

General Interview

Data set name: UC704102_GND_2015_NP

Cohort, Semi-Annual follow-Up

<i>GND0A_FOLLOWU PDAYS</i>		<i>Days Of Follow Up From Visit 1 To Completion Date</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6908	Range	9241 - 10503 (median=9706 mean=9798.4 std=328.7)
2		Missing

<i>GND0A_YEAR</i>		<i>Year Of Completion Date</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6765	2015	
143	2016	
2		Missing

<i>GND1</i>		<i>Last Time Experienced Pain</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2261	A	Today
1206	B	Not today, but within the past week
523	C	More than a week, but less than a month ago
936	D	1-3 months ago
265	E	4-6 months ago
1666	F	More than 6 months ago
53		Missing

<i>GND2</i>		<i>Pain Intensity</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
75	1	
405	2	
640	3	
565	4	
881	5	
397	6	
373	7	
393	8	
106	9	
140	10	
2935		Missing

General Interview

<i>GND3</i>		<i>How Often Experience Pain</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
496	A	At all times
1665	B	Daily
745	C	Several times a week
209	D	Approximately once a week
329	E	Several times a month
162	F	Approximately once a month
367	G	Less often than once a month
2937		Missing

<i>GND4</i>		<i>Lost More Than Ten Pounds</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5929	N	No
42	U	Unknown
919	Y	Yes
20		Missing

<i>GND5</i>		<i>Lower Weight Since Year Ago</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
894	Present	Text suppressed
6016		Missing

<i>GND6</i>		<i>Trying To Lose Weight</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
540	N	No
4	U	Unknown
406	Y	Yes
5960		Missing

<i>GND7</i>		<i>Live With Anyone</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4835	A	I live with someone
2053	B	I live alone
5	C	Refused
17		Missing

General Interview

<i>GND8</i>		<i>Providing Care For Others</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6337	N	No
551	Y	Yes
22		Missing

<i>GND9</i>		<i>Related To Person Receiving Care</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
317	1	Spouse
29	2	Relative other than spouse
9	3	Friend
182	4	Neighbor
10	5	Other
6363		Missing

<i>GND10</i>		<i>Hours Of Care</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
18	A	<1 hour per week
115	B	1-5 hours per week
100	C	5-13 hours per week
146	D	14-40 hours per week
161	E	40+ hours per week
6370		Missing

<i>GND11A</i>		<i>Care Receiver Has Memory Difficulties</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
257	N	No
1	U	Do not know
289	Y	Yes
6363		Missing

<i>GND11B</i>		<i>Care Receiver Needs Help With Tasks</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
208	N	No
2	U	Do not know
336	Y	Yes
6364		Missing

General Interview

<i>GND12</i>		<i>Mental Strain Scale</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
169	1	
128	2	
118	3	
60	4	
66	5	
6369		Missing

<i>GND13</i>		<i>Physical Strain Scale</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
266	1	
120	2	
82	3	
40	4	
36	5	
6366		Missing

<i>GND14</i>		<i>Financial Strain Scale</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
379	1	
57	2	
41	3	
29	4	
36	5	
6368		Missing

<i>GND15</i>		<i>How Long Providing Care</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
67	A	6 months or less
58	B	6 months to a year
243	C	One to five years
176	D	Five years or longer
6366		Missing

General Interview

<i>GND16</i>		<i>Fall In Past 12 Months</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1419	A	Yes
5451	B	No
28	C	Do not remember
12		Missing

<i>GND17</i>		<i>Times Fell In Past 12 Months</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
858	A	1
316	B	2
120	C	3
55	D	4
20	E	5
34	F	6 or more
13	G	Do not remember
5494		Missing

<i>GND18</i>		<i>Limit Activities Due To Fall</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
554	A	Yes
862	B	No
1	C	Do not remember
5493		Missing

<i>GND19</i>		<i>See Doctor Due To Fall</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
534	A	Yes
882	B	No
2	C	Do not remember
5492		Missing

<i>GND20</i>		<i>Gnd Completion Status</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6896	A	Complete
7	C	Partially complete; unable to complete within window (done)
7		Missing

General Interview

<i>SUBJECTID</i>		<i>ARIC Cohort ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6910	Present	Text suppressed

<i>VERS</i>		<i>Form Version</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6910	0100	