Section 1: BHFU No PHI Final Data Sets (V1.0)

Falls and Mobility Form: FORM CODE=FAM_NP VERSION=01.00

Data set name: FAM_NP

EVENTNAME		*EVENTNAME*
N	*Value*	*Description*
590	ANX Year 1	
595	ANX Year 2	
558	ANX Year 3	

FAM0A_FOLLOWUPDAYS		*Days Of Follow Up From Randomization Date To Completion Date*
N	*Value*	*Description*
1743	Range	1360 - 2604 (median=1863 mean=1878.9 std=305.0)

FAM0A_YEAR		*Year Of Completion Date*
N	*Value*	*Description*
228	2022	
619	2023	
568	2024	
321	2025	
7	2026	

FAM1		*Living Arrangements*
N	*Value*	*Description*
1185	A	
558	B	

FAM10A		*How Much Difficulty Dressing Yourself*
N	*Value*	*Description*
1573	A	
168	B	
1	C	
1	D	

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FAM10B		Amount Of Difficulty To Dress Yourself
N	Value	Description
151	A	
17	B	
1575		Missing

FAM11A		How Much Difficulty Lifting Or Carrying Something As Heavy As 10 Pounds
N	Value	Description
1298	A	
373	B	
54	C	
18	D	

FAM11B		Amount Of Difficulty To Lift Or Carry Something As Heavy As 10 Pounds
N	Value	Description
312	A	
61	B	
1370		Missing

FAM12A		How Much Difficulty Standing Up From An Armless Chair
N	Value	Description
1199	A	
483	B	
58	C	
3	D	

FAM12B		Amount Of Difficulty To Stand Up From An Armless Chair
N	Value	Description
393	A	
90	B	
1260		Missing

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FAM13A		How Much Difficulty Stooping, Crouching, Or Kneeling
N	Value	Description
578	A	
975	B	
168	C	
22	D	

FAM13B		Amount Of Difficulty To Stoop, Crouch, Or Kneel
N	Value	Description
720	A	
255	B	
768		Missing

FAM14		How Often Felt Tired In Past 7 Days
N	Value	Description
116	1	
516	2	
826	3	
246	4	
39	5	

FAM15		How Often Felt Extreme Exhaustion In Past 7 Days
N	Value	Description
911	1	
559	2	
228	3	
42	4	
3	5	

FAM16		How Often Ran Out Of Energy In Past 7 Days
N	Value	Description
342	1	
643	2	
612	3	
131	4	
15	5	

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FAM17		*How Often Felt Too Tired To Think Clearly In Past 7 Days*
N	*Value*	*Description*
981	1	
550	2	
184	3	
25	4	
3	5	

FAM18		*How Often Felt Too Tired To Take A Bath Or Shower In Past 7 Days*
N	*Value*	*Description*
1268	1	
331	2	
127	3	
15	4	
1	5	
1		Missing

FAM19		*Fell Down In The Past 12 Months*
N	*Value*	*Description*
1183	N	
8	U	
552	Y	

FAM20		*Number Of Falls In The Past 12 Months*
N	*Value*	*Description*
293	1	
143	2	
48	3	
15	4	
14	5	
29	6	
10	7	
1191		Missing

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FAM21		Limited Activities Due To Injuries From Fall
N	Value	Description
390	N	
2	U	
160	Y	
1191		Missing

FAM22		Injury Required Seeing Doctor
N	Value	Description
368	N	
1	U	
183	Y	
1191		Missing

FAM24		Need Help For Personal Care Needs Due To Impairment Or Health Problem
N	Value	Description
1686	N	
57	Y	

FAM25		Need Help For Handling Routine Needs Due To Impairment Or Health Problem
N	Value	Description
1550	N	
193	Y	

FAM26		Use Device To Help Get Around
N	Value	Description
1408	N	
335	Y	

FAM27		Use Special Eating Utensils
N	Value	Description
1729	N	
13	Y	
1		Missing

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FAM28		Use Aids Or Devices To Help Dress
N	Value	Description
1642	N	
101	Y	

FAM2A		How Much Difficulty Walking Quarter Of A Mile
N	Value	Description
1107	A	
407	B	
181	C	
48	D	

FAM2B		Amount Of Difficulty Walking Quarter Of A Mile
N	Value	Description
299	A	
108	B	
1336		Missing

FAM3A		How Much Difficulty Walking From One Room To Another On The Same Level
N	Value	Description
1632	A	
90	B	
19	C	
2	D	

FAM3B		Amount Of Difficulty To Walk From One Room To Another On The Same Level
N	Value	Description
79	A	
11	B	
1653		Missing

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FAM4A		How Much Difficulty Getting In Or Out Of Bed
N	Value	Description
1577	A	
161	B	
4	C	
1	D	

FAM4B		Amount Of Difficulty To Get In Or Out Of Bed
N	Value	Description
151	A	
10	B	
1582		Missing

FAM5A		How Much Difficulty Walking Up 10 Steps Without Resting
N	Value	Description
1313	A	
322	B	
81	C	
27	D	

FAM5B		Amount Of Difficulty To Walk Up 10 Steps Without Resting
N	Value	Description
245	A	
77	B	
1421		Missing

FAM6A		How Much Difficulty Doing Chores Around The House
N	Value	Description
1267	A	
410	B	
26	C	
39	D	
1		Missing

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FAM6B		*Amount Of Difficulty To Do Chores Around The House*
N	*Value*	*Description*
347	A	
62	B	
1334		Missing

FAM7A		*How Much Difficulty Preparing Own Meals*
N	*Value*	*Description*
1532	A	
146	B	
13	C	
52	D	

FAM7B		*Amount Of Difficulty To Prepare Your Own Meals*
N	*Value*	*Description*
127	A	
19	B	
1597		Missing

FAM8A		*How Much Difficulty Managing Money*
N	*Value*	*Description*
1657	A	
65	B	
3	C	
18	D	

FAM8B		*Amount Of Difficulty To Manage Your Money*
N	*Value*	*Description*
59	A	
6	B	
1678		Missing

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FAM9A		*How Much Difficulty To Eat With A Fork, Cut Food, Or Drink From A Glass*
N	*Value*	*Description*
1671	A	
69	B	
1	C	
1	D	
1		Missing

FAM9B		*Amount Of Difficulty To Eat With A Fork, Cut Food, Or Drink From A Glass*
N	*Value*	*Description*
55	A	
14	B	
1674		Missing

FORM		*FORM*
N	*Value*	*Description*
1743	FAM	

OCCURRENCE		*OCCURRENCE*
N	*Value*	*Description*
1743	1	

SUBJECTID		*SubjectID*
N	*Value*	*Description*
1743	Present	Text suppressed

VERS		*VERS*
N	*Value*	*Description*
1743	0100	