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aYear YY will be 95 for 1995, 96 for 1996, 97 for 1997 etc.
1. Introduction

The purpose of this dictionary is to provide definitions of modified variables for the Surveillance Component of the ARIC Study. The following three approaches have been taken to modify original variables:

- ICD-9 codes other than the screen codes are set to blank. Decimal points of the screen codes are dropped except where decimal points are part of the screen codes.

- Selected categorical variables have been grouped to assure each category has at least 20 counts, by race-sex.

- Selected date variables have been modified to follow up days since baseline.

All of the modified variables are renamed: Top/bottom coded or grouped form variables are renamed by replacing the fourth letter as follows: A -> Z, B->Y, C->X, etc. Follow up days are named by placing “FU” in the beginning of the variable names. For example, HRAZ02 is modified from HRAA02, and FUSTR12 is follow up days modified from STRC12.

Note that the Surveillance Component combines data from all versions of forms into form-specific files (not version-specific). For example, S93HRA93 includes data from version A and B of HRA (Hospital Abstraction) form. All of the variables in S93HRA93 are named as HRAAxx for convenience. Unlike the Cohort Component, the fourth letter “A” does not mean version A of the form. Variable FORMVER in each data file indicates the source of the version of forms.

2. CSTRPSYY (Stroke Abstraction)

Note: all of the follow-up time variables (FUSTRxx) are defined for current hospitalization. V1DATE01=Baseline Date.

2.1 FUSTR12 (Follow up days to current hospitalization since baseline)
FUSTR12=STRC12-V1DATE01
Where STRC12=Date of arrival at hospital

2.2 FUSTR14 (Follow up days to discharge/death since baseline)
FUSTR14=STRC14-V1DATE01
Where STRC14=Date of discharge or death

2.3 FUSTR21(Follow up days to current neurological event since baseline)
FUSTR21=STRC21-V1DATE01
Where STRC21=Date of onset of current neurological event

2.4 FUSTR47B(Follow up days to lumbar puncture since baseline)
FUSTR47B=STRC47B-V1DATE01
Where STRC47B=Date of first lumbar puncture
2.5 FUSTR48B (Follow up days to cerebral angiography since baseline)
FUSTR48B = STRC48B-V1DATE01
Where STRC48B = Date of first lumbar puncture

2.6 FUSTR49B (Follow up days to first CT scan since baseline)
FUSTR49B = STRC49B-V1DATE01
Where STRC49B = Date of first CT scan

2.7 FUSTR50C (Follow up days to last CT scan since baseline)
FUSTR50C = STRC50C-V1DATE01
Where STRC50C = Date of last CT scan

2.8 FUSTR51C (Follow up days to pre-admission CT scan since baseline)
FUSTR51C = STRC51C-V1DATE01
Where STRC51C = Date of last CT scan

2.9 FUSTR52C (Follow up days to MRI scan since baseline)
FUSTR52C = STRC52C-V1DATE01
Where STRC52C = Date of MRI

2.10 FUSTR53D (Follow up days to carotid ultrasound since baseline)
FUSTR53D = STRC53D-V1DATE01
Where STRC53D = Date of B-Mode and/or Doppler Ultrasound on carotid

2.11 FUSTR54B (Follow up days to craniotomy scan since baseline)
FUSTR54B = STRC54B-V1DATE01
Where STRC54B = Date of craniotomy

2.12 STRX6A-STRX6U (Modified hospital discharge codes for stroke cases)
Modified from STRC6A-STRC6U (discharge diagnosis and procedure ICD-9 codes), respectively. Discharge codes other than the stroke screen codes, 430-438, are set to blank. In addition, decimal points of the screen codes are dropped.

2.13 STRX10 (Modified race)
Modified from STRC10 (Race) where STRX10 has been grouped as 'B' for blacks and 'N' for Non-blacks.

3. CCELPSYY (Cohort Eligibility)

3.1 CELY10A-CELY10Z (Modified hospital discharge codes for CHD cases)
Modified from CELB10A-CELB10Z (discharge diagnosis and procedure ICD-9 codes), respectively. Discharge codes other than the CHD screen codes in cohort surveillance (35-39, 88.5, 250, 390-459, 745-747, 794.3, 798 & 799) are set to blank. Decimal points of the screen codes are dropped except 88.5 and 794.3 where decimal points are part of the screen codes.
3.2 CELY14A (Modified underlying cause of death for CHD cases)
Modified from CELB14A (underlying cause of death, ICD-9). ICD-9 codes other than the screen codes (250, 401, 402, 410-414, 427-429, 440, 518.4, 798 or 799) are set to blank. Decimal points of the screen codes are dropped except 518.4 where decimal points are part of the screen codes.

4. CDTHPSYY (Death Certificates – cohort surveillance)

4.1 DTHZ05 (Grouped Race)
Modified from DTHA05 (Race) where DTHA05 has been grouped as 'B' for blacks and 'N' for Non-blacks.

4.2 DTHZ18 (Modified underlying cause of death for CHD cases)
Modified from DTHA18 (underlying cause of death for CHD cases). ICD-9 codes other than the screen codes (250, 401, 402, 410-414, 427-429, 440, 518.4, 798 or 799) are set to blank. Decimal points of the screen codes are dropped except 518.4 where decimal points are part of the screen codes.

5. CHRMPSSYY (Hospital Abstraction – cohort surveillance)
Note: all of the follow-up time variables (FUHRAxxx) are defined for current hospitalization. V1DATE01=Baseline Date.

5.1 FUHRA25B (Follow up days to onset of pain since baseline)
FUHRA25B=HRAA25B-V1DATE01
Where HRAA25B=Date of onset of pain.
Note that FUHRA25B<0 for hospitalized CHD events that occurred before baseline visit.

5.2 FUHRA30B (Follow up days to CPR/Cardioversion since baseline)
FUHRA30B=HRAA30B-V1DATE01
Where HRAA30B=Date of first onset of attempted CPR and/or cardioversion.

5.3 HRAZ09(Grouped Race)
Modified from HRAA09 (Race) where DTHA05 has been grouped as 'B' for blacks and 'N' for Non-blacks.

5.4 HRAZ02A-HRAZ02Z (Modified hospital discharge codes for CHD cases – cohort surv)
Modified from HRAA02A-HRAA02Z (discharge diagnosis and procedure codes from hospital discharge index), respectively. Discharge codes other than the CHD screen codes in cohort surveillance (35-39, 88.5, 250, 390-459, 745-747, 794.3, 798 & 799) are set to blank. Decimal points of the screen codes are dropped except 88.5 and 794.3 where decimal points are part of the screen codes.

5.5 HRAZ15A-HRAZ15Z (Modified hospital discharge codes for CHD cases – cohort surv)
Modified from HRAA02A-HRAA02Z (discharge diagnosis and procedure codes from medical records), respectively. Discharge codes other than the CHD screen codes in cohort surveillance (35-39, 88.5, 250, 390-459, 745-747, 794.3, 798 & 799) are set to blank. Decimal points of the screen codes are dropped except 88.5 and 794.3 where decimal points are part of the screen codes.
5.6 HRAZ45C--HRAZ56C (Modified CK-MB values)
Modified from HRAA45C -- HRAA56C (CK-MB in day 1 through day 4) respectively.
Special value .A represents “negative or absent or normal”,
    .B represents “weak positive or weak present or trace or high-normal or small”,
    .C represents “present or positive or abnormal or medium or large”.

5.7 HRAZ45K--HRAZ56K (Modified LDH1/LDH2 values)
Modified from HRAA45K -- HRAA56K (LDH1/LDH2 in day 1 through day 4) respectively.
Special value .D represents “LDH1/LDH2 reported only as ≥ upper limit or positive
    or LDH1 > LDH2 (or flipped)”,
    .E represents “LDH1/LDH2 reported only as < upper limit or negative
    or LDH1 ≤ LDH2 (or non-flipped)”.

6. SDTHPSYY (Death Certificates – community surveilance)

6.1 DTHZ05 (Grouped Race)
Modified from DTHA05 (Race) where DTHA05 has been grouped as 'B' for blacks and 'N' for Non-blacks.

6.2 DTHZ18 (Modified underlying cause of death for CHD cases)
Modified from DTHA18 (underlying cause of death for CHD cases). ICD-9 codes other than the screen codes (250, 401, 402, 410-414, 427-429, 440, 518.4, 798 or 799) are set to blank. Decimal points of the screen codes are dropped except 429.2 and 518.4 where decimal points are part of the screen codes.

7. SHRAPSYY (Hospital Abstraction – community surveilance)

7.1 HRAZ09(Grouped Race)
Modified from HRAA09 (Race) where DTHA05 has been grouped as 'B' for blacks and 'N' for Non-blacks.

7.2 HRAZ02A-HRAZ02Z (Modified hospital discharge codes for CHD cases – community surv)
Modified from HRAA02A-HRAA02Z (discharge diagnosis and procedure codes from hospital discharge index), respectively. Discharge codes other than the CHD screen codes in community surveillance (402, 410-414, 427-428, 518.4) are set to blank. Decimal points of the screen codes are dropped except 518.4 where decimal points are part of the screen codes.

7.3 HRAZ15A-HRAZ15Z (Modified hospital discharge codes for CHD cases - community surv)
Modified from HRAA15A-HRAA15Z (discharge diagnosis and procedure codes from medical records), respectively. Discharge codes other than the CHD screen codes in community surveillance (402, 410-414, 427-428, 518.4) are set to blank. Decimal points of the screen codes are dropped except 518.4 where decimal points are part of the screen codes.

7.4 HRAZ45C--HRAZ56C (Modified CK-MB values)
Modified from HRAA45C -- HRAA56C (CK-MB in day 1 through day 4) respectively.
Special value .A represents “negative or absent or normal”,

.B represents “weak positive or weak present or trace or high-normal or small”,
.C represents “present or positive or abnormal or medium or large”.

7.5 HRAZ45K--HRAZ56K (Modified LDH1/LDH2 values)
Modified from HRAA45K -- HRAA56K (LDH1/LDH2 in day 1 through day 4) respectively.
Special value .D represents “LDH1/LDH2 reported only as ≥ upper limit or positive
or LDH1 > LDH2 (or flipped)
.E represents “LDH1/LDH2 reported only as < upper limit or negative
or LDH1 ≤ LDH2 (or non-flipped)”.