

Health ABC Documentation for all Data Sets

HEALTH ABC DATA ANALYSIS FILE

To use Health ABC data, please contact the PI at your site.

Contents:

SAS Datasets

Y16WorkBooks	Year 16 Pittsburgh Clinic Visit (muscle tissue collection), Memphis Clinic/Home Visit
MissVis	Missed Follow-up Contact data
Y16Read	Year 16 Reading Center DXA Scan data (Memphis Only)
Y16Calc	Year 16 calculated (derived) variables
Y16MIF	Year 16 Medication Inventory Forms data (Memphis Only)
Y16MIFCOD	Year 16 MIF data with 1 record per participant/ingredient pair (Memphis Only)
Y16RxCalc	Calculated medication use variables based on Year 16 MIF data (Memphis Only)

In addition, the following files, not specific to any year but updated each time data are released, can be found at the top of the Current Datasets listing on the Health ABC website under the [Datasets & Documentation](#) link:

PH	Participant History File
BMDNotes	Explanatory notes for BMD QC code variables
Formats	SAS Format Library

DXA datasets for Repeated Measure Analysis

Dxrean116	Whole body BMD data for baseline (Year 1), Year 2, 3, 4, 5, 6, 8, 10 and 16 for <u>year-by-year longitudinal analyses only</u> . Where Year 2, 3, 4, 5, 6, 8, 10 or 16 scans required a change of region of interest (ROI), preceding scans have been reanalyzed to match the new ROI (see Reading Center documentation).
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PARTICIPANT HISTORY FILE (PH)

1. General description

The PH file contains general information about the participants enrolled in the study. Variables included are:

HABCID	Health ABC Enrollment ID# without the 2-letter prefix
HCFAID	HCFA Screening ID (as assigned by the Coordinating Center)
DOB	Date of Birth
DOD	Date of Death
GENDER	Gender (1=Male; 2=Female)
RACE	Race (1=White; 2=Black)

RACEGEN	Race-gender group (1=White male, 2=White female, 3=Black male, 4=Black female)
SITE	Clinic Site (1=Memphis, 2=Pittsburgh)
CV1AGE	Age at Year 1 Clinic Visit
CV1DATE	Year 1 Clinic Visit Date
SV06AGE	Age at 6-Month Contact
SV06DATE	6-Month Contact Date
VITAL06M	Vital Status at time of 6-month contact
CV2AGE	Age at Year 2 Clinic Visit
CV2DATE	Year 2 Clinic Visit Date
VITAL12M	Vital Status at time of Year 2 (12-month) contact
SV18AGE	Age at 18-Month Contact
SV18DATE	18-Month Contact Date
VITAL18M	Vital Status at time of 18-month contact
CV3AGE	Age at Year 3 Clinic Visit
CV3DATE	Year 3 Clinic Visit Date
VITAL24M	Vital Status at time of Year 3 (24-month) contact
SV30AGE	Age at 30-Month Contact
SV30DATE	30-Month Contact Date
VITAL30M	Vital Status at time of 30-month contact
CV4AGE	Age at Year 4 Clinic Visit
CV4DATE	Year 4 Clinic Visit Date
VITAL36M	Vital Status at time of Year 4 (36-month) contact
SV42AGE	Age at 42-Month Contact
SV42DATE	42-Month Contact Date
VITAL42M	Vital Status at time of 42-month contact
CV5AGE	Age at Year 5 Clinic Visit
CV5DATE	Year 5 Clinic Visit Date
VITAL48M	Vital Status at time of Year 5 (48-month) contact
SV54AGE	Age at 54-Month Contact
SV54DATE	54-Month Contact Date
VITAL54M	Vital Status at time of 54-month contact
CV6AGE	Age at Year 6 Clinic Visit
CV6DATE	Year 6 Clinic Visit Date
VITAL60M	Vital Status at time of Year 6 (60-month) contact
SV66AGE	Age at 66-Month Contact
SV66DATE	66-Month Contact Date
VITAL66M	Vital Status at time of 66-month contact
CV7AGE	Age at Year 7 Clinic Visit
CV7DATE	Year 7 Clinic Visit Date
VITAL72M	Vital Status at time of Year 7 (72-month) contact
SV78AGE	Age at 78-Month Contact
SV78DATE	78-Month Contact Date
VITAL78M	Vital Status at time of 78-month contact
CV8AGE	Age at Year 8 Clinic Visit
CV8DATE	Year 8 Clinic Visit Date
VITAL84M	Vital Status at time of Year 8 (84-month) contact
SV90AGE	Age at 90-month Contact
SV90DATE	90-month Contact Date

VITAL90M	Vital Status at time of 90-month contact
CV9AGE	Age at Year 9 Clinic Visit
CV9DATE	Year 9 Clinic Visit Date
VITAL96M	Vital Status at time of Year 9 (96-month) contact
SV102AGE	Age at 102-month Contact
SV102DATE	102-month Contact Date
VITAL102M	Vital Status at time of 102-month contact
CV10AGE	Age at Year 10 Clinic Visit
CV10DATE	Year 10 Clinic Visit Date
VITAL108M	Vital Status at time of Year 10 (108-month) contact
SV114AGE	Age at 114-month Contact
SV114DATE	114-month Contact Date
VITAL114M	Vital Status at time of 114-month contact
CV11AGE	Age at Year 11 Clinic Visit
CV11DATE	Year 11 Clinic Visit Date
VITAL120M	Vital Status at time of Year 11 (120-month) contact
SV126AGE	Age at 126-month Contact
SV126DATE	126-month Contact Date
VITAL126M	Vital Status at time of 126-month contact
CV12AGE	Age at Year 12 Clinic Visit
CV12DATE	Year 12 Clinic Visit Date
VITAL132M	Vital Status at time of Year 12 (132-month) contact
SV138AGE	Age at 138-month Contact
SV138DATE	138-month Contact Date
VITAL138M	Vital Status at time of 138-month contact
CV13AGE	Age at Year 13 Clinic Visit
CV13DATE	Year 13 Clinic Visit Date
VITAL144M	Vital Status at time of Year 13 (144-month) contact
SV150AGE	Age at 150-month Contact
SV150DATE	150-month Contact Date
VITAL150M	Vital Status at time of 150-month contact
CV14AGE	Age at Year 14 Clinic Visit
CV14DATE	Year 14 Clinic Visit Date
VITAL156M	Vital Status at time of Year 14 (156-month) contact
CV15Q1AGE	Age at Year 15 Quarter 1 Telephone Interview
CV15Q1DATE	Date of Year 15 Quarter 1 Telephone Interview
VITAL15Q1	Vital Status at Year 15 Quarter 1 Telephone Interview
CV15Q2AGE	Age at Year 15 Quarter 2 Telephone Interview
CV15Q2DATE	Date of Year 15 Quarter 2 Telephone Interview
VITAL15Q2	Vital Status at Year 15 Quarter 2 Telephone Interview
CV15Q3AGE	Age at Year 15 Quarter 3 Telephone Interview
CV15Q3DATE	Date of Year 15 Quarter 3 Telephone Interview
VITAL15Q3	Vital Status at Year 15 Quarter 3 Telephone Interview
CV15Q4AGE	Age at Year 15 Quarter 4 Telephone Interview
CV15Q4DATE	Date of Year 15 Quarter 4 Telephone Interview
VITAL15Q4	Vital Status at Year 15 Quarter 4 Telephone Interview
CV16Q1AGE	Age at Year 16 Quarter 1 Telephone Interview
CV16Q1DATE	Date of Year 16 Quarter 1 Telephone Interview
VITAL16Q1	Vital Status at Year 16 Quarter 1 Telephone Interview

CV16Q2AGE	Age at Year 16 Quarter 2 Telephone Interview
CV16Q2DATE	Date of Year 16 Quarter 2 Telephone Interview
VITAL16Q2	Vital Status at Year 16 Quarter 2 Telephone Interview
CV16Q3AGE	Age at Year 16 Quarter 3 Telephone Interview
CV16Q3DATE	Date of Year 16 Quarter 3 Telephone Interview
VITAL16Q3	Vital Status at Year 16 Quarter 3 Telephone Interview
CV16Q4AGE	Age at Year 16 Quarter 4 Telephone Interview
CV16Q4DATE	Date of Year 16 Quarter 4 Telephone Interview
VITAL16Q4	Vital Status at Year 16 Quarter 4 Telephone Interview
CV17Q1AGE	Age at Year 17 Quarter 1 Telephone Interview
CV17Q1DATE	Date of Year 17 Quarter 1 Telephone Interview
VITAL17Q1	Vital Status at Year 17 Quarter 1 Telephone Interview
CV17Q2AGE	Age at Year 17 Quarter 2 Telephone Interview
CV17Q2DATE	Date of Year 17 Quarter 2 Telephone Interview
VITAL17Q2	Vital Status at Year 17 Quarter 2 Telephone Interview
CV17Q3AGE	Age at Year 17 Quarter 3 Telephone Interview
CV17Q3DATE	Date of Year 17 Quarter 3 Telephone Interview
VITAL17Q3	Vital Status at Year 17 Quarter 3 Telephone Interview
CV17Q4AGE	Age at Year 17 Quarter 4 Telephone Interview
CV17Q4DATE	Date of Year 17 Quarter 4 Telephone Interview
VITAL17Q4	Vital Status at Year 17 Quarter 4 Telephone Interview
CV16CVAGE	Age at Year 16 Clinic\Home Visit
CV16CVDATE	Date of Year 16 Clinic\Home Visit
VITAL16CV	Vital Status at Year 16 Clinic\Home Visit
VERSIONPH	Participant History File Release Date
VStatus	Vital Status (1=Alive, 2=Dead) as of PH file release date

The birthdate, race, and gender data come from the edited HCFA data. The Year 1 clinic visit date was taken from the corrected final participant list provided by the each clinic (with later corrections as necessary). All other dates were taken from the corresponding Clinic Visit workbook, Home Visit workbook, Annual Telephone interview, Proxy Interview, Proxy Contact Home Visit Workbook or Semi-Annual Telephone Contact form; participants who missed a visit have no corresponding date (set to .A). Age at each contact is a calculated variable based on birthdate and that contact date.

There are 3075 observations in the PH file. The demographic breakdown of participants in this dataset is as follows:

African-American Female	729
African-American Male	552
White Female	855
White Male	939
Memphis Participants	1548
Pittsburgh Participants	1527

2. Cross reference of dataset names with exact source

A complete list of variable names can be found under the “Proc Contents for All Datasets” link (search under PH).

3. Dataset structure and contents

The PH file contains a single observation per participant.

Key variables:

HABCID	HABC Enrollment ID without the 2-letter prefix
HCFAID	HCFA ID (as assigned by the Coordinating Center)

4. Condition of data

a. Known data errors: None at this time. The data have been edited. Editing will, however, be ongoing (iterative), so use of the most recent dataset is always advised.

b. Strengths and weaknesses of dataset items: If a death has been reported on a Missed Visit Form, an Event Form, or the Report of Death, the participant is listed as deceased in the vital status variable (VStatus) variable. Note: VStatus is vital status **as of the release date of the participant history file**, not as of any particular visit. This variable should only be used to determine the most up-to-date snapshot of vital status in Health ABC as of the file date. Vital status variables (VITALxxM) have been created for each Health ABC contact as follows: If a participant had a particular contact, or if they missed a contact but they were determined to still be alive at the time their contact was due (participant refused the contact, was too ill, etc), then VITALxxM is alive. If they missed a contact and were later discovered to have died before the end of their contact window, then VITALxxM is dead. If they missed a contact and were later discovered to have died after the end of their contact window, then VITALxxM is alive for that contact, but dead for the next. Finally, if they missed a contact without a determination of their vital status (participant could not be located, withdrew, no data for a visit for which they are past the visit window, etc) and no further contact with vital status determination has been made since then, then VITALxxM is missing.

The date of death (DOD) variable represents the best available information about the date of death for deceased participants as of the creation date of participant history file (PH).* If a Report of Death form has been entered for the participant, the date of death from that adjudication form is used. If there is no Report of Death form yet, this information is taken from the Event Form dataset, and is therefore an unconfirmed, un-adjudicated date of death.

c. Missing Value Conventions: See Special Missing Value Codes below for special missing value codes applied

5. Dataset index formulation and key variable mapping

The PH file is sorted by HABCID, which is a unique identifier for each participant.

6. General strategies for manipulating and merging the data

Because the Health ABC datasets are sorted by Health ABC Enrollment ID, the HABCID variable is most useful for merging with other datasets.

* Run proc contents in SAS to see creation date of the PH file.

YEAR 16 VISIT DATA (Y16Workbooks)

1. General description

The Y16WorkBooks file contains information about the participants enrolled in the study gathered from the Year 16 Pittsburgh Clinic Visit Workbook (muscle tissue collection), the Year 16 Memphis Clinic Visit Workbook and the Year 16 Memphis Home Visit Workbook. The two Memphis workbooks include Section A of the Medication Inventory Form. Memphis data from Section B of the Medication Inventory Form can be found in Y16MIF (see MIF documentation). If a participant did not have a Year 16 Pittsburgh Clinic visit (muscle tissue collection) or a Year 16 Memphis Clinic/Home visit they should have a Missed Follow-up Contact (MVFU) form that explains why. In addition, the variable VTYPE16CV in the participant history file (PH) accounts for all participants, whether or not they had a Year 16 visit. If VTYPE16CV = 0 the participant's Year 16 visit data can be found in Y16Workbooks. If VTYPE16CV = 3, 4 or 5, the participant did not have a Year 16 contact and their Missed Follow-up Contact data can be found in MISSVIS. **Note:** the Year 16 Pittsburgh Clinic visit includes three (3) different visits. The variables Y16CVPittVNUM1, Y16CVPittVNUM2 and Y16CVPittVNUM3 in the PH file tell you which of the three visits a participant missed, if any. Their corresponding variables, again in the PH file, Y16CVPittMisRsn1, Y16CVPittMisRsn2 and Y16CVPittMisRsn3 identifies the reason for missing a visit.

There are 3075 observations in the Y16Workbooks file. The types of visits are as follows:

Pittsburgh Clinic Visit	54
Memphis Clinic Visit	183
Memphis Home Visit	87
Missed/Deceased	1,975
Missed/Withdrew	110
Missed/Other	178
Missing MVFU Form	488
Total	3,075

2. Cross reference of dataset names with exact source

A complete list of variable names can be found under the “Proc Contents for All Datasets” link (search under Y16Workbooks). Variable names can also be found on the annotated forms. Please note that not all variables on the forms are contained in the dataset.

3. Dataset structure and contents

The Y16Workbooks file contains a single observation per participant uniquely identified and sorted by the variable HABCID.

Health ABC Year 16 Visit Workbooks

Order in which each Page in a Visit Workbook is Released in the SAS File - Y16Workbooks

Data Type	Pages	Page Variable Prefix	Site(s) Page Used	Pittsburgh Clinic Visit Page Number	Memphis Clinic Visit Page Number	Memphis Home Visit Page Number
Muscle Tissue Collection Eligibility Pre-Screener	1	HP	Pittsburgh	1		
	2	HR	Pittsburgh	2		
	3	HS	Pittsburgh	3		
	4	HT	Pittsburgh	4		
Pittsburgh Clinic Visit Procedure Checklist		D7	Pittsburgh	P1		
CBC Results		E9	Pittsburgh	P17		
Muscle Tissue Collection Eligibility Confirmation		EE	Pittsburgh	P18		
Muscle Tissue Collection	1	EJ	Pittsburgh	P19		
	2	EK	Pittsburgh	P20		
Muscle Tissue Processing		EL	Pittsburgh	P21		
Phlebotomy	1	MS	Pittsburgh	P25		
	2	MT	Pittsburgh	P26		
	3	MU	Pittsburgh	P27		
Laboratory Processing		MW	Pittsburgh	P28		
Muscle Tissue Collection Follow-Up Telephone Contact		HU	Pittsburgh	Follow-Up		
Muscle Tissue Collection Adverse Event Form	1	JZ	Pittsburgh	Follow-Up		
	2	KJ	Pittsburgh	Follow-Up		
CT Tracking	1	HM	Pittsburgh	Follow-Up		
	2	HN	Pittsburgh	Follow-Up		
Memphis Clinic (D8TYPE1=1) / Home (D8TYPE1=2) Visit Procedure Checklist		D8	Memphis		M1	M1
Medication Inventory Forms Source for SAS files Y16MIF, Y16MIFCod and Y16RxCalc		DJ	Memphis		M4	M4
		DK	Memphis		M5	M5
Modified Mini-Mental State Exam (3MS)	1	DL	Memphis		M6	M6
	2	DM	Memphis		M7	M7
	3	DN	Memphis		M8A	M8A
	4	CV	Memphis		M8B	M8B
	5	CW	Memphis		M8C	M8C
	6	CX	Memphis		M8D	M8D
4-Meter Walk		DU	Memphis			14
DXA Scan (Hip and Whole Body)	1	DZ	Memphis		M18	M18*
	2	E3	Memphis		M19	M19*
	3	E4	Memphis		M20	M20*

Health ABC Year 16 Visit Workbooks

Order in which each Page in a Visit Workbook is Released in the SAS File - Y16Workbooks

Data Type	Pages	Page Variable Prefix	Site(s) Page Used	Pittsburgh Clinic Visit Page Number	Memphis Clinic Visit Page Number	Memphis Home Visit Page Number
Radial Pulse		D9	Both Sites	P2	M2	M2
Blood Pressure		DH	Both Sites	P3	M3	M3
Grip Strength	1	DP	Both Sites	P4	M9	M9
	2	DQ	Both Sites	P5	M10	M10
Chair Stands		DR	Both Sites	P6	M11	M11
Standing Balance	1	DS	Both Sites	P7	M12	M12
	2	DT	Both Sites	P8	M13	M13
Balance Walks		DV	Both Sites	P9	M14	
20-Meter Walk		DW	Both Sites	P10	M15	
Standing Height		DX	Both Sites	P11	M16	
Weight		DY	Both Sites	P12	M17	M17
Isokinetic Quadriceps Strength (KIN-COM)	1	E5	Both Sites	P13	M21	
	2	E6	Both Sites	P14	M22	
	3	E7	Both Sites	P15	M23	
	4	E8	Both Sites	P16	M24	
Accelerometer Screener and Distribution	1	EM	Both Sites	P22	M26	M26
	2	EN	Both Sites	P23	M27	M27
	3	EP	Both Sites	P24	M28	M28
Accelerometer Return		MP	Both Sites	Follow-Up	Follow-Up	Follow-Up
Daily Hip Accelerometer Log - Source for SAS file Y16HipAccelLog		HZ	Both Sites	Follow-Up	Follow-Up	Follow-Up

* Only if participant is scheduled at home visit to come into the clinic for DXA scans at a future date.

MISSED FOLLOW-UP CONTACT DATA (MissVis)

1. General description

The MissVis file contains information about the participants who have missed a follow-up contact (died, refused, lost to follow-up, etc) at any time during the study, up through the last contact. If a participant missed an annual or semi-annual contact, they should have a Missed Follow-up Contact form that explains why.

2. Cross reference of dataset names with exact source

A complete list of variable names can be found under the “Proc Contents for All Datasets” link (search under MissVis). Variable names can also be found on the annotated forms. As noted above the y16 Pittsburgh Clinic visit includes up to 3 separate visits. The variable Y16CVPittVNUM tells you if a participant missed any of the three visits. Therefore, it is possible to have more than one missed visit record for Pittsburgh participants in Year 16.

3. Dataset structure and contents

The MissVis file contains multiple observations per participant.

Key variables:

HABCID	HABC Enrollment ID without the 2-letter prefix
SITE	HABC Clinic site: 1=Memphis; 2=Pittsburgh*
BJID2	Contact missed

4. Condition of data

a. Known data errors: None at this time..

b. Strength and weaknesses of dataset items: If a participant missed a visit due to death or withdrawal from the study, the Missed Follow-up Contact corresponding to the first contact missed for this reason is usually the last Missed Follow-up Contact for that participant. That is, field centers were instructed not to continue completing Missed Follow-up Contacts for each subsequent contact missed after the death of a participant or their withdrawal from the study. If a participant could not be located at one contact and therefore had a Missed Follow-up Contact completed for that contact, then subsequently was found to have died before that contact, the death was recorded on a Missed Follow-up Contact form for the subsequent contact. That is, the Missed Follow-up Contact information reflects the status of the participant as known to the field center at the time of the scheduled contact. Missed Follow-up Contact data should not be used to determine approximate date of death, nor even numbers of participants who had died as of a particular follow-up contact. The best information available at the time of the data analysis file regarding date of death can be found in the Participant History file (PH, DOD, see page 3). If a participant was found to have both a Missed Follow-up Contact form for a particular contact and the corresponding contact forms (e.g. Clinic Visit Workbook, Home Visit Workbook, Annual Telephone Interview, Proxy Interview, Proxy Contact Home Visit Workbook, or

* Must link to Health ABC participant history file (PH) to add this variable.

Semi-Annual Follow-Up Contact form), the Missed Follow-up Contact form data for that participant were deleted from the analysis file.

c. Missing Value Conventions: See Special Missing Value Codes below for special missing value codes applied

5. Dataset index formulation and key variable mapping

The MissVis file is sorted by HABCID, which is a unique identifier for each participant. The combination of HABCID and BJID2 is a unique identifier for a participant/contact record in this dataset.

6. General strategies for manipulating and merging the data

Because the Health ABC datasets are sorted by Health ABC Enrollment ID, the HABCID variable is most useful for merging with other datasets. The MissVis file must first be subsetted by BJID2 to the contact desired before merging with a contact-specific, one-record-per-participant dataset.

SPECIAL MISSING VALUE CODES

SAS allows for stratification of missing values. The following missing values have been assigned:

- . = 'Missing Form'
- .A = 'A:Not Applicable'
- .E = 'E:Recoded to Missing'
- .F = 'F:Variable Missing from Form'
- .L = 'L:Permanently Lost'
- .M = 'M:Missing'
- .N = 'N:Not Required'
- .T = 'T:Missing Due to Technical Problems' (reading center data only)
- .U = 'Unacceptable'

Description

. : Missing Form

Used when a value is missing because the entire form has not been entered.

A: Not Applicable

Used when a value is missing but the value is not required (due to simple skip pattern logic)

E: Recoded to Missing

Used to flag that a value was entered originally but should not have been (due to a skip pattern logic error) and that the value has been recoded to missing

F: Variable Missing from Form

Used to flag a variable that was not originally on the form (form was revised during the visit year) and therefore there is no value for this participant

L: Permanently Lost

Used to flag a tracking variable when a measurement involving a Reading Center was done, but the data either never made it to the Reading Center, or was lost at the Reading Center. A list of lost measurements, along with a brief description of what happened, can be found in Appendix I of the Reading Center Dataset documentation). Every effort was made to track down these data before they were declared "permanently lost" and the flag assigned.

M:Missing

Used to flag missing values when the value is required (i.e., true missing values).

N:Not Required

Used when a value is missing but the value is not required (not due to simple skip pattern logic). For example, for checkbox variables which are "Check all that apply" each one, individually, is not required. In these cases, a summary calculated variable (not included on the dataset) was used to edit missing responses. Some variables whose skip pattern logic is non-standard (i.e., the skip pattern involves several variables and forms) also have .N flags when missing, whether or not a response was required due to the skip pattern.

T:Missing Due to Technical Problems

Used when a value is missing from the Reading Center dataset due to technical difficulties. An explanation of when this value has been assigned can be found under Strengths and Weaknesses of (Reading Center) dataset items for each Reading Center (Reading Center data documentation; Substudy documentation).

U:Unacceptable

Used with certain Reading Center data when the data exist but cannot be used., for example, DXA data when the whole scan has been reviewed as unacceptable

General Strategies for Using Special Missing Values

In SAS, when using special missing values in logical expressions, the missing value is no longer only equal to '.' To express a value equal to missing, the code should be written: <= .z or alternately: le .z

To express a value not equal to missing, the code should be written >.z or alternately: gt .z
.Z is the greatest value of missing available in SAS.

DROPPED VARIABLES

A number of variables appear grayed out on the annotated forms but will not be found in the datasets. There are several reasons why variables were dropped:

1. Participant confidentiality: identifying information such as participant name, acrostic, address, telephone number, etc. are omitted from the analysis file. All participants are instead identified by the HABC Enrollment ID# (HABCID).
2. Bookkeeping variables: a number of variables were put on the forms merely for bookkeeping purposes and are extremely unlikely to be useful for analysis. If an investigator notices that such a variable has been dropped and believes it should not have been, s/he should feel free to contact the

Coordinating Center (HABCHelp@psg.ucsf.edu) and let us know that it should be included in future datasets.

3. Redundant variables: in many cases the same information was collected numerous times. We have made a special effort to clean up one version of each of these; and to avoid analysis using uncleaned data, the uncleaned version is omitted.

LISTINGS

A PDF listing of the SAS proc contents printout for all SAS datasets can be found under the “Proc Contents for All Datasets” link.

A pdf file, FormatsList.pdf, showing all formats and value descriptions (e.g.: 1=White, 2=Black) contained in the SAS Format Library can also be downloaded. Click on FormatsList under the List of Current Datasets on the Health ABC website.

MIFLegend.xls Microsoft Excel 4.0 spreadsheet containing formatted MIF legend, showing all medication ingredients used by participants, grouped by IDIS code hierarchy, and including frequencies for each ingredient (see MIF documentation). Click on MIFLegend under the List of Current Datasets on the Health ABC website.