Arm Eligibility (From the Central Eligibility Check)
3	MEDHLTH_CNCRS_MCLR	Num	8	11.	11.	In your medical opinion, does the participant's medical/health history raise any significant concerns about participating in the study?
4	VTLSGNS_CNCRS_MCLR	Num	8	11.	11.	In your medical opinion, do the participant's vital signs during screening raise any significant concerns about participating in the study?
5	CURRMED_CNCRS_MCLR	Num	8	11.	11.	In your medical opinion, do the patient's current medications (prescription or over-the-counter) raise any significant concerns about participating in the study?
6	LABMSR_CNCRS_MCLR	Num	8	11.	11.	In your medical opinion, do the patient's laboratory measures raise any significant concerns about participating in the study?
7	RANDOMIZE_MCLR	Num	8	11.	11.	Based on your answers to the questions in Section 2, should this participant be randomized to the ENRGISE study arm(s) they are eligible for?
8	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
9	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_medication_adherence.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	DRUGB_STATUS	Num	8	6.	6.	Losartan/Placebo
3	DRUGA_STATUS	Num	8	6.	6.	Omega-3 Fish Oil/ Placebo
4	DRUGB_ABILITY	Num	8	6.	6.	Please rate your ability to take your Losartan/Placebo in the past month.
5	DRUGA_ABILITY	Num	8	6.	6.	Please rate your ability to take your Omega 3/Placebo in the past month.
6	DRUGB_DAYS	Num	8	4.	4.	In the last month, how many times (days) did you not take your Losartan/Placebo exactly as prescribed?;;;;;
7	DRUGA_DAYS	Num	8	4.	4.	In the last month, how many times (days) did you not take your Omega 3/Placebo exactly as prescribed? Can you tell me why you were unable to take your Losartan/Placebo exactly as prescribed?
8	DRUGB_FORGOT	Num	8	1.	1.	Participant forgot
9	DRUGB_SIDE	Num	8	1.	1.	Side effects
10	DRUGB_ILLNESS	Num	8	1.	1.	Acute Illness
11	DRUGB_OTHER	Num	8	1.	1.	Other
12	DRUGA_FORGOT	Num	8	1.	1.	Participant forgot
13	DRUGA_SIDE	Num	8	1.	1.	Side effects
14	DRUGA_ILLNESS	Num	8	1.	1.	Acute Illness
15	DRUGA_OTHER	Num	8	1.	1.	Other
16	DRUGB_NOBOTTLES	Num	8	1.	1.	Participant did not bring in bottles Omega-3 Fish Oil/Placebo Compliance Pill Count
17	DRUGA_NOBOTTLES	Num	8	1.	1.	Participant did not bring in bottles
18	DRUGB_25MGBOTTLE	Num	8	4.	4.	Total # of bottles (25 mg)
19	DRUGB_25MGPILL	Num	8	6.	6.	Total # of pills
20	DRUGB_25MGNA	Num	8	1.	1.	N/A
21	DRUGB_50MGBOTTLE	Num	8	4.	4.	Total # of bottles (50mg)
22	DRUGB_50MGPILL	Num	8	6.	6.	Total # of pills
23	DRUGB_50MGNA	Num	8	1.	1.	N/A
24	DRUGA_7GBOTTLE	Num	8	4.	4.	Total # of bottles (0.7g)
25	DRUGA_7GPILL	Num	8	6.	6.	Total # of pills
26	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
27	DRUGB_COUNSELED	Num	8	6.	6.	[DO NOT ASK PARTICIPANT] Was participant counseled on importance and potential strategies to improve adherence?
28	DRUGA_COUNSELED	Num	8	6.	6.	[DO NOT ASK PARTICIPANT] Was participant counseled on importance and potential strategies to improve adherence? Losartan/Placebo Compliance Pill Count
29	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_medication_inventory.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	MEDNAME_MEDI	Char	75	\$75.	\$75.	Medication Name
3	DOSE_MEDI	Char	8	\$8.	\$8.	Total Daily Dose
4	UNIT_MEDI	Char	5	\$5.	\$5.	Dose Unit of Measure
5	ADMIN_MEDI	Char	35	\$35.	\$35.	Route of Administration
6	ONGOING	Num	8	1.	1.	Ongoing?
7	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
8	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_mmse.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	Q01P1	Char	25	\$25.	\$25.	What is the year?
3	Q01P1_SCR	Num	8	11.	11.	Score
4	Q01P2	Char	25	\$25.	\$25.	What is the season?
5	Q01P2_SCR	Num	8	11.	11.	Score
6	Q01P3	Char	25	\$25.	\$25.	What is the month of the year?
7	Q01P3_SCR	Num	8	11.	11.	Score
8	Q01P4	Char	25	\$25.	\$25.	What is the day of the week?
9	Q01P4_SCR	Num	8	11.	11.	Score
10	Q01P5_SCR	Num	8	11.	11.	Score
11	Q02P1_SCR	Num	8	11.	11.	Score
12	Q02P2_SCR	Num	8	11.	11.	Score
13	Q02P3_SCR	Num	8	11.	11.	Score
14	Q02P4_SCR	Num	8	11.	11.	Score
15	Q02P5	Char	25	\$25.	\$25.	What is the floor of the building (room number or address)?
16	Q02P5_SCR	Num	8	11.	11.	Score q03p1
17	Q03P1	Char	25	\$25.	\$25.	q03p1
18	Q03P1_SCR	Num	8	11.	11.	Score
19	Q03P2	Char	25	\$25.	\$25.	PENNY
20	Q03P2_SCR	Num	8	11.	11.	Score
21	Q03P3	Char	25	\$25.	\$25.	TABLE
22	Q03P3_SCR	Num	8	11.	11.	Score
23	Q04P1	Num	8	11.	11.	What is 100 take away 7? [93]
24	Q04P1_SCR	Num	8	11.	11.	Score
25	Q04P2	Num	8	11.	11.	2- What is 100 take away 7? [86]
26	Q04P2_SCR	Num	8	11.	11.	Score
27	Q04P3	Num	8	11.	11.	3- What is 100 take away 7? [79];;
28	Q04P3_SCR	Num	8	11.	11.	Score
29	Q04P4	Num	8	11.	11.	4- What is 100 take away 7? [72];;
30	Q04P4_SCR	Num	8	11.	11.	Score
31	Q04P5	Num	8	11.	11.	5- What is 100 take away 7? [65]
32	Q04P5_SCR	Num	8	11.	11.	Score
33	Q04REFUSED	Num	8	1.	1.	Participant refused Serial 7s
34	Q05P1A	Char	1	\$1.	\$1.	Spell WORLD forward, then backward. (D = 1);;;
35	Q05P1B	Char	1	\$1.	\$1.	(L = 1)
36	Q05P1C	Char	1	\$1.	\$1.	(R = 1)

Num	Variable	Type	Len	Format	Informat	Label
37	Q05PID	Char	1	\$1.	\$1.	(O = 1)
38	Q05P1_SCR	Char	1	\$1.	\$1.	Score: (0 to 5)
39	Q05P1E	Char	1	\$1.	\$1.	(W = 1)
40	Q06P1	Char	25	\$25.	\$25.	Recall APPLE
41	Q06P1_SCR	Num	8	11.	11.	Score
42	Q06P2	Char	25	\$25.	\$25.	Recall PENNY
43	Q06P2_SCR	Num	8	11.	11.	Score
44	Q06P3	Char	25	\$25.	\$25.	Recall TABLE
45	Q06P3_SCR	Num	8	11.	11.	Score
46	Q07P1	Char	25	\$25.	\$25.	What is this? (point to a pencil or pen)
47	Q07P1_SCR	Num	8	11.	11.	Score
48	Q07P2	Char	25	\$25.	\$25.	What is this? (Point to a watch)
49	Q07P2_SCR	Num	8	11.	11.	Score
50	Q08P1	Char	25	\$25.	\$25.	NO IFS, ANDS, OR BUTS
51	Q08P1_SCR	Num	8	11.	11.	Score
52	Q09P1	Char	25	\$25.	\$25.	TAKE IN RIGHT HAND
53	Q09P1_SCR	Num	8	11.	11.	Score
54	Q09P2	Char	25	\$25.	\$25.	FOLD IN HALF
55	Q09P2_SCR	Num	8	11.	11.	Score
56	Q09P3	Char	25	\$25.	\$25.	PUT ON FLOOR (or TABLE)
57	Q09P3_SCR	Num	8	11.	11.	Score
58	Q10P1	Char	25	\$25.	\$25.	CLOSE YOUR EYES
59	Q10P1_SCR	Num	8	11.	11.	Score
60	Q11P1_SCR	Num	8	11.	11.	WRITING
61	Q12P1_SCR	Num	8	11.	11.	DRAWING
62	CONSC1V1	Num	8	4.	4.	Assessment of level of consciousness
63	TOTSCR	Num	8	4.	4.	Total Score
64	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
65	DAYSSINCERAND	Num	8			
66	LABEL	Char	245			

Data Set Name: *enrgise_physical_activities.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	WALK_PACT	Num	8	11.	11.	Walking for exercise?
3	WALKTM_PACT	Num	8	4.	4.	## times
4	WALKHR_PACT	Num	8	4.	4.	hr
5	WALKMN_PACT	Num	8	4.	4.	min
6	WALKMO_PACT	Num	8	4.	4.	## months
7	CHOR_PACT	Num	8	11.	11.	Moderately strenuous household chores (like scrubbing or vacuuming)?
8	CHORTM_PACT	Num	8	11.	11.	## times
9	CHORHR_PACT	Num	8	4.	4.	hr
10	CHORMN_PACT	Num	8	4.	4.	min
11	CHORMO_PACT	Num	8	4.	4.	## months
12	MOW_PACT	Num	8	11.	11.	Moving the lawn?
13	MOWTM_PACT	Num	8	4.	4.	## times
14	MOWHR_PACT	Num	8	4.	4.	hr
15	MOWMN_PACT	Num	8	4.	4.	min
16	MOWMO_PACT	Num	8	4.	4.	## months
17	RAKE_PACT	Num	8	11.	11.	Raking the lawn?
18	RAKETM_PACT	Num	8	4.	4.	## times
19	RAKEHR_PACT	Num	8	4.	4.	hr
20	RAKEMN_PACT	Num	8	4.	4.	min
21	RAKEMO_PACT	Num	8	4.	4.	## months
22	GARDEN_PACT	Num	8	11.	11.	Gardening?
23	GARDENTM_PACT	Num	8	4.	4.	## times
24	GARDENHR_PACT	Num	8	4.	4.	hr
25	GARDENMN_PACT	Num	8	4.	4.	min
26	GARDENMO_PACT	Num	8	4.	4.	## months
27	HIKE_PACT	Num	8	11.	11.	Hiking?
28	HIKETM_PACT	Num	8	4.	4.	## times
29	HIKEHR_PACT	Num	8	4.	4.	hr
30	HIKEMN_PACT	Num	8	4.	4.	min
31	HIKEMO_PACT	Num	8	4.	4.	## months
32	JOG_PACT	Num	8	11.	11.	Jogging?
33	JOGTM_PACT	Num	8	4.	4.	## times
34	JOGHR_PACT	Num	8	4.	4.	hr
35	JOGMN_PACT	Num	8	4.	4.	min
36	JOGMO_PACT	Num	8	4.	4.	## months

Num	Variable	Type	Len	Format	Informat	Label
37	BIKE_PACT	Num	8	11.	11.	Biking?
38	BIKETM_PACT	Num	8	4.	4.	## times
39	BIKEHR_PACT	Num	8	4.	4.	hr
40	BIKEMN_PACT	Num	8	4.	4.	min
41	BIKEMO_PACT	Num	8	4.	4.	## months
42	CYCLE_PACT	Num	8	11.	11.	Exercise Cycle?
43	CYCLETM_PACT	Num	8	4.	4.	## times
44	CYCLEHR_PACT	Num	8	4.	4.	hr
45	CYCLEMN_PACT	Num	8	4.	4.	min
46	CYCLEMO_PACT	Num	8	4.	4.	## months
47	DANC_PACT	Num	8	11.	11.	Dancing?
48	DANCTM_PACT	Num	8	4.	4.	## times
49	DANCHR_PACT	Num	8	4.	4.	hr
50	DANCMN_PACT	Num	8	4.	4.	min
51	DANCMO_PACT	Num	8	4.	4.	## months
52	AERO_PACT	Num	8	11.	11.	Aerobics/aerobic dance?
53	AEROTM_PACT	Num	8	4.	4.	## times
54	AEROHR_PACT	Num	8	4.	4.	hr
55	AEROMN_PACT	Num	8	4.	4.	min
56	AEROMO_PACT	Num	8	4.	4.	## months
57	BOWL_PACT	Num	8	11.	11.	Bowling?
58	BOWLTM_PACT	Num	8	4.	4.	## times
59	BOWLHR_PACT	Num	8	4.	4.	hr
60	BOWLMN_PACT	Num	8	4.	4.	min
61	BOWLMO_PACT	Num	8	4.	4.	## months
62	GOLF_PACT	Num	8	11.	11.	Golf?
63	GOLFTM_PACT	Num	8	4.	4.	## times
64	GOLFHR_PACT	Num	8	4.	4.	hr
65	GOLFMN_PACT	Num	8	4.	4.	min
66	GOLFMO_PACT	Num	8	4.	4.	## months
67	GNEX_PACT	Num	8	11.	11.	Calisthenics/general exercise?
68	GNEXTM_PACT	Num	8	4.	4.	## times
69	GNEXHR_PACT	Num	8	4.	4.	hr
70	GNEXMN_PACT	Num	8	4.	4.	min
71	GNEXMO_PACT	Num	8	4.	4.	## months
72	SWIM_PACT	Num	8	11.	11.	Swimming?
73	SWIMTM_PACT	Num	8	4.	4.	## times
74	SWIMHR_PACT	Num	8	4.	4.	hr
75	SWIMMN_PACT	Num	8	4.	4.	min

Num	Variable	Type	Len	Format	Informat	Label
76	SWIMMO_PACT	Num	8	4.	4.	## months
77	OTHACT_PACT	Num	8	11.	11.	Have you done any other physical activities during the past 2 weeks in addition to those listed above?
78	OTHACT1DN_PACT	Num	8	1.	1.	Other
79	OTHACT1SPC_PACT	Char	50	\$50.	\$50.	Other (specify)
80	OTHACT1_PACT	Num	8	11.	11.	
81	OTHACT1TM_PACT	Num	8	4.	4.	## times
82	OTHACT1HR_PACT	Num	8	4.	4.	hr
83	OTHACT1MN_PACT	Num	8	4.	4.	min
84	OTHACT1MO_PACT	Num	8	4.	4.	## times
85	OTHACT2DN_PACT	Num	8	1.	1.	Other
86	OTHACT2SPC_PACT	Char	50	\$50.	\$50.	Other (specify)
87	OTHACT2_PACT	Num	8	11.	11.	
88	OTHACT2TM_PACT	Num	8	4.	4.	## times
89	OTHACT2HR_PACT	Num	8	4.	4.	hr
90	OTHACT2MN_PACT	Num	8	4.	4.	min
91	OTHACT2MO_PACT	Num	8	4.	4.	## months
92	OTHACT3DN_PACT	Num	8	1.	1.	Other
93	OTHACT3SPC_PACT	Char	50	\$50.	\$50.	Other (specify)
94	OTHACT3_PACT	Num	8	11.	11.	
95	OTHACT3TM_PACT	Num	8	4.	4.	## times
96	OTHACT3HR_PACT	Num	8	4.	4.	hr
97	OTHACT3MN_PACT	Num	8	4.	4.	min
98	OTHACT3MO_PACT	Num	8	4.	4.	## months
99	WALKING_PACT	Num	8	4.	4.	Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk?
100	WALKTYP_PACT	Num	8	11.	11.	
101	PACE_PACT	Num	8	11.	11.	When you walk outside your home, what is your usual pace? flights_pact
102	FLIGHTS_PACT	Num	8	4.	4.	flights_pact
103	LEVELACT_PACT	Num	8	11.	11.	How would you describe your level of activity in the last year? (Since we saw you last year?) lyinghr_pact
104	LYINGHR_PACT	Num	8	4.	4.	In a usual 24 hour period, how many hours do you spend seated or lying down? Include all the time spent sleeping, resting, and lying down, and also include all the time spent watching TV, eating, reading, and other time sitting down.
105	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
106	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_serious_adverse_event.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	AID_SAER	Num	8	11.	11.	Adverse Event Number Section 1: SAE Classification Indicate the type (s) of Serious Adverse Event (Check all that apply)
3	DEATH_SAER	Num	8	1.	1.	Death
4	LIFETHR_SAER	Num	8	1.	1.	Life-threatening
5	HOSPITAL_SAER	Num	8	1.	1.	Inpatient Hospitalization
6	PROLONG_SAER	Num	8	1.	1.	Prolongation of Hospitalization
7	DISABILITY_SAER	Num	8	1.	1.	Disability or Permanent Damage
8	DISRUPTION_SAER	Num	8	1.	1.	Substantial Disruption in ability to conduct normal life functions
9	OTHSRS_SAER	Num	8	1.	1.	Other Serious (Important Medical Event)
10	UNEXPECTED_SAER	Num	8	6.	6.	Does this SAE meet the definition of Unexpected*?
11	UNEXPECTEDREA_SAER	Num	8	6.	6.	Indicate reason why this is unexpected: Section 2: SAE Causality* - Indicate the relationship of the SAE to the ENRGISE medication
12	DRUGB_RELA_SAER	Num	8	6.	6.	Losartan/Placebo
13	DRUGB_DOSE_SAER	Num	8	6.	6.	Current Dosage (mg/day)
14	DRUGA_RELA_SAER	Num	8	6.	6.	Omega-3 Fish Oil/Placebo
15	DRUGA_DOSE_SAER	Num	8	5.1	5.1	Current Dosage (g/day) Section 3: SAE History Information MedDRA Classification (go to http://safetyprofiler-ctep.nci.nih.gov/CTC/CTC.aspx to classify) Primary Diagnosis
16	PRICAT_SAER	Char	85	\$85.	\$85.	Category
17	PRITERM_SAER	Char	85	\$85.	\$85.	AE Term
18	SEC1CAT_SAER	Char	85	\$85.	\$85.	Category
19	SEC1TERM_SAER	Char	85	\$85.	\$85.	AE Term
20	SEC2CAT_SAER	Char	85	\$85.	\$85.	Category
21	SEC2TERM_SAER	Char	85	\$85.	\$85.	AE Term
22	ACT_NO_SAER	Num	8	1.	1.	1 No Action Taken
23	ACT_DECRDRUGB_SAER	Num	8	1.	1.	1 Decreased Losartan/placebo
24	DECRDRUGB_PRESAED_SAER	Num	8	6.	6.	Pre SAE Dose (mg/day)
25	DECRDRUGB_POSTSAED_SAER	Num	8	4.	4.	Post SAE Dose (mg/day)
26	ACT_DECRDRUGA_SAER	Num	8	1.	1.	1 Decreased Omega-3 fish oil/placebo
27	DECRDRUGA_PRESAED_SAER	Num	8	5.1	5.1	Pre SAE Dose (g/day)
28	DECRDRUGA_POSTSAED_SAER	Num	8	5.1	5.1	Post SAE Dose (g/day)
29	ACT_DXDDRUGB_SAER	Num	8	1.	1.	1 Discontinued Losartan/placebo
30	DXDDRUGB_PRESAED_SAER	Num	8	6.	6.	Pre SAE Dose (mg/day)
31	ACT_DXDDRUGA_SAER	Num	8	1.	1.	1 Discontinued Omega-3 fish oil/placebo

Num	Variable	Type	Len	Format	Informat	Label
32	DXDDRUGA_PRESAED_SAER	Num	8	5.1	5.1	Pre SAE Dose (g/day)
33	ACT_TLKWPCP_SAER	Num	8	1.	1.	1 Instructed participant to discuss with PCP
34	ACT_CTPCP_SAER	Num	8	1.	1.	1 Contacted participant's PCP directly to discuss
35	ACT_TRANSP_SAER	Num	8	1.	1.	1 Transported participant to acute care facility (e.g. Emergency Room, Hospital)
36	ACT_INCMFRQBWK_SAER	Num	8	1.	1.	1 Increased monitoring frequency for blood work
37	ACT_INCMFRQBP_SAER	Num	8	1.	1.	1 Increased monitoring frequency for blood pressure
38	ACT_OTH_SAER	Num	8	1.	1.	1 Other
39	CURCON_RECOVRD_SAER	Num	8	1.	1.	1 Recovered
40	CURCON_RSLDCRDOSE_SAER	Num	8	1.	1.	1 Resolved with decrease dose
41	CURCON_UTXSEQUELAE_SAER	Num	8	1.	1.	1 Under treatment for sequelae
42	CURCON_SEQUELAE_SAER	Num	8	1.	1.	1 Alive with sequelae
43	CURCON_DEATH_SAER	Num	8	1.	1.	1 Death Section 8: Signatures Sign when all information is reviewed and approved by the clinic PI/Study MD
44	REVIEWED_SAER	Num	8	1.	1.	1 Reviewed
45	RVWSID_SAER	Num	8	6.	6.	Staff ID Section 9: Follow-up
46	FUREQ_SAER	Num	8	6.	6.	Is further follow-up required?
47	FUCOMPL_SAER	Num	8	1.	1.	1 Follow-up Complete
48	FUCOMPLSID_SAER	Num	8	6.	6.	Staff ID
49	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
50	PRITERMDESC_SAER	Char	85	\$85.	\$85.	Secondary Diagnosis
51	SEC1TERMDESC_SAER	Char	85	\$85.	\$85.	Secondary Diagnosis
52	SEC2TERMDESC_SAER	Char	85	\$85.	\$85.	Section 4: SAE Action Taken Please list the actions taken (check all that apply)
53	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_sf36.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	HEALTH_SFHS	Num	8	11.	11.	In general, would you say your health is:
3	ONEYEAR_SFHS	Num	8	11.	11.	Compared to one year ago, how would you rate your health in general now?
4	VIGACT_SFHS	Num	8	11.	11.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
5	MODACT_SFHS	Num	8	11.	11.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
6	LIFTING_SFHS	Num	8	11.	11.	Lifting or carrying groceries
7	CLIMBSEV_SFHS	Num	8	11.	11.	Climbing several flights of stairs
8	CLIMBONE_SFHS	Num	8	11.	11.	Climbing one flight of stairs
9	BENDING_SFHS	Num	8	11.	11.	Bending, kneeling, or stooping
10	WALKMORE_SFHS	Num	8	11.	11.	Walking more than a mile
11	WALKSEV_SFHS	Num	8	11.	11.	Walking several hundred yards
12	WALKONE_SFHS	Num	8	11.	11.	Walking one hundred yards
13	BATHING_SFHS	Num	8	11.	11.	Bathing or dressing yourself
14	PH_CUT_SFHS	Num	8	11.	11.	Cut down the amount of time you spent on work or other activities
15	PH_ACC_SFHS	Num	8	11.	11.	Accomplished less than you would like
16	PH_LIMITED_SFHS	Num	8	11.	11.	Were limited in the kind of work or other activities
17	PH_DIFFICULT_SFHS	Num	8	11.	11.	Had difficulty performing the work or other activities (for example, it took extra effort)
18	EP_AMOUNT_SFHS	Num	8	11.	11.	Cut down the amount of time you spent on work or other activities
19	EP_ACC_SFHS	Num	8	11.	11.	Accomplished less than you would like
20	EP_CARE_SFHS	Num	8	11.	11.	Didn't do work or other activities as carefully as usual
21	INTERFERE_SFHS	Num	8	11.	11.	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or group?
22	BODILY_SFHS	Num	8	11.	11.	How much bodily pain have you had during the past 4 weeks?
23	PAIN_SFHS	Num	8	11.	11.	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
24	LIFE_SFHS	Num	8	11.	11.	Did you feel full of life?
25	NERVOUS_SFHS	Num	8	11.	11.	Have you been very nervous?
26	DOWN_SFHS	Num	8	11.	11.	Have you felt so down in the dumps that nothing could cheer you up?
27	CALM_SFHS	Num	8	11.	11.	Have you felt calm and peaceful?
28	ENERGY_SFHS	Num	8	11.	11.	Did you have a lot of energy?
29	DEPRESSED_SFHS	Num	8	11.	11.	Have you felt downhearted and depressed?
30	WORN_SFHS	Num	8	11.	11.	Did you feel worn out?
31	HAPPY_SFHS	Num	8	11.	11.	Have you been happy?
32	TIRED_SFHS	Num	8	11.	11.	Did you feel tired?

Num	Variable	Type	Len	Format	Informat	Label
33	SOCIAL_SFHS	Num	8	11.	11.	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
34	GETSICK_SFHS	Num	8	11.	11.	I seem to get sick a little easier than other people
35	HEALTHY_SFHS	Num	8	11.	11.	I am as healthy as anybody I know
36	WORSE_SFHS	Num	8	11.	11.	I expect my health to get worse
37	EXCELL_SFHS	Num	8	11.	11.	My health is excellent
38	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
39	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_sppb.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	WHER_TST_SPPB	Num	8	6.	6.	Where was this test performed?
3	WHER_SPC_SPPB	Char	25	\$25.	\$25.	If other, please specify: Section 1: BALANCE TESTS
4	SBSS_SCR_SPPB	Num	8	6.	6.	Side by Side Stand Score:
5	SBSS_SEC_SPPB	Num	8	7.2	7.2	Secs
6	SBSS_SPC_SPPB	Char	25	\$25.	\$25.	If other, please specify:
7	STS_SCR_SPPB	Num	8	6.	6.	Semi-Tandem Stand Score:
8	STS_SEC_SPPB	Num	8	7.2	7.2	Secs
9	TS_SCR_SPPB	Num	8	6.	6.	Tandem Stand Score:
10	TS_SEC_SPPB	Num	8	7.2	7.2	Secs
11	GS_LEN_SPPB	Num	8	6.	6.	Length of walk test course:
12	GS_SAFE_SPPB	Num	8	6.	6.	Do you feel this would be safe?
13	GS_TIME1_SPPB	Num	8	7.2	7.2	Time for walk
14	GS_NOTIME1_SPPB	Num	8	1.	1.	1 No Time --> Go to Q2.5
15	GS_USEAID1_SPPB	Num	8	6.	6.	Did the participant use a cane or walking aid?
16	GS_AID1_SPPB	Num	8	6.	6.	If yes,
17	GS_NOATMPT1_SPPB	Num	8	6.	6.	If participant did not attempt or was unable to complete the test, give reason and to to Q2.9:
18	GS_SPC1_SPPB	Char	25	\$25.	\$25.	If other, please specify:
19	GS_TIME2_SPPB	Num	8	7.2	7.2	Time for walk
20	GS_NOTIME2_SPPB	Num	8	1.	1.	1 No time --> Go to Q2.8
21	GS_USEAID2_SPPB	Num	8	6.	6.	Did the participant use a cane or walking aid?
22	GS_AID2_SPPB	Num	8	6.	6.	If yes,
23	GS_NOATMPT2_SPPB	Num	8	6.	6.	If participant did not attempt or was unable to complete the test, give reason:
24	GS_SPC2_SPPB	Char	25	\$25.	\$25.	If other, please specify:
25	GS_TIMEF_SPPB	Num	8	7.2	7.2	What is the time for the faster of the two walks?
26	GS_NOTIMEF_SPPB	Num	8	1.	1.	1 No time Section 3: CHAIR STAND TEST
27	SCS_SAFE_SPPB	Num	8	6.	6.	Do you feel this would be safe?
28	SCS_RSLT_SPPB	Num	8	6.	6.	Single Chair Stand Results:
29	RCS_SAFE_SPPB	Num	8	6.	6.	Do you feel it would be safe to stand 5 times?
30	RCS_RSLT_SPPB	Num	8	6.	6.	Repeated Chair Stand Results:
31	RCS_TIME_SPPB	Num	8	7.2	7.2	Secs
32	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
33	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_telephone_screen.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	MASKID	Char	6		
2	BROCH_TSCR	Num	8	1.	1.
3	FU_CALL_TSCR	Num	8	1.	1.
4	NEWS_AD_TSCR	Num	8	1.	1.
5	RADIO_AD_TSCR	Num	8	1.	1.
6	MAG_TSCR	Num	8	1.	1.
7	FLYER_TSCR	Num	8	1.	1.
8	LETTER_TSCR	Num	8	1.	1.
9	TV_AD_TSCR	Num	8	1.	1.
10	REFERRAL_TSCR	Num	8	1.	1.
11	POSTCARD_TSCR	Num	8	1.	1.
12	REFUSED_TSCR	Num	8	1.	1.
13	DK_TSCR	Num	8	1.	1.
14	OTH_HRD_TSCR	Num	8	1.	1.
15	INAREA_TSCR	Num	8	6.	6.
16	OUTAREA_TSCR	Num	8	6.	6.
17	AGE_TSCR	Num	8	4.	4.
18	PPT70_TSCR	Num	8	6.	6.
19	GENDER_TSCR	Num	8	6.	6.
20	HISPC_TSCR	Num	8	6.	6.
21	AF_AM_TSCR	Num	8	1.	1.
22	NATIVE_TSCR	Num	8	1.	1.
23	ASIAN_TSCR	Num	8	1.	1.
24	WHITE_TSCR	Num	8	1.	1.
25	HAWAII_TSCR	Num	8	1.	1.
26	OTH_RACE_TSCR	Num	8	1.	1.
27	REFUSED_RACE_TSCR	Num	8	1.	1.
28	WALKER_TSCR	Num	8	6.	6.
29	WALKSMRM_TSCR	Num	8	6.	6.
30	WALK1BLK_TSCR	Num	8	6.	6.
31	WALK_TSCR	Num	8	6.	6.
32	NURSING_TSCR	Num	8	6.	6.
33	DFQTMILE_TSCR	Num	8	6.	6.
34	DIFCLIMB_TSCR	Num	8	6.	6.
35	BOTHNOREF_TSCR	Num	8	6.	6.
36	JOINTREP_TSCR	Num	8	6.	6.

Num	Variable	Type	Len	Format	Informat
37	AUTOIMM_TSCR	Num	8	6.	6.
38	LUNGDIS_TSCR	Num	8	6.	6.
39	NEURO_CON_TSCR	Num	8	6.	6.
40	ALCOHOL_TSCR	Num	8	6.	6.
41	DIALYSIS_TSCR	Num	8	6.	6.
42	CANCER_TSCR	Num	8	6.	6.
43	RADIATION_TSCR	Num	8	6.	6.
44	COMM_PBLM_TSCR	Num	8	6.	6.
45	AINFEC_TSCR	Num	8	6.	6.
46	BONE_SURG_TSCR	Num	8	6.	6.
47	STROKE_TSCR	Num	8	6.	6.
48	MI_TSCR	Num	8	6.	6.
49	HRT_SURG_TSCR	Num	8	6.	6.
50	CLOT_TSCR	Num	8	6.	6.
51	SMOKED_TSCR	Num	8	6.	6.
52	DIAB_PBLM_TSCR	Num	8	6.	6.
53	HOSP_OVER_TSCR	Num	8	6.	6.
54	CURR_PT_TSCR	Num	8	6.	6.
55	OTHSTUDY_TSCR	Num	8	6.	6.
56	OTHSTUDYSPC_TSCR	Char	100	\$100.	\$100.
57	OTHSTUDY_ENDDT_TSCR	Char	10	\$10.	\$10.
58	O3AFIB_TSCR	Num	8	6.	6.
59	O3FISHALLERGY_TSCR	Num	8	6.	6.
60	O3ALLERGY_TSCR	Num	8	6.	6.
61	O3TAKE_TSCR	Num	8	6.	6.
62	O3FISHOIL_TSCR	Num	8	6.	6.
63	O3SERVING_TSCR	Num	8	6.	6.
64	O3INELIG_TSCR	Num	8	6.	6.
65	ARBALLERGY_TSCR	Num	8	6.	6.
66	ARBTAKE_TSCR	Num	8	6.	6.
67	ARBTAKEPOT_TSCR	Num	8	6.	6.
68	ARBILAT_TSCR	Num	8	6.	6.
69	ARBLIVER_TSCR	Num	8	6.	6.
70	ARBDIAB_TSCR	Num	8	6.	6.
71	ARBINELIG_TSCR	Num	8	6.	6.
72	O3ARBINEL_TSCR	Num	8	6.	6.
73	ELIGIBLE_TSCR	Num	8	6.	6.
74	ELIGAPPT_TSCR	Num	8	6.	6.
75	PERMINEL_TSCR	Num	8	6.	6.

Num	Variable	Type	Len	Format	Informat
76	TEMPINEL_TSCR	Num	8	6.	6.
77	TOO_BUSY_TSCR	Num	8	1.	1.
78	NO_INT_TSCR	Num	8	1.	1.
79	SICK_TSCR	Num	8	1.	1.
80	NO_HELP_TSCR	Num	8	1.	1.
81	CARING_TSCR	Num	8	1.	1.
82	DOCTOR_TSCR	Num	8	1.	1.
83	OTH_DEFER_TSCR	Num	8	1.	1.
84	OTH_DEFERSPC_TSCR	Char	50	\$50.	\$50.
85	VISIT_CODE	Char	3	\$3.	\$3.
86	TEKTUR_TSCR	Num	8	6.	6.
87	TYPE_RENAL_TSCR	Num	8	6.	6.
88	ANOSTUDY_TSCR	Num	8	1.	1.
89	PEPPER_TSCR	Num	8	1.	1.
90	NEURO_IMPAIR_TSCR	Num	8	6.	6.
91	O3TAKE_STOP_TSCR	Num	8	6.	6.
92	O3FISHOIL_STOP_TSCR	Num	8	6.	6.
93	LITHIUM_TSCR	Num	8	6.	6.
94	RENAL_IMPAIR_TSCR	Num	8	6.	6.
95	CALLBACK_TSCR	Num	8	DATETIME22.3	DATETIME22.3
96	VERSIONNUM	Num	8	7.2	7.2
97	DAYSSINCERAND	Num	8		

Label
How did you hear about the study?;(Check all that apply) ;;;Brochure
Follow-up Call
Newspaper Ad
Radio Ad
Magazine
Flyer
Letter (EMR)
Television Ad
Referral (Clinic)
Postcard
Refused
Don't Know
Other

Label
Do you plan to be in the area for the next year? Section 1: Location/Demographics ;If answer is shaded participant is ineligible. STOP immediately and go to Section 8.
Do you plan to be out of the area for more than 3 months in the next year?
What is your age?
Is the participant >= 70 years old?
May I ask your gender?
Are you Latino, Hispanic, or of Spanish origin?
What is your race? ;(Check all that apply) ;;;African American/Black
Native American/Alaskan Native
Asian
Caucasian/White
Native Hawaiian/Pacific Islander
Other
Refused
Do you usually use a walker to get around? Section 2: Physical Inclusion/Exclusion ;If answer is shaded participant is ineligible. STOP immediately and go to Section 8.
Are you able to walk across a small room without the help of another person?
Are you able to walk one block on a flat surface?
Are you able to walk about 3 to 4 blocks on a flat surface, or across a mall or grocery store without the help of another person?
Do you currently live in a nursing home?
Do you have any difficulty walking a 1/4 mile?
Do you have difficulty climbing a flight of stairs?
Did the participant indicate "No" or "Refused" to BOTH Q13 and Q14
Are you awaiting joint replacement? Section 3: Permanent Inclusion/Exclusion ;If answer is shaded participant is ineligible. STOP immediately and go to Section 8.
Do you have an active inflammatory or autoimmune disease such as rheumatoid arthritis, lupus, Crohn's disease, or HIV?
Do you have lung disease that requires you to take steroid pills or injections?
Do you have a neurological condition such as Parkinson's disease, multiple sclerosis, residual muscle weakness from stroke, neuropathy, or paralysis?
Do you typically have more than 14 alcoholic drinks per week?
Are you currently receiving dialysis?
In the past year, have you been treated for cancer or been told by a doctor that you had cancer or a malignant tumor?
Are you receiving radiation or chemotherapy treatment for this cancer?
DO NOT ASK: Does the participant appear to have a hearing, speech, or other problem making them unable to communicate?
In the last month, have you had an acute infection? (urinary, respiratory, etc.) Section 4: Temporary Inclusion/Exclusion ;If answer shaded participant is temporarily ineligible. STOP immediately and go to Section 8.
In the past 4 months, have you had a hip fracture, hip or knee replacement, or spinal surgery?
In the past 4 months, have you had a stroke?
In the past 6 months, have you had a heart attack or myocardial infarction?
In the past 6 months, have you had major heart surgery including valve replacement or bypass surgery?

Label
In the past 6 months, have you had a blood clot in your legs or your lungs?
Are you a current smoker? (On average more than 1 cigarette, cigar or pipe per month over the past 6 months)
In the last 3 months, have you had uncontrolled diabetes with weight loss, had a diabetic coma, or frequent insulin reactions?
In the last month, have you been hospitalized overnight?
Have you received physical therapy for gait, balance, or other lower extremity training in the last 2 months?
In the past 3 months, have you participated in another intervention study? (observational studies are okay)
What is the name of the study?
When will it end?
Do you currently have or have you ever had atrial fibrillation (afib)? Section 5: Omega-3 Exclusions
Do you have an allergy to fish or shell fish?
Do you have an allergy to omega-3 polyunsaturated fatty acids such as fish oil?
Are you currently taking or have you taken omega-3/fish oil supplements prescribed by a doctor, such as Lovaza, in the last 2 months?
Are you currently taking or have you taken fish oil (generic or specific, such as salmon, krill, or cod liver oil), flax, or flaxseed oil, in the last 2 months?
How many servings of fatty fish do you consume per week? Remember one serving is 4 oz.- Roughly the size of the palm of your hand. Fatty fish includes any of the following: Salmon, Trout, Bluefish, Mackerel, Halibut, Herring, and Tuna.
DO NOT ASK: Did the participant have any shaded answers in Section 5? Section 6: Losartan Exclusions
Do you have an allergy to, or were unable in the past to, tolerate angiotensin receptor blockers (ARBs) such as losartan, candesartan, eprosartan, vasartan, or others? arbtake_tscr arbtakepot_tscr
Are you taking or have taken an angiotensin receptor blocker or an ACE inhibitor in the last 2 months? If yes, confirm name of med to ensure it is an ARB?ACEI (check reference list). If participant is unsure, provide med names, if still unsure, go through
In the last week, have you used potassium sparing diuretics such as Dyrenium (triameterene) or Midamor (amiloride), other medications with potassium sparing properties (such as Aldactone (spironolactone) or Inspra (eplerenone)), potassium supplements, or s
Do you have bilateral renal artery stenosis (narrowing of arteries that carry blood to both of your kidneys?
Do you have damage to your liver where it does not function properly (cirrhosis or liver)?
arbdiaab_tscr
DO NOT ASK: Did the participant have any shaded answers in Section 6? Section 7: Arm Eligibility
DO NOT ASK: Did you answer YES to Q42 (Section 5) AND Q50 (Section 6)? Section 8: Study Eligibility
Is the participant eligible?
You are eligible to come to our clinic for the first visit. May I schedule an appointment for you? perminel_tscr
Thank you very much for this information. It will be very useful for the study. At this time, you do NOT qualify for our study. Only a limited number of people are being selected to continue in the study, but we greatly appreciate your time in answering
You are currently not eligible for our study but may become eligible in the future. May I call you back in 1-6 months to check on how you are doing?
Too Busy
Not interested
Sick
Do not think it would help
Caring for others
Doctor told me not to
Other

Label
If other, please specify: Great! When are you available? I have DATE/TIME available. Would that work for you? ;;Participant agrees to clinic visit, scheduled for:
visit_code
Have you used Tekturna (aliskiren) in the past 2 months?
Do you have Type II Diabetes OR have renal or kidney impairment?
Another Study
Pepper
Does this impair your muscle function or mobility?
Would you be willing to stop taking omega-3/fish oil?
Would you be willing to stop taking fish oil, flax or flaxseed oil? o3serving_tscr
Are you taking lithium or lithium salts?
Do you have renal or kidney impairment?
Great! Iâ™™ll plan to call you back on {DATE}. Will that work for you? Can you tell me why you would not like to participate?. Participant defers clinic visit due to:
versionNum

Data Set Name: enrgise_waist_height.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	WAISTCRC1_WCHT	Num	8	7.1	7.1	Waist Circumference;;Measurement 1
3	WAISTCRC2_WCHT	Num	8	7.1	7.1	Waist Circumference;;Measurement 2
4	MSDIFGT_WCHT	Num	8	6.	6.	Is Measure 1 and Measure 2 > 0.5 cm apart?
5	WAISTCRC3_WCHT	Num	8	7.1	7.1	Waist Circumference Measurement 3 Section 2: Height (Only measured at Baseline) Record Height in centimeters:
6	HEIGHT_WCHT	Num	8	7.1	7.1	Height
7	KYPHOSIS_WCHT	Num	8	6.	6.	Is participant standing sideways due to kyphosis?
8	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
9	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_walk_400meters.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	WALKDEV_W400	Num	8	11.	11.	Did the participant bring a cane, walker, or other walking aid to the clinic?
3	HESITANT_W400	Num	8	11.	11.	Do you think you can do this test safely without your cane, walker or other walking aid? (Only a single straight cane may be used for the test; a walker may not be used.)
4	WILLING_W400	Num	8	11.	11.	Would you be willing to try the test and see how you feel?
5	STRCANE_W400	Num	8	11.	11.	Did the participant bring a single straight cane to the clinic?
6	SAFEWKDV_W400	Num	8	11.	11.	Would you be willing to try the test if you could use your cane?
7	TRY_W400	Num	8	11.	11.	Can you give it a try?
8	DEMOHEST_W400	Num	8	11.	11.	Do you think you can do this test safely?
9	DEMOTRY_W400	Num	8	11.	11.	Can you give it a try? SECTION 1: WALK NOT ATTEMPTED*
10	NOATMPT_W400	Num	8	11.	11.	Indicate a reason for not attempting the 400 meter walk: (extra details can also be provided in SECTION 6)
11	LAP1_W400	Num	8	1.	1.	Lap 1
12	LAP2_W400	Num	8	1.	1.	Lap 2
13	LAP3_W400	Num	8	1.	1.	Lap 3
14	LAP4_W400	Num	8	1.	1.	Lap 4
15	HOWHARD_W400	Num	8	11.	11.	Please tell me how hard you feel you are working now. Is it light, somewhat hard, hard, or very hard?
16	LAP5_W400	Num	8	1.	1.	Lap 5
17	LAP6_W400	Num	8	1.	1.	Lap 6
18	LAP7_W400	Num	8	1.	1.	Lap 7
19	LAP8_W400	Num	8	1.	1.	Lap 8
20	LAP9_W400	Num	8	1.	1.	Lap 9
21	LAP10_W400	Num	8	1.	1.	Lap 10
22	RESTSTP1_W400	Num	8	11.	11.	For each rest stop, Mark an X corresponding to the length of time of the rest (standing rests only).;;Rest stop number 1:
23	RESTSTP2_W400	Num	8	11.	11.	Rest stop number 2
24	RESTSTP3_W400	Num	8	11.	11.	Rest stop number 3:
25	RESTSTP4_W400	Num	8	11.	11.	Rest stop number 4:
26	RESTSTP5_W400	Num	8	11.	11.	Rest stop number 5:
27	RESTSTP6_W400	Num	8	11.	11.	Rest stop number 6:
28	RESTSTP7_W400	Num	8	11.	11.	Rest stop number 7:
29	RESTSTP8_W400	Num	8	11.	11.	Rest stop number 8:
30	RESTSTP9_W400	Num	8	11.	11.	Rest stop number 9:
31	RESTSTP10_W400	Num	8	11.	11.	Rest stop number 10:
32	TOT_STOP_W400	Num	8	4.	4.	Total Number of Stops: SECTION 3: 400 METER WALK TIME walk_min_w400

Num	Variable	Type	Len	Format	Informat	Label
33	WALK_MIN_W400	Num	8	4.	4.	Time to walk 400 meters (Record time that first foot crosses the finish line or when the participant stops walking.) Note: If the participant does not complete the 400 m walk in <15 minutes, record 15 min 00 sec as the time in Q12 and measure and record th
34	WALK_SEC_W400	Num	8	4.	4.	seconds
35	M_CMP_W400	Num	8	6.	6.	Number of meters completed: Meters
36	DEVICE_W400	Num	8	11.	11.	Did the participant use a straight cane during the test? SECTION 4: 400 METER WALK SAFETY
37	WALK_COMP_W400	Num	8	11.	11.	Did the participant complete the 400m walk? SECTION 5: 400 METER WALK NOT COMPLETED* Why did you feel you couldn't continue the walk?
38	STP_BRTH_W400	Num	8	1.	1.	Shortness of Breath
39	STP_FAT_W400	Num	8	1.	1.	Fatigue
40	STP_LEG_W400	Num	8	1.	1.	Leg Pain
41	STP_CHST_W400	Num	8	1.	1.	Chest Pain
42	STP_FNT_W400	Num	8	1.	1.	Feeling Faint or Dizzy
43	STP_OTH_W400	Num	8	1.	1.	Other
44	NOCOMP_W400	Num	8	4.	4.	Indicate a reason for not completing the 400 meter walk:
45	PULSE_W400	Num	8	4.	4.	Sitting Radial Pulse: beats per 30 seconds X2: bpm
46	BOTHER_W400	Num	8	11.	11.	Is there anything bothering you?
47	OBS_BRTH_W400	Num	8	1.	1.	Shortness of breath
48	OBS_UNST_W400	Num	8	1.	1.	Unsteadiness
49	OBS_DISC_W400	Num	8	1.	1.	Signs of discomfort
50	OBS_NO_W400	Num	8	1.	1.	No Symptoms Observed
51	OBS_WHZ_W400	Num	8	1.	1.	Wheezing/Dyspnea
52	OBS_SWT_W400	Num	8	1.	1.	Sweating
53	OBS_OTH_W400	Num	8	1.	1.	Other
54	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
55	DAYSSINCERAND	Num	8			

Data Set Name: enrgise_walk_4meters.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MASKID	Char	6			
2	COURSE_SWLK	Num	8	11.	11.	Length of walk test course:
3	SAFE_SWLK	Num	8	11.	11.	Do you feel this would be safe?
4	WKTIME1_SWLK	Num	8	8.2	8.2	Time for walk: (seconds)
5	WKREF1_SWLK	Num	8	1.	1.	No Time > Go to Q5
6	WKDEV1_SWLK	Num	8	11.	11.	Did the participant use a cane or walking aid?
7	DEVICE1_SWLK	Num	8	11.	11.	If yes,
8	DEVICE1_SPC_SWLK	Char	25	\$25.	\$25.	If other, please specify
9	NOATTEM1_SWLK	Num	8	11.	11.	If participant did not attempt the test, indicate reason and END TEST:
10	NOATTEM1_SPC_SWLK	Char	25	\$25.	\$25.	If other, please specify
11	WKTIME2_SWLK	Num	8	8.2	8.2	Time for walk (seconds)
12	WKREF2_SWLK	Num	8	1.	1.	No Time > Go to Q8
13	WKDEV2_SWLK	Num	8	11.	11.	Did the participant use a cane or walking aid?
14	DEVICE2_SWLK	Num	8	11.	11.	If yes,
15	DEVICE2_SPC_SWLK	Char	25	\$25.	\$25.	If other, please specify
16	NOATTEM2_SWLK	Num	8	11.	11.	If participant did not attempt the test, indicate reason and go to Q9:
17	NOATTEM2_SPC_SWLK	Char	25	\$25.	\$25.	If other, please specify
18	FASTER_SWLK	Num	8	8.2	8.2	What is the time for the faster of the two walks? (seconds)
19	WKSP4M_SWLK	Num	8	11.	11.	Is the 4 meter walking speed in Q9 > 4 seconds and <9.1 seconds?
20	WKSP3M_SWLK	Num	8	11.	11.	Is the 3 meter walking speed in Q9 > 3 seconds and <6.8 seconds?
21	RETAIN_SWLK	Num	8	11.	11.	retain_swlk
22	VISIT_CODE	Char	3	\$3.	\$3.	visit_code
23	DAYSSINCERAND	Num	8			