

NIMH Controls: study76 and 77 phen version 8.0 data dictionary

num	Variable	type	length	label
1	ind_id	CHAR	18	ID combo, pedigree_name+individual_name
2	site_id	NUM	8	site_id
3	study_id	NUM	8	study_id
4	subject_type	CHAR	2	subject_type
5	zygosity	CHAR	4	zygosity
6	age_months	NUM	8	age_months
7	yob	NUM	8	yob
8	deceased	CHAR	4	deceased
9	yod	CHAR	4	yod
10	psy_scr	NUM	8	1=have psychiatric screening,0=no psychiatric screening
11	diag22	CHAR	57	Any other medical or health problem
12	alternate_id	CHAR	18	secondary identification #
13	EPI_LOCATION	CHAR	17	Azores CEDARS Duke Emory GRU Madeira Mexico NYU SUNY: Stoneybrook SUNY: Upstate The site where the data was collected
14	adopted	CHAR	7	Yes No Were you adopted?
15	PROBAND_CONTR OL_FAMILY	CHAR	7	Proband Control Family enrolled subject type
16	DRAW_DATE	NUM	8	Date of blood draw Date of blood draw
17	CONSENT_TO_REC ONTACT	CHAR	4	Yes No Subject has given consent to be recontacted in the future by the institution providing informed consent
18	YOB_FATHER	CHAR	4	year of mothers birth year of mothers birth
19	YOB_MOTHER	CHAR	4	year of fathers birth year of fathers birth
20	Diag01	NUM	8	0=no 1=yes Heart problems (Examples: coronary heart disease, myocardial infarction)
21	Diag02	NUM	8	0=no 1=yes High blood pressure (hypertension)
22	Diag03	NUM	8	0=no 1=yes Overactive thyroid (hyperthyroid)
23	Diag04	NUM	8	0=no 1=yes Underactive thyroid (hypothyroid)
24	Diag05	NUM	8	0=no 1=yes Digestive problems (Examples: gastrointestinal, celiac disease)
25	Diag06	NUM	8	0=no 1=yes Liver problems (Examples: hepatitis or jaundice)
26	Diag07	NUM	8	0=no 1=yes High blood sugar (diabetes mellitus)
27	Diag08	NUM	8	0=no 1=yes Low blood sugar (hypoglycemia)
28	Diag09	NUM	8	0=no 1=yes High cholesterol (hypercholesterolemia)
29	Diag10	NUM	8	0=no 1=yes Joint problems (Examples: arthritis, rheumatism, bursitis, tendinitis)

30	Diag11	NUM	8	0=no 1=yes Attention deficit-hyperactivity disorder
31	Diag12	NUM	8	0=no 1=yes Learning disability
32	Diag13	NUM	8	0=no 1=yes Autoimmune disorders (Examples: lupus erythematosus, myasthenia gravis, multiple sclerosis, rheumafoid arthritis)
33	Diag14	NUM	8	0=no 1=yes Vision problems (Example: glaucoma)
34	Diag15	NUM	8	0=no 1=yes Cancer (any type)
35	Diag16	NUM	8	0=no 1=yes Have you ever had a serious head injury?
36	D16a	CHAR	4	1=1 2=2 3=3 4=4 5=5+ How many head injuries
37	D16b	CHAR	4	1=less than 60 minutes 2=1 to 24 hours 3=1 day to a week 4=more than 1 week time unconscious
38	Diag17	NUM	8	0=no 1=yes Epilepsy, seizures, or convulsions
39	Diag18	NUM	8	0=no 1=yes Brain infection-inflammation (Examples: encephalitis, meningitis)
40	Diag19	NUM	8	0=no 1=yes Stroke (cerebrovascular accident)
41	Diag20	NUM	8	0=no 1=yes Migraine headaches
42	Diag21	NUM	8	0=no 1=yes Other neurological disorders (Examples: Parkinson's or Huntington's diseases, encephalitis, Bells's palsy)
43	S01_Fam	CHAR	4	Yes No Unknown Family - 1. Have you ever had a time that lasted 3 days or more... when you felt unusually cheerful, irritable, energetic, or hyperactive? So much that you felt or acted in a way that was clearly different from your normal self?
44	S01_You	CHAR	4	Yes No You - 1. Have you ever had a time that lasted 3 days or more... when you felt unusually cheerful, irritable, energetic, or hyperactive? So much that you felt or acted in a way that was clearly different from your normal self?
45	S02_Fam	CHAR	4	Yes No Unknown Family - 2. Have you ever had a time that lasted 3 days or more... when you needed much less sleep than usual (or no sleep at all) without feeling tired, or even feeling more energetic than usual?
46	S02_You	CHAR	4	Yes No You - 2. Have you ever had a time that lasted 3 days or more... when you needed much less sleep than usual (or no sleep at all) without feeling tired, or even feeling more energetic than usual?
47	S03_Fam	CHAR	4	Yes No Unknown Family - 3. During the same time (either 1 or 2), did you talk much more than usual, take on many more activities
48	S03_You	CHAR	4	Yes No You - 3. During the same time (either 1 or 2), did you talk much more than usual, take on many more activities
49	S04_Fam	CHAR	4	Yes No Unknown Family - 4. Have you ever been diagnosed with manic-depressive illness (bipolar disorder)?

50	S04_You	CHAR	4	Yes No You - 4. Have you ever been diagnosed with manic-depressive illness (bipolar disorder)?
51	S05_Fam	CHAR	4	Yes No Unknown Family - 5. Have you received psychiatric medication or other psychiatric treatment for any problem listed in
52	S05_You	CHAR	4	Yes No You 5. Have you received psychiatric medication or other psychiatric treatment for any problem listed in
53	S06_Fam	CHAR	4	Yes No Unknown Family - 6. Have you ever had a time when you heard voices when no one was actually present, had visions, or
54	S06_You	CHAR	4	Yes No You - 6. Have you ever had a time when you heard voices when no one was actually present, had visions, or
55	S07_Fam	CHAR	4	Yes No Unknown Family - 7. Did you ever have beliefs that others did not share or you later found out were not true?
56	S07_You	CHAR	4	Yes No You - 7. Did you ever have beliefs that others did not share or you later found out were not true?
57	S08_Fam	CHAR	4	Yes No Unknown Family - 8. Have you ever had your body stuck in one position so that you couldn't move, acted in ways that other
58	S08_You	CHAR	4	Yes No You - 8. Have you ever had your body stuck in one position so that you couldn't move, acted in ways that other
59	S09_Fam	CHAR	4	Yes No Unknown Family - 9. Have you ever been diagnosed with schizophrenia?
60	S09_You	CHAR	4	Yes No You - 9. Have you ever been diagnosed with schizophrenia?
61	S10_Fam	CHAR	4	Yes No Unknown Family - 10. Have you received psychiatric medication or other psychiatric treatment for any problem listed in
62	S10_You	CHAR	4	Yes No You - 10. Have you received psychiatric medication or other psychiatric treatment for any problem listed in
63	S11	CHAR	4	Yes No 11. Did you ever have an experience of suddenly feeling very anxious or fearful and having panic-like physical symptoms that developed and got intense within 10 minutes? (Examples: racing heart, chest pain, choking feelings, nausea, sweating, faint,
64	S11a	CHAR	4	Yes No 11a. Have you have more than one attack like this...
65	S12	CHAR	4	Yes No 12. Do you often have more than 4 drinks in one day (for women) or more than 5 drinks in one day (for
66	S13	CHAR	4	Yes No 13. Have you been under the influence of alcohol 3 or more times in situations where you could have
67	S14	CHAR	4	Yes No 14. Have you often had a lot more to drink that you intended to have or do you often drink to calm your

68	S15	CHAR	4	Yes No 15. Have you ever wanted to quit or tired to cut down your drinking and found that you couldn't?
69	S16	CHAR	4	Yes No 16. Have people annoyed you by criticizing your drinking?
70	S17	CHAR	4	Yes No 17. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover
71	S18_cig	CHAR	4	Yes No 18. Over your lifetime, have you smoked more than 100 cigarettes? Include cigars, pipes, and chewing tobacco.
72	S19	CHAR	4	Yes No 19. Have you ever had a period of one month or more when you smoked cigarettes every day?
73	S20	CHAR	4	Yes No 20. Did you usually smoke your first cigarette within one hour after waking up?
74	S21	CHAR	4	Yes No 21. Have you ever wanted to quit smoking or have tried to quit smoking and found that you couldn't?
75	S22	CHAR	4	Yes No 22. Have you ever felt depressed, down, sad, or blue for most of the day, nearly every day for 2 weeks of more?
76	S23	CHAR	4	Yes No 23. Did you ever have a period of 2 weeks or more when you lost most or all interest in your normal activities? (Examples: working at your job, spending time with family or friends, enjoying your hobbies or interests, exercising or taking a walk.)
77	S24	CHAR	4	Yes No 24. During that same time (either 22 or 23), did you also have feelings of worthlessness, or feel too much guilt, or spend a lot of time thinking about death or dying, or have thoughts about hurting or killing yourself?
78	S25	CHAR	4	Yes No 25. During that same time (either 22 or 23), did you experience a significant change in your appetite, have unplanned weight gain or loss, experience changes in your normal sleep pattern, or have difficulties concentrating?
79	S26	CHAR	4	Yes No 26. Have you ever had repeated thoughts or images, more exaggerated than normal worries, that you couldn't get out of your head, which felt intrusive or uncomfortable, and lasted for an hour or more a day?
80	S27	CHAR	4	Yes No 27. Have you ever had to repeat some behavior over and over again for an hour or more a day? (Examples: washing your hands or checking a door lock over and over, or repeating words or counting things in your head?)
81	S28	CHAR	4	Yes No 28. Have you ever smoked marijuana more than 21 times in a single year?
82	S29	CHAR	4	Yes No 29. Have you ever used recreational (street) drugs or prescription drugs more than 10 times to feel good or get high? (Examples: Vicodin, Xanax, benzos, cocaine, crack, heroin, OxyContin [oxycodone], amphetamines, crystal meth, PCP, or hallucinogens
83	S30	CHAR	4	Yes No 30. Have you ever tried to cut down or quit using drugs and found that you couldn't?

84	S31	CHAR	4	Yes No 31. Has your drug use ever caused you any problems? (Examples: physical, emotional, interpersonal, job, school, legal problems.)
85	S32	CHAR	4	Yes No 32. Have you ever experienced a traumatic event in which you felt that your life might be in danger? (Examples: serious car or other accident, natural disaster(like earthquakes or hurricanes),being physically attacked or threatened w a knife/gun,
86	S32a	CHAR	4	Yes No 32a. Sometimes images or strong memories of traumatic events keep coming back in flashbacks, thoughts that you can't get rid of, or repeated nightmares.Has this ever happened to you
87	S32b	CHAR	4	Yes No 32b. Did you make a special effort to avoid thinking or talking about what happened or deliberately stayed away from things or people that reminded you of a terrible experience?
88	S32c	CHAR	4	Yes No 32c. After this experience did you have trouble sleeping, have difficulty concentrating, were unusually irritable, have outbursts of anger, felt overly watchful or on guard, or been very jumpy or easily startled?