GET

FILE='Z:\2-15-15 NEW STATS FOLDER RE-ORGANIZATION\UH3\Joan UH3\Data Export\UH3 TSOS Data Export working file.sav'.

DATASET NAME DataSet1 WINDOW=FRONT.

DISPLAY DICTIONARY.

# **File Information**

[DataSet1] Z:\2-15-15 NEW STATS FOLDER RE-ORGANIZATION\UH3\Joan UH3\Data Export  $t\UH3$  TSOS Data Export working file.sav

Variable	Position	Label	Measurement Level
id	1	ID Patient Study ID	Nominal
Site_num	2	Number representing sites	Scale
INTERVENTION	3	Intervention Status	Nominal
Wave	4	Study Wave	Nominal
Period	5	Study Period	Nominal
RiskFactor_GROUP	6	Stratification variable for enduring PTSD risk factors: 0 - 2 VS 3 - 5 RISK FACTORS OF 6	Nominal
RiskFactor_SUM	7	Sum of 6 risk factors for enduring PTSD	Nominal
Quality_Implentation_DIC	8	Quality of Implementation stratification variable	Nominal
SITE_RATING_TOTAL	9	SUM OF 4 ITEMS	Nominal
Gender	10	Female Gender = 1	Nominal
ICU_admission	11	Intensive Care Unit (ICU) current admission	Nominal
Prior_inpat_Hosp	12	Prior inpatient hospitalization	Nominal
Tobcacco_use	13	Tobacco Use	Nominal
Psychiatric_dx	14	ICD-9-CM psychiatric diagnosis	Nominal
Ptsd_dx	15	ICD-9-CM PTSD diagnosis	Nominal
BAC_positive	16	Blood alcohol Level - Not tested, negative or positive	Nominal
age	17	What is your age?	Scale
married	18	What is your current marital status?	Scale
Race	19	Racial Ethnicity	Nominal
RACE_risk	20	RACE from EHR for risk factor	Nominal
Hispanic	21	Are you of Spanish or Hispanic Descent?	Scale
education	22	education - What is the highest grade of school or year of college you competed?	Scale
work_1	23	Since your injury, were you employed? Baseline assessment	Scale
Insurance	24	Insurance status	Scale
Injury_Type	25	Intentional and Unintentional categories as in Table 1	Nominal

Variable	Role	Column Width	Alignment	Print Format
id	Input	10	Right	F20
Site_num	Input	7	Right	F3
INTERVENTION	Input	8	Right	F8
Wave	Input	7	Right	F1
Period	Input	8	Right	F1
RiskFactor_GROUP	Input	11	Right	F8.2
RiskFactor_SUM	Input	10	Right	F8.2
Quality_Implentation_DIC	Input	8	Right	F8
SITE_RATING_TOTAL	Input	11	Right	F8
Gender	Input	9	Right	F12
ICU_admission	Input	8	Right	F12
Prior_inpat_Hosp	Input	8	Right	F12
Tobcacco_use	Input	8	Right	F12
Psychiatric_dx	Input	9	Right	F12
Ptsd_dx	Input	7	Right	F12
BAC_positive	Input	8	Right	F8
age	Input	8	Right	F8
married	Input	8	Right	F8
Race	Input	10	Right	F8
RACE_risk	Input	13	Right	F8
Hispanic	Input	8	Right	F8
education	Input	8	Right	F8
work_1	Input	8	Right	F8
Insurance	Input	12	Center	F8
Injury_Type	Input	13	Right	F8

Variable	Write Format	Missing Values
id	F20	-
Site_num	F3	
INTERVENTION	F8	
Wave	F1	
Period	F1	
RiskFactor_GROUP	F8.2	
RiskFactor_SUM	F8.2	
Quality_Implentation_DIC	F8	
SITE_RATING_TOTAL	F8	
Gender	F12	-9
ICU_admission	F12	-9
Prior_inpat_Hosp	F12	-9
Tobcacco_use	F12	-9
Psychiatric_dx	F12	-9
Ptsd_dx	F12	-9
BAC_positive	F8	-9
age	F8	-9, -7, -8
married	F8	-9, -7, -8
Race	F8	
RACE_risk	F8	-9
Hispanic	F8	-8, -9
education	F8	-8, -9
work_1	F8	-7, -8, -9
Insurance	F8	-7, -8, -9
Injury_Type	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
ISS	26	ISS Score	Scale
ISS_groups	27	ISS categorized groups	Nominal
ТВІ	28	TBI from ISS	Nominal
TBI_CAT	29	TBI from ISS	Nominal
los	30	Lenght of stay for index visit	Scale
COMORBID_NUM	31	Total Number of Comorbid medical conditions	Nominal
COMORBID_ge_3	32	Risk Factor - GREATER THAN 2 COMORBIDITIES	Nominal
TRAUMA_COUNT	33	Number of previous serious traumas prior to injury	Nominal
TRAUMA_ge_5	34	AT LEAST 5 PAST TRAUMA HISTORY EVENTS	Nominal
PCLV4_TOTAL_1	35	PCLC V4 TOTAL SCORE BASELINE	Scale
pcl_1_1	36	pcl_1_1 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Scale
pcl_2_1	37	pcl_2_1 Repeated, disturbing dreams of the event in which you were injured?	Scale
pcl_3_1	38	pcl_3_1 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Scale
pcl_4_1	39	pcl_4_1 Feeling very upset when something reminded you of the event in which you were injured?	Scale
pcl_5_1	40	pcl_5_1 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Scale
pcl_6_1	41	pcl_6_1 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Scale

Variable	Role	Column Width	Alignment	Print Format
ISS	Input	8	Right	F3
ISS_groups	Input	12	Right	F8
TBI	Input	8	Right	F8
TBI_CAT	Input	8	Right	F8
los	Input	8	Right	F8
COMORBID_NUM	Input	13	Right	F8
COMORBID_ge_3	Input	13	Right	F8.2
TRAUMA_COUNT	Input	13	Right	F8
TRAUMA_ge_5	Input	8	Right	F8
PCLV4_TOTAL_1	Input	14	Right	F8
pcl_1_1	Input	8	Right	F8
pcl_2_1	Input	8	Right	F8
pcl_3_1	Input	8	Right	F8
pcl_4_1	Input	8	Right	F8
pcl_5_1	Input	8	Right	F8
pcl_6_1	Input	8	Right	F8

Variable	Write Format	Missing Values
ISS	F3	-9
ISS_groups	F8	-9
TBI	F8	-9
TBI_CAT	F8	-9
los	F8	
COMORBID_NUM	F8	
COMORBID_ge_3	F8.2	
TRAUMA_COUNT	F8	
TRAUMA_ge_5	F8	
PCLV4_TOTAL_1	F8	
pcl_1_1	F8	-9
pcl_2_1	F8	-8, -9
pcl_3_1	F8	-8, -9
pcl_4_1	F8	-8, -9
pcl_5_1	F8	-8, -9
pcl_6_1	F8	-8, -9

Variable	Position	Label	Measurement Level
pcl_7_1	42	pcl_7_1 Avoiding activities or situations because they reminded you of the event in which you were injured?	Scale
pcl_8_1	43	pcl_8_1 Trouble remembering important parts of the event in which you were injured?	Scale
pcl_9_1	44	pcl_9_1 Loss of interest in activities you used to enjoy?	Scale
pcl_10_1	45	pcl_10_1 Feeling distant or cut off from other people?	Scale
pcl_11_1	46	pcl_11_1 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Scale
pcl_12_1	47	pcl_12_1 Feeling as if your future somehow will be cut short?	Scale
pcl_13_1	48	pcl_13_1 Trouble falling asleep or staying asleep?	Scale
pcl_14_1	49	pcl_14_1 Feeling irritable or having angry outbursts?	Scale
pcl_15_1	50	pcl_15_1 Having difficulty concentrating?	Scale
pcl_16_1	51		Scale
pcl_17_1	52	guard? pcl_17_1 Feeling jumpy	Scale
		or easily startled?	
PHQ_TOTAL_1	53	PHQ Baseline total Score	Scale
phq_1_1	54	phq_1_1 Little interest or pleasure in doing things	Scale
phq_2_1	55	phq_2_1 Feeling down, depressed or hopeless	Scale
phq_3_1	56	phq_3_1 Trouble falling or staying asleep, or sleeping too much	Scale
phq_4_1	57	phq_4_1 Feeling tired or having little energy	Scale
phq_5_1	58	phq_5_1 Poor appetite or overeating	Scale

Variable	Role	Column Width	Alignment	Print Format
pcl_7_1	Input	8	Right	F8
pcl_8_1	Input	8	Right	F8
pcl_9_1	Input	8	Right	F8
pcl_10_1	Input	8	Right	F8
pcl_11_1	Input	8	Right	F8
pcl_12_1	Input	8	Right	F8
pcl_13_1	Input	8	Right	F8
pcl_14_1	Input	8	Right	F8
pcl_15_1	Input	8	Right	F8
pcl_16_1	Input	8	Right	F8
pcl_17_1	Input	8	Right	F8
PHQ_TOTAL_1	Input	13	Right	F8
phq_1_1	Input	8	Right	F8
phq_2_1	Input	8	Right	F8
phq_3_1	Input	8	Right	F8
phq_4_1	Input	8	Right	F8
phq_5_1	Input	8	Right	F8

Variable	Write Format	Missing Values
pcl_7_1	F8	-8, -9
pcl_8_1	F8	-8, -9
pcl_9_1	F8	-8, -9
pcl_10_1	F8	-8, -9
pcl_11_1	F8	-8, -9
pcl_12_1	F8	-8, -9
pcl_13_1	F8	-8, -9
pcl_14_1	F8	-8, -9
pcl_15_1	F8	-8, -9
pcl_16_1	F8	-8, -9
pcl_17_1	F8	-8, -9
PHQ_TOTAL_1	F8	-9, -7
phq_1_1	F8	-9, -7
phq_2_1	F8	-9, -7
phq_3_1	F8	-9, -7
phq_4_1	F8	-9, -7
phq_5_1	F8	-9, -7

Variable	Position	Label	Measurement Level
phq_6_1	59	phq_6_1 Feeling bad about yourself- or that you are a failure or have let yourself or your family down	Scale
phq_7_1	60	phq_7_1 Trouble concentrating on things, such as reading the newspaper or watching television	Scale
phq_8_1	61	phq_8_1 Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	Scale
phq_9_1	62	phq_9_1 Thoughts that you would be better off dead or of hurting yourself in some way	Scale
AUDIT_TOTAL_1	63	AUDIT baseline total score	Scale
AUDIT_POSITIVE_1	64	AUDIT baseline dichotomous cutoff	Nominal
AUDIT_C_TOTAL_1	65	AUDIT C baseline total score	Nominal
AUDIT_C_POSITIVE_1	66	AUDIT C baseline dichotomous cutoff	Nominal
audit_1_1	67	audit_1_1 How often during the past 12 months before your injury, did you have a drink containing alcohol?	Scale
audit_2_1	68	audit_2_1 During the past 12 months before your injury, how many drinks containing alcohol did you have on a typical day when you were drinking?	Scale
audit_3_1	69	audit_3_1 How often during the 12 months before your injury, did you have five or more drinks (four or more for women) on one occasion?	Scale
audit_4_1	70	audit_4_1 Not able to stop drinking once you started?	Scale

Variable	Role	Column Width	Alignment	Print Format
phq_6_1	Input	8	Right	F8
phq_7_1	Input	8	Right	F8
phq_8_1	Input	8	Right	F8
phq_9_1	Input	8	Right	F8
AUDIT_TOTAL_1	Input	15	Right	F8.2
AUDIT_POSITIVE_1	Input	18	Right	F8
AUDIT_C_TOTAL_1	Input	17	Right	F8.2
AUDIT_C_POSITIVE_1	Input	20	Right	F8
audit_1_1	Input	8	Right	F8
audit_2_1	Input	8	Right	F8
audit_3_1	Input	8	Right	F8
audit_4_1	Input	8	Right	F8

Variable	Write Format	Missing Values
phq_6_1	F8	-9, -7
phq_7_1	F8	-9, -7
phq_8_1	F8	-9, -7
phq_9_1	F8	-9, -7
AUDIT_TOTAL_1	F8.2	
AUDIT_POSITIVE_1	F8	
AUDIT_C_TOTAL_1	F8.2	
AUDIT_C_POSITIVE_1	F8	
audit_1_1	F8	-9, -7, -8
audit_2_1	F8	-9, -7, -8
audit_3_1	F8	-9, -7, -8
audit_4_1	F8	-9, -7, -8

Variable	Position	Label	Measurement Level
audit_5_1	71	audit_5_1 Failed to do what was expected of you because of drinking?	Scale
audit_6_1	72	audit_6_1 First drink in the morning?	Scale
audit_7_1	73	audit_7_1 Feeling guilt or remorse?	Scale
audit_8_1	74	audit_8_1 Unable to remember what happened before drinking?	Scale
audit_9_1	75	audit_9_1 Been injured from drinking?	Scale
audit_10_1	76	audit_10_1 Others concerned about your drinking?	Scale
PCS12_1	77	SF 12 PHYSICAL COMPONENT SCORE BASELINE	Scale
MCS12_1	78	SF 12 MENTAL COMPONENT SCORE BASELINE	Scale
sf1	79	sf12_1_1 In general, during the four weeks before your injury, would you say your health was	Scale
sf2	80	sf12_2_1 During the four weeks before your injury how did your health limit you in these activites? Moderate activites, such as moving table, pushing a vacuum cleaner	Scale
sf3	81	sf12_3_1 During the four weeks before your injury how did your health limit you in these activites? Climbing several flights of stairs	Scale
sf4	82	sf12_4_1 During the four weeks before your injury, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like?	Scale

Variable	Role	Column Width	Alignment	Print Format
audit_5_1	Input	8	Right	F8
audit_6_1	Input	8	Right	F8
audit_7_1	Input	8	Right	F8
audit_8_1	Input	8	Right	F8
audit_9_1	Input	8	Right	F8
audit_10_1	Input	8	Right	F8
PCS12_1	Input	10	Right	F8.2
MCS12_1	Input	10	Right	F8.2
sf1	Input	8	Right	F8
sf2	Input	8	Right	F8
sf3	Input	8	Right	F8
sf4	Input	8	Right	F8

Variable	Write Format	Missing Values
audit_5_1	F8	-9, -7, -8
audit_6_1	F8	-9, -7, -8
audit_7_1	F8	-9, -7, -8
audit_8_1	F8	-9, -7, -8
audit_9_1	F8	-9, -7, -8
audit_10_1	F8	-9, -7, -8
PCS12_1	F8.2	
MCS12_1	F8.2	
sf1	F8	-8, -9, -7
sf2	F8	-8, -9, -7
sf3	F8	-8, -9, -7
sf4	F8	-8, -9, -7

Variable	Position	Label	Measurement Level
sf5	83	sf12_5_1 During the four weeks before your injury, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Were limited in the kind of work or other activities?	Scale
sf6	84	sf12 6 1 During the four weeks before your injury, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would I	Scale
sf7	85	sf12_7_1 During the four weeks before your injury, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Didn't do work or other activities	Scale
sf8	86	sf12_8_1 During the past 4 weeks before your injury , how much did pain interfere with your normal work?	Scale
sf9	87	sf12_9_1 How much time during the four weeks before your injury had you felt calm and peaceful?	Scale
sf10	88	sf12_10_1 How much of the time during the four weeks before your injury did you have a lot of energy?	Scale
sf11	89	sf12_11_1 How much of the time during the four weeks before your injury had you felt downhearted and blue?	Scale

Variable	Role	Column Width	Alignment	Print Format
sf5	Input	8	Right	F8
sf6	Input	8	Right	F8
sf7	Input	8	Right	F8
sf8	Input	8	Right	F8
sf9	Input	8	Right	F8
sf10	Input	8	Right	F8
sf11	Input	8	Right	F8

Variable	Write Format	Missing Values
sf5	F8	-8, -9, -7
sf6	F8	-8, -9, -7
sf7	F8	-8, -9, -7
sf8	F8	-8, -9, -7
sf9	F8	-8, -9, -7
sf10	F8	-8, -9, -7
sf11	F8	-8, -9, -7

Variable	Position	Label	Measurement Level
sf12	90	sf12_12_1 During the four weeks before your injury, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with your friends, relatives, etc.)?	Scale
PCLV5_TOTAL_1	91	PCLC V5 TOTAL SCORE BASELINE	Scale
PCLV5_1_1	92	pcl5_1_1 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Nominal
PCLV5_2_1	93	pcl5_2_1 Repeated, disturbing dreams of the event in which you were injured?	Nominal
PCLV5_3_1	94	pcl5_3_1 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Nominal
PCLV5_4_1	95	pcl5_4_1 Feeling very upset when something reminded you of the event in which you were injured?	Nominal
PCLV5_5_1	96	pcl5_5_1 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Nominal
PCLV5_6_1	97	pcl5_6_1 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Nominal
PCLV5_7_1	98	pcl5_7_1 Avoiding activities or situations because they reminded you of the event in which you were injured?	Nominal
PCLV5_8_1	99	pcl5_8_1 Trouble remembering important parts of the event in which you were injured?	Nominal
PCLV5_9_1	100	pcl5_9_1 Loss of interest in activities you used to enjoy?	Nominal

Variable	Role	Column Width	Alignment	Print Format
sf12	Input	8	Right	F8
PCLV5_TOTAL_1	Input	16	Right	F8
PCLV5_1_1	Input	11	Right	F8.2
PCLV5_2_1	Input	11	Right	F8.2
PCLV5_3_1	Input	11	Right	F8.2
PCLV5_4_1	Input	11	Right	F8.2
PCLV5_5_1	Input	11	Right	F8.2
PCLV5_6_1	Input	11	Right	F8.2
PCLV5_7_1	Input	11	Right	F8.2
PCLV5_8_1	Input	11	Right	F8.2
PCLV5_9_1	Input	11	Right	F8.2

Variable	Write Format	Missing Values
sf12	F8	-8, -9, -7
PCLV5_TOTAL_1	F8	
PCLV5_1_1	F8.2	
PCLV5_2_1	F8.2	
PCLV5_3_1	F8.2	
PCLV5_4_1	F8.2	
PCLV5_5_1	F8.2	
PCLV5_6_1	F8.2	
PCLV5_7_1	F8.2	
PCLV5_8_1	F8.2	
PCLV5_9_1	F8.2	

Variable	Position	Label	Measurement Level
PCLV5_10_1	101	pcl5_10_1 Feeling distant or cut off from other people?	Nominal
PCLV5_11_1	102	pcl5_11_1 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Nominal
PCLV5_12_1	103	pcl5_12_1 Trouble falling asleep or staying asleep?	Nominal
PCLV5_13_1	104	pcl5_13_1 Feeling irritable or having angry outbursts?	Nominal
PCLV5_14_1	105	pcl5_14_1 Having difficulty concentrating?	Nominal
PCLV5_15_1	106	pcl5_15_1 Being "super- alert" or watchful and on guard?	Nominal
PCLV5_16_1	107	pcl5_16_1 Feeling jumpy or easily startled?	Nominal
PCLV5_17_1	108	pcl5_17_1 Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	Nominal
PCLV5_18_1	109	pcl5_18_1 Blaming yourself or someone else strongly for the stressful experience or what happened after it?	Nominal
PCLV5_19_1	110	pcl5_19_1 Having strong negative feelings such as fear, horror, anger, guilt, or shame?	Nominal
PCLV5_20_1	111	pcl5_20_1 Taking too many risks or doing things that cause you harm?	Nominal
PCLV4_TOTAL_2	112	PCL V4 3 MONTH total score	Scale
pcl_1_2	113	pcl_1_2 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Scale

Variable	Role	Column Width	Alignment	Print Format
PCLV5_10_1	Input	12	Right	F8.2
PCLV5_11_1	Input	12	Right	F8.2
PCLV5_12_1	Input	12	Right	F8.2
PCLV5_13_1	Input	12	Right	F8.2
PCLV5_14_1	Input	12	Right	F8.2
PCLV5_15_1	Input	12	Right	F8.2
PCLV5_16_1	Input	12	Right	F8.2
PCLV5_17_1	Input	12	Right	F8.2
PCLV5_18_1	Input	12	Right	F8.2
PCLV5_19_1	Input	12	Right	F8.2
PCLV5_20_1	Input	12	Right	F8.2
PCLV4_TOTAL_2	Input	14	Right	F8.2
pcl_1_2	Input	8	Right	F8

Variable	Write Format	Missing Values
PCLV5_10_1	F8.2	
PCLV5_11_1	F8.2	
PCLV5_12_1	F8.2	
PCLV5_13_1	F8.2	
PCLV5_14_1	F8.2	
PCLV5_15_1	F8.2	
PCLV5_16_1	F8.2	
PCLV5_17_1	F8.2	
PCLV5_18_1	F8.2	
PCLV5_19_1	F8.2	
PCLV5_20_1	F8.2	
PCLV4_TOTAL_2	F8.2	
pcl_1_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
pcl_2_2	114	pcl_2_2 Repeated, disturbing dreams of the event in which you were injured?	Scale
pcl_3_2	115	pcl_3_2 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Scale
pcl_4_2	116	pcl_4_2 Feeling very upset when something reminded you of the event in which you were injured?	Scale
pcl_5_2	117	pcl_5_2 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Scale
pcl_6_2	118	pcl_6_2 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Scale
pcl_7_2	119	pcl_7_2 Avoiding activities or situations because they reminded you of the event in which you were injured?	Scale
pcl_8_2	120	pcl_8_2 Trouble remembering important parts of the event in which you were injured?	Scale
pcl_9_2	121	pcl_9_2 Loss of interest in activities you used to enjoy?	Scale
pcl_10_2	122	pcl_10_2 Feeling distant or cut off from other people?	Scale
pcl_11_2	123	pcl_11_2 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Scale
pcl_12_2	124	pcl_12_2 Feeling as if your future somehow will be cut short?	Scale
pcl_13_2	125	pcl_13_2 Trouble falling asleep or staying asleep?	Scale

Variable	Role	Column Width	Alignment	Print Format
pcl_2_2	Input	8	Right	F8
pcl_3_2	Input	8	Right	F8
pcl_4_2	Input	8	Right	F8
pcl_5_2	Input	8	Right	F8
pcl_6_2	Input	8	Right	F8
pcl_7_2	Input	8	Right	F8
pcl_8_2	Input	8	Right	F8
pcl_9_2	Input	8	Right	F8
pcl_10_2	Input	8	Right	F8
pcl_11_2	Input	8	Right	F8
pcl_12_2	Input	8	Right	F8
pcl_13_2	Input	8	Right	F8

Variable	Write Format	Missing Values
pcl_2_2	F8	-7, -8, -9
pcl_3_2	F8	-7, -8, -9
pcl_4_2	F8	-7, -8, -9
pcl_5_2	F8	-7, -8, -9
pcl_6_2	F8	-7, -8, -9
pcl_7_2	F8	-7, -8, -9
pcl_8_2	F8	-7, -8, -9
pcl_9_2	F8	-7, -8, -9
pcl_10_2	F8	-7, -8, -9
pcl_11_2	F8	-7, -8, -9
pcl_12_2	F8	-7, -8, -9
pcl_13_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
pcl_14_2	126	pcl_14_2 Feeling irritable or having angry outbursts?	Scale
pcl_15_2	127	pcl_15_2 Having difficulty concentrating?	Scale
pcl_16_2	128	pcl_16_2 Being "super- alert" or watchful and on guard?	Scale
pcl_17_2	129	pcl_17_2 Feeling jumpy or easily startled?	Scale
PHQ_TOTAL_2	130	PHQ TOTAL 3 MONTH	Scale
phq_1_2	131	phq_1_2 Little interest or pleasure in doing things	Scale
phq_2_2	132	phq_2_2 Feeling down, depressed or hopeless	Scale
phq_3_2	133	phq_3_2 Trouble falling or staying asleep, or sleeping too much	Scale
phq_4_2	134	phq_4_2 Feeling tired or having little energy	Scale
phq_5_2	135	phq_5_2 Poor appetite or overeating	Scale
phq_6_2	136	phq_6_2 Feeling bad about yourself- or that you are a failure or have let yourself or your family down	Scale
phq_7_2	137	phq_7_2 Trouble concentrating on things, such as reading the newspaper or watching television	Scale
phq_8_2	138	phq_8_2 Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	Scale
phq_9_2	139	phq_9_2 Thoughts that you would be better off dead or of hurting yourself in some way.	Scale
AUDIT_TOTAL_2	140	AUDIT 10 ITEM 3 MO	Scale
AUDIT_C_TOTAL_2	141	AUDIT C 3 ITEM 3 MO	Nominal
audit_1_2	142	audit_1_2 How often during the past 12 months before your injury, did you have a drink containing alcohol?	Scale

Variable	Role	Column Width	Alignment	Print Format
pcl_14_2	Input	8	Right	F8
pcl_15_2	Input	8	Right	F8
pcl_16_2	Input	8	Right	F8
pcl_17_2	Input	8	Right	F8
PHQ_TOTAL_2	Input	13	Right	F8.2
phq_1_2	Input	11	Right	F8
phq_2_2	Input	8	Right	F8
phq_3_2	Input	8	Right	F8
phq_4_2	Input	8	Right	F8
phq_5_2	Input	8	Right	F8
phq_6_2	Input	8	Right	F8
phq_7_2	Input	8	Right	F8
phq_8_2	Input	8	Right	F8
phq_9_2	Input	8	Right	F8
AUDIT_TOTAL_2	Input	15	Right	F8.2
AUDIT_C_TOTAL_2	Input	17	Right	F8.2
audit_1_2	Input	8	Right	F8

Variable	Write Format	Missing Values
pcl_14_2	F8	-7, -8, -9
pcl_15_2	F8	-7, -8, -9
pcl_16_2	F8	-7, -8, -9
pcl_17_2	F8	-7, -8, -9
PHQ_TOTAL_2	F8.2	
phq_1_2	F8	-7, -8, -9
phq_2_2	F8	-7, -8, -9
phq_3_2	F8	-7, -8, -9
phq_4_2	F8	-7, -8, -9
phq_5_2	F8	-7, -8, -9
phq_6_2	F8	-7, -8, -9
phq_7_2	F8	-7, -8, -9
phq_8_2	F8	-7, -8, -9
phq_9_2	F8	-7, -8, -9
AUDIT_TOTAL_2	F8.2	
AUDIT_C_TOTAL_2	F8.2	
audit_1_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
audit_2_2	143	audit_2_2 During the past 12 months before your injury, how many drinks containing alcohol did you have on a typical day when you were drinking?	Scale
audit_3_2	144	audit_3_2 How often during the 12 months before your injury, did you have five or more drinks (four or more for women) on one occasion?	Scale
audit_4_2	145	audit_4_2 Not able to stop drinking once you started	Scale
audit_5_2	146	audit_5_2 failed to do what was expected of you because of drinking	Scale
audit_6_2	147	audit_6_2 first drink in the morning	Scale
audit_7_2	148	audit_7_2 feeling guilt or remorse	Scale
audit_8_2	149	audit_8_2 unable to remember what happened before drinking	Scale
audit_9_2	150	audit_9_2 been injured from drinking	Scale
audit_10_2	151	audit_10_2 others concerned about your drinking	Scale
PCS36_2	152	SF-36 physical component score at 3 months	Scale
MCS36_2	153	SF-36 mental component score at 3 months	Scale
sf361_2	154	sf36_1_2 In general, would you say your health is?	Nominal
sf362_2	155	sf36_2_2 Compared to one year ago, prior to your injury, how would you rate your health in general now?	Nominal
sf363_2	156	sf36_3a_2 Does your health now limit you in Vigorous activities such as running lifting heavy objects, participating in strenuous sports?	Nominal

Variable	Role	Column Width	Alignment	Print Format
audit_2_2	Input	8	Right	F8
audit_3_2	Input	8	Right	F8
audit_4_2	Input	8	Right	F8
audit_5_2	Input	8	Right	F8
audit_6_2	Input	8	Right	F8
audit_7_2	Input	8	Right	F8
audit_8_2	Input	8	Right	F8
audit_9_2	Input	8	Right	F8
audit_10_2	Input	8	Right	F8
PCS36_2	Input	10	Right	F8.2
MCS36_2	Input	10	Right	F8.2
sf361_2	Input	8	Right	F8
sf362_2	Input	8	Right	F8
sf363_2	Input	8	Right	F8

Variable	Write Format	Missing Values
audit_2_2	F8	-7, -8, -9
audit_3_2	F8	-7, -8, -9
audit_4_2	F8	-7, -8, -9
audit_5_2	F8	-7, -8, -9
audit_6_2	F8	-7, -8, -9
audit_7_2	F8	-7, -8, -9
audit_8_2	F8	-7, -8, -9
audit_9_2	F8	-7, -8, -9
audit_10_2	F8	-7, -8, -9
PCS36_2	F8.2	
MCS36_2	F8.2	
sf361_2	F8	-7, -8, -9
sf362_2	F8	-7, -8, -9
sf363_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
sf364_2	157	sf36_3b_2 Does your health now limit you in Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf?	Nominal
sf365_2	158	sf36_3c_2 Does your health now limit you in Lifting or carrying groceries?	Nominal
sf366_2	159	sf36_3d_2 Does your health now limit you in Climbing several flights of stairs?	Nominal
sf367_2	160	sf36_3e_2 Does your health now limit you in Climbing one flight of stairs?	Nominal
sf368_2	161	sf36_3f_2 Does your health now limit you in Bending, kneeling, or stooping?	Nominal
sf369_2	162	sf36_3g_2 Does your health now limit you in Walking more than a mile?	Nominal
sf3610_2	163	sf36_3h_2 Does your health now limit you in Walking several hundred yards?	Nominal
sf3611_2	164	sf36_3i_2 Does your health now limit you in Walking one hundred yards?	Nominal
sf3612_2	165	sf36_3j_2 Does your health now limit you in Bathing or dressing yourself?	Nominal
sf3613_2	166	sf36_4a_2 How much time during the past 4 weeks have youCut down on the amount of time you spent on work or other activities? Physical Health	Nominal
sf3614_2	167	sf36_4b_2 How much time during the past 4 weeks have you Accomplished less than you would like? Physical Health	Nominal
sf3615_2	168	sf36_4c_2 How much time during the past 4 weeks have youWere limited in the kind of work or other activities? Physical Health	Nominal

Variable	Role	Column Width	Alignment	Print Format
sf364_2	Input	8	Right	F8
sf365_2	Input	8	Right	F8
sf366_2	Input	8	Right	F8
sf367_2	Input	8	Right	F8
sf368_2	Input	14	Right	F8
sf369_2	Input	13	Right	F8
sf3610_2	Input	14	Right	F8
sf3611_2	Input	8	Right	F8
sf3612_2	Input	8	Right	F8
sf3613_2	Input	8	Right	F8
sf3614_2	Input	8	Right	F8
sf3615_2	Input	8	Right	F8

Variable	Write Format	Missing Values
sf364_2	F8	-7, -8, -9
sf365_2	F8	-7, -8, -9
sf366_2	F8	-7, -8, -9
sf367_2	F8	-7, -8, -9
sf368_2	F8	-7, -8, -9
sf369_2	F8	-7, -8, -9
sf3610_2	F8	-7, -8, -9
sf3611_2	F8	-7, -8, -9
sf3612_2	F8	-7, -8, -9
sf3613_2	F8	-7, -8, -9
sf3614_2	F8	-7, -8, -9
sf3615_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
sf3616_2	169	sf36_4d_2 How much time during the past 4 weeks have youHad difficulty performing the work or other activities (for example it took extra effort) Physical Health	Nominal
sf3617_2	170	sf36_5a_2 How much time during the past 4 weeks have youCut down on the amount of time you spent on work or other activities? Emotional Problems	Nominal
sf3618_2	171	sf36_5b_2 How much time during the past 4 weeks have you Accomplished less than you would like? Emotional Problems	Nominal
sf3619_2	172	sf36_5c_2 How much time during the past 4 weeks have youDid work or other activities less carefully than usual? Emotional Problems	Nominal
sf3620_2	173	sf36_6_2 To what extent has your physical heal or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	Nominal
sf3621_2	174	sf36_7_2 How much bodily pain have you had?	Nominal
sf3622_2	175	sf36_8_2 How much did pain interfere with your normal work (including both work outside the home and housework)?	Nominal
sf3623_2	176	sf36_9a_2 How much time during the past 4 weeksDid you feel full of pep?	Nominal
sf3624_2	177	sf36_9b_2 How much time during the past 4 weeksHave you been very nervous?	Nominal
sf3625_2	178	sf36_9c_2 How much time during the past 4 weeksHave you felt so down in the dumps that nothing could cheer you up?	Nominal

Variable	Role	Column Width	Alignment	Print Format
sf3616_2	Input	8	Right	F8
sf3617_2	Input	8	Right	F8
sf3618_2	Input	8	Right	F8
sf3619_2	Input	8	Right	F8
sf3620_2	Input	8	Right	F8
sf3621_2	Input	8	Right	F8
sf3622_2	Input	8	Right	F8
sf3623_2	Input	8	Right	F8
sf3624_2	Input	8	Right	F8
sf3625_2	Input	8	Right	F8

Variable	Write Format	Missing Values
sf3616_2	F8	-7, -8, -9
sf3617_2	F8	-7, -8, -9
sf3618_2	F8	-7, -8, -9
sf3619_2	F8	-7, -8, -9
sf3620_2	F8	-7, -8, -9
sf3621_2	F8	-7, -8, -9
sf3622_2	F8	-7, -8, -9
sf3623_2	F8	-7, -8, -9
sf3624_2	F8	-7, -8, -9
sf3625_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
sf3626_2	179	sf36_9d_2 How much time during the past 4 weeksHave you felt calm and peaceful?	Nominal
sf3627_2	180	sf36_9e_2 How much time during the past 4 weeksDid you have a lot of energy?	Nominal
sf3628_2	181	sf36_9f_2 How much time during the past 4 weeksHave you felt downhearted and blue?	Nominal
sf3629_2	182	sf36_9g_2 How much time during the past 4 weeksDid you feel worn out?	Nominal
sf3630_2	183	sf36_9h_2 How much time during the past 4 weeksHave you been happy?	Nominal
sf3631_2	184	sf36_9i_2 How much time during the past 4 weeksDid you feel tired?	Nominal
sf3632_2	185	sf36_10_2 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with social activities	Nominal
sf3633_2	186	sf36_11a_2 I seem to get sick a little easier than other people	Nominal
sf3634_2	187	sf36_11b_2 I am as healthy as anybody I know	Nominal
sf3635_2	188	sf36_11c_2 I expect my health to get worse	Nominal
sf3636	189	sf36_11d_2 My health is excellent	Nominal
PCLV5_TOTAL_2	190	PCL V5 3 MONTH total score	Scale
PCLV5_1_2	191	pcl5_1_2 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Scale
PCLV5_2_2	192	pcl5_2_2 Repeated, disturbing dreams of the event in which you were injured?	Scale

Variable	Role	Column Width	Alignment	Print Format
sf3626_2	Input	8	Right	F8
sf3627_2	Input	8	Right	F8
sf3628_2	Input	8	Right	F8
sf3629_2	Input	8	Right	F8
sf3630_2	Input	8	Right	F8
sf3631_2	Input	8	Right	F8
sf3632_2	Input	8	Right	F8
sf3633_2	Input	8	Right	F8
sf3634_2	Input	8	Right	F8
sf3635_2	Input	8	Right	F8
sf3636	Input	8	Right	F8
PCLV5_TOTAL_2	Input	15	Right	F8.2
PCLV5_1_2	Input	8	Right	F8
PCLV5_2_2	Input	8	Right	F8

Variable	Write Format	Missing Values
sf3626_2	F8	-7, -8, -9
sf3627_2	F8	-7, -8, -9
sf3628_2	F8	-7, -8, -9
sf3629_2	F8	-7, -8, -9
sf3630_2	F8	-7, -8, -9
sf3631_2	F8	-7, -8, -9
sf3632_2	F8	-7, -8, -9
sf3633_2	F8	-7, -8, -9
sf3634_2	F8	-7, -8, -9
sf3635_2	F8	-7, -8, -9
sf3636	F8	-7, -8, -9
PCLV5_TOTAL_2	F8.2	
PCLV5_1_2	F8	-7, -8, -9
PCLV5_2_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
PCLV5_3_2	193	pcl5_3_2 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Scale
PCLV5_4_2	194	pcl5_4_2 Feeling very upset when something reminded you of the event in which you were injured?	Scale
PCLV5_5_2	195	pcl5_5_2 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Scale
PCLV5_6_2	196	pcl5_6_2 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Scale
PCLV5_7_2	197	pcl5_7_2 Avoiding activities or situations because they reminded you of the event in which you were injured?	Scale
PCLV5_8_2	198	pcl5_8_2 Trouble remembering important parts of the event in which you were injured?	Scale
PCLV5_9_2	199	pcl5_9_2 Loss of interest in activities you used to enjoy?	Scale
PCLV5_10_2	200	pcl5_10_2 Feeling distant or cut off from other people?	Scale
PCLV5_11_2	201	pcl5_11_2 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Scale
PCLV5_12_2	202	pcl5_12_2 Trouble falling asleep or staying asleep?	Scale
PCLV5_13_2	203	pcl5_13_2 Feeling irritable or having angry outbursts?	Scale
PCLV5_14_2	204	pcl5_14_2 Having difficulty concentrating?	Scale
PCLV5_15_2	205	pcl5_15_2 Being "super- alert" or watchful and on guard?	Scale

Variable	Role	Column Width	Alignment	Print Format
PCLV5_3_2	Input	8	Right	F8
PCLV5_4_2	Input	8	Right	F8
PCLV5_5_2	Input	8	Right	F8
PCLV5_6_2	Input	8	Right	F8
PCLV5_7_2	Input	8	Right	F8
PCLV5_8_2	Input	8	Right	F8
PCLV5_9_2	Input	8	Right	F8
PCLV5_10_2	Input	8	Right	F8
PCLV5_11_2	Input	8	Right	F8
PCLV5_12_2	Input	8	Right	F8
PCLV5_13_2	Input	8	Right	F8
PCLV5_14_2	Input	8	Right	F8
PCLV5_15_2	Input	8	Right	F8

Variable	Write Format	Missing Values
PCLV5_3_2	F8	-7, -8, -9
PCLV5_4_2	F8	-7, -8, -9
PCLV5_5_2	F8	-7, -8, -9
PCLV5_6_2	F8	-7, -8, -9
PCLV5_7_2	F8	-7, -8, -9
PCLV5_8_2	F8	-7, -8, -9
PCLV5_9_2	F8	-7, -8, -9
PCLV5_10_2	F8	-7, -8, -9
PCLV5_11_2	F8	-7, -8, -9
PCLV5_12_2	F8	-7, -8, -9
PCLV5_13_2	F8	-7, -8, -9
PCLV5_14_2	F8	-7, -8, -9
PCLV5_15_2	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
PCLV5_16_2	206	pcl5_16_2 Feeling jumpy or easily startled?	Scale
PCLV5_17_2	207	pcl5_17_2 Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	Scale
PCLV5_18_2	208	pcl5_18_2 Blaming yourself or someone else strongly for the stressful experience or what happened after it?	Scale
PCLV5_19_2	209	pcl5_19_2 Having strong negative feelings such as fear, horror, anger, guilt, or shame?	Scale
PCLV5_20_2	210	pcl5_20_2 Taking too many risks or doing things that cause you harm?	Scale
PCLV4_TOTAL_3	211	PCL V4 6 MONTH total score	Scale
pcl_1_3	212	pcl_1_3 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Scale
pcl_2_3	213	pcl_2_3 Repeated, disturbing dreams of the event in which you were injured?	Scale
pcl_3_3	214	pcl_3_3 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Scale
pcl_4_3	215	pcl_4_3 Feeling very upset when something reminded you of the event in which you were injured?	Scale
pcl_5_3	216	pcl_5_3 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Scale

Variable	Role	Column Width	Alignment	Print Format
PCLV5_16_2	Input	8	Right	F8
PCLV5_17_2	Input	8	Right	F8
PCLV5_18_2	Input	8	Right	F8
PCLV5_19_2	Input	8	Right	F8
PCLV5_20_2	Input	8	Right	F8
PCLV4_TOTAL_3	Input	15	Right	F8.2
pcl_1_3	Input	8	Right	F8
pcl_2_3	Input	8	Right	F8
pcl_3_3	Input	8	Right	F8
pcl_4_3	Input	8	Right	F8
pcl_5_3	Input	8	Right	F8

Variable	Write Format	Missing Values
PCLV5_16_2	F8	-7, -8, -9
PCLV5_17_2	F8	-7, -8, -9
PCLV5_18_2	F8	-7, -8, -9
PCLV5_19_2	F8	-7, -8, -9
PCLV5_20_2	F8	-7, -8, -9
PCLV4_TOTAL_3	F8.2	
pcl_1_3	F8	-8, -9
pcl_2_3	F8	-8, -9
pcl_3_3	F8	-8, -9
pcl_4_3	F8	-8, -9
pcl_5_3	F8	-8, -9

Variable	Position	Label	Measurement Level
pcl_6_3	217	pcl_6_3 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Scale
pcl_7_3	218	pcl_7_3 Avoiding activities or situations because they reminded you of the event in which you were injured?	Scale
pcl_8_3	219	pcl_8_3 Trouble remembering important parts of the event in which you were injured?	Scale
pcl_9_3	220	pcl_9_3 Loss of interest in activities you used to enjoy?	Scale
pcl_10_3	221	pcl_10_3 Feeling distant or cut off from other people?	Scale
pcl_11_3	222	pcl_11_3 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Scale
pcl_12_3	223	pcl_12_3 Feeling as if your future somehow will be cut short?	Scale
pcl_13_3	224	pcl_13_3 Trouble falling asleep or staying asleep?	Scale
pcl_14_3	225	pcl_14_3 Feeling irritable or having angry outbursts?	Scale
pcl_15_3	226	pcl_15_3 Having difficulty concentrating?	Scale
pcl_16_3	227	pcl_16_3 Being "super- alert" or watchful and on guard?	Scale
pcl_17_3	228	pcl_17_3 Feeling jumpy or easily startled?	Scale
PHQ_TOTAL_3	229	PHQ TOTAL 6 MO	Scale
phq_1_3	230	phq_1_3 Little interest or pleasure in doing things	Scale
phq_2_3	231	phq_2_3 Feeling down, depressed or hopeless	Scale
phq_3_3	232	phq_3_3 Trouble falling or staying asleep, or sleeping too much	Scale
phq_4_3	233	phq_4_3 Feeling tired or having little energy	Scale

Variable	Role	Column Width	Alignment	Print Format
pcl_6_3	Input	8	Right	F8
pcl_7_3	Input	8	Right	F8
pcl_8_3	Input	8	Right	F8
pcl_9_3	Input	8	Right	F8
pcl_10_3	Input	8	Right	F8
pcl_11_3	Input	8	Right	F8
pcl_12_3	Input	8	Right	F8
pcl_13_3	Input	8	Right	F8
pcl_14_3	Input	8	Right	F8
pcl_15_3	Input	8	Right	F8
pcl_16_3	Input	8	Right	F8
pcl_17_3	Input	8	Right	F8
PHQ_TOTAL_3	Input	13	Right	F8
phq_1_3	Input	8	Right	F8
phq_2_3	Input	8	Right	F8
phq_3_3	Input	8	Right	F8
phq_4_3	Input	8	Right	F8

Variable	Write Format	Missing Values
pcl_6_3	F8	-8, -9
pcl_7_3	F8	-8, -9
pcl_8_3	F8	-8, -9
pcl_9_3	F8	-8, -9
pcl_10_3	F8	-8, -9
pcl_11_3	F8	-8, -9
pcl_12_3	F8	-8, -9
pcl_13_3	F8	-8, -9
pcl_14_3	F8	-8, -9
pcl_15_3	F8	-8, -9
pcl_16_3	F8	-8, -9
pcl_17_3	F8	-8, -9
PHQ_TOTAL_3	F8	
phq_1_3	F8	-8, -9
phq_2_3	F8	-8, -9
phq_3_3	F8	-8, -9
phq_4_3	F8	-8, -9

Variable	Position	Label	Measurement Level
phq_5_3	234	phq_5_3 Poor appetite or overeating	Scale
phq_6_3	235	phq_6_3 Feeling bad about yourself- or that you are a failure or have let yourself or your family down	Scale
phq_7_3	236	phq_7_3 Trouble concentrating on things, such as reading the newspaper or watching television	Scale
phq_8_3	237	phq_8_3 Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	Scale
phq_9_3	238	phq_9_3 Thoughts that you would be better off dead or of hurting yourself in some way.	Scale
AUDIT_TOTAL_3	239	AUDIT 10 ITEM 6 MO	Scale
AUDITC_TOTAL_3	240	AUDIT C 6 MO	Nominal
audit_1_3	241	audit_1_3 How often during the past 12 months before your injury, did you have a drink containing alcohol?	Scale
audit_2_3	242	audit_2_3 During the past 12 months before your injury, how many drinks containing alcohol did you have on a typical day when you were drinking?	Scale
audit_3_3	243	audit_3_3 How often during the 12 months before your injury, did you have five or more drinks (four or more for women) on one occasion?	Scale
audit_4_3	244	audit_4_3 Not able to stop drinking once you started	Scale
audit_5_3	245	audit_5_3 failed to do what was expected of you because of drinking	Scale
audit_6_3	246	audit_6_3 first drink in the morning	Scale

Variable	Role	Column Width	Alignment	Print Format
phq_5_3	Input	8	Right	F8
phq_6_3	Input	8	Right	F8
phq_7_3	Input	8	Right	F8
phq_8_3	Input	8	Right	F8
phq_9_3	Input	8	Right	F8
AUDIT_TOTAL_3	Input	15	Right	F8
AUDITC_TOTAL_3	Input	16	Right	F8
audit_1_3	Input	8	Right	F8
audit_2_3	Input	8	Right	F8
audit_3_3	Input	8	Right	F8
audit_4_3	Input	8	Right	F8
audit_5_3	Input	8	Right	F8
audit_6_3	Input	8	Right	F8

Variable	Write Format	Missing Values
phq_5_3	F8	-8, -9
phq_6_3	F8	-8, -9
phq_7_3	F8	-8, -9
phq_8_3	F8	-8, -9
phq_9_3	F8	-8, -9
AUDIT_TOTAL_3	F8	
AUDITC_TOTAL_3	F8	
audit_1_3	F8	-8, -9
audit_2_3	F8	-7, -8, -9
audit_3_3	F8	-7, -8, -9
audit_4_3	F8	-7, -8, -9
audit_5_3	F8	-7, -8, -9
audit_6_3	F8	-7, -8, -9

Variable	Position	Label	Measurement Level
audit_7_3	247	audit_7_3 feeling guilt or remorse	Scale
audit_8_3	248	audit_8_3 unable to remember what happened before drinking	Scale
audit_9_3	249	audit_9_3 been injured from drinking	Scale
audit_10_3	250	audit_10_3 others concerned about your drinking	Scale
PCS36_3	251	SF36 PHYSICAL COMPONENT SCORE 6 MO	Scale
MCS36_3	252	SF36 MENTAL COMPONENT SCORE 6 MO	Scale
sf361_3	253	sf36_1_3 In general, would you say your health is?	Nominal
sf362_3	254	sf36_2_3 Compared to one year ago, prior to your injury, how would you rate your health in general now?	Nominal
sf363_3	255	sf36_3_3 Does your health now limit you in Vigorous activities such as running lifting heavy objects, participating in strenuous sports?	Nominal
sf364_3	256	sf36_4_3 Does your health now limit you in Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf?	Nominal
sf365_3	257	sf36_5_3 Does your health now limit you in Lifting or carrying groceries?	Nominal
sf366_3	258	sf36_6_3 Does your health now limit you in Climbing several flights of stairs?	Nominal
sf367_3	259	sf36_7_3 Does your health now limit you in Climbing one flight of stairs?	Nominal
sf368_3	260	sf36_8_3 Does your health now limit you in Bending, kneeling, or stooping?	Nominal

Variable	Role	Column Width	Alignment	Print Format
audit_7_3	Input	8	Right	F8
audit_8_3	Input	8	Right	F8
audit_9_3	Input	8	Right	F8
audit_10_3	Input	8	Right	F8
PCS36_3	Input	10	Right	F8.2
MCS36_3	Input	10	Right	F8.2
sf361_3	Input	8	Right	F8
sf362_3	Input	8	Right	F8
sf363_3	Input	8	Right	F8
sf364_3	Input	8	Right	F8
sf365_3	Input	8	Right	F8
sf366_3	Input	8	Right	F8
sf367_3	Input	8	Right	F8
sf368_3	Input	8	Right	F8

Variable	Write Format	Missing Values
audit_7_3	F8	-7, -8, -9
audit_8_3	F8	-7, -8, -9
audit_9_3	F8	-9, -8
audit_10_3	F8	-9, -8
PCS36_3	F8.2	
MCS36_3	F8.2	
sf361_3	F8	-8, -9
sf362_3	F8	-8, -9
sf363_3	F8	-8, -9
sf364_3	F8	-8, -9
sf365_3	F8	-8, -9
sf366_3	F8	-8, -9
sf367_3	F8	-8, -9
sf368_3	F8	-8, -9

Variable	Position	Label	Measurement Level
sf369_3	261	sf36_9_3 Does your health now limit you in Walking more than a mile?	Nominal
sf3610_3	262	sf36_10_3 Does your health now limit you in Walking several hundred yards?	Nominal
sf3611_3	263	sf36_11_3 Does your health now limit you in Walking one hundred yards?	Nominal
sf3612_3	264	sf36_12_3 Does your health now limit you in Bathing or dressing yourself?	Nominal
sf3613_3	265	sf36_13_3 How much time during the past 4 weeks have youCut down on the amount of time you spent on work or other activities? Physical Health	Nominal
sf3614_3	266	sf36_14_3 How much time during the past 4 weeks have you Accomplished less than you would like? Physical Health	Nominal
sf3615_3	267	sf36_15_3 How much time during the past 4 weeks have youWere limited in the kind of work or other activities? Physical Health	Nominal
sf3616_3	268	sf36_16_3 How much time during the past 4 weeks have youHad difficulty performing the work or other activities (for example it took extra effort) Physical Health	Nominal
sf3617_3	269	sf36_17_3 How much time during the past 4 weeks have youCut down on the amount of time you spent on work or other activities? Emotional Problems	Nominal
sf3618_3	270	sf36_18_3 How much time during the past 4 weeks have you Accomplished less than you would like? Emotional Problems	Nominal

Variable	Role	Column Width	Alignment	Print Format
sf369_3	Input	8	Right	F8
sf3610_3	Input	8	Right	F8
sf3611_3	Input	8	Right	F8
sf3612_3	Input	8	Right	F8
sf3613_3	Input	8	Right	F8
sf3614_3	Input	8	Right	F8
sf3615_3	Input	8	Right	F8
sf3616_3	Input	8	Right	F8
sf3617_3	Input	8	Right	F8
sf3618_3	Input	8	Right	F8

Variable	Write Format	Missing Values
sf369_3	F8	-8, -9
sf3610_3	F8	-8, -9
sf3611_3	F8	-8, -9
sf3612_3	F8	-8, -9
sf3613_3	F8	-8, -9
sf3614_3	F8	-8, -9
sf3615_3	F8	-8, -9
sf3616_3	F8	-8, -9
sf3617_3	F8	-8, -9
sf3618_3	F8	-8, -9

\/amic  - -	Position	Label	Measurement Level
Variable			
sf3619_3	271	sf36_19_3 How much time during the past 4 weeks have youDid work or other activities less carefully than usual? Emotional Problems	Nominal
sf3620_3	272	sf36_20_3 To what extant has your physical heal or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	Nominal
sf3621_3	273	sf36_21_3 How much bodily pain have you had?	Nominal
sf3622_3	274	sf36_22_3 How much did pain interfere with your normal work (including both work outside the home and housework)?	Nominal
sf3623_3	275	sf36_23_3 How much time during the past 4 weeksDid you feel full of life?	Nominal
sf3624_3	276	sf36_24_3 How much time during the past 4 weeksHave you been very nervous?	Nominal
sf3625_3	277	sf36_25_3 How much time during the past 4 weeksHave you felt so down in the dumps that nothing could cheer you up?	Nominal
sf3626_3	278	sf36_26_3 How much time during the past 4 weeksHave you felt calm and peaceful?	Nominal
sf3627_3	279	sf36_27_3 How much time during the past 4 weeksDid you have a lot of energy?	Nominal
sf3628_3	280	sf36_28_3 How much time during the past 4 weeksHave you felt downhearted and depressed?	Nominal
sf3629_3	281	sf36_29_3 How much time during the past 4 weeksDid you feel worn out?	Nominal

Variable	Role	Column Width	Alignment	Print Format
sf3619_3	Input	8	Right	F8
sf3620_3	Input	8	Right	F8
sf3621_3	Input	8	Right	F8
sf3622_3	Input	8	Right	F8
sf3623_3	Input	8	Right	F8
sf3624_3	Input	8	Right	F8
sf3625_3	Input	8	Right	F8
sf3626_3	Input	8	Right	F8
sf3627_3	Input	8	Right	F8
sf3628_3	Input	8	Right	F8
sf3629_3	Input	8	Right	F8

Variable	Write Format	Missing Values
sf3619_3	F8	-8, -9
sf3620_3	F8	-8, -9
sf3621_3	F8	-8, -9
sf3622_3	F8	-8, -9
sf3623_3	F8	-8, -9
sf3624_3	F8	-8, -9
sf3625_3	F8	-8, -9
sf3626_3	F8	-8, -9
sf3627_3	F8	-8, -9
sf3628_3	F8	-8, -9
sf3629_3	F8	-8, -9

Variable	Position	Label	Measurement Level
sf3630_3	282	sf36_30_3 How much time during the past 4 weeksHave you been happy?	Nominal
sf3631_3	283	sf36_31_3 How much time during the past 4 weeksDid you feel tired?	Nominal
sf3632_3	284	sf36_32_3 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered:	Nominal
sf3633_3	285	sf36_33_3 I seem to get sick a little easier than other people	Nominal
sf3634_3	286	sf36_34_3 I am as healthy as anybody I know	Nominal
sf3635_3	287	sf36_35_3 I expect my health to get worse	Nominal
sf3636_3	288	sf36_36_3 My health is excellent	Nominal
PCLV5_TOTAL_3	289	PCL V5 6 MONTH total score	Scale
PCLV5_1_3	290	pcl5_1_3 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Scale
PCLV5_2_3	291	pcl5_2_3 Repeated, disturbing dreams of the event in which you were injured?	Scale
PCLV5_3_3	292	pcl5_3_3 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Scale
PCLV5_4_3	293	pcl5_4_3 Feeling very upset when something reminded you of the event in which you were injured?	Scale
PCLV5_5_3	294	pcl5_5_3 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Scale

Variable	Role	Column Width	Alignment	Print Format
sf3630_3	Input	8	Right	F8
sf3631_3	Input	8	Right	F8
sf3632_3	Input	8	Right	F8
sf3633_3	Input	8	Right	F8
sf3634_3	Input	8	Right	F8
sf3635_3	Input	8	Right	F8
sf3636_3	Input	8	Right	F8
PCLV5_TOTAL_3	Input	15	Right	F8
PCLV5_1_3	Input	8	Right	F8
PCLV5_2_3	Input	8	Right	F8
PCLV5_3_3	Input	8	Right	F8
PCLV5_4_3	Input	8	Right	F8
PCLV5_5_3	Input	8	Right	F8

Variable	Write Format	Missing Values
sf3630_3	F8	-8, -9
sf3631_3	F8	-8, -9
sf3632_3	F8	-8, -9
sf3633_3	F8	-8, -9
sf3634_3	F8	-8, -9
sf3635_3	F8	-8, -9
sf3636_3	F8	-8, -9
PCLV5_TOTAL_3	F8	
PCLV5_1_3	F8	-8, -9
PCLV5_2_3	F8	-8, -9
PCLV5_3_3	F8	-8, -9
PCLV5_4_3	F8	-8, -9
PCLV5_5_3	F8	-8, -9

Variable	Position	Label	Measurement Level
PCLV5_6_3	295	pcl5_6_3 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Scale
PCLV5_7_3	296	pcl5_7_3 Avoiding activities or situations because they reminded you of the event in which you were injured?	Scale
PCLV5_8_3	297	pcl5_8_3 Trouble remembering important parts of the event in which you were injured?	Scale
PCLV5_9_3	298	pcl5_9_3 Loss of interest in activities you used to enjoy?	Scale
PCLV5_10_3	299	pcl5_10_3Feeling distant or cut off from other people?	Scale
PCLV5_11_3	300	pcl5_11_3 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Scale
PCLV5_12_3	301	pcl5_12_3 Trouble falling asleep or staying asleep?	Scale
PCLV5_13_3	302	pcl5_13_3 Feeling irritable or having angry outbursts?	Scale
PCLV5_14_3	303	pcl5_14_3 Having difficulty concentrating?	Scale
PCLV5_15_3	304	pcl5_15_3 Being "super- alert" or watchful and on guard?	Scale
PCLV5_16_3	305	pcl5_16_3 Feeling jumpy or easily startled?	Scale
PCLV5_17_3	306	pcl5_17_3 Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	Scale
PCLV5_18_3	307	pcl5_18_3 Blaming yourself or someone else strongly for the stressful experience or what happened after it?	Scale

Variable	Role	Column Width	Alignment	Print Format
PCLV5_6_3	Input	8	Right	F8
PCLV5_7_3	Input	8	Right	F8
PCLV5_8_3	Input	8	Right	F8
PCLV5_9_3	Input	8	Right	F8
PCLV5_10_3	Input	8	Right	F8
PCLV5_11_3	Input	8	Right	F8
PCLV5_12_3	Input	8	Right	F8
PCLV5_13_3	Input	8	Right	F8
PCLV5_14_3	Input	8	Right	F8
PCLV5_15_3	Input	8	Right	F8
PCLV5_16_3	Input	8	Right	F8
PCLV5_17_3	Input	8	Right	F8
PCLV5_18_3	Input	8	Right	F8

Variable	Write Format	Missing Values
PCLV5_6_3	F8	-8, -9
PCLV5_7_3	F8	-8, -9
PCLV5_8_3	F8	-8, -9
PCLV5_9_3	F8	-8, -9
PCLV5_10_3	F8	-8, -9
PCLV5_11_3	F8	-8, -9
PCLV5_12_3	F8	-8, -9
PCLV5_13_3	F8	-8, -9
PCLV5_14_3	F8	-8, -9
PCLV5_15_3	F8	-8, -9
PCLV5_16_3	F8	-8, -9
PCLV5_17_3	F8	-8, -9
PCLV5_18_3	F8	-8, -9

Variable	Position	Label	Measurement Level
PCLV5_19_3	308	pcl5_19_3 Having strong negative feelings such as fear, horror, anger, guilt, or shame?	Scale
PCLV5_20_3	309	pcl5_20_3 Taking too many risks or doing things that cause you harm?	Scale
PCLV4_TOTAL_4	310	PCL V4 12 MO continuous	Scale
pcl_1_4	311	pcl_1_4 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Scale
pcl_2_4	312	pcl_2_4 Repeated, disturbing dreams of the event in which you were injured?	Scale
pcl_3_4	313	pcl_3_4 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Scale
pcl_4_4	314	pcl_4_4 Feeling very upset when something reminded you of the event in which you were injured?	Scale
pcl_5_4	315	pcl_5_4 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Scale
pcl_6_4	316	pcl_6_4 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Scale
pcl_7_4	317	pcl_7_4 Avoiding activities or situations because they reminded you of the event in which you were injured?	Scale
pcl_8_4	318	pcl_8_4 Trouble remembering important parts of the event in which you were injured?	Scale
pcl_9_4	319	pcl_9_4 Loss of interest in activities you used to enjoy?	Scale

Variable	Role	Column Width	Alignment	Print Format
PCLV5_19_3	Input	8	Right	F8
PCLV5_20_3	Input	8	Right	F8
PCLV4_TOTAL_4	Input	15	Right	F8.2
pcl_1_4	Input	8	Right	F8
pcl_2_4	Input	8	Right	F8
pcl_3_4	Input	8	Right	F8
pcl_4_4	Input	8	Right	F8
pcl_5_4	Input	8	Right	F8
pcl_6_4	Input	8	Right	F8
pcl_7_4	Input	8	Right	F8
pcl_8_4	Input	8	Right	F8
pcl_9_4	Input	8	Right	F8

Variable	Write Format	Missing Values
PCLV5_19_3	F8	-8, -9
PCLV5_20_3	F8	-8, -9
PCLV4_TOTAL_4	F8.2	
pcl_1_4	F8	-8, -9
pcl_2_4	F8	-8, -9
pcl_3_4	F8	-8, -9
pcl_4_4	F8	-8, -9
pcl_5_4	F8	-8, -9
pcl_6_4	F8	-8, -9
pcl_7_4	F8	-8, -9
pcl_8_4	F8	-8, -9
pcl_9_4	F8	-8, -9

Variable	Position	Label	Measurement Level
pcl_10_4	320	pcl_10_4 Feeling distant or cut off from other people?	Scale
pcl_11_4	321	pcl_11_4 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Scale
pcl_12_4	322	pcl_12_4 Feeling as if your future somehow will be cut short?	Scale
pcl_13_4	323	pcl_13_4 Trouble falling asleep or staying asleep?	Scale
pcl_14_4	324	pcl_14_4 Feeling irritable or having angry outbursts?	Scale
pcl_15_4	325	pcl_15_4 Having difficulty concentrating?	Scale
pcl_16_4	326	pcl_16_4 Being "super- alert" or watchful and on guard?	Scale
pcl_17_4	327	pcl_17_4 Feeling jumpy or easily startled?	Scale
PHQ_TOTAL_4	328	PHQ 12 MO continuous total score	Scale
phq_1_4	329	phq_1_4 Little interest or pleasure in doing things	Scale
phq_2_4	330	phq_2_4 Feeling down, depressed or hopeless	Scale
phq_3_4	331	phq_3_4 Trouble falling or staying asleep, or sleeping too much	Scale
phq_4_4	332	phq_4_4 Feeling tired or having little energy	Scale
phq_5_4	333	phq_5_4 Poor appetite or overeating	Scale
phq_6_4	334	phq_6_4 Feeling bad about yourself- or that you are a failure or have let yourself or your family down	Scale
phq_7_4	335	phq_7_4 Trouble concentrating on things, such as reading the newspaper or watching television	Scale

Variable	Role	Column Width	Alignment	Print Format
pcl_10_4	Input	8	Right	F8
pcl_11_4	Input	8	Right	F8
pcl_12_4	Input	8	Right	F8
pcl_13_4	Input	8	Right	F8
pcl_14_4	Input	8	Right	F8
pcl_15_4	Input	8	Right	F8
pcl_16_4	Input	8	Right	F8
pcl_17_4	Input	8	Right	F8
PHQ_TOTAL_4	Input	13	Right	F8.2
phq_1_4	Input	8	Right	F8
phq_2_4	Input	8	Right	F8
phq_3_4	Input	8	Right	F8
phq_4_4	Input	8	Right	F8
phq_5_4	Input	8	Right	F8
phq_6_4	Input	8	Right	F8
phq_7_4	Input	8	Right	F8

Variable	Write Format	Missing Values
pcl_10_4	F8	-8, -9
pcl_11_4	F8	-8, -9
pcl_12_4	F8	-8, -9
pcl_13_4	F8	-8, -9
pcl_14_4	F8	-8, -9
pcl_15_4	F8	-8, -9
pcl_16_4	F8	-8, -9
pcl_17_4	F8	-8, -9
PHQ_TOTAL_4	F8.2	
phq_1_4	F8	-8, -9
phq_2_4	F8	-8, -9
phq_3_4	F8	-8, -9
phq_4_4	F8	-8, -9
phq_5_4	F8	-8, -9
phq_6_4	F8	-8, -9
phq_7_4	F8	-8, -9

Variable	Position	Label	Measurement Level
phq_8_4	336	phq_8_4 Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	Scale
phq_9_4	337	phq_9_4 Thoughts that you would be better off dead or of hurting yourself in some way.	Scale
AUDITC_TOTAL_4	338	AUDIT C 12 MO	Nominal
AUDIT_TOTAL_4	339	AUDIT 10 ITEM 12 MO	Scale
audit_1_4	340	audit_1_4 How often during the past 12 months before your injury, did you have a drink containing alcohol?	Scale
audit_2_4	341	audit_2_4 During the past 12 months before your injury, how many drinks containing alcohol did you have on a typical day when you were drinking?	Scale
audit_3_4	342	audit_3_4 How often during the 12 months before your injury, did you have five or more drinks (four or more for women) on one occasion?	Scale
audit_4_4	343	audit_4_4 Not able to stop drinking once you started	Scale
audit_5_4	344	audit_5_4 failed to do what was expected of you because of drinking	Scale
audit_6_4	345	audit_6_4 first drink in the morning	Scale
audit_7_4	346	audit_7_4 feeling guilt or remorse	Scale
audit_8_4	347	audit_8_4 unable to remember what happened before drinking	Scale
audit_9_4	348	audit_9_4 been injured from drinking	Scale
audit_10_4	349	audit_10_4 others concerned about your drinking	Scale

Variable	Role	Column Width	Alignment	Print Format
phq_8_4	Input	8	Right	F8
phq_9_4	Input	8	Right	F8
AUDITC_TOTAL_4	Input	16	Right	F8.2
AUDIT_TOTAL_4	Input	15	Right	F8.2
audit_1_4	Input	8	Right	F8
audit_2_4	Input	8	Right	F8
audit_3_4	Input	8	Right	F8
audit_4_4	Input	8	Right	F8
audit_5_4	Input	8	Right	F8
audit_6_4	Input	8	Right	F8
audit_7_4	Input	8	Right	F8
audit_8_4	Input	8	Right	F8
audit_9_4	Input	8	Right	F8
audit_10_4	Input	8	Right	F8

Variable	Write Format	Missing Values
phq_8_4	F8	-8, -9
phq_9_4	F8	-8, -9
AUDITC_TOTAL_4	F8.2	
AUDIT_TOTAL_4	F8.2	
audit_1_4	F8	-8, -9, -7
audit_2_4	F8	-7, -8, -9
audit_3_4	F8	-7, -8, -9
audit_4_4	F8	-7, -8, -9
audit_5_4	F8	-7, -8, -9
audit_6_4	F8	-7, -8, -9
audit_7_4	F8	-7, -8, -9
audit_8_4	F8	-7, -8, -9
audit_9_4	F8	-8, -9, -7
audit_10_4	F8	-8, -9, -7

Variable	Position	Label	Measurement Level
MCS36_4	350	SF-36 MENTAL COMPONENT SCORE 12 MO	Scale
PCS36_4	351	SF-36 PHYSICAL COMPONENT SCORE 12 MO	Scale
sf361_4	352	sf36_1_4 In general, would you say your health is?	Nominal
sf362_4	353	sf36_2_4 Compared to one year ago, prior to your injury, how would you rate your health in general now?	Nominal
sf363_4	354	sf36_3_4 Does your health now limit you in Vigorous activities such as running lifting heavy objects, participating in strenuous sports?	Nominal
sf364_4	355	sf36_4_4 Does your health now limit you in Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf?	Nominal
sf365_4	356	sf36_5_4 Does your health now limit you in Lifting or carrying groceries?	Nominal
sf366_4	357	sf36_6_4 Does your health now limit you in Climbing several flights of stairs?	Nominal
sf367_4	358	sf36_7_4 Does your health now limit you in Climbing one flight of stairs?	Nominal
sf368_4	359	sf36_8_4 Does your health now limit you in Bending, kneeling, or stooping?	Nominal
sf369_4	360	sf36_9_4 Does your health now limit you in Walking more than a mile?	Nominal
sf3610_4	361	sf36_10_4 Does your health now limit you in Walking several hundred yards?	Nominal
sf3611_4	362	sf36_11_4 Does your health now limit you in Walking one hundred yards?	Nominal

Variable	Role	Column Width	Alignment	Print Format
MCS36_4	Input	10	Right	F8.2
PCS36_4	Input	10	Right	F8.2
sf361_4	Input	9	Right	F8
sf362_4	Input	14	Right	F8
sf363_4	Input	8	Right	F8
sf364_4	Input	8	Right	F8
sf365_4	Input	8	Right	F8
sf366_4	Input	8	Right	F8
sf367_4	Input	8	Right	F8
sf368_4	Input	8	Right	F8
sf369_4	Input	8	Right	F8
sf3610_4	Input	8	Right	F8
sf3611_4	Input	8	Right	F8

Variable	Write Format	Missing Values
MCS36_4	F8.2	
PCS36_4	F8.2	
sf361_4	F8	-8, -9
sf362_4	F8	-8, -9
sf363_4	F8	-8, -9
sf364_4	F8	-8, -9
sf365_4	F8	-8, -9
sf366_4	F8	-8, -9
sf367_4	F8	-8, -9
sf368_4	F8	-8, -9
sf369_4	F8	-8, -9
sf3610_4	F8	-8, -9
sf3611_4	F8	-8, -9

Variable	Position	Label	Measurement Level
sf3612_4	363	sf36_12_4 Does your health now limit you in Bathing or dressing yourself?	Nominal
sf3613_4	364	sf36_13_4 How much time during the past 4 weeks have youCut down on the amount of time you spent on work or other activities? Physical Health	Nominal
sf3614_4	365	sf36_14_4 How much time during the past 4 weeks have you Accomplished less than you would like? Physical Health	Nominal
sf3615_4	366	sf36_15_4 How much time during the past 4 weeks have youWere limited in the kind of work or other activities? Physical Health	Nominal
sf3616_4	367	sf36_16_4 How much time during the past 4 weeks have youHad difficulty performing the work or other activities (for example it took extra effort) Physical Health	Nominal
sf3617_4	368	sf36_17_4 How much time during the past 4 weeks have youCut down on the amount of time you spent on work or other activities? Emotional Problems	Nominal
sf3618_4	369	sf36_18_4 How much time during the past 4 weeks have you Accomplished less than you would like? Emotional Problems	Nominal
sf3619_4	370	sf36_19_4 How much time during the past 4 weeks have youDid work or other activities less carefully than usual? Emotional Problems	Nominal
sf3620_4	371	sf36_20_4 To what extant has your physical heal or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	Nominal

Variable	Role	Column Width	Alignment	Print Format
sf3612_4	Input	8	Right	F8
sf3613_4	Input	8	Right	F8
sf3614_4	Input	8	Right	F8
sf3615_4	Input	8	Right	F8
sf3616_4	Input	8	Right	F8
sf3617_4	Input	8	Right	F8
sf3618_4	Input	8	Right	F8
sf3619_4	Input	8	Right	F8
sf3620_4	Input	8	Right	F8

Variable	Write Format	Missing Values
sf3612_4	F8	-8, -9
sf3613_4	F8	-8, -9
sf3614_4	F8	-8, -9
sf3615_4	F8	-8, -9
sf3616_4	F8	-8, -9
sf3617_4	F8	-8, -9
sf3618_4	F8	-8, -9
sf3619_4	F8	-8, -9
sf3620_4	F8	-8, -9

Variable	Position	Label	Measurement Level
sf3621_4	372	sf36_21_4 How much bodily pain have you had?	Nominal
sf3622_4	373	sf36_22_4 How much did pain interfere with your normal work (including both work outside the home and housework)?	Nominal
sf3623_4	374	sf36_23_4 How much time during the past 4 weeksDid you feel full of life?	Nominal
sf3624_4	375	sf36_24_4 How much time during the past 4 weeksHave you been very nervous?	Nominal
sf3625_4	376	sf36_25_4 How much time during the past 4 weeksHave you felt so down in the dumps that nothing could cheer you up?	Nominal
sf3626_4	377	sf36_26_4 How much time during the past 4 weeksHave you felt calm and peaceful?	Nominal
sf3627_4	378	sf36_27_4 How much time during the past 4 weeksDid you have a lot of energy?	Nominal
sf3628_4	379	sf36_28_4 How much time during the past 4 weeksHave you felt downhearted and depressed?	Nominal
sf3629_4	380	sf36_29_4 How much time during the past 4 weeksDid you feel worn out?	Nominal
sf3630_4	381	sf36_30_4 How much time during the past 4 weeksHave you been happy?	Nominal
sf3631_4	382	sf36_31_4 How much time during the past 4 weeksDid you feel tired?	Nominal
sf3632_4	383	sf36_32_4 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered:	Nominal
sf3633_4	384	sf36_33_4 I seem to get sick a little easier than other people	Nominal

Variable	Role	Column Width	Alignment	Print Format
sf3621_4	Input	8	Right	F8
sf3622_4	Input	8	Right	F8
sf3623_4	Input	8	Right	F8
sf3624_4	Input	8	Right	F8
sf3625_4	Input	8	Right	F8
sf3626_4	Input	8	Right	F8
sf3627_4	Input	8	Right	F8
sf3628_4	Input	8	Right	F8
sf3629_4	Input	8	Right	F8
sf3630_4	Input	8	Right	F8
sf3631_4	Input	8	Right	F8
sf3632_4	Input	8	Right	F8
sf3633_4	Input	8	Right	F8

Variable	Write Format	Missing Values
sf3621_4	F8	-8, -9
sf3622_4	F8	-8, -9
sf3623_4	F8	-8, -9
sf3624_4	F8	-8, -9
sf3625_4	F8	-8, -9
sf3626_4	F8	-8, -9
sf3627_4	F8	-8, -9
sf3628_4	F8	-8, -9
sf3629_4	F8	-8, -9
sf3630_4	F8	-8, -9
sf3631_4	F8	-8, -9
sf3632_4	F8	-8, -9
sf3633_4	F8	-8, -9

Variable	Position	Label	Measurement Level
sf3634_4	385	sf36_34_4 I am as healthy as anybody I know	Nominal
sf3635_4	386	sf36_35_4 I expect my health to get worse	Nominal
sf3636_4	387	sf36_36_4 My health is excellent	Nominal
PCLV5_TOTAL_4	388	PCL V5 12 MO continuous	Scale
PCLV5_1_4	389	pcl5_1_4 Repeated, disturbing memories, thoughts, or images of the event in which you were injured?	Scale
PCLV5_2_4	390	pcl5_2_4 Repeated, disturbing dreams of the event in which you were injured?	Scale
PCLV5_3_4	391	pcl5_3_4 Suddenly acting or feeling as if the event in which you were injured was happening again (as if you were reliving it)?	Scale
PCLV5_4_4	392	pcl5_4_4 Feeling very upset when something reminded you of the event in which you were injured?	Scale
PCLV5_5_4	393	pcl5_5_4 Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event in which you were injured?	Scale
PCLV5_6_4	394	pcl5_6_4 Avoiding thinking about or talking about the event in which you were injured or avoiding having feelings related to it?	Scale
PCLV5_7_4	395	pcl5_7_4 Avoiding activities or situations because they reminded you of the event in which you were injured?	Scale
PCLV5_8_4	396	pcl5_8_4 Trouble remembering important parts of the event in which you were injured?	Scale
PCLV5_9_4	397	pcl5_9_4 Loss of interest in activities you used to enjoy?	Scale

Variable	Role	Column Width	Alignment	Print Format
sf3634_4	Input	8	Right	F8
sf3635_4	Input	8	Right	F8
sf3636_4	Input	8	Right	F8
PCLV5_TOTAL_4	Input	15	Right	F8.2
PCLV5_1_4	Input	8	Right	F8
PCLV5_2_4	Input	8	Right	F8
PCLV5_3_4	Input	8	Right	F8
PCLV5_4_4	Input	8	Right	F8
PCLV5_5_4	Input	8	Right	F8
PCLV5_6_4	Input	8	Right	F8
PCLV5_7_4	Input	8	Right	F8
PCLV5_8_4	Input	8	Right	F8
PCLV5_9_4	Input	8	Right	F8

Variable	Write Format	Missing Values
sf3634_4	F8	-8, -9
sf3635_4	F8	-8, -9
sf3636_4	F8	-8, -9
PCLV5_TOTAL_4	F8.2	
PCLV5_1_4	F8	-8, -9
PCLV5_2_4	F8	-8, -9
PCLV5_3_4	F8	-8, -9
PCLV5_4_4	F8	-8, -9
PCLV5_5_4	F8	-8, -9
PCLV5_6_4	F8	-8, -9
PCLV5_7_4	F8	-8, -9
PCLV5_8_4	F8	-8, -9
PCLV5_9_4	F8	-8, -9

Variable	Position	Label	Measurement Level
PCLV5_10_4	398	pcl5_10_4 Feeling distant or cut off from other people?	Scale
PCLV5_11_4	399	pcl5_11_4 Feeling emotionally numb or being unable to have loving feelings for those close to you?	Scale
PCLV5_12_4	400	pcl5_12_4 Trouble falling asleep or staying asleep?	Scale
PCLV5_13_4	401	pcl5_13_4 Feeling irritable or having angry outbursts?	Scale
PCLV5_14_4	402	pcl5_14_4 Having difficulty concentrating?	Scale
PCLV5_15_4	403	pcl5_15_4 Being "super- alert" or watchful and on guard?	Scale
PCLV5_16_4	404	pcl5_16_4 Feeling jumpy or easily startled?	Scale
PCLV5_17_4	405	pcl5_17_4 Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	Scale
PCLV5_18_4	406	pcl5_18_4 Blaming yourself or someone else strongly for the stressful experience or what happened after it?	Scale
PCLV5_19_4	407	pcl5_19_4 Having strong negative feelings such as fear, horror, anger, guilt, or shame?	Scale
PCLV5_20_4	408	pcl5_20_4 Taking too many risks or doing things that cause you harm?	Scale
Amphetamine_1	409	Self Report baseline amphetamine use	Nominal
Amphetamine_2	410	Self Report 3 month amphetamine use	Nominal
Amphetamine_3	411	Self Report 6 month amphetamine use	Nominal
Amphetamine_4	412	Self Report 12 month amphetamine use	Nominal

Variable	Role	Column Width	Alignment	Print Format
PCLV5_10_4	Input	8	Right	F8
PCLV5_11_4	Input	8	Right	F8
PCLV5_12_4	Input	8	Right	F8
PCLV5_13_4	Input	8	Right	F8
PCLV5_14_4	Input	8	Right	F8
PCLV5_15_4	Input	8	Right	F8
PCLV5_16_4	Input	8	Right	F8
PCLV5_17_4	Input	8	Right	F8
PCLV5_18_4	Input	8	Right	F8
PCLV5_19_4	Input	8	Right	F8
PCLV5_20_4	Input	8	Right	F8
Amphetamine_1	Input	15	Right	F8
Amphetamine_2	Input	15	Right	F8
Amphetamine_3	Input	15	Right	F8
Amphetamine_4	Input	15	Right	F8

Variable	Write Format	Missing Values
PCLV5_10_4	F8	-8, -9
PCLV5_11_4	F8	-8, -9
PCLV5_12_4	F8	-8, -9
PCLV5_13_4	F8	-8, -9
PCLV5_14_4	F8	-8, -9
PCLV5_15_4	F8	-8, -9
PCLV5_16_4	F8	-8, -9
PCLV5_17_4	F8	-8, -9
PCLV5_18_4	F8	-8, -9
PCLV5_19_4	F8	-8, -9
PCLV5_20_4	F8	-8, -9
Amphetamine_1	F8	-7, -9
Amphetamine_2	F8	-7, -9
Amphetamine_3	F8	-7, -9
Amphetamine_4	F8	-7, -9

Variable	Position	Label	Measurement Level
Cocaine_1	413	Self Report baseline cocaine use	Nominal
Cocaine_2	414	Self Report 3 month cocaine use	Nominal
Cocaine_3	415	Self Report 6 month cocaine use	Nominal
Cocaine_4	416	Self Report 12 month cocaine use	Nominal
stimulant_1	417	Self Report stimulant (coc+amphet) use baseline	Nominal
stimulant_2	418	Self Report stimulant (coc+amphet) use 3 month	Nominal
stimulant_3	419	Self Report stimulant (coc+amphet) use 6 month	Nominal
stimulant_4	420	Self Report stimulant (coc+amphet) use 12 month	Nominal
MJ_1	421	Self Report Marijuana use at baseline	Nominal
MJ_2	422	Self Report Marijuana use at 3 month	Nominal
MJ_3	423	Self Report Marijuana use at 6 month	Nominal
MJ_4	424	Self Report Marijuana use at 12 month	Nominal
opiate_1	425	SR opiate use at baseline	Nominal
opiate_2	426	Self Report 3 month opiate use	Nominal
opiate_3	427	Self Report 6 month opiate use	Nominal
opiate_4	428	Self Report 12 month opiate use	Nominal
otherdrug_1	429	Other non prescribed drugs at baseline	Nominal
otherdrug_2	430	Other non prescribed drugs at 3 month	Nominal
otherdrug_3	431	Other non prescribed drugs at 6 month	Nominal
otherdrug_4	432	Other non prescribed drugs at 12 month	Nominal
CBTELEMENT.2	433	CBTELEMENT.1: ANY CBT TOPIC	Nominal
CBTELEMENT.3	434	CBTELEMENT.2: ANY CBT TOPIC	Nominal
CBTELEMENT.4	435	CBTELEMENT.3: ANY CBT TOPIC	Nominal

Variable	Role	Column Width	Alignment	Print Format
Cocaine_1	Input	11	Right	F8
Cocaine_2	Input	11	Right	F8
Cocaine_3	Input	11	Right	F8
Cocaine_4	Input	11	Right	F8
stimulant_1	Input	13	Right	F8
stimulant_2	Input	13	Right	F8
stimulant_3	Input	13	Right	F8
stimulant_4	Input	13	Right	F8
MJ_1	Input	10	Right	F8
MJ_2	Input	10	Right	F8
MJ_3	Input	10	Right	F8
MJ_4	Input	10	Right	F8
opiate_1	Input	10	Right	F8
opiate_2	Input	10	Right	F8
opiate_3	Input	10	Right	F8
opiate_4	Input	10	Right	F8
otherdrug_1	Input	13	Right	F8
otherdrug_2	Input	13	Right	F8
otherdrug_3	Input	13	Right	F8
otherdrug_4	Input	13	Right	F8
CBTELEMENT.2	Input	11	Right	F8.2
CBTELEMENT.3	Input	11	Right	F8.2
CBTELEMENT.4	Input	11	Right	F8.2

Variable	Write Format	Missing Values
Cocaine_1	F8	-7, -9
Cocaine_2	F8	-7, -9
Cocaine_3	F8	-7, -9
Cocaine_4	F8	-7, -9
stimulant_1	F8	-7, -9
stimulant_2	F8	-7, -9
stimulant_3	F8	-7, -9
stimulant_4	F8	-7, -9
MJ_1	F8	-7, -9
MJ_2	F8	-7, -9
MJ_3	F8	-7, -9
MJ_4	F8	-7, -9
opiate_1	F8	-7, -9
opiate_2	F8	-7, -9
opiate_3	F8	-7, -9
opiate_4	F8	-7, -9
otherdrug_1	F8	-7, -9
otherdrug_2	F8	-7, -9
otherdrug_3	F8	-7, -9
otherdrug_4	F8	-7, -9
CBTELEMENT.2	F8.2	
CBTELEMENT.3	F8.2	
CBTELEMENT.4	F8.2	

Variable	Position	Label	Measurement Level
counselling_any.1	436	counselling_any.1: During the year prior to your injury, did you have an OP visit wfor your emotions, nerves or use of alcohol?	Nominal
counselling_any.2	437	counselling_any.2: During the year prior to your injury, did you have an OP visit wfor your emotions, nerves or use of alcohol?	Nominal
counselling_any.3	438	counselling_any.3: During the year prior to your injury, did you have an OP visit wfor your emotions, nerves or use of alcohol?	Nominal
counselling_any.4	439	counselling_any.4: During the year prior to your injury, did you have an OP visit wfor your emotions, nerves or use of alcohol?	Nominal
ANTIDEP_ANY.1	440	Any anti-depressant medication at baseline	Nominal
ANTIDEP_ANY.2	441	Any anti-depressant medication at 3 months	Nominal
ANTIDEP_ANY.3	442	Any anti-depressant medication at 6 months	Nominal
ANTIDEP_ANY.4	443	Any anti-depressant medication at 12 months	Nominal
ANTIDEP_ADJUST.1	444	Antidepressant medication stepped up or down baseline	Nominal
ANTIDEP_ADJUST.2	445	Antidepressant medication stepped up or down 3 month	Nominal
ANTIDEP_ADJUST.3	446	Antidepressant medication stepped up or down 6 month	Nominal
ANTIDEP_ADJUST.4	447	Antidepressant medication stepped up or down 12 month	Nominal

Variable	Role	Column Width	Alignment	Print Format
counselling_any.1	Input	13	Right	F8
counselling_any.2	Input	13	Right	F8
counselling_any.3	Input	13	Right	F8
counselling_any.4	Input	13	Right	F8
ANTIDEP_ANY.1	Input	13	Center	F8
ANTIDEP_ANY.2	Input	13	Center	F8
ANTIDEP_ANY.3	Input	13	Center	F8
ANTIDEP_ANY.4	Input	13	Center	F8
ANTIDEP_ADJUST.1	Input	15	Center	F8
ANTIDEP_ADJUST.2	Input	15	Center	F8
ANTIDEP_ADJUST.3	Input	15	Center	F8
ANTIDEP_ADJUST.4	Input	15	Center	F8

## Variable Information

Variable	Write Format	Missing Values
counselling_any.1	F8	-7, -8, -9
counselling_any.2	F8	-7, -8, -9
counselling_any.3	F8	-7, -8, -9
counselling_any.4	F8	-7, -8, -9
ANTIDEP_ANY.1	F8	-7, -9
ANTIDEP_ANY.2	F8	-7, -9
ANTIDEP_ANY.3	F8	-7, -9
ANTIDEP_ANY.4	F8	-7, -9
ANTIDEP_ADJUST.1	F8	-7, -9
ANTIDEP_ADJUST.2	F8	-7, -9
ANTIDEP_ADJUST.3	F8	-7, -9
ANTIDEP_ADJUST.4	F8	-7, -9

Variables in the working file

### Variable Values

Value		Label
INTERVENTION	0	CONTROL
	1	INTERVENTION
RiskFactor_GROUP	.00	0 - 2 risks
	1.00	3 - 6 risks
Quality_Implentation_DIC	0	POOR=FAIR
	1	GOOD=EXCELLENT
Gender	-9 <sup>a</sup>	Missing Data
	0	Male
	1	Female
ICU_admission	-9 <sup>a</sup>	Missing Data
	0	No
	1	Yes
Prior_inpat_Hosp	-9 <sup>a</sup>	Missing Data
	0	No
	1	Yes
Tobcacco_use	-9 <sup>a</sup>	Missing Data
	0	No
	1	Yes
Psychiatric_dx	-9 <sup>a</sup>	Missing Data
	0	No
	1	Yes
Ptsd_dx	-9 <sup>a</sup>	Missing Data
	0	No
	1	Yes
BAC_positive	-9 <sup>a</sup>	Missing
	0	Negative
	1	Positive
	2	Not Tested

### Variable Values

Value		Label
age	-9 <sup>a</sup>	Refused
married	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Single
2		Living with partner
	3	Married
	4	Widowed
	5	Divorced
	6	Seperated
Race	-9	Missing
0		White
	1	Black
	2	Native American
	3	Asian
	4	Pacific Islander
	5	Mixed
	6	Other
	7	Other
	8	Asian
RACE_risk	-9 <sup>a</sup>	Missing
	0	White
	1	Non-White
Hispanic	0	No
	1	Yes
education	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Less than high school
	2	High school/GED
	3	Associate's degree/trade school
	4	Bachelor's degree
	5	Graduate degree
work_1	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	No
	1	Yes
Insurance	1	PUBLIC

## Variable Values

Value		Label
Insurance	2	PRIVATE
	3	NO INSURANCE
Injury_Type	0	Unintentional
	1	Assault
	2	Stabbing
	3	Firearm
ISS_groups	1	0-8
	2	9-15
	3	>= 16
TBI	0	None
	1	Mild
	2	Moderate
	3	Severe
TBI_CAT	0	None
	1	Mild
	2	Moderate
	3	Severe
COMORBID_ge_3	-9.00	Missing Data
	.00	No
	1.00	Yes
TRAUMA_ge_5	-9	Missing Data
	0	No
	1	Yes
pcl_1_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_2_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_3_1	-9 <sup>a</sup>	Missing Data

Value		Label
pcl_3_1	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_4_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_5_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_6_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_7_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_8_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_9_1	-9 <sup>a</sup>	Missing Data

Value		Label
pcl_9_1	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_10_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_11_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_12_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_13_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_14_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_15_1	-9 <sup>a</sup>	Missing Data

Value		Label
pcl_15_1	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_16_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_17_1	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
phq_1_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_2_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_3_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_4_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time

Value		Label
phq_4_1	3	Nearly all the time
phq_5_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_6_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_7_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_8_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_9_1	-9 <sup>a</sup>	Missing Data
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
AUDIT_POSITIVE_1	-9	Missing Data
	0	Not Positive
	1	Positive
AUDIT_C_POSITIVE_1	-9	Missing Data
	0	Not Positive
	1	Positive
audit_1_1	-9 <sup>a</sup>	Missing Data
	0	Never
	1	Monthly or less
	2	2-4 times a month

Value		Label
audit_1_1	3	2-3 times a week
	4	4 or more times a week
audit_2_1	-9 <sup>a</sup>	Missing Data
	-7 <sup>a</sup>	N/A
	0	1 or 2
	1	3 or 4
	2	5 or 6
	3	7 to 9
	4	10 or more
audit_3_1	-9 <sup>a</sup>	Missing Data
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than Monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_4_1	-9 <sup>a</sup>	Missing Data
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than Monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_5_1	-9 <sup>a</sup>	Missing Data
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than Monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_6_1	-9 <sup>a</sup>	Missing Data
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than Monthly
	2	Monthly
	3	Weekly

Value		Label
audit_6_1	4	Daily or almost daily
audit_7_1	-9 <sup>a</sup>	Missing Data
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than Monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_8_1	-9 <sup>a</sup>	Missing Data
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than Monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_9_1	-9 <sup>a</sup>	Missing Data
	0	No
	2	yes, but not in the past year
	4	yes, during the past year
audit_10_1	-9 <sup>a</sup>	Missing Data
	0	No
	2	yes, but not in the past year
	4	yes, during the past year
sf1	-9 <sup>a</sup>	Missing Data
	1	Excellent
	2	Very Good
	3	Good
	4	Fair
	5	Poor
sf2	-9 <sup>a</sup>	Missing Data
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3	-9 <sup>a</sup>	Missing Data
	1	Yes, limited a lot
	2	Yes, limited a little

Value		Label
sf3	3	No, not limited at all
sf4	-9 <sup>a</sup>	Missing Data
	1	Yes
	2	No
sf5	-9 <sup>a</sup>	Missing Data
	1	Yes
	2	No
sf6	-9 <sup>a</sup>	Missing Data
	1	Yes
	2	No
sf7	-9 <sup>a</sup>	Missing Data
	1	Yes
	2	No
sf8	-9 <sup>a</sup>	Missing Data
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
sf9	-9 <sup>a</sup>	Missing Data
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf10	-9 <sup>a</sup>	Missing Data
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf11	-9 <sup>a</sup>	Missing Data
	1	All of the time
	2	Most of the time

Value		Label
sf11	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf12	-9 <sup>a</sup>	Missing Data
	1	All of the time
	2	Most of the time
	3	Some of the time
	4	A little of the time
	5	None of the time
pcl_1_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_2_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_3_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_4_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately

Value		Label
pcl_4_2	4	Quite a bit
	5	Extremely
pcl_5_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_6_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_7_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_8_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_9_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit

Value		Label
pcl_9_2	5	Extremely
pcl_10_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_11_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_12_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_13_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_14_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely

Value		Label
pcl_15_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_16_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_17_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
phq_1_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_2_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_3_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all

Value		Label
phq_3_2	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_4_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_5_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_6_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_7_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_8_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_9_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all

Value		Label
phq_9_2	1	A little of the time
	2	More than half the time
	3	Nearly all the time
audit_1_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Never
	1	Monthly or less
	2	2-4 times a month
	3	2-3 times a week
	4	4 or more times a week
audit_2_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	1 or 2
	1	3 or 4
	2	5 or 6
	3	7 to 9
	4	10 or more
audit_3_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_4_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_5_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
audit_5_2	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_6_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_7_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_8_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_9_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	no
	2	yes, but not in the past month
	4	yes, during the past month

Value		Label
audit_10_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	no
	2	yes, but not in the past month
	4	yes, during the past month
sf361_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Excellent
	2	Very Good
	3	Good
	4	Fair
	5	Poor
sf362_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Much better now than one year ago
	2	Somewhat better now than one year ago
	3	About the same as one year ago
	4	Somewhat worse now than one year ago
	5	Much worse now than one year ago
sf363_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf364_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf365_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little

Value		Label
sf365_2	3	No, not limited at all
sf366_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf367_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf368_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf369_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3610_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3611_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3612_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all

Value		Label
sf3613_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3614_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3615_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3616_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3617_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3618_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3619_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3620_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	Slightly
	3	Moderately
	4	Quite a bit
	5	Extremely
sf3621_2	-9 <sup>a</sup>	Missing Data

Value		Label
sf3621_2	-8 <sup>a</sup>	Don't Know
	1	None
	2	Very mild
	3	Mild
	4	Moderate
	5	Severe
	6	Very Severe
sf3622_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
sf3623_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3624_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3625_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time

Value		Label
sf3625_2	5	A little of the time
	6	None of the time
sf3626_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3627_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3628_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3629_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3630_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
sf3630_2	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3631_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good bit of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3632_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	Some of the time
	4	A little of the time
	5	None of the time
sf3633_2	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3634_2	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3635_2	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True

Value		Label
sf3635_2	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3636	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
PCLV5_1_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_2_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_3_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_4_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit

Value		Label
PCLV5_4_2	5	Extremely
PCLV5_5_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_6_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_7_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_8_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_9_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely

Value		Label
PCLV5_10_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_11_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_12_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_13_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_14_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_15_2	-9 <sup>a</sup>	Missing Data

Value		Label
PCLV5_15_2	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_16_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_17_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_18_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_19_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_20_2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
PCLV5_20_2	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_1_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_2_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_3_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_4_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_5_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all

Value		Label
pcl_5_3	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_6_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_7_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_8_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_9_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_10_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit

Value		Label
pcl_10_3	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_11_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_12_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_13_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_14_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_15_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately

Value		Label
pcl_15_3	4	Quite a bit
	5	Extremely
pcl_16_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_17_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
phq_1_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_2_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_3_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_4_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
phq_4_3	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_5_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_6_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_7_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_8_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_9_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
audit_1_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
audit_1_3	0	Never
	1	Monthly or less
	2	2-4 times a month
	3	2-3 times a week
	4	4 or more times a week
audit_2_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	1 or 2
	1	3 or 4
	2	5 or 6
	3	7 to 9
	4	10 or more
audit_3_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_4_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_5_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly

Value		Label
audit_5_3	4	Daily or almost daily
audit_6_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_7_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_8_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_9_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7	N/A
	0	no
	2	yes, but not in the past month
	4	yes, during the past month
audit_10_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7	N/A
	0	no
	2	yes, but not in the past month

Value		Label
audit_10_3	4	yes, during the past month
sf361_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Excellent
	2	Very Good
	3	Good
	4	Fair
	5	Poor
sf362_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Much better now than one year ago
	2	Somewhat better now than one year ago
	3	About the same as one year ago
	4	Somewhat worse now than one year ago
	5	Much worse now than one year ago
sf363_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf364_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf365_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf366_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little

Value		Label
sf366_3	3	No, not limited at all
sf367_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf368_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf369_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3610_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3611_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3612_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3613_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3614_3	-9 <sup>a</sup>	Missing Data

Value		Label
sf3614_3	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3615_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3616_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3617_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3618_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3619_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3620_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
sf3621_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	None
	2	Very mild
	3	Mild
	4	Moderate

Value		Label
sf3621_3	5	Severe
	6	Very Severe
sf3622_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
sf3623_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3624_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3625_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3626_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time

Value		Label
sf3626_3	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3627_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3628_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3629_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3630_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time

Value		Label
sf3630_3	6	None of the time
sf3631_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3632_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	Some of the time
	4	A little of the time
	5	None of the time
sf3633_3	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3634_3	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3635_3	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3636_3	-9 <sup>a</sup>	Missing Data
	1	Definitely True

Value		Label
sf3636_3	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
PCLV5_1_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_2_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_3_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_4_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_5_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit

Value		Label
PCLV5_5_3	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_6_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_7_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_8_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_9_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_10_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately

Value		Label
PCLV5_10_3	4	Quite a bit
	5	Extremely
PCLV5_11_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_12_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_13_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_14_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_15_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit

Value		Label
PCLV5_15_3	5	Extremely
PCLV5_16_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_17_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_18_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_19_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_20_3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely

Value		Label
pcl_1_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_2_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_3_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_4_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_5_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_6_4	-9 <sup>a</sup>	Missing Data

Value		Label
pcl_6_4	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_7_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_8_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_9_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_10_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_11_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
pcl_11_4	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_12_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_13_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_14_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_15_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_16_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all

Value		Label
pcl_16_4	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
pcl_17_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
phq_1_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_2_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_3_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_4_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_5_4	-9 <sup>a</sup>	Missing Data

Value		Label
phq_5_4	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_6_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_7_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_8_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
phq_9_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Not at all
	1	A little of the time
	2	More than half the time
	3	Nearly all the time
audit_1_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	Never
	1	Monthly or less
	2	2-4 times a month
	3	2-3 times a week
	4	4 or more times a week

Value		Label
audit_2_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	1 or 2
	1	3 or 4
	2	5 or 6
	3	7 to 9
	4	10 or more
audit_3_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_4_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_5_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_6_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never

Value		Label
audit_6_4	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_7_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_8_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	Never
	1	Less than monthly
	2	Monthly
	3	Weekly
	4	Daily or almost daily
audit_9_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	no
	2	yes, but not in the past month
	4	yes, during the past month
audit_10_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	-7 <sup>a</sup>	N/A
	0	no
	2	yes, but not in the past month
	4	yes, during the past month
sf361_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Excellent
	2	Very Good

Value		Label
sf361_4	3	Good
	4	Fair
	5	Poor
sf362_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Much better now than one year ago
	2	Somewhat better now than one year ago
	3	About the same as one year ago
	4	Somewhat worse now than one year ago
	5	Much worse now than one year ago
sf363_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf364_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf365_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf366_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf367_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little

Value		Label
sf367_4	3	No, not limited at all
sf368_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf369_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3610_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3611_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3612_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes, limited a lot
	2	Yes, limited a little
	3	No, not limited at all
sf3613_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3614_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2 a	No
sf3615_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
sf3615_4	1	Yes
	2	No
sf3616_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3617_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3618_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3619_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Yes
	2	No
sf3620_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
sf3621_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	None
	2	Very mild
	3	Mild
	4	Moderate
	5	Severe
	6	Very Severe
sf3622_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all

Value		Label
sf3622_4	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
sf3623_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3624_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3625_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3626_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time

Value		Label
sf3627_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3628_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3629_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3630_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3631_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
1		

Value		Label
sf3631_4	3	A good part of the time
	4	Some of the time
	5	A little of the time
	6	None of the time
sf3632_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	All of the time
	2	Most of the time
	3	Some of the time
	4	A little of the time
	5	None of the time
sf3633_4	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3634_4	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3635_4	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
sf3636_4	-9 <sup>a</sup>	Missing Data
	1	Definitely True
	2	Mostly True
	3	Don't Know
	4	Mostly False
	5	Definitely False
PCLV5_1_4	-9 <sup>a</sup>	Missing Data

Value		Label
PCLV5_1_4	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_2_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_3_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_4_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_5_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_6_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know

Value		Label
PCLV5_6_4	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_7_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_8_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_9_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_10_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_11_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all

Value		Label
PCLV5_11_4	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_12_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_13_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_14_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_15_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_16_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit

Value		Label
PCLV5_16_4	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_17_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_18_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_19_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
PCLV5_20_4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	1	Not at all
	2	A little bit
	3	Moderately
	4	Quite a bit
	5	Extremely
Amphetamine_1	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
Amphetamine_2	-9 <sup>a</sup>	Missing Data

Value		Label
Amphetamine_2	-8	Don't Know
	0	No
	1	Yes
Amphetamine_3	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
Amphetamine_4	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
Cocaine_1	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
Cocaine_2	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
Cocaine_3	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
Cocaine_4	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
stimulant_1	0	None
	1	Use
stimulant_2	0	None
	1	Use
stimulant_3	0	None
	1	Use
stimulant_4	0	None
	1	Use
MJ_1	0	None

Value		Label
MJ_1	1	Use
MJ_2	0	None
	1	Use
MJ_3	0	None
	1	Use
MJ_4	0	None
	1	Use
opiate_1	0	None
	1	Use
opiate_2	0	None
	1	Use
opiate_3	0	None
	1	Use
opiate_4	0	None
	1	Use
otherdrug_1	0	None
	1	Use
otherdrug_2	0	None
	1	Use
otherdrug_3	0	None
	1	Use
otherdrug_4	0	None
	1	Use
CBTELEMENT.2	.00	NO
	1.00	YES
CBTELEMENT.3	.00	NO
	1.00	YES
CBTELEMENT.4	.00	NO
	1.00	YES
counselling_any.1	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	No
	1	Yes
counselling_any.2	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	No

Value		Label
counselling_any.2	1	Yes
counselling_any.3	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	No
	1	Yes
counselling_any.4	-9 <sup>a</sup>	Missing Data
	-8 <sup>a</sup>	Don't Know
	0	No
	1	Yes
ANTIDEP_ANY.1	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
ANTIDEP_ANY.2	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
ANTIDEP_ANY.3	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
ANTIDEP_ANY.4	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
ANTIDEP_ADJUST.1	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
ANTIDEP_ADJUST.2	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes
ANTIDEP_ADJUST.3	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No

Value		Label
ANTIDEP_ADJUST.3	1	Yes
ANTIDEP_ADJUST.4	-9 <sup>a</sup>	Missing Data
	-8	Don't Know
	0	No
	1	Yes

a. Missing value