



**Supplemental Vitamin D and Calcium Data
from Baseline to Visit 13**

CODEBOOK

ARCHIVED DATASET 2018

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GENERAL DOCUMENTATION FOR THE VITAMIN D/CALCIUM DATASET

Who is included in the frozen dataset:

All 3302 SWAN participants are in this frozen dataset. All available sources were used: V00 Food Frequency Questionnaire (FFQ) and interview, V01-04 interview, V05 FFQ and interview, V06-V08 interview, V09-FFQ and interview, V10-interview, and V12-V13 interview and medications. No Vitamin D/Calcium data was collected on the interim visits 11 and 14.

Variables in the dataset:

The variables in the dataset are SWAN ID, VISIT, RACE, SITE, SUP_VITD and SUP_CA.

- SUP_VITD is equal to 1 if a participant reported more than one day per week of taking vitamin D, or multivitamin in the interview or FFQ, or taking medications of Vitamin D and derivatives.
- SUP_CA is equal to 1 if a participant reported more than one day per week of taking calcium, or multivitamin in interview or FFQ, or taking medications of calcium carbonate, calcium.

Data and variables used to create the SUP_VITD and SUP_CA variables:

Visit	Dataset	Variable
00	FFQ, Interview	sup_vitd, sup_ca
01	Interview	CALCTUM1, VITAMND1, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
02	Interview	CALCTUM2, VITAMND2, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
03	Interview	CALCTUM3, VITAMND3, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
04	Interview	CALCTUM4, VITAMND4, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
05	FFQ, Interview	ALLVITD_FFQ, ALLCAL_FFQ
06	Interview	CALCTUM6, VITAMND6, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
07	Interview	CALCTUM7, VITAMND7, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
08	Interview, Mailed interview*	CALCTUM8, VITAMND8, SINGVTN8*, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
09	FFQ, Interview, Mailed interview*	ALLVITD_FFQ, ALLCAL_FFQ, CALCTUM9, VITAMND9, SINGVTN9*, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
11	<i>Data not collected</i>	
10	Interview	CALCTUM10, VITAMND10, ONCEADA, VTMOETH1, VTMOETH2, VTMOETH3, VTMOETH4
12	Interview, Medication form	
13	Interview, Medication form	
14	<i>Data not collected</i>	

*Note: There are some mailed questionnaire participants from Visits 08 and 09. The questions for calcium supplement were slightly different from those regular interview form, and the variables were also named differently (see below).

COPY OF THE DATA COLLECTION FORM

INTERVIEW (VISITS 01 – 10):

Since your last study visit, what vitamins and minerals have you taken fairly regularly, at least once per week?

Multi-Vitamins, how often do you take...		Don't take any	1-3 days per week	4-6 days per week	Every Day
a. Regular Once-A-Day, Centrum, or Thera type #ONCEADA1		1	2	3	4
c. Any others? #VTMSPE11 , VTMOTH11		1	2	3	4
_____ #VTMSPE21, VTMOTH21		1	2	3	4
_____ #VTMSPE31, VTMOTH31		1	2	3	4
_____ #VTMSPE41, VTMOTH41		1	2	3	4
g. Vitamin D #VITAMND1		1	2	3	4
i. Calcium or Tums #CALCTUM1		1	2	3	4

MAIL (VISITS 08 – 09):

I6. During the past year have you used any single vitamin (not part of a multi-vitamin) that is mostly calcium or taken Tums pills?

IF YES, how many times per week?

#SINGVTN8 (#SINGVTN9)

- Don't take any now or take less than once per week..... 1
- 1-3 days per week 2
- 4-6 days per week 3
- Every day 4
- Don't know 8

MEDICATION FORM (VISITS 12 – 13):

B24. In the past three months, have you used any prescription or over the counter medications including supplements, vitamins, pain medications, laxatives, cold medications, cough medications, stomach medications, and ointments or salves? (CIRCLE ONE.) #RXOTC3MO

- NO..... 1
- YES..... 2

IF PARTICIPANT REPORTED “YES” to B24,

- RECORD ALL OTC/VITAMINS/SUPPLEMENTS PRODUCTS ON “Over-the-Counter (OTC) / VITAMIN/Dietary SUPPLEMENT (Non Prescription) Products Data Collection Sheet”

Visits 12-13 Over-the-Counter (OTC)/VITAMIN/Dietary SUPPLEMENT (Non Prescription) Products Data Collection Sheet

D. Record all other OTC/vitamin/supplement products (including pills, patches, eye drops, creams, salves) that were used in the previous **three months** ("YES" to B24). **Record the complete medication name exactly as written on the container.**

#_____ OTC/Vitamin/Supplement						
Product Name	Route	Dosage Form	Strength†	Strength Unit†	Number taken in previous 24 hours?	Verified by container?
_____#MEDNAME_____	_____	_____	_____	_____	_____	No 1 Yes 2

* **Note:** The product details assist in providing more information for the created variables.

Variable Excluded from Public Use Data File