

# PERSIAN Elderly Cohort Study

## Data Dictionary for Baseline Variables



# The PERSIAN Cohort–Older Adults Study

## *Iranian Longitudinal Study on Ageing* (IRLSA)

### Data Dictionary for Baseline Variables



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# Introduction

Neyshabour Longitudinal study on ageing (NeLSA) is an ageing component of the Prospective Epidemiological Research Studies in Iran (PERSIAN) which has launched in 2016. NeLSA is the first comprehensive longitudinal study on ageing among people aged 50-94 years in Iran aims to assess the different aspects of ageing, monitoring changes in health and wellbeing of older adults using a wide range of data collection including a comprehensive questionnaire on demographic, socioeconomic, lifestyle, physical and psychological aspects, clinical examination, as well as mobility assessment, biologic samples (blood, urine, nail and hair. and anthropometric measures. The data for the current study was based on the registration phase of the study during 2016-2018.

Variables from each questionnaire are listed in the corresponding tables in this document. Each table includes 6 columns as defined below:

1. **V Code:** the unique code for each variable
2. **Variable Name:** the name given to each variable in the database
3. **Variable Type:** the type of variable as follows:
  - a. *Categorical:* for qualitative variables with more than 2 categories
  - b. *Dichotomous:* for qualitative variables with 2 categories
  - c. *Discrete:* for quantitative variables with integer values
  - d. *Continuous:* for quantitative variables with decimal
  - e. *Characteristic:* for variables which contain characters
  - f. *Date:* for date variables including month/day/year
4. **Description:** a brief description of the variable
5. **Coding/Unit:** the coding label for categorical and dichotomous variables and measurement units for continuous variables
6. **Comment:** includes any pertinent information, if necessary.

# General Questionnaire

Table A. Registration Form					
V Code	Variable name	Variable type	description	coding/unit	comment
E_A1	A1	Characteristic	Interviewee's name and surname		
E_A2	A2	Date	Date of interview	dd/mm/yyyy	
E_A3	A3	Characteristic	Place of interview (province)		
E_A3.1	A3.1	Characteristic	Place of interview (city)		
E_A4	A4	Categorical	Who provided responses to this questionnaire?	1. Participant 2. Family member 3. Other	
E_A5	A5	Characteristic	Why another person responded to the questionnaire on behalf of the interviewee?		
E_A6	A6	Characteristic	What is her/his relationship with interviewee?		
E_A7	A7	Dichotomous	If another person completed the questionnaire, who answered most of the questions?	1. Participant told delegate the answers 2. Delegate used his/her own judgment	
E_A8	A8	Dichotomous	Is anyone else from your family registered in this study?	1. Yes 2. No	
E_A9	A9	Characteristic	What is her/his relationship with interviewee?		
E_A10	A10	Characteristic	Name of Interviewer		
E_A11	A11	Characteristic	Interviewer Code		

Table B. Contact Information					
V Code	Variable name	Variable type	description	coding/unit	comment
EB1	B1	Characteristic	Interviewee's name and surname		
EB2	B2	Discrete	Interviewee's national ID number		
EB3	B3	Discrete	zip code		
EB4	B4	Discrete	ID number		
EB5	B5	Discrete	Telephone Number		
EB6	B6	Discrete	Mobile phone number		
EB7	B7	Characteristic	Address		
EB8	B8	Characteristic	Name & surname of a close family member/friend (first person)		
EB9	B9	Characteristic	What is her/his relationship with interviewee?		
EB10	B10	Characteristic	Address		
EB11	B11	Discrete	Telephone Number		
EB12	B12	Discrete	Mobile phone number		
EB13	B13	Characteristic	Name & surname of a close family member/friend (second person)		
EB14	B14	Characteristic	What is her/his relationship with interviewee?		
EB15	B15	Characteristic	Address		
EB16	B16	Discrete	Telephone Number		
EB17	B17	Discrete	Mobile phone number		



Table C. Demographics					
V Code	Variable name	Variable type	description	coding/unit	comment
EC1	C1	Dichotomous	Gender	1. Male 2. Female	
EC2	C2	Date	Date of Birth	dd/mm/yyyy	
EC3	C3	Characteristic	Place of Birth		
EC4	C4	Categorical	Father's ethnicity	1. Fars 2. Azari 3. Balouch 4. Kurd 5. Lor 6. Arab 7. Other	
EC5	C5	Categorical	Mother's ethnicity	1. Fars 2. Azari 3. Balouch 4. Kurd 5. Lor 6. Arab 7. Other	
EC6	C6	Categorical	Marital Status	1. Single 2. Married 3. Widowed 4. Divorced/ separated 5. Other_____	
EC7	C7	Discrete	How many times have you been married?	Year	
EC8	C8	Discrete	Age at first marriage	Year	
EC9	C9	Discrete	If married, how many years have you been married?	Year	
EC10	C10	Discrete	If widowed, how many years have you been widowed?	Year	

EC11	C11	Discrete	If divorced/separated, how many years have you been divorced/separated?	Year	
EC12	C12	Discrete	How long have you been married or living with your spouse before being widowed/divorced/separated?	Year	

**Table D. Living arrangement**

V Code	Variable name	Variable type	description	coding/unit	comment
ED1	D1	Dichotomous	Do you live with alone or with someone?	1. Alone 2. Not alone	
ED2	D2	Discrete	If you are living alone, how long have you been alone?	Year	
ED3	D3	Categorical	If you are not living alone, who do you live with most of the time?	1. with spouse only 2. With spouse and child/children 3. With child 4. With relatives Who..... 5. With others (none relatives) Who.....	
ED4	D4	Discrete	If you are not living alone, how many people, including yourself, are currently living in your residence/ household?	number	
ED5	D5	Characteristic	Name & Surname of family member		

Table D. Living arrangement					
V Code	Variable name	Variable type	description	coding/unit	comment
ED6	D6	Categorical	Relationship to interviewee	1. Father 2. Mother 3. Brother 4. Sister 5. Child 6. Aunt (father's side/mother's side) 7. Uncle (father's side/mother's side) 8. Grandmother/Grandfather 9. Other relatives	
ED7	D7	Date	Date of birth/age	mm/yyyy	
ED8	D8	Dichotomous	Gender	1. Male 2. Female	
ED9	D9	Categorical	Education	1. Illiterate 2. Reading and writing without schooling 3. Primary school 4. Secondary school 5. High school (no diploma) 6. Diploma 7. kardani/ trade certificate 8. Bachelor degree 9. Master degree 10. PHD	
ED10	D10	Characteristic	Occupation		According to the individual's statements

Table D. Living arrangement					
V Code	Variable name	Variable type	description	coding/unit	comment
ED11	D11	Categorical	Marital Status	1. Single 2. Married 3. Widowed 4. Divorced/ separated 5. Other_____	

Table E. Family life					
V Code	Variable name	Variable type	description	coding/unit	comment
EE1	E1	Categorical	Who raised you?	1. Parents 2. Grandparent 3. Uncle/Aunt 4. Brother / sister 5. Other relatives 6. Other	
EE2	E2	Categorical	Are your parents still alive?	1. Yes, both of them 2. Yes, only mother 3. Yes, only father 4. No	
EE3	E3	including items E3.1 to E3.3	Where did your father grow up?		
EE3.1	E3.1	Characteristic	province		
EE3.2	E3.2	Characteristic	city		
EE3.3	E3.3	Characteristic	village		
EE4	E4	including items E4.1 to E4.3	Where did your mother grow up?		
EE4.1	E4.1	Characteristic	province		
EE4.2	E4.2	Characteristic	city		
EE4.3	E4.3	Characteristic	village		

Table E. Family life					
V Code	Variable name	Variable type	description	coding/unit	comment
EE5	E5	Categorical	What is your father's educational level?	1. Illiterate 2. Reading and writing without schooling 3. Primary school 4. Secondary school 5. High school (no diploma) 6. Diploma 7. kardani/ trade certificate 8. Bachelor degree 9. Master degree 10. PHD	
EE6	E6	Categorical	What is your mother's educational level?	1. Illiterate 2. Reading and writing without schooling 3. Primary school 4. Secondary school 5. High school (no diploma) 6. Diploma 7. kardani/ trade certificate 8. Bachelor degree 9. Master degree 10. PHD	
EE7	E7	including items E7.1 and E7.2	What is your parents' main job?		
EE7.1	E7.1	Characteristic	Father's main job		According to the individual's statements

Table E. Family life					
V Code	Variable name	Variable type	description	coding/unit	comment
EE7.2	E7.2	Characteristic	Mother's main job		According to the individual's statements
EE8	E8	Categorical	Thinking of your financial situation before you left home, including your teenage period, would you say:	1. We couldn't make ends meet 2. We had just enough to get along on 3. We were comfortable	
EE9	E9	including items E9.1 and E9.2	With whom do your parents live?		
EE9.1	E9.1	Categorical	father	1. Deceased parents 2. By themselves 3. With another child 4. With other relatives 5. Part of year with respondent, part of the year with other siblings 6. In nursing home 7. Other	
EE9.2	E9.2	Categorical	mother	1. Deceased parents 2. By themselves 3. With another child 4. With other relatives 5. Part of year with respondent, part of the year with other siblings 6. In nursing home 7. Other	
EE10	E10	including items E10.1 and E10.2	Where do your parents live?		

Table E. Family life					
V Code	Variable name	Variable type	description	coding/unit	comment
EE10.1	E10.1	Categorical	father	1. Same house or building as Respondent 2. Same neighborhood as Respondent 3. Different neighborhood but same city 4. Another city 5. Another country 6. Deceased parents	
EE10.2	E10.2	Categorical	mother	1. Same house or building as Respondent 2. Same neighborhood as Respondent 3. Different neighborhood but same city 4. Another city 5. Another country 6. Deceased parents	
EE11	E11	including items E11.1 and E11.2	How often do you see your parents in person?		
EE11.1	E11.1	Categorical	father	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per year	

Table E. Family life					
V Code	Variable name	Variable type	description	coding/unit	comment
				6. Almost never 7. Deceased parents	
EE11.2	E11.2	Categorical	mother	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per year 6. Almost never 7. Deceased parents	
EE12	E12	including items E12.1 and E12.2	How often do you have contact with your parents by telephone, email, or post?		
EE12.1	E12.1	Categorical	father	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per year 6. Almost never 7. Deceased parents	



Table E. Family life					
V Code	Variable name	Variable type	description	coding/unit	comment
EE12.2	E12.2	Categorical	mother	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per year 6. Almost never 7. Deceased parents	
EE13	E13	Dichotomous	In the last two years, because of health problems, did you and/or your spouse help your parents/father/mother (deceased parents/father/mother) REGULARLY with basic personal activities such as dressing, eating and bathing?	1. Yes 2. No	
EE14	E14	Dichotomous	Did this help take at least 1 hour a week?	1. Yes 2. No	
EE15	E15	Categorical	Who received this help?	1. Mother 2. Father 3. both	
EE16	E16	Discrete	About how many hours did you and/or your spouse spend helping them/him/her in an average week?	Hour	
EE17	E17	Dichotomous	In the last two years, did you (or your (late) spouse) help your parents/father/mother (deceased parents/mother/father) regularly with other things such as household chores, errands, shopping, transportation etc.?	1. Yes 2. No	

Table E. Family life					
V Code	Variable name	Variable type	description	coding/unit	comment
EE18	E18	Dichotomous	Did this help take at least 1 hour a week?	1. Yes 2. No	
EE19	E19	Categorical	Who received this help?	1. Mother 2. Father 3. both	
EE20	E20	Discrete	About how many hours did you and/or your spouse spend helping them/him/her in an average week?	Hour	
EE21	E21	Dichotomous	In the last two years, because of health problems, did any of your siblings (or their spouse) help your parents/father/mother (deceased/ father/ mother) with basic personal activities such as dressing, eating and bathing?	1. Yes 2. No	
EE22	E22	Discrete	How many grandchildren do you have?	Person	
EE23	E23	Discrete	How many great grandchildren do you have?	Person	

Table F. Children information					
V Code	Variable name	Variable type	description	coding/unit	comment
EF1	F1	Characteristic	name and surname		
EF2	F2	Date	date of birth	dd/mm/yyyy	
EF3	F3	Dichotomous	Gender	1. Male 2. Female	

Table F. Children information					
V Code	Variable name	Variable type	description	coding/unit	comment
EF4	F4	Categorical	Education	1. Illiterate 2. Reading and writing without schooling 3. Primary school 4. Secondary school 5. High school (no diploma) 6. Diploma 7. kardani/ trade certificate 8. Bachelor degree 9. Master degree 10. PHD	
EF5	F5	Characteristic	Occupation		According to the individual's statements
EF6	F6	Dichotomous	status	1. Alive 2. dead	
EF7	F7	Characteristic	If dead reason		
EF8	F8	Categorical	Marital Status	1. Single 2. Married 3. Widowed 4. Divorced/ separated 5. Other_____	
EF9	F9	Categorical	How often do you have contact with this person by phone, email, or post?	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per	

Table F. Children information					
V Code	Variable name	Variable type	description	coding/unit	comment
				year 6. Almost never 9. Deceased	
EF10	F10	Categorical	How often do you see them in person?	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per year 6. Almost never 9. Deceased parents	

Table G. Family information (please complete the form for your sisters and brothers including deceased ones)					
V Code	Variable name	Variable type	description	coding/unit	comment
EG1	G1	Characteristic	name and surname		
EG2	G2	Date	date of birth	dd/mm/yyyy	
EG3	G3	Dichotomous	Gender	1. Male 2. Female	

**Table G. Family information (please complete the form for your sisters and brothers including deceased ones)**

<b>V Code</b>	<b>Variable name</b>	<b>Variable type</b>	<b>description</b>	<b>coding/unit</b>	<b>comment</b>
EG4	G4	Categorical	Education	1. Illiterate 2. Reading and writing without schooling 3. Primary school 4. Secondary school 5. High school (no diploma) 6. Diploma 7. kardani/ trade certificate 8. Bachelor degree 9. Master degree 10. PHD	
EG5	G5	Characteristic	Occupation		
EG6	G6	Dichotomous	status	1. Alive 2. dead	
EG7	G7	Characteristic	If dead reason		
EG8	G8	Categorical	Marital Status	1. Single 2. Married 3. Widowed 4. Divorced/ separated 5. Other_____	
EG9	G9	Categorical	How often do you have contact with this person by phone, email, or post?	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per year	

Table G. Family information (please complete the form for your sisters and brothers including deceased ones)					
V Code	Variable name	Variable type	description	coding/unit	comment
				6. Almost never 9. Deceased parents	
EG10	G10	Categorical	How often do you see them in person?	1. Every day 2. Several times per week 3. Several times per month 4. Several times per year 5. Once or twice per year 6. Almost never 9. Deceased parents	

Table H. Education/Occupation					
V Code	Variable name	Variable type	description	coding/unit	comment
EHE1	HE1	Categorical	What is your highest education level?	1. Illiterate 2. Reading and writing without schooling 3. Primary school 4. Secondary school 5. High school (no diploma) 6. Diploma 7. kardani/ trade certificate 8. Bachelor degree 9. Master degree 10. PHD	
EHE2	HE2	Discrete	Total years of Education	year	

Table H. Education/Occupation					
V Code	Variable name	Variable type	description	coding/unit	comment
EHE3	HE3	Categorical	What is your spouse highest education level?	1. Illiterate 2. Reading and writing without schooling 3. Primary school 4. Secondary school 5. High school (no diploma) 6. Diploma 7. kardani/ trade certificate 8. Bachelor degree 9. Master degree 10. PHD	
EHE4	HE4	Discrete	Your spouse total years of education	year	
EH01	HO1	Characteristic	What is your main lifetime occupation? ( main occupation is what your work was for the most years)		According to the individual's statements
EH02	HO2	Categorical	What is your current employment status?	1. Full time employed 2. Part-time employed 3. Self-employed or working for family business 4. Retired 5. Unemployed 6. Permanent sick/disabled 7. Other specify -----	
EH03	HO3	Characteristic	If you are in-paid work now, what is your job title?		According to the individual's statements
EH04	HO4	Categorical	What is the payment method?	1. Formal (wages, contract) 2. Informal (cash, gift,	

Table H. Education/Occupation					
V Code	Variable name	Variable type	description	coding/unit	comment
				etc...) 3. other ----- ----	
EH05	H05	Discrete	If unemployed, how long you have been unemployed?		
EH06	H06	Categorical	What is the MAIN reason you are unemployed?	1. Heath condition 2. Redundancy 3. Family responsibilities 4. other ----- -----	
EH07	H07	Discrete	If you have retired from paid work, at what age did you first retire?	year	
EH08	H08	Categorical	What was the MAIN reason you retired?	1. Eligible for receiving pension 2. Health condition 3. Redundancy 4. Family responsibilities 5. Compulsory 6. Other.....	
EH09	H09	Dichotomous	Do you do any unpaid/voluntary work now?	1. Yes 2. No	
EH010	H010	Characteristic	What is that?		
EH011	H011	Discrete	How many hours per week did you work?	hour	
EH012	H012	Discrete	How many years have you been working unpaid or voluntary?	year	
EH013	H013	Characteristic	What is your spouse MAIN lifetime occupation? ( main occupation is what your work was for the most years)		



Table H. Education/Occupation					
V Code	Variable name	Variable type	description	coding/unit	comment
EH014	H014	Categorical	What is your spouse current employment status?	1. Full time employed 2. Part-time employed 3. Self-employed or working for family business 4. Retired 5. Unemployed 6. Permanent sick/disabled 7. Other specify-----	
EH015	H015	Characteristic	If your spouse is in-paid work now, what is your job title?		According to the individual's statements
EH016	H016	Categorical	What is the payment method?	1. Formal (wages, contract) 2. Informal (cash, gift, etc...) 3. Other	
EH017	H017	Discrete	If your spouse is unemployed, how long she/he has been unemployed?	Year	
EH018	H018	Categorical	What is the MAIN reason she/he is unemployed?	1. Heath condition 2. Redundancy 3. Family responsibilities 4. other -----	
EH019	H019	Discrete	If your spouse has retired from paid work, at what age did he/she first retire?	Year	
EH020	H020	Categorical	What was the MAIN reason your spouse retired?	1. Eligible for receiving pension 2. Health condition 3. Redundancy 4. Family	

Table H. Education/Occupation					
V Code	Variable name	Variable type	description	coding/unit	comment
				responsibilities 5. Compulsory 6. Other .....	
EH021	H021	Dichotomous	Does your spouse do any unpaid/voluntary work now?	1. Yes 2. No	
EH022	H022	Characteristic	What is that?		
EH023	H023	Discrete	How many hours per week did your spouse work?	Year	
EH024	H024	Discrete	How many years has your spouse been working unpaid or voluntary?	Year	
EH025	H025	including items H025.5 and H025.5	List all your job positions held for at least one year, starting with the first job. If you had multiple jobs at the same time, list all of them, any work done at home (ex. carpet weaving) should also be included		
EH025.1	H025.1	Discrete	From (age)	Year	
EH025.2	H025.2	Discrete	To (age)	Year	
EH025.3	H025.3	Characteristic	Job Title		According to the individual's statements
EH025.4	H025.4	Categorical	Work shift	1. Day shift 2. Night shift 3. Rotation	
EH025.5	H025.5	Categorical	Work type	1. Full time 2. Part time 3. Casual	

Table I. Income					
V Code	Variable name	Variable type	description	coding/unit	comment
EII1	II1	Categorical	What are your sources of income?	1. salary/wages 2. Pension 3. Investment 4. Bank interest 5. Support from children 6. Support from parents 7. Support from relatives 8. Welfare (Emdad, Behzisti, charity...) 9. Spouse 10. Other.....	
EII2	II2	Categorical	From abovementioned, which one is the main source of income?	1. salary/wages 2. Pension 3. Investment 4. Bank interest 5. Support from children 6. Support from parents 7. Support from relatives 8. Welfare (Emdad, Behzisti, charity...) 9. Spouse 10. Other.....	
EII3	II3	Categorical	Thinking of your money situation right now, would you say:	1. I can't make ends meet 2. I have just enough to get along on 3. I am comfortable	
EII4	II4	Discrete	If you are retired and receive pension: How long a period did your last pension payment cover?	Day	
EII5	II5	including items II5.1 and II5.8	In the last 12 months, have you done any of these things? <b>Have YOU</b>		

Table I. Income					
V Code	Variable name	Variable type	description	coding/unit	comment
EII5.1	II5.1	Categorical	Gone without fresh fruit and vegetables to help keep costs down?	1. Not at all 2. A little 3. A lot	
EII5.2	II5.2	Categorical	Gone without meat/chicken to help keep costs down?	1. Not at all 2. A little 3. A lot	
EII5.3	II5.3	Categorical	Continued wearing clothing that was worn out because you couldn't afford a replacement?	1. Not at all 2. A little 3. A lot	
EII5.4	II5.4	Categorical	Put off buying clothes for as long as possible to help keep down costs?	1. Not at all 2. A little 3. A lot	
EII5.5	II5.5	Categorical	Postponed or put off visits to the doctor to help keep down costs?	1. Not at all 2. A little 3. A lot	
EII5.6	II5.6	Categorical	NOT picked up a prescription to help keep down costs?	1. Not at all 2. A little 3. A lot	
EII5.7	II5.7	Categorical	Spent less time on hobbies than you would like to help keep down costs?	1. Not at all 2. A little 3. A lot	
EII5.8	II5.8	Categorical	Done without or cut back on trips to the shops or other local places to help keep down costs?	1. Not at all 2. A little 3. A lot	
<b>Financial Assistance given to children/parents/relatives</b> <b>By financial help we mean help to pay bills in general (medical, utility bills, etc.), or covering specific types of costs such as health insurance, rent, down payment for a home, etc. but exclude shared housing or food</b>					
EIF1	IF1	Categorical	In the last ten years, have you (or your spouse) given the deeds of a house, business, property, or a large amount of money (of 20,000,000 Toman or	1. Yes 2. No 3. NOT ANSWER	

Table I. Income					
V Code	Variable name	Variable type	description	coding/unit	comment
			more) to any of your children (or grandchildren)?		
EIF2	IF2	Categorical	<p>During the last 2 years, did you (or your spouse/partner) give financial or in-kind support totaling 1,000,000 Toman or more to any of your children and/or grandchildren (or their spouse)?</p> <p><b>**Assistance may include student fees and accommodation. By in-kind support we mean goods or equipment (such as washing machine, computer, food, etc.)</b></p>	<p>1. Yes 2. No 3. NOT ANSWER</p>	
EIF3	IF3	Categorical	<p>Not counting any shared housing or shared food, in the last two years, have you (and your spouse) given financial help to your parents/father/mother (deceased parents/father/mother)?</p>	<p>1. Yes 2. No 3. NOT ANSWER</p>	
EIF4	IF4	Categorical	<p>During the last 2 years, did you (or your spouse) give financial or in-kind support totaling 1,000,000 Toman or more to any of parents/father/mother (deceased parents/father/mother)?</p> <p><b>**Assistance may include student fees and accommodation. By in-kind support we mean goods or equipment (such as washing machine, computer, food, etc.)</b></p>	<p>1. Yes 2. No 3. NOT ANSWER</p>	
EIF5	IF5	Categorical	<p>Not counting any shared housing or shared food, in the last two years, have you (and your spouse) given financial</p>	<p>1. Yes 2. No 3. NOT ANSWER</p>	

Table I. Income					
V Code	Variable name	Variable type	description	coding/unit	comment
			help to your brothers/sisters/brother in-low/sister-in low?		
EIF6	IF6	Categorical	<p>During the last 2 years, did you (or your spouse/partner) give financial or in-kind support totaling 1,000,000 Toman or more to your brothers/sisters/brother in-low/sister-in low?</p> <p><b>**Assistance may include student fees and accommodation. By in-kind support we mean goods or equipment (such as washing machine, computer, food, etc.)</b></p>	<p>1. Yes 2. No 3. NOT ANSWER</p>	
<b>Financial Assistance given to children/parents/relatives</b> <b>By financial help we mean help to pay bills in general (medical, utility bills, etc.), or covering specific types of costs such as health insurance, rent, down payment for a home, etc. but exclude shared housing or food</b>					
EIF7	IF7	Categorical	Not counting any shared food or housing, have you (and your spouse) received financial help from your parents/father/mother (deceased parents/father/mother), in the last two years? (Do not include inheritances)	<p>1. Yes 2. No 3. NOT ANSWER</p>	
EIF8	IF8	Categorical	Not counting any shared food or housing, have you (and your spouse) received financial help from your children, in the last two years?	<p>1. Yes 2. No 3. NOT ANSWER</p>	
EIF9	IF9	Discrete	In total, in the last two years, about how much was this support?		

Table I. Income					
V Code	Variable name	Variable type	description	coding/unit	comment
EIF10	IF10	Categorical	In the last 2 years, excluding childcare, have you (and/or your spouse) spent at least 1 hour a week helping your adult children and/or grandchildren with things like: 1) Practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores 2) Help with paperwork, such as filling out forms, settling financial or legal matters	1. Yes 2. No 3. NOT ANSWER	
EIF11	IF11	Discrete	About how many hours per month on average did you (and/or your spouse) provide such help to your children?		
EIF12	IF12	Categorical	In the last two years, have you (or your spouse) spent at least 1 hour a week taking care of grandchildren or great-grandchildren (who live outside your own household)?	1. Yes 2. No 3. NOT ANSWER	
EIF13	IF13	Discrete	About how many hours on average per month did you (and/or your spouse) spend taking care of your grandchildren or great-grandchildren (who live outside your own household)?		



Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
EJ1	J1	Categorical	Your accommodation:	1. A house 2. Detached house 3. Town house/duplex 4. A flat 5. apartment	
EJ2	J2	Categorical	About your accommodation, do you:	1. own it outright yourself or with your spouse 2- still pay a mortgage or loan 3- rent 4- part rent part mortgage 5- rent free (support by relatives/friends/etc.) 6- rent free (children/sibling support) 7- shared accommodation 8- low rent(governmental house) 9- Other .....	
EJ3	J3	Discrete	How many rooms are there in your home?		
EJ4	J4	Discrete	Roughly, how old is you residence?		
EJ5	J5	Discrete	House Size (in m2) —excluding any of the following: porches, gardens, yards, garage, or any place where house animals are kept		



Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
EJ6	J6	Discrete	How long have you been living in this home?		
EJ7	J7	Discrete	Number of people living in your current home?		
EJ8	J8	Dichotomous	Did you move here from outside this NEIGHBOURHOOD?	1. Yes 2. No	
EJ9	J9	Dichotomous	During last 20 did you have any moved in?	1. Yes 2. No	
EJ10	J10	Discrete	During last 20 years, how often have you moved in?		
EJ11	J11	Categorical	Thinking about your current home, how well do you like it?	1. Not at all 2. Somewhat 3. Moderately 4. Very 5. extremely	
EJ12	J12	including items EJ12.1 and EJ12.13	What was done and how long ago it was done		
EJ12.1	J12.1	Dichotomous	Redecorated	1. Yes 2. No	
EJ12.2	J12.2	Discrete	How long ago redecorated was done?		
EJ12.3	J12.3	Dichotomous	Added or extended rooms	1. Yes 2. No	
EJ12.4	J12.4	Discrete	How long ago added or extended rooms was done?		
EJ12.5	J12.5	Dichotomous	Improved access e.g. rails, ramps, flooring	1. Yes 2. No	
EJ12.6	J12.6	Discrete	How long ago Improved access e.g. rails, ramps, flooring was done?		
EJ12.7	J12.7	Dichotomous	Improved heating or insulation	1. Yes 2. No	

Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
EJ12.8	J12.8	Discrete	How long ago Improved heating or insulation was done?		
EJ12.9	J12.9	Dichotomous	improved bathroom	1. Yes 2. No	
EJ12.10	J12.10	Discrete	How long ago Improved bathroom was done?		
EJ12.11	J12.11	Dichotomous	Outside garden / fencing improvements	1. Yes 2. No	
EJ12.12	J12.12	Discrete	How long ago Outside garden / fencing improvements was done?		
EJ12.13	J12.13	Dichotomous	Other	1. Yes 2. No	
EJ13	J13	Categorical	Thinking about your current neighborhood, how well do you like it?	1. Not at all 2. Somewhat 3. Moderately 4. Very 5. extremely	
EJ14	J14	Dichotomous	Have there been any renovations or changes to your current home since you've been living here?	1. Yes 2. No	
EJ15	J15	—	Which of the following household equipment do you have in the household?		
EJ15-Extra Freezer/side by side	J15-Extra Freezer/side by side	Dichotomous	Extra Freezer/side by side	1. Yes 2. No	
EJ15-Washing Machine	J15-Washing Machine	Dichotomous	Washing Machine	1. Yes 2. No	
EJ-Dish Washer	J15-Dish Washer	Dichotomous	Dish Washer	1. Yes 2. No	
EJ15-Desktop/ Laptop	J15-Desktop/ Laptop	Dichotomous	Desktop/ Laptop	1. Yes 2. No	

Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
EJ15-Internet Access	J15-Internet Access	Dichotomous	Internet Access	1. Yes 2. No	
EJ15-LCD/ LED Television	J15-LCD/ LED Television	Dichotomous	LCD/ LED Television	1. Yes 2. No	
EJ15-vacuum cleaner	J15-vacuum cleaner	Dichotomous	vacuum cleaner	1. Yes 2. No	
EJ15-built-in bedroom	EJ15-built-in bedroom	Dichotomous	built-in bedroom	1. Yes 2. No	
EJ15-motorcycle	J15-motorcycle	Dichotomous	motorcycle	1. Yes 2. No	
EJ15- Car <20,000,000 Toman	J15- Car <20,000,000 Toman	Dichotomous	Car <20,000,000 Toman	1. Yes 2. No	
EJ15-Car 20 to 50 million Toman	J15-Car 20 to 50 million Toman	Dichotomous	Car 20 to 50 million Toman	1. Yes 2. No	
EJ15-Car 50-100 Million Toman	J15-Car 50-100 Million Toman	Dichotomous	Car 50-100 Million Toman	1. Yes 2. No	
EJ15-Car >100 million toman	J15-Car >100 million toman	Dichotomous	Car >100 million toman	1. Yes 2. No	
EJ15- Tablet/IPAD	J15- Tablet/IPAD	Dichotomous	Tablet/IPAD	1. Yes 2. No	
EJ16	J16	Categorical	What is the primary source of your drinking water?	1. Well water 2. River water 3. Spring water 4. Tap water 5. Mineral water 6. Water Tank 7. Underground water Cistern 8. Other_____	

Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
EJ17	J17	Discrete	How many years have you been using tap water? (if at all)		
EJ18	J18	Categorical	What was your primary drinking water source before tap water	1. Well water 2. River water 3. Spring water 4. Tap water 5. Mineral water 6. Water Tank 7. Underground water Cistern 8. Other_____	
EJ19	J19	Discrete	The number of extracurricular and non-professional books you read in the past year		does not include religious books and prayers
EJ20	J20	including items EJ20.1 and EJ20.3	Number of abroad trips during the lifetime		
EJ20.1	J20.1	Discrete	Pilgrimage trips		
EJ20.2	J20.2	Discrete	Non-pilgrimage trips		
EJ20.3	J20.3	Discrete	total trips outside Iran		
EJ21	J21	Discrete	Number of trips inside Iran during the past 10 years (Pilgrimage and tourism trips that are at least 100 km away from the habitation location.)		
EJ22	J22	Dichotomous	Have you ever had contact with animals?	1. Yes 2. No	
EJ22.1	J22.1	Discrete	from Age of Contact	year	
EJ22.2	J22.2	Discrete	to Age of Contact	year	

Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
EJ22.3	J22.3	Categorical	contact surface	1. Sometimes (For example, the place where animals are kept is 200 meters away from the workplace or place of residence.) 2. At least two weeks, but less than once a day (For example, a place to keep animals is in the neighborhood of a person's workplace or residence.) 3. Daily Contact (For example, keeping animals in the workplace or residence.) 4. Daily and close contact with animals (Jobs related to feeding and cleaning animals and slaughterhouses.)	
EJ22_animal	J22_animal	Categorical	animals	1. Equid (Like horse, mule, donkey, camel) 2. Ruminants (Like sheep, goat, cow) 3. Dog 4. Birds 5. Cat 6. Poultry like canaries,	

Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
				budgerigars 7. Other	
EJ23	J23	Including items EJ23.1 and EJ23.9	List all places of residence (birth-present), in which you have at least lived one year:		
EJ23_FromAge	J23_FromAge	Discrete	From (age)		
EJ23_ToAge	J23_ToAge	Discrete	To (age)		
EJ23_LifeP	J23_LifeP	Characteristic	Province		For more information go to Province ID Table
EJ23_LifeC	J23_LifeC	Characteristic	city		For more information go to County ID Table
EJ23_LifeVi	J23_LifeVi	Characteristic	Village		
EJ23_HouseType	J23_HouseType	Categorical	Type of House	1. Bricks and Steel 2. Wood and Bricks 3. Cement/Concrete 4. Stone and chalk/charcoal 5. Other_____	
EJ23_HouseFuel	J23_HouseFuel	Categorical	Type of Fuel used for Heating	1. Oil/Gasoline 2. Wood, Firewood 3. Animal Waste 4. Gas 5. Coal 6. Other_____	

Table J. Housing & environment					
V Code	Variable name	Variable type	description	coding/unit	comment
EJ23_CookFuel	J23_CookFuel	Categorical	Type of Fuel used for Cooking	1. Oil/Gasoline 2. Wood, Firewood 3. Animal Waste 4. Gas 5. Coal 6. Other_____	
EJ23_HeatSys	J23_HeatSys	Dichotomous	Heating System	1. Electrical Heater 2. Heater with a chimney 3. Fire place 4. Heater without chimney 5. Gas Burner 6. Other_____	

Table K. Physical activity					
V Code	Variable name	Variable type	description	coding/unit	comment
EK1	K1	Categorical	Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts?	1. Never 2. Seldom (1-2 days) 3. Sometimes (3-4 days) 4. Often (5-7 days)	
EK1.1	K1.1	Characteristic	What were these activities?		
EK1.2	K1.2	Categorical	On average, how many hours per day did you engage in these activities on these days?	1. Less than 1 hour 2. Between 1-2 hours 3. 2-4 hours 4. More than 4 hours	
EK2	K2	Categorical	Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example for	1. Never 2. Seldom (1-2 days) 3. Sometimes (3-4	



Table K. Physical activity					
V Code	Variable name	Variable type	description	coding/unit	comment
			fun or exercise, walking to work, walking the dog, etc.	days) 4. Often (5-7 days)	
EK2.1	K2.1	Categorical	On average, how many hours per day did you engage in these activities on these days?	1. Less than 1 hour 2. Between 1-2 hours 3. 2-4 hours 4. More than 4 hours	
EK3	K3	Categorical	Over the past 7 days, how often did you engage in light sport or recreational activities such as 'light' Walk on a flat surface, Cleaning the house, child care, Carpentry, Restaurant work, fishing or other similar activities?	1. Never 2. Seldom (1-2 days) 3. Sometimes (3-4 days) 4. Often (5-7 days)	
EK3.1	K3.1	Characteristic	What were these activities?		
EK3.2	K3.2	Categorical	On average, how many hours per day did you engage in these activities on these days?	1. Less than 1 hour 2. Between 1-2 hours 3. 2-4 hours 4. More than 4 hours	
EK4	K4	Categorical	Over the past 7 days, how often did you engage in moderate sport or recreational activities such as doubles tennis, cycling, walk fast, Gardening, Carrying cargo or other similar activities?	1. Never 2. Seldom (1-2 days) 3. Sometimes (3-4 days) 4. Often (5-7 days)	
EK4.1	K4.1	Characteristic	What were these activities?		
EK4.2	K4.2	Categorical	On average, how many hours per day did you engage in these activities on these days?	1. Less than 1 hour 2. Between 1-2 hours 3. 2-4 hours 4. More than 4 hours	



Table K. Physical activity					
V Code	Variable name	Variable type	description	coding/unit	comment
EK5	K5	Categorical	Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, football, basketball, climbing, Delve, cutting tree, Walking with the load on the uphill or other similar activities?	1. Never 2. Seldom (1-2 days) 3. Sometimes (3-4 days) 4. Often (5-7 days)	
EK5.1	K5.1	Characteristic	What were these activities?		
EK5.2	K5.2	Categorical	On average, how many hours per day did you engage in these activities on these days?	1. Less than 1 hour 2. Between 1-2 hours 3. 2-4 hours 4. More than 4 hours	
EK6	K6	Categorical	Over the past 7 days, how often did you exercise specifically to increase muscle strength and endurance such as lifting weights or push-ups, etc.?	1. Never 2. Seldom (1-2 days) 3. Sometimes (3-4 days) 4. Often (5-7 days)	
EK6.1	K6.1	Characteristic	What were these activities?		
EK6.2	K6.2	Categorical	On average, how many hours per day did you engage in these activities on these days?	1. Less than 1 hour 2. Between 1-2 hours 3. 2-4 hours 4. More than 4 hours	
		including items EK7 to EK12	During the past 7 days, did you engage in any of the following activities:		
EK7	K7	Dichotomous	light housework such as dusting or washing dishes	1. Yes 2. No	
EK8	K8	Dichotomous	heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood	1. Yes 2. No	
EK9	K9	Dichotomous	Home repairs like painting, wallpapering, electrical, etc.	1. Yes 2. No	

Table K. Physical activity					
V Code	Variable name	Variable type	description	coding/unit	comment
EK10	K10	Dichotomous	Lawn work or yard care including snow or leaf removal, etc.	1. Yes 2. No	
EK11	K11	Dichotomous	Outdoor gardening	1. Yes 2. No	
EK12	K12	Dichotomous	Caring for another person such as a dependent child, spouse or another adult	1. Yes 2. No	
EK13	K13	Dichotomous	During the past 7 days, did you work for pay or as a volunteer?	1. Yes 2. No	
EK13.1	K13.1	Discrete	How many hours per day did you work/volunteer?	hours	
EK13.2	K13.2	Categorical	Which of the following categories best describes the amount of physical activity required on your job/volunteer work?	1. Mainly sitting with light arm movements (like An employee, a watchmaker, a person who packed something to get to the place, a bus driver, etc.) 2. Sitting or standing with some walking (like Cashier, general employee) 3. Walking with material handling less than 25 Kg. (like post officer, waiter or waitress, construction worker, heavy equipment carrier) 4. Walking with heavy material handling weighing more than 25 Kg. (like lumberjack,	

Table K. Physical activity					
V Code	Variable name	Variable type	description	coding/unit	comment
				Builder, farmer, General worker)	

## Nutrition / Oral Health Questionnaire

Table Nutr. Nutrition assessment and diet					
V Code	Variable name	Variable type	description	coding/unit	comment
ENutr1	Nutr1	Categorical	Has your weight changed in the past 6 months?	1. No 2. I've had weight gain. 3. I've had weight loss 4. I don't know how much I weight or if my weight has changed.	
ENutr2	Nutr2	Categorical	During the last 6 months, How much weight you have gained?	1. More than 4.5 kg. 2. 2.5 to 4.5 kg 3. Less than 2.5 kg. 4. I don't know.	
ENutr3	Nutr3	Categorical	During the last 6 months, How much weight you have lost?	1. More than 4.5 kg. 2. 2.5 to 4.5 kg 3. Less than 2.5 kg. 4. I don't know.	
ENutr4	Nutr4	Categorical	How would you describe your appetite?	1. Good 2. Fair 3. Poor	
ENutr5	Nutr5	Categorical	Do you cough, choke or have pain when swallowing food OR fluids?	1. Never 2. Rarely 3. Sometimes 4. Often or always	
ENutr6	Nutr6	Categorical	How many meals do you eat in a day?	1. Less than 3 meals. 2. 3 meals. (Breakfast, lunch and dinner) 3. 4 meals. (Breakfast, lunch, dinner, Snack) 4. 5 to 6 meals. (Breakfast, lunch, dinner, 2 to 3 Snacks) 5. More than 6 meals.	

Table Nutr. Nutrition assessment and diet					
V Code	Variable name	Variable type	description	coding/unit	comment
ENutr7	Nutr7	Categorical	Do you eat one or more meals a day with someone?	1. Never or rarely 2. Sometimes 3. Often 4. Almost always	
ENutr8	Nutr8	Categorical	How many pieces or servings of fruit and vegetables do you eat in a day? Fruit and vegetables can be canned, fresh, frozen, or juice.	1. Five or more 2. Four 3. Three 4. Two 5. Less than two	
ENutr9	Nutr9	Categorical	How much water do you drink in a day?	1. 8 or more cups. 2. 5 to 7 cups. 3. 3 to 4 cups. 4. About 2 cups. 5. Less than 2 cups.	
ENutr10	Nutr10	Categorical	How much fluid do you drink in a day? Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but not alcohol.	1. 8 or more cups. 2. 5 to 7 cups. 3. 3 to 4 cups. 4. About 2 cups. 5. Less than 2 cups.	
ENutr11	Nutr11	Categorical	Are you in the habit of adding salt to your food at the table?	1. Yes 2. Sometimes 3. No	
ENutr12	Nutr12	Categorical	How often do you usually eat kebabs (Kubideh kebab, Chicken kebab, and Grilled fish)?	1. Never 2. Every day 3. 1 to 3 times a week 4. Less than once a month 5. 1 to 3 times in the month	

Table Nutr. Nutrition assessment and diet					
V Code	Variable name	Variable type	description	coding/unit	comment
ENutr13	Nutr13	Categorical	How often do you usually eat fried food?	1. Never 2. Every day 3. 1 to 3 times a week 4. Less than once a month 5. 1 to 3 times in the month	
ENutr14	Nutr14	Categorical	How do you fry vegetables?	1. Roasting 2. To become golden 3. To turn brown 4. I don't fry them.	
ENutr15	Nutr15	Categorical	What kind of oil do you use to fry food?	1. Solid and semi-solid 2. Liquid 3. Frying liquid 4. Clarified butter or ghee 5. Other oils	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ1	FFQ1	Including items FFQ1.1 and FFQ1.3	milk	Grams per day & Times per day	considerations: low fat/ full fat/ local
	FFQ1.1	Continuous		Grams per day & Times per week	considerations: low fat/ full fat/ local
	FFQ1.2	Continuous		Grams per day & Times per month	considerations: low fat/ full fat/ local

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
	FFQ1.3	Continuous		Grams per day & Times per year	considerations: low fat/ full fat/ local
EFFQ2	FFQ2	Including items FFQ2.1 and FFQ2.3	yogurt	Grams per day & Times per day	considerations: low fat/ full fat/ local
	FFQ2.1	Continuous		Grams per day & Times per week	considerations: low fat/ full fat/ local
	FFQ2.2	Continuous		Grams per day & Times per month	considerations: low fat/ full fat/ local
	FFQ2.3	Continuous		Grams per day & Times per year	considerations: low fat/ full fat/ local
EFFQ3	FFQ3	Including items FFQ3.1 and FFQ3.3	Dough (yogurt- based drink)	Grams per day & Times per day	
	FFQ3.1	Continuous		Grams per day & Times per week	
	FFQ3.2	Continuous		Grams per day & Times per month	
	FFQ3.3	Continuous		Grams per day & Times per year	
EFFQ4	FFQ4	Including items FFQ4.1 and FFQ4.3	Lighvan/ pasteurized cheese	Grams per day & Times per day	
	FFQ4.1	Continuous		Grams per day & Times per week	
	FFQ4.2	Continuous		Grams per day & Times per month	



Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
	FFQ4.3	Continuous		Grams per day & Times per year	
EFFQ5	FFQ5	Including items FFQ5.1 and FFQ5.3	Types of seasonal apples (medium size)	Grams per day & Times per day	
	FFQ5.1	Continuous		Grams per day & Times per week	
	FFQ5.2	Continuous		Grams per day & Times per month	
	FFQ5.3	Continuous		Grams per day & Times per year	
EFFQ6	FFQ6	Including items FFQ6.1 and FFQ6.3	Citrus (orange, tangerine, sweet lemon, grapefruit)(medium size)	Grams per day & Times per day	
	FFQ6.1	Continuous		Grams per day & Times per week	
	FFQ6.2	Continuous		Grams per day & Times per month	
	FFQ6.3	Continuous		Grams per day & Times per year	
EFFQ7	FFQ7	Including items FFQ7.1 and FFQ7.3	pear (medium size)	Grams per day & Times per day	
	FFQ7.1	Continuous		Grams per day & Times per week	
	FFQ7.2	Continuous		Grams per day & Times per month	



Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
	FFQ7.3	Continuous		Grams per day & Times per year	
EFFQ8	FFQ8	Including items FFQ8.1 and FFQ8.3	Kiwi (medium size)	Grams per day & Times per day	
	FFQ8.1	Continuous		Grams per day & Times per week	
	FFQ8.2	Continuous		Grams per day & Times per month	
	FFQ8.3	Continuous		Grams per day & Times per year	
EFFQ9	FFQ9	Including items FFQ9.1 and FFQ9.3	Pomegranate (medium size)	Grams per day & Times per day	
	FFQ9.1	Continuous		Grams per day & Times per week	
	FFQ9.2	Continuous		Grams per day & Times per month	
	FFQ9.3	Continuous		Grams per day & Times per year	
EFFQ10	FFQ10	Including items FFQ10.1 and FFQ10.3	banana (medium size)	Grams per day & Times per day	
	FFQ10.1	Continuous		Grams per day & Times per week	
	FFQ10.2	Continuous		Grams per day & Times per month	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
	FFQ10.3	Continuous		Grams per day & Times per year	
EFFQ11	FFQ11	Including items FFQ11.1 and FFQ11.3	Melon- cantaloupe- watermelon (Medium slice)	Grams per day & Times per day	
	FFQ11.1	Continuous		Grams per day & Times per week	
	FFQ11.2	Continuous		Grams per day & Times per month	
	FFQ11.3	Continuous		Grams per day & Times per year	
EFFQ12	FFQ12	Including items FFQ12.1 and FFQ12.3	Peaches / Apricots / Nectarines (medium size)	Grams per day & Times per day	
	FFQ12.1	Continuous		Grams per day & Times per week	
	FFQ12.2	Continuous		Grams per day & Times per month	
	FFQ12.3	Continuous		Grams per day & Times per year	
EFFQ13	FFQ13	Including items FFQ13.1 and FFQ13.3	Grapes (medium cluster)	Grams per day & Times per day	
	FFQ13.1	Continuous		Grams per day & Times per week	
	FFQ13.2	Continuous		Grams per day & Times per month	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
	FFQ13.3	Continuous		Grams per day & Times per year	
EFFQ14	FFQ14	Including items FFQ14.1 and FFQ14.3	Raisins	Grams per day & Times per day	
	FFQ14.1	Continuous		Grams per day & Times per week	
	FFQ14.2	Continuous		Grams per day & Times per month	
	FFQ14.3	Continuous		Grams per day & Times per year	
EFFQ15	FFQ15	Including items FFQ15.1 and FFQ15.3	Date	Grams per day & Times per day	
	FFQ15.1	Continuous		Grams per day & Times per week	
	FFQ15.2	Continuous		Grams per day & Times per month	
	FFQ15.3	Continuous		Grams per day & Times per year	
EFFQ16	FFQ16	Including items FFQ16.1 and FFQ16.3	Natural juices (cantaloupe juice - apple - orange ...)	Grams per day & Times per day	
	FFQ16.1	Continuous		Grams per day & Times per week	
	FFQ16.2	Continuous		Grams per day & Times per month	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
	FFQ16.3	Continuous		Grams per day & Times per year	
EFFQ17	FFQ17	Including items FFQ17.1 and FFQ17.3	Carrots (medium size)	Grams per day & Times per day	Considerations: 1. Raw, 2. Cooked, 3. Fried, 4. Carrot juice
	FFQ17.1	Continuous		Grams per day & Times per week	Considerations: 1. Raw, 2. Cooked, 3. Fried, 4. Carrot juice
	FFQ17.2	Continuous		Grams per day & Times per month	Considerations: 1. Raw, 2. Cooked, 3. Fried, 4. Carrot juice
	FFQ17.3	Continuous		Grams per day & Times per year	Considerations: 1. Raw, 2. Cooked, 3. Fried, 4. Carrot juice
EFFQ18	FFQ18	Including items FFQ18.1 and FFQ18.3	Potatoes (baked, boiled) (medium size)	Grams per day & Times per day	
	FFQ18.1	Continuous		Grams per day & Times per week	
	FFQ18.2	Continuous		Grams per day & Times per month	
	FFQ18.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ19	FFQ19	Including items FFQ19.1 and FFQ19.3	Cucumber (medium size)	Grams per day & Times per day	
	FFQ19.1	Continuous		Grams per day & Times per week	
	FFQ19.2	Continuous		Grams per day & Times per month	
	FFQ19.3	Continuous		Grams per day & Times per year	
EFFQ20	FFQ20	Including items FFQ20.1 and FFQ20.3	tomato (medium size)	Grams per day & Times per day	
	FFQ20.1	Continuous		Grams per day & Times per week	
	FFQ20.2	Continuous		Grams per day & Times per month	
	FFQ20.3	Continuous		Grams per day & Times per year	
EFFQ21	FFQ21	Including items FFQ21.1 and FFQ21.3	Cabbage varieties	Grams per day & Times per day	
	FFQ21.1	Continuous		Grams per day & Times per week	
	FFQ21.2	Continuous		Grams per day & Times per month	
	FFQ21.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ22	FFQ22	Including items FFQ22.1 and FFQ22.3	Lettuce	Grams per day & Times per day	
	FFQ22.1	Continuous		Grams per day & Times per week	
	FFQ22.2	Continuous		Grams per day & Times per month	
	FFQ22.3	Continuous		Grams per day & Times per year	
EFFQ23	FFQ23	Including items FFQ23.1 and FFQ23.3	eating vegetables	Grams per day & Times per day	
	FFQ23.1	Continuous		Grams per day & Times per week	
	FFQ23.2	Continuous		Grams per day & Times per month	
	FFQ23.3	Continuous		Grams per day & Times per year	
EFFQ24	FFQ24	Including items FFQ24.1 and FFQ24.3	Dolma, Kuku, Ash, Stew, vegetables, spinach	Grams per day & Times per day	
	FFQ24.1	Continuous		Grams per day & Times per week	
	FFQ24.2	Continuous		Grams per day & Times per month	
	FFQ24.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ25	FFQ25	Including items FFQ25.1 and FFQ25.3	garlic	Grams per day & Times per day	
	FFQ25.1	Continuous		Grams per day & Times per week	
	FFQ25.2	Continuous		Grams per day & Times per month	
	FFQ25.3	Continuous		Grams per day & Times per year	
EFFQ26	FFQ26	Including items FFQ26.1 and FFQ26.3	onion (medium size)	Grams per day & Times per day	
	FFQ26.1	Continuous		Grams per day & Times per week	
	FFQ26.2	Continuous		Grams per day & Times per month	
	FFQ26.3	Continuous		Grams per day & Times per year	
EFFQ27	FFQ27	Including items FFQ27.1 and FFQ27.3	zucchini/eggplant (medium size)	Grams per day & Times per day	
	FFQ27.1	Continuous		Grams per day & Times per week	
	FFQ27.2	Continuous		Grams per day & Times per month	
	FFQ27.3	Continuous		Grams per day & Times per year	



Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ28	FFQ28	Including items FFQ28.1 and FFQ28.3	Lavash bread / local	Grams per day & Times per day	
	FFQ28.1	Continuous		Grams per day & Times per week	
	FFQ28.2	Continuous		Grams per day & Times per month	
	FFQ28.3	Continuous		Grams per day & Times per year	
EFFQ29	FFQ29	Including items FFQ29.1 and FFQ29.3	Sangak bread	Grams per day & Times per day	
	FFQ29.1	Continuous		Grams per day & Times per week	
	FFQ29.2	Continuous		Grams per day & Times per month	
	FFQ29.3	Continuous		Grams per day & Times per year	
EFFQ30	FFQ30	Including items FFQ30.1 and FFQ30.3	Barbari / oily bread	Grams per day & Times per day	
	FFQ30.1	Continuous		Grams per day & Times per week	
	FFQ30.2	Continuous		Grams per day & Times per month	
	FFQ30.3	Continuous		Grams per day & Times per year	



Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ31	FFQ31	Including items FFQ31.1 and FFQ31.3	rise	Grams per day & Times per day	
	FFQ31.1	Continuous		Grams per day & Times per week	
	FFQ31.2	Continuous		Grams per day & Times per month	
	FFQ31.3	Continuous		Grams per day & Times per year	
EFFQ32	FFQ32	Including items FFQ32.1 and FFQ32.3	Macaroni	Grams per day & Times per day	
	FFQ32.1	Continuous		Grams per day & Times per week	
	FFQ32.2	Continuous		Grams per day & Times per month	
	FFQ32.3	Continuous		Grams per day & Times per year	
EFFQ33	FFQ33	Including items FFQ33.1 and FFQ33.3	Lentils / peas / beans / cotyledons	Grams per day & Times per day	
	FFQ33.1	Continuous		Grams per day & Times per week	
	FFQ33.2	Continuous		Grams per day & Times per month	
	FFQ33.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ34	FFQ34	Including items FFQ34.1 and FFQ34.3	Soybean	Grams per day & Times per day	
	FFQ34.1	Continuous		Grams per day & Times per week	
	FFQ34.2	Continuous		Grams per day & Times per month	
	FFQ34.3	Continuous		Grams per day & Times per year	
EFFQ35	FFQ35	Including items FFQ35.1 and FFQ35.3	Red meat	Grams per day & Times per day	
	FFQ35.1	Continuous		Grams per day & Times per week	
	FFQ35.2	Continuous		Grams per day & Times per month	
	FFQ35.3	Continuous		Grams per day & Times per year	
EFFQ36	FFQ36	Including items FFQ36.1 and FFQ36.3	Chicken	Grams per day & Times per day	
	FFQ36.1	Continuous		Grams per day & Times per week	
	FFQ36.2	Continuous		Grams per day & Times per month	
	FFQ36.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ37	FFQ37	Including items FFQ37.1 and FFQ37.3	liver, Kidney, heart	Grams per day & Times per day	
	FFQ37.1	Continuous		Grams per day & Times per week	
	FFQ37.2	Continuous		Grams per day & Times per month	
	FFQ37.3	Continuous		Grams per day & Times per year	
EFFQ38	FFQ38	Including items FFQ38.1 and FFQ38.3	kalle-pache / rumen	Grams per day & Times per day	
	FFQ38.1	Continuous		Grams per day & Times per week	
	FFQ38.2	Continuous		Grams per day & Times per month	
	FFQ38.3	Continuous		Grams per day & Times per year	
EFFQ39	FFQ39	Including items FFQ39.1 and FFQ39.3	fish	Grams per day & Times per day	
	FFQ39.1	Continuous		Grams per day & Times per week	
	FFQ39.2	Continuous		Grams per day & Times per month	
	FFQ39.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ40	FFQ40	Including items FFQ40.1 and FFQ40.3	tuna fish	Grams per day & Times per day	
	FFQ40.1	Continuous		Grams per day & Times per week	
	FFQ40.2	Continuous		Grams per day & Times per month	
	FFQ40.3	Continuous		Grams per day & Times per year	
EFFQ41	FFQ41	Including items FFQ41.1 and FFQ41.3	egg	Grams per day & Times per day	
	FFQ41.1	Continuous		Grams per day & Times per week	
	FFQ41.2	Continuous		Grams per day & Times per month	
	FFQ41.3	Continuous		Grams per day & Times per year	
EFFQ42	FFQ42	Including items FFQ42.1 and FFQ42.3	pizza	Grams per day & Times per day	
	FFQ42.1	Continuous		Grams per day & Times per week	
	FFQ42.2	Continuous		Grams per day & Times per month	
	FFQ42.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ43	FFQ43	Including items FFQ43.1 and FFQ43.3	Lunch meat/ Sausage / burgers	Grams per day & Times per day	
	FFQ43.1	Continuous		Grams per day & Times per week	
	FFQ43.2	Continuous		Grams per day & Times per month	
	FFQ43.3	Continuous		Grams per day & Times per year	
EFFQ44	FFQ44	Including items FFQ44.1 and FFQ44.3	Liquid oil	Grams per day & Times per day	Considerations: 1. Canola /Soybean oil 2. Other Liquid Oils (Sunflower / Corn), 3. Frying Oil
	FFQ44.1	Continuous		Grams per day & Times per week	Considerations: 1. Canola /Soybean oil 2. Other Liquid Oils (Sunflower / Corn), 3. Frying Oil
	FFQ44.2	Continuous		Grams per day & Times per month	Considerations: 1. Canola /Soybean oil 2. Other Liquid Oils (Sunflower / Corn), 3. Frying Oil
	FFQ44.3	Continuous		Grams per day & Times per year	Considerations: 1. Canola /Soybean oil 2. Other Liquid Oils (Sunflower / Corn), 3. Frying Oil

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ45	FFQ45	Including items FFQ45.1 and FFQ45.3	Ghee / edible vegetable oil	Grams per day & Times per day	
	FFQ45.1	Continuous		Grams per day & Times per week	
	FFQ45.2	Continuous		Grams per day & Times per month	
	FFQ45.3	Continuous		Grams per day & Times per year	
EFFQ46	FFQ46	Including items FFQ46.1 and FFQ46.3	Olive oil	Grams per day & Times per day	
	FFQ46.1	Continuous		Grams per day & Times per week	
	FFQ46.2	Continuous		Grams per day & Times per month	
	FFQ46.3	Continuous		Grams per day & Times per year	
EFFQ47	FFQ47	Including items FFQ47.1 and FFQ47.3	Olives	Grams per day & Times per day	
	FFQ47.1	Continuous		Grams per day & Times per week	
	FFQ47.2	Continuous		Grams per day & Times per month	
	FFQ47.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ48	FFQ48	Including items FFQ48.1 and FFQ48.3	Kaymak/ cream/ butter	Grams per day & Times per day	
	FFQ48.1	Continuous		Grams per day & Times per week	
	FFQ48.2	Continuous		Grams per day & Times per month	
	FFQ48.3	Continuous		Grams per day & Times per year	
EFFQ49	FFQ49	Including items FFQ49.1 and FFQ49.3	Walnuts, almonds and peanuts, hazelnuts, pistachios	Grams per day & Times per day	
	FFQ49.1	Continuous		Grams per day & Times per week	
	FFQ49.2	Continuous		Grams per day & Times per month	
	FFQ49.3	Continuous		Grams per day & Times per year	
EFFQ50	FFQ50	Including items FFQ50.1 and FFQ50.3	mayonnaise sauce	Grams per day & Times per day	
	FFQ50.1	Continuous		Grams per day & Times per week	
	FFQ50.2	Continuous		Grams per day & Times per month	
	FFQ50.3	Continuous		Grams per day & Times per year	



Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ51	FFQ51	Including items FFQ51.1 and FFQ51.3	Rock candy/ sugar/ sugar Loaf	Grams per day & Times per day	
	FFQ51.1	Continuous		Grams per day & Times per week	
	FFQ51.2	Continuous		Grams per day & Times per month	
	FFQ51.3	Continuous		Grams per day & Times per year	
EFFQ52	FFQ52	Including items FFQ52.1 and FFQ52.3	jam / honey	Grams per day & Times per day	
	FFQ52.1	Continuous		Grams per day & Times per week	
	FFQ52.2	Continuous		Grams per day & Times per month	
	FFQ52.3	Continuous		Grams per day & Times per year	
EFFQ53	FFQ53	Including items FFQ53.1 and FFQ53.3	Grape sap	Grams per day & Times per day	
	FFQ53.1	Continuous		Grams per day & Times per week	
	FFQ53.2	Continuous		Grams per day & Times per month	
	FFQ53.3	Continuous		Grams per day & Times per year	



Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ54	FFQ54	Including items FFQ54.1 and FFQ54.3	Sweets / Cakes / Biscuits	Grams per day & Times per day	
	FFQ54.1	Continuous		Grams per day & Times per week	
	FFQ54.2	Continuous		Grams per day & Times per month	
	FFQ54.3	Continuous		Grams per day & Times per year	
EFFQ55	FFQ55	Including items FFQ55.1 and FFQ55.3	tea / coffee	Grams per day & Times per day	
	FFQ55.1	Continuous		Grams per day & Times per week	
	FFQ55.2	Continuous		Grams per day & Times per month	
	FFQ55.3	Continuous		Grams per day & Times per year	
EFFQ56	FFQ56	Including items FFQ56.1 and FFQ56.3	non-alcohol beer/ Soft drink	Grams per day & Times per day	
	FFQ56.1	Continuous		Grams per day & Times per week	
	FFQ56.2	Continuous		Grams per day & Times per month	
	FFQ56.3	Continuous		Grams per day & Times per year	

Table FFQ. Diet					
V Code	Variable name	Variable type	description	coding/unit	comment
EFFQ	FFQ	Continuous	About how often do you usually eat in the last year:	Consumption times( each day, each week, each months, each year)	
EFFQ57	FFQ57	Including items FFQ57.1 and FFQ57.3	salt	Grams per day & Times per day	
	FFQ57.1	Continuous		Grams per day & Times per week	
	FFQ57.2	Continuous		Grams per day & Times per month	
	FFQ57.3	Continuous		Grams per day & Times per year	

Table OH. Oral Health					
V Code	Variable name	Variable type	description	coding/unit	comment
EA1	A1	Characteristic	Interviewee's name and surname		
EOH1	OH1	Categorical	The number of times you brush your teeth	1. Once a day 2. Twice a day 3. Three times a day 4. Other (name) 5. I don't brush	
EOH2	OH2	Including items EOH2.1 to EOH2.4	DMF index		
EOH2.1	OH2.1	Discrete	Total number of teeth		
EOH2.2	OH2.2	Discrete	Number of decayed teeth (D)		
EOH2.3	OH2.3	Discrete	Number of missing teeth (M)		
EOH2.4	OH2.4	Discrete	Number of filled teeth (F)		

Table OH. Oral Health					
V Code	Variable name	Variable type	description	coding/unit	comment
EA1	A1	Characteristic	Interviewee's name and surname		
EOH3	OH3	Dichotomous	Is there a lesion or wound in the mouth?	1. Yes 2. No	
EOH4	OH4	Categorical	Do you have dentures?	1. The whole upper jaw 2. The whole lower jaw 3. Both 4. Part 5. No.	
EOH4.1	OH4.1	Discrete	At what age did you start wearing dentures?		
EOH4.2	OH4.2	Dichotomous	Do you wear your dentures?	1. Yes 2. No	
EOH4.3	OH4.3	Dichotomous	Do you brush your dentures?	1. Yes 2. No	
EOH4.3.1	OH4.3.1	Categorical	If yes, how often do you brush your dentures?	1. Once a day 2. Twice a day 3. Three times a day 4. Others	
EOH4.3.2	OH4.3.2	Characteristic	If you don't brush your dentures, how do you clean them?		
EOH5	OH5	Dichotomous	Do you use dental floss?	1. Yes 2. No	
EOH5.1-day	OH5.1	Discrete	If yes, how often do you use dental floss?	Per day	
EOH5.1-week	OH5.1	Discrete	If yes, how often do you use dental floss?	Per week	
EOH5.1-month	OH5.1	Discrete	If yes, how often do you use dental floss?	Per month	
EOH6	OH6	Dichotomous	Do you use mouthwash?	1. Yes 2. No	
EOH6.1-day	OH6.1	Discrete	If yes, how often do you use mouthwash?	Per day	

Table OH. Oral Health					
V Code	Variable name	Variable type	description	coding/unit	comment
EA1	A1	Characteristic	Interviewee's name and surname		
EOH6.1-week	OH6.1	Discrete	If yes, how often do you use mouthwash?	Per week	
EOH6.1-month	OH6.1	Discrete	If yes, how often do you use mouthwash?	Per month	
EOH7	OH7	Dichotomous	During the last 6 months did you have any painful ache in your mouth or teeth?	1. Yes 2. No	
EOH8	OH8	Discrete	During the last 6 months, how often did you visit a dental professional?		
EOH9	OH9	Including items EOH9.1 to EOH9.7	During the last 12 months, how often have you had the following problems due to the condition of your mouth and teeth?		
EOH9.1	OH9.1	Categorical	Problems in biting food	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	
EOH9.2	OH9.2	Categorical	problems in chewing	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	
EOH9.3	OH9.3	Categorical	problems in speaking or uttering words	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	

Table OH. Oral Health					
V Code	Variable name	Variable type	description	coding/unit	comment
EA1	A1	Characteristic	Interviewee's name and surname		
EOH9.4	OH9.4	Categorical	Dry mouth	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	
EOH9.5	OH9.5	Categorical	Avoid laughing because of your teeth and gums	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	
EOH9.6	OH9.6	Categorical	Feeling uncomfortable because of the appearance of your teeth	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	
EOH9.7	OH9.7	Categorical	Reduce participation in social activities due to oral condition	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	
EOH10	OH10	Including items EOH10.1 and EOH10.2	in general, would you say your oral health is:		
EOH10.1	OH10.1	Categorical	teeth	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor	

Table OH. Oral Health					
V Code	Variable name	Variable type	description	coding/unit	comment
EA1	A1	Characteristic	Interviewee's name and surname		
EOH10.2	OH10.2	Categorical	gums	1. Very often 2. Fairly often 3. Occasionally 4. Never 5. I don't know.	

# Psychology Questionnaire

Table MMSE. Psychology					
V Code	Variable name	Variable type	description	coding/unit	comment
EMMSE1.1	MMSE1.1	Discrete	Being aware of the time What day is today? What is the date today? (Day / month / year) What's the season?	1 point for each item	
EMMSE1.2	MMSE1.2	Discrete	Being aware of the place What's the name of this place? What floor of the building are we on? What city are we in? What province are we in? What country are we in?	1 point for each item	
EMMSE1.3	MMSE1.3	Discrete	I am going to name 3 objects. After I have said them, I want you to repeat them back to me. Remember what they are because I will ask you to name them back to me. توپ سبب پرچم میز درخت کفش	1 point for each item	Due to the Persian language of the interviewees, the sentences and words in this section are Persian. If, 3 items are repeated regardless of order, score 3 points.
EMMSE1.4	MMSE1.4	Discrete	Serial 7 subtraction starting at 100 or now I am going to spell a words forward and I want you to spell it backwards. The Word is "ایران" or "لیوان".		Due to the Persian language of the interviewees, the sentences and words in this section are Persian. (score of 5)
EMMSE1.5	MMSE1.5	Discrete	Please repeat this sentence.	1 point	



Table MMSE. Psychology					
V Code	Variable name	Variable type	description	coding/unit	comment
			(تاجر تجارت توپ می کند)		
EMMSE1.6	MMSE1.6	Discrete	Please read the following and do what it says. Write "Close your eyes" on a piece of paper. Ask the person to read it and do it.	1 point	
EMMSE1.7	MMSE1.7	Discrete	Please copy this drawing.	1 point	
EMMSE1.8	MMSE1.8	Discrete	Please write a sentence. Write any complete sentence on this piece of paper for me.	1 point	
EMMSE1.9	MMSE1.9	Discrete	What are the 3 objects I asked you to remember a few moments ago? (توپ, پرچم, درخت)	1 point for each item	Score of 3
EMMSE1.10	MMSE1.10	Discrete	What is this called? (show the watch and pen to the participant)	1 point for each item	Score of 2
EMMSE1.11	MMSE1.11	Discrete	Take this piece of paper in your right hand, fold it in half with both hands, and put it on the ground.	1 point for each item	Score of 3

Table MoCA. Psychology					
V Code	Variable name	Variable type	description	coding/unit	comment
EMoCA1	MoCA1	Discrete	Visuospatial / Executive	1 point	
EMoCA2	MoCA2	Discrete	Please draw the cube.	1 point	
EMoCA3	MoCA3	Discrete	Draw CLOCK. (Ten past eleven)	1 point for each item	1 point for each item (Contour, Number, Hands)
EMoCA4	MoCA4	Discrete	Naming	1 point for each item	Score of 3
EMoCA5	MoCA5	Discrete	Attention Read the list of numbers (one number per second) The person must repeat it in the same	1 point for each item	Score of 2



Table MoCA. Psychology					
V Code	Variable name	Variable type	description	coding/unit	comment
			order. 4, 5, 8, 1, 2 () The person has to repeat it the opposite. 2, 4, 7 ()		
EMoCA6	MoCA6	Discrete	Read the list of letters. When a person hears the letter (B), he/she taps on something by his/her hand. If he makes two or more mistakes, he will not get points. ف چ س م ن ب ب ز ک ل چ ب ف ب ک د ر ب ب ب ز ب م و ف ب ب چ	1 point	
EMoCA7	MoCA7	Discrete	Serial 7 subtraction starting at 100. 93() 86() 79() 72() 65()	1 point for each item	4 or 5 correct subtractions: 3pts, 2 or 3 correct: 2pts, 1 correct: 1pts.
EMoCA8	MoCA8	Discrete	Language. Please repeat it. من فقط می دانم رضا کسی است که امروز کمک می کند. وقتی سگها در اتاق بودند، گربه همیشه زیر مبل پنهان می شد.	1 point for each item	Due to the Persian language of the interviewees, the sentences and words in this section are Persian.
EMoCA9	MoCA9	Discrete	Verbal fluency. Say the number of words that begin with the letter (m) of the alphabet, in one minute.	1 point	Allocate one point if the subject generates 11 words or more in 60 sec.
EMoCA10	MoCA10	Discrete	Abstraction. Similarly between e.g. banana - orange = fruit ( ) watch - ruler ( ) Train - bicycle	1 point for each item	Score of 2
EMoCA11	MoCA11	Discrete	Delayed recall. The interviewee has to recall words without any cue. صورت - مخمل - بیمارستان - آفتاب گردان - قرمز	1 point for each item	Score of 5

Table MoCA. Psychology					
V Code	Variable name	Variable type	description	coding/unit	comment
EMoCA12	MoCA12	Discrete	Being aware of the time and place What day is today? What is the date today? (Day / month / year) What's the name of this place? What city are we in?	1 point for each item	Score of 6

Table RAVLT. Rey Auditory Verbal Learning Test (RAVLT-1)					
V Code	Variable name	Variable type	description	coding/unit	comment
E RAVLT1	RAVLT1	Including items RAVLT1.1 to RAVLT1.5	Repeat the list of words (A) 5 times in a row and register the answers in the order in which the person recounts. List A : دود، پول، رنگ، طبل، برف، فرش، عکس، نان، اسب، کفش، گل، ماه، چوب، مو، دوست		Due to the Persian language of the interviewees, the sentences and words in this section are Persian.
E RAVLT1.1	RAVLT1.1	Discrete	Trial 1		
E RAVLT1.2	RAVLT1.2	Discrete	Trial 2		
E RAVLT1.3	RAVLT1.3	Discrete	Trial 3		
E RAVLT1.4	RAVLT1.4	Discrete	Trial 4		
E RAVLT1.5	RAVLT1.5	Discrete	Trial 5		
E RAVLT2	RAVLT2	Including item RAVLT2.1	Read the list of B (B) words in sequence once, and register the answer in the order in which the person recounts. List B: بانک، دست، کارت، پارچ، گاو، شال، برگ، توپ، آش، عطر، پل، شمع، کیف، ابر، میز		Due to the Persian language of the interviewees, the sentences and words in this section are Persian.
E RAVLT2.1	RAVLT2.1	Discrete	Trial 1		
E RAVLT1.6	RAVLT1.6	Discrete	Recall list A immediately after completing list B.		
E RAVLT1.7	RAVLT1.7	Discrete	List A after 30 minutes		

Table RAVLT. Rey Auditory Verbal Learning Test (RAVLT-1)					
V Code	Variable name	Variable type	description	coding/unit	comment
E RAVLT1.8	RAVLT1.8	Discrete	Recognize the words in List A		

Table SS. Social Support					
V Code	Variable name	Variable type	description	coding/unit	comment
ESS1	SS1	Categorical	Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?	1. None 2. 1-2 people 3. More than 2 people	
ESS2	SS2	Categorical	How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?	1. None 2. Once 3. Twice 3. Three times 4. Four times 5. Five Times 6. Six times 7. Seven times and more	
ESS3	SS3	Categorical	How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?	1. None 2. Once 3. Twice 3. Three times 4. Four times 5. Five Times 6. Six times 7. Seven times and more	

Table SS. Social Support					
V Code	Variable name	Variable type	description	coding/unit	comment
ESS4	SS4	Categorical	About how often did you go to meetings of social associations, religious meetings, or other groups that you belong to in the past week?	1. None 2. Once 3. Twice 3. Three times 4. Four times 5. Five Times 6. Six times 7. Seven times and more	
ESS5	SS5	Categorical	Does it seem that your family and friends (people who are important to you) understand you?	1. Hardly ever 2. Some of the time 3. Most of the time	
ESS6	SS6	Categorical	Do you feel useful to your family and friends (people important to you)?	1. Hardly ever 2. Some of the time 3. Most of the time	
ESS7	SS7	Categorical	When you are talking with your family and friends, do you feel you are being listened to?	1. Hardly ever 2. Some of the time 3. Most of the time	
ESS8	SS8	Categorical	Do you feel you have a definite role (place) in your family and among your friends?	1. Hardly ever 2. Some of the time 3. Most of the time	
ESS9	SS9	Categorical	Can you talk about your deepest problems with at least some of your family and friends?	1. Hardly ever 2. Some of the time 3. Most of the time	
ESS10	SS10	Categorical	Do you think that you know what is going on with your family and friends?	1. Hardly ever 2. Some of the time 3. Most of the time	
ESS11	SS11	Categorical	How satisfied are you with the kinds of relationships you have with your family and friends?	1. Very dissatisfied 2. Somewhat dissatisfied 3. Satisfied	

Table SF-12.Quality of Life					
V Code	Variable name	Variable type	description	coding/unit	comment
ESF1	SF1	Categorical	In general, would you say your health is	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor	
ESF2	SF2	Categorical	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely	
ESF3	SF3	Categorical	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely	
<b>The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</b>					
ESF4	SF4	Categorical	Moderate activities, such as moving a table, pushing a vacuum cleaner, Doing light exercise	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
ESF5	SF5	Categorical	Climbing several flights of stairs	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
<b>During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</b>					
ESF6	SF6	Categorical	Accomplished less than you would like	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. Never	

Table SF-12.Quality of Life					
V Code	Variable name	Variable type	description	coding/unit	comment
ESF7	SF7	Categorical	Were limited in the kind of work or other activities	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. Never	
<b>During the past 4 weeks, how much of the time 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)?</b>					
ESF8	SF8	Categorical	Accomplished less than you would like	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. Never	
ESF9	SF9	Categorical	Were limited in the kind of work or other activities	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. Never	
<b>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...</b>					
ESF10	SF10	Categorical	Have you felt calm and peaceful	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. Never	
ESF11	SF11	Categorical	Did you have a lot of energy	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. Never	



Table SF-12. Quality of Life					
V Code	Variable name	Variable type	description	coding/unit	comment
ESF12	SF12	Categorical	Have you felt downhearted and depressed	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. Never	

Table LS. Life Satisfaction					
V Code	Variable name	Variable type	description	coding/unit	comment
ELS1	LS1	Categorical	In most cases, my life has been close to my ideals.	1. I totally agree. 2. I almost agree. 3. Medium 4. I almost disagree. 5. I completely disagree.	
ELS2	LS2	Categorical	My living conditions are great.	1. I totally agree. 2. I almost agree. 3. Medium 4. I almost disagree. 5. I completely disagree.	
ELS3	LS3	Categorical	I am satisfied with my life.	1. I totally agree. 2. I almost agree. 3. Medium 4. I almost disagree. 5. I completely disagree.	
ELS4	LS4	Categorical	So far, I have achieved everything I wanted in life.	1. I totally agree. 2. I almost agree. 3. Medium 4. I almost disagree. 5. I completely disagree.	



Table LS. Life Satisfaction					
V Code	Variable name	Variable type	description	coding/unit	comment
ELS5	LS5	Categorical	If I could live again, approximately I wouldn't change anything.	1. I totally agree. 2. I almost agree. 3. Medium 4. I almost disagree. 5. I completely disagree.	

Table LO. Loneliness					
V Code	Variable name	Variable type	description	coding/unit	comment
ELO1	LO1	Categorical	In general, I feel absurd.	1. Yes 2. More or less 3. No	
ELO2	LO2	Categorical	There are many people I can rely on when I have problems.	1. Yes 2. More or less 3. No	
ELO3	LO3	Categorical	There are many people I can trust them completely.	1. Yes 2. More or less 3. No	
ELO4	LO4	Categorical	I miss being together.	1. Yes 2. More or less 3. No	
ELO5	LO5	Categorical	There are enough people I feel close to them.	1. Yes 2. More or less 3. No	
ELO6	LO6	Categorical	I frequently feel rejected.	1. Yes 2. More or less 3. No	

Table ANX. Anxiety (Iranian Version – HADS)					
V Code	Variable name	Variable type	description	coding/unit	comment
EANX1	ANX1	Categorical	During the last week, did you feel tense?	1. Most of the time 2. A lot of the time 3. From time to time, occasionally 4. Not at all	
EANX2	ANX2	Categorical	Have you been frightened as if something awful is about to happen?	1. Yes, very definitely and quite badly 2. Yes, but not too badly 3. A little, but it doesn't worry me 4. Not at all	
EANX3	ANX3	Categorical	Do you have worrying thoughts going through your mind?	1. A great deal of the time 2. A lot of the time 3. From time to time, but not too often 4. Only occasionally	
EANX4	ANX4	Categorical	Can you sit at ease and feel relaxed?	1. Definitely 2. Usually 3. Not often 4. Not at all	
EANX5	ANX5	Categorical	Have you felt frightened like you have butterflies in your stomach?	1. Not at all 2. Occasionally 3. Quite often 4. Very often	
EANX6	ANX6	Categorical	Have you felt restless as you have to be on the move?	1. Very much indeed 2. Quite a lot 3. Not very much 4. Not at all	

Table ANX. Anxiety (Iranian Version – HADS)					
V Code	Variable name	Variable type	description	coding/unit	comment
EANX7	ANX7	Categorical	Do you get sudden feelings of panic?	1. Very often indeed 2. Quite a lot 3. Not very much 4. Not at all	

Table CES-D10. Depression					
V Code	Variable name	Variable type	description	coding/unit	comment
ECES1	CES1	Categorical	I was bothered by things that usually don't bother me.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES2	CES2	Categorical	During the past week, I had trouble keeping my mind on what I was doing.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES3	CES3	Categorical	During the past week, I felt depressed.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES4	CES4	Categorical	During the past week, I felt that everything I did was an effort.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES5	CES5	Categorical	During the past week, I felt hopeful about the future.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	

Table CES-D10. Depression					
V Code	Variable name	Variable type	description	coding/unit	comment
ECES6	CES6	Categorical	During the past week, I felt fearful.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES7	CES7	Categorical	During the past week, My sleep was restless.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES8	CES8	Categorical	During the past week, I wasn't happy.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES9	CES9	Categorical	During the past week, I felt lonely.	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	
ECES10	CES10	Categorical	During the past week, I could not "get going."	1. None of the time 2. A little of the time 3. A moderate amount of time or occasionally 4. All of the time	

# Sleep Questionnaire

Table SQ. Sleep Quality (The Pittsburgh Sleep Quality Index (PSQI))					
V Code	Variable name	Variable type	description	coding/unit	comment
ESQ1	SQ1	Including items ESQ1.1 & ESQ1.2	During the past month, what time have you usually gone to bed at night?		
ESQ1.1	SQ1.1	Discrete	Non-holiday days	Hour. Minute	
ESQ1.2	SQ1.2	Discrete	holiday days	Hour. Minute	
ESQ2	SQ2	Discrete	During the past month, how long (in minutes) has it usually taken you to fall asleep each night?	Minute	
ESQ3	SQ3	Including items ESQ3.1 & ESQ3.2	During the past month, what time have you usually gotten up in the morning?		
ESQ3.1	SQ3.1	Discrete	Non-holiday days	Hour. Minute	
ESQ3.2	SQ3.2	Discrete	holiday days	Hour. Minute	
ESQ4.1	SQ4.1	Discrete	During the past month, how many hours of actual sleep did you get at night?	Hour	
ESQ4.2	SQ4.2	Discrete	How many hours did you spend in bed?	Hour	
			During the past month, how often have you had trouble sleeping because you...		
ESQ5	SQ5	Categorical	Cannot get to sleep within 30 minutes	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	

Table SQ. Sleep Quality (The Pittsburgh Sleep Quality Index (PSQI))					
V Code	Variable name	Variable type	description	coding/unit	comment
ESQ6	SQ6	Categorical	Wake up in the middle of the night or early morning	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ7	SQ7	Categorical	Have to get up to use the bathroom	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ8	SQ8	Categorical	Cannot breathe comfortably	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ9	SQ9	Categorical	Cough or snore loudly	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	

Table SQ. Sleep Quality (The Pittsburgh Sleep Quality Index (PSQI))					
V Code	Variable name	Variable type	description	coding/unit	comment
ESQ10	SQ10	Categorical	Feel too cold	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ11	SQ11	Categorical	Feel too hot	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ12	SQ12	Categorical	Have bad dreams	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ13	SQ13	Categorical	Have pain	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	



Table SQ. Sleep Quality (The Pittsburgh Sleep Quality Index (PSQI))					
V Code	Variable name	Variable type	description	coding/unit	comment
ESQ14	SQ14	Categorical	Other reason(s), please describe:	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ15	SQ15	Categorical	During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”)?	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ16	SQ16	Categorical	During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	
ESQ17	SQ17	Categorical	During the past month, how often you have a problem has it been for you to keep up enough enthusiasm to get things done?	1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. three or more times a week	

Table SQ. Sleep Quality (The Pittsburgh Sleep Quality Index (PSQI))					
V Code	Variable name	Variable type	description	coding/unit	comment
ESQ18	SQ18	Categorical	During the past month, how would you rate your sleep quality overall?	1. Very good 2. Fairly good 3. Fairly bad 4. Very bad	

Table SB. Sleep (Berlin Questionnaire)					
V Code	Variable name	Variable type	description	coding/unit	comment
ESB1	SB1	Categorical	Do you snore?	1. Yes 2. No 3. Don't know	
ESB2	SB2	Categorical	Your snoring is...	1. Slightly louder than breathing 2. As loud as talking 3. Louder than talking 4. Very loud, can be heard in adjacent rooms	
ESB3	SB3	Categorical	How often do you snore?	1. Nearly every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. never or nearly never	
ESB4	SB4	Categorical	Has your snoring ever bothered other people?	1. Yes 2. No 3. Don't know	
ESB5	SB5	Categorical	Has anyone noticed that you quit breathing during your sleep?	1. Nearly every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. never or nearly never	

Table SB. Sleep (Berlin Questionnaire)					
V Code	Variable name	Variable type	description	coding/unit	comment
ESB6	SB6	Categorical	How often do you feel tired or fatigued after your sleep?	1. Nearly every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. never or nearly never	
ESB7	SB7	Categorical	During your wake time, do you feel tired, fatigued, or not up to par?	1. Nearly every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. never or nearly never	
ESB8	SB8	Dichotomous	Have you ever nodded off or fallen asleep while driving a vehicle?	1. Yes 2. No	
ESB9	SB9	Categorical	If the answer to the question SB8 is yes; how often does it occur	1. Nearly every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. never or nearly never	

Table SEP. Drowsiness (Epworth sleepiness scale)					
V Code	Variable name	Variable type	description	coding/unit	comment
How likely are you to nod off or fall asleep in the following situations, in contrast to feeling just tired?					
E SEP1	SEP1	Categorical	Sitting and reading	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	

Table SEP. Drowsiness (Epworth sleepiness scale)					
V Code	Variable name	Variable type	description	coding/unit	comment
E SEP2	SEP2	Categorical	Watching TV	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	
E SEP3	SEP3	Categorical	Sitting, inactive, in a public place (e.g., in a meeting, theater, or dinner event)	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	
E SEP4	SEP4	Categorical	As a passenger in a car for an hour or more without stopping for a break	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	
E SEP5	SEP5	Categorical	Lying down to rest when circumstances permit	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	

Table SEP. Drowsiness (Epworth sleepiness scale)					
V Code	Variable name	Variable type	description	coding/unit	comment
E SEP6	SEP6	Categorical	Sitting and talking to someone	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	
E SEP7	SEP7	Categorical	Sitting for a meal	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	
E SEP8	SEP8	Categorical	In a car, while stopped for a few minutes in traffic or at a light	1. Would never nod off 1-2 times a week 2. Slight chance of nodding off 3. Moderate chance of nodding off 4. High chance of nodding off	

# Anthropometric Questionnaire

Table Hand Grip Test. Hand Grip Power Test					
V Code	Variable name	Variable type	description	coding/unit	comment
ERightHandGrip1	RightHandGrip1	Discrete	The first measure of the right hand		
ERightHandGrip2	RightHandGrip2	Discrete	The second measure of the right hand		
ERightHandGrip3	RightHandGrip3	Discrete	The third measure of the right hand		
ERightHandGrip4	RightHandGrip4	Categorical	Has the right-hand test been completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
ERightHandGrip5	RightHandGrip5	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
ELeftHandGrip1	LeftHandGrip1	Discrete	The first measure of the left hand		
ELeftHandGrip2	LeftHandGrip2	Discrete	The second measure of the left hand		
ELeftHandGrip3	LeftHandGrip3	Discrete	The third measure of the left hand		
ELeftHandGrip4	LeftHandGrip4	Categorical	Has the left-hand test been completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
ELeftHandGrip5	LeftHandGrip5	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	

Table Balancing					
V Code	Variable name	Variable type	description	coding/unit	comment
ESideBySide1	SideBySide1	Discrete	Stand time	Seconds	
ESideBySide2	SideBySide2	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	

Table Balancing					
V Code	Variable name	Variable type	description	coding/unit	comment
ESideBySide3	SideBySide3	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
ETandem1	Tandem1	Discrete	Stand time	Seconds	
ETandem2	Tandem2	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
ETandem3	Tandem3	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
ESemiTandem1	SemiTandem1	Discrete	Stand time	Seconds	
ESemiTandem2	SemiTandem2	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
ESemiTandem3	SemiTandem3	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	

Table Chair Stand Test (Repeated chair number)					
V Code	Variable name	Variable type	description	coding/unit	comment
ERepeatedChair Number1	RepeatedChair Number1		Time to complete five times	Seconds	
ERepeatedChair Number2	RepeatedChair Number2	Discrete	Count the number of times the person comes to a full standing position in 30 seconds.		
ERepeatedChair Number2.2	RepeatedChair Number2.2	Discrete	If less than five times enter the number:		



Table Chair Stand Test (Repeated chair number)					
V Code	Variable name	Variable type	description	coding/unit	comment
ERepeatedChair Number3	RepeatedChair Number3	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
ERepeatedChair Number4	RepeatedChair Number4	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	

Table Walk					
V Code	Variable name	Variable type	description	coding/unit	comment
ETimedUp andGoTest1	TimedUp andGoTest1	Discrete	Duration time	Seconds	
ETimedUp andGoTest2	TimedUp andGoTest2	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
ETimedUp andGoTest3	TimedUp andGoTest3	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
E4MeterWalk1	4MeterWalk1	Discrete	Duration time	Seconds	
E4MeterWalk2	4MeterWalk2	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
E4MeterWalk3	4MeterWalk3	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	

Table E. Body image					
V Code	Variable name	Variable type	description	coding/unit	comment
EMan15	Man15	Categorical	15 years of age	Code 1 to7	

Table E. Body image					
V Code	Variable name	Variable type	description	coding/unit	comment
EMan25	Man25	Categorical	25 years of age	Code 1 to7	
EMan35	Man35	Categorical	35 years of age	Code 1 to7	
EMan45	Man45	Categorical	45 years of age	Code 1 to7	
EMan55	Man55	Categorical	55 years of age	Code 1 to7	
EWoman15	Woman15	Categorical	15 years of age	Code 1 to9	
EWoman25	Woman25	Categorical	25 years of age	Code 1 to9	
EWoman35	Woman35	Categorical	35 years of age	Code 1 to9	
EWoman45	Woman45	Categorical	45 years of age	Code 1 to9	
EWoman55	Woman55	Categorical	55 years of age	Code 1 to9	
EWoman PrePregnancy	Woman PrePregnancy	Categorical	Before the first pregnancy	Code 1 to9	
ElfShorter Than20or30	IfShorter Than20or30	Dichotomous	Are you shorter NOW than when you were in your 20s or 30s?	1. Yes 2. No	
EHeight Around25	Height Around25	Continuous	How tall were you without shoes on at about age 25? (cm) If you don't remember exactly give your best estimate.		
EHeight EvaluationAt10	Height EvaluationAt10	Categorical	When you were about 10 years old, compared to average, would you describe yourself as:	1. Shorter 2. Taller 3. similar	
EWeight EvaluationAt10	Weight EvaluationAt10	Categorical	When you were about 10 years old, compared to average, would you describe yourself as:	1. Thinner 2. Plumper 3. similar	
EHairBecome WhiteAge	HairBecome WhiteAge	Discrete	If your hair is naturally grey now, at about what age did your hair begin to go grey		

Table Physical Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
EHeight	Height	Discrete	Height		

Table Physical Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
EHeight_Completed	Height_Completed	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
EHeight_Check	Height_Check	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
EDemispon	Demispon	Continuous	Demispon		
EDemispon_Completed	Demispon_Completed	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
EDemispon_Check	Demispon_Check	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
EOlna	Olna	Continuous	Olna length		
EOlna_Completed	Olna_Completed	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
EOlna_Check	Olna_Check	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
EKnee	Knee	Continuous	Knee height		
EKnee_Completed	Knee_Completed	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
EKnee_Check	Knee Check	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
EWaist	Waist	Continuous	Waist circumference		

Table Physical Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
EWaist_Completed	Waist_Completed	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
EWaist_Check	Waist_Check	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
EHip	Hip	Continuous	Hip circumference		
EHip_Completed	Hip_Completed	Categorical	Was this test completed?	1. Yes sir 2. No. 3. Not completed 4. Not done	
EHip_Check	Hip_Check	Categorical	If the test not completed or done, describe the reason(s)	1. Yes sir 2. No. 3. Not completed 4. Not done	
EWrist	Wrist	Continuous	Wrist circumference		
EWrist_Completed	Wrist_Completed	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
EWrist_Check	Wrist_Check	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	
ENeck	Neck	Continuous	Neck circumference		
ENeck_Completed	Neck_Completed	Categorical	Was this test completed?	1. Yes 2. No 3. Not attempted 4. Not completed	
ENeck_Check	Neck_Check	Categorical	If the test not completed or done, describe the reason(s)	1. Physical limitations 2. Refusal 3. Others	

Table Physical Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
EBMI	BMI	Continuous	Body Mass Index		
EMain_Weight	Main_Weight	Continuous	Weight		
EInbody_Checked	Inbody_Checked	Dichotomous	Inbody770 device measurement	1. Yes 2. No	

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
RegistrationDate	Date of Registration	Date	Date of Registration	yyyy.mm.dd	
Test_Date	Test Date / Time	Date	Test Date / Time	yyyy.mm.dd	
Height	Height	Continuous	Height	CM	
Weight	Weight	Continuous	Weight	KG	
LL_WNR	LL_WNR	Continuous	Lower Limit (Weight Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_WNR	UL_WNR	Continuous	Upper Limit (Weight Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
TBW	TBW	Continuous	TBW (Total Body Water)	L	
LL_TBW	LL_TBW	Continuous	Lower Limit (TBW Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_TBW	UL_TBW	Continuous	Upper Limit (TBW Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ICW	ICW	Continuous	ICW (Intracellular Water)	L	
LL_ICW	LL_ICW	Continuous	Lower Limit (ICW Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
UL_ICW	UL_ICW	Continuous	Upper Limit (ICW Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ECW	ECW	Continuous	ECW (Extracellular Water)	L	
LL_ECW	LL_ECW	Continuous	Lower Limit (ECW Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ECW	UL_ECW	Continuous	Upper Limit (ECW Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
PROT	PROT	Continuous	Protein	KG	
LL_PROT	LL_PROT	Continuous	Lower Limit (Protein Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_PROT	UL_PROT	Continuous	Upper Limit (Protein Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
MINERAL	MINERAL	Continuous	Minerals	KG	
LL_MINERAL	LL_MINERAL	Continuous	Lower Limit (Minerals Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_MINERAL	UL_MINERAL	Continuous	Upper Limit (Minerals Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
BFM	BFM	Continuous	BFM (Body Fat Mass)	KG	
LL_BFM	LL_BFM	Continuous	Lower Limit (BFM Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_BFM	UL_BFM	Continuous	Upper Limit (BFM Normal Range)	KG	It is given by Inbody automatically, based on



Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
					the interviewee's characteristics.
SLM	SLM	Continuous	SLM (Soft Lean Mass)	KG	
LL_SLM	LL_SLM	Continuous	Lower Limit (SLM Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_SLM	UL_SLM	Continuous	Upper Limit (SLM Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
FFM	FFM	Continuous	FFM (Fat Free Mass)	KG	
LL_FFM	LL_FFM	Continuous	Lower Limit (FFM Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_FFM	UL_FFM	Continuous	Upper Limit (FFM Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
SMM	SMM	Continuous	SMM (Skeletal Muscle Mass)	KG	
LL_SMM	LL_SMM	Continuous	Lower Limit (SMM Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_SMM	UL_SMM	Continuous	Upper Limit (SMM Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
BMI	BMI	Continuous	BMI (Body Mass Index)	KG/m <sup>2</sup>	
LL_BMI	LL_BMI	Continuous	Lower Limit (BMI Normal Range)	KG/m <sup>2</sup>	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_BMI	UL_BMI	Continuous	Upper Limit (BMI Normal Range)	KG/m <sup>2</sup>	It is given by Inbody automatically, based on the interviewee's characteristics.



Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
PBF	PBF	Continuous	PBF (Percent Body Fat)	%	
LL_PBF	LL_PBF	Continuous	Lower Limit (PBF Normal Range)	%	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_PBF	UL_PBF	Continuous	Upper Limit (PBF Normal Range)	%	It is given by Inbody automatically, based on the interviewee's characteristics.
FFM_R_Arm	FFM_R_Arm	Continuous	FFM of Right Arm	KG	
LL_FFM_R_Arm	LL_FFM_R_Arm	Continuous	Lower Limit (FFM of Right Arm Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_FFM_R_Arm	UL_FFM_R_Arm	Continuous	Upper Limit (FFM of Right Arm Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
FFM_R_Arm_Per	FFM_R_Arm_Per	Continuous	FFM% of Right Arm	%	
FFM_L_Arm	FFM_L_Arm	Continuous	FFM of Left Arm	KG	
LL_FFM_L_Arm	LL_FFM_L_Arm	Continuous	Lower Limit (FFM of Left Arm Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_FFM_L_Arm	UL_FFM_L_Arm	Continuous	Upper Limit (FFM of Left Arm Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
FFM_L_Arm_Per	FFM_L_Arm_Per	Continuous	FFM% of Left Arm	%	
FFM_Trunk	FFM_Trunk	Continuous	FFM of Trunk	KG	
LL_FFM_Trunk	LL_FFM_Trunk	Continuous	Lower Limit (FFM of Trunk Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_FFM_Trunk	UL_FFM_Trunk	Continuous	Upper Limit (FFM of Trunk Normal Range)	KG	It is given by Inbody automatically, based on

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
					the interviewee's characteristics.
FFM_Trunk_Per	FFM_Trunk_Per	Continuous	FFM% of Trunk	%	
FFM_R_Leg	FFM_R_Leg	Continuous	FFM of Right Leg	KG	
LL_FFM_R_Leg	LL_FFM_R_Leg	Continuous	Lower Limit (FFM of Right Leg Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_FFM_R_Leg	UL_FFM_R_Leg	Continuous	Upper Limit (FFM of Right Leg Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
FFM_R_Leg_Per	FFM_R_Leg_Per	Continuous	FFM% of Right Leg	%	
FFM_L_Leg	FFM_L_Leg	Continuous	FFM of Left Leg	KG	
LL_FFM_L_Leg	LL_FFM_L_Leg	Continuous	Lower Limit (FFM of Left Leg Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_FFM_L_Leg	UL_FFM_L_Leg	Continuous	Upper Limit (FFM of Left Leg Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
FFM_L_Leg_Per	FFM_L_Leg_Per	Continuous	FFM% of Left Leg	%	
TBW_R_Arm	TBW_R_Arm	Continuous	TBW of Right Arm	L	
LL_TBW_R_Arm	LL_TBW_R_Arm	Continuous	Lower Limit (TBW of Right Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_TBW_R_Arm	UL_TBW_R_Arm	Continuous	Upper Limit (TBW of Right Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
TBW_L_Arm	TBW_L_Arm	Continuous	TBW of Left Arm	L	
LL_TBW_L_Arm	LL_TBW_L_Arm	Continuous	Lower Limit (TBW of Left Arm Normal Range)	L	It is given by Inbody automatically, based on

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
					the interviewee's characteristics.
UL_TBW_L_Arm	UL_TBW_L_Arm	Continuous	Upper Limit (TBW of Left Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
TBW_Trunk	TBW_Trunk	Continuous	TBW of Trunk	L	
LL_TBW_Trunk	LL_TBW_Trunk	Continuous	Lower Limit (TBW of Trunk Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_TBW_Trunk	UL_TBW_Trunk	Continuous	Upper Limit (TBW of Trunk Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
TBW_R_Leg	TBW_R_Leg	Continuous	TBW of Right Leg	L	
LL_TBW_R_Leg	LL_TBW_R_Leg	Continuous	Lower Limit (TBW of Right Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_TBW_R_Leg	UL_TBW_R_Leg	Continuous	Upper Limit (TBW of Right Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
TBW_L_Leg	TBW_L_Leg	Continuous	TBW of Left Leg	L	
LL_TBW_L_Leg	LL_TBW_L_Leg	Continuous	Lower Limit (TBW of Left Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_TBW_L_Leg	UL_TBW_L_Leg	Continuous	Upper Limit (TBW of Left Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ICW_R_Arm	ICW_R_Arm	Continuous	ICW of Right Arm	L	
LL_ICW_R_Arm	LL_ICW_R_Arm	Continuous	Lower Limit (ICW of Right Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
UL_ICW_R_Arm	UL_ICW_R_Arm	Continuous	Upper Limit (ICW of Right Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ICW_L_Arm	ICW_L_Arm	Continuous	ICW of Left Arm	L	
LL_ICW_L_Arm	LL_ICW_L_Arm	Continuous	Lower Limit (ICW of Left Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ICW_L_Arm	UL_ICW_L_Arm	Continuous	Upper Limit (ICW of Left Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ICW_Trunk	ICW_Trunk	Continuous	ICW of Trunk	L	
LL_ICW_Trunk	LL_ICW_Trunk	Continuous	Lower Limit (ICW of Trunk Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ICW_Trunk	UL_ICW_Trunk	Continuous	Upper Limit (ICW of Trunk Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ICW_R_Leg	ICW_R_Leg	Continuous	ICW of Right Leg	L	
LL_ICW_R_Leg	LL_ICW_R_Leg	Continuous	Lower Limit (ICW of Right Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ICW_R_Leg	UL_ICW_R_Leg	Continuous	Upper Limit (ICW of Right Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ICW_L_Leg	ICW_L_Leg	Continuous	ICW of Left Leg	L	
LL_ICW_L_Leg	LL_ICW_L_Leg	Continuous	Lower Limit (ICW of Left Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
UL_ICW_L_Leg	UL_ICW_L_Leg	Continuous	Upper Limit (ICW of Left Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ECW_R_Arm	ECW_R_Arm	Continuous	ECW of Right Arm	L	
LL_ECW_R_Arm	LL_ECW_R_Arm	Continuous	Lower Limit (ECW of Right Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ECW_R_Arm	UL_ECW_R_Arm	Continuous	Upper Limit (ECW of Right Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ECW_L_Arm	ECW_L_Arm	Continuous	ECW of Left Arm	L	
LL_ECW_L_Arm	LL_ECW_L_Arm	Continuous	Lower Limit (ECW of Left Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ECW_L_Arm	UL_ECW_L_Arm	Continuous	Upper Limit (ECW of Left Arm Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ECW_Trunk	ECW_Trunk	Continuous	ECW of Trunk	L	
LL_ECW_Trunk	LL_ECW_Trunk	Continuous	Lower Limit (ECW of Trunk Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ECW_Trunk	UL_ECW_Trunk	Continuous	Upper Limit (ECW of Trunk Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ECW_R_Leg	ECW_R_Leg	Continuous	ECW of Right Leg	L	
LL_ECW_R_Leg	LL_ECW_R_Leg	Continuous	Lower Limit (ECW of Right Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.



Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
UL_ECW_R_Leg	UL_ECW_R_Leg	Continuous	Upper Limit (ECW of Right Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ECW_L_Leg	ECW_L_Leg	Continuous	ECW of Left Leg	L	
LL_ECW_L_Leg	LL_ECW_L_Leg	Continuous	Lower Limit (ECW of Left Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_ECW_L_Leg	UL_ECW_L_Leg	Continuous	Upper Limit (ECW of Left Leg Normal Range)	L	It is given by Inbody automatically, based on the interviewee's characteristics.
ECW_TBW	ECW_TBW	Continuous	ECW/TBW	-	
ECW_TBW_RArm	ECW_TBW_RArm	Continuous	ECW/TBW of Right Arm	-	
ECW_TBW_LArm	ECW_TBW_LArm	Continuous	ECW/TBW of Left Arm	-	
ECW_TBW_Trunk	ECW_TBW_Trunk	Continuous	ECW/TBW of Trunk	-	
ECW_TBW_RLeg	ECW_TBW_RLeg	Continuous	ECW/TBW of Right Leg	-	
ECW_TBW_LLeg	ECW_TBW_LLeg	Continuous	ECW/TBW of Left Leg	-	
BFM_R_Arm	BFM_R_Arm	Continuous	BFM of Right Arm	KG	
BFM_R_Arm_Per	BFM_R_Arm_Per	Continuous	BFM% of Right Arm	%	
BFM_L_Arm	BFM_L_Arm	Continuous	BFM of Left Arm	KG	
BFM_L_Arm_Per	BFM_L_Arm_Per	Continuous	BFM% of Left Arm	%	
BFM_Trunk	BFM_Trunk	Continuous	BFM of Trunk	KG	
BFM_Trunk_Per	BFM_Trunk_Per	Continuous	BFM% of Trunk	%	
BFM_R_Leg	BFM_R_Leg	Continuous	BFM of Right Leg	KG	
BFM_R_Leg_Per	BFM_R_Leg_Per	Continuous	BFM% of Right Leg	%	
BFM_L_Leg	BFM_L_Leg	Continuous	BFM of Left Leg	KG	
BFM_L_Leg_Per	BFM_L_Leg_Per	Continuous	BFM% of Left Leg	%	
Inbody_Score	Inbody_Score	Continuous	InBody Score	points	
Target_Weight	Target_Weight	Continuous	Target Weight	KG	

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
Weight_Ctrl	Weight_Ctrl	Continuous	Weight Control	KG	
BFM_Ctrl	BFM_Ctrl	Continuous	BFM Control	KG	
FFM_Ctrl	FFM_Ctrl	Continuous	FFM Control	KG	
BMR	BMR	Continuous	BMR (Basal Metabolic Rate)	Kcal	
WHR	WHR	Continuous	WHR (Waist-Hip Ratio)	-	
LL_WHR	LL_WHR	Continuous	Lower Limit (WHR Normal Range)	-	It is given by Inbody automatically, based on the interviewee's characteristics.
UL_WHR	UL_WHR	Continuous	Upper Limit (WHR Normal Range)	-	It is given by Inbody automatically, based on the interviewee's characteristics.
VFL	VFL	Continuous	VFL (Visceral Fat Level)	-	
VFA	VFA	Continuous	VFA (Visceral Fat Area)	cm <sup>2</sup>	
Obs_Deg	Obs_Deg	Continuous	Obesity Degree	-	
LL_Obs_Deg	LL_Obs_Deg	Continuous	Lower Limit (Obesity Degree Normal Range)	-	It is given by Inbody automatically, based on the interviewee's characteristics.
UP_Obs_Deg	UP_Obs_Deg	Continuous	Upper Limit (Obesity Degree Normal Range)	-	It is given by Inbody automatically, based on the interviewee's characteristics.
BCM	BCM	Continuous	BCM (Body Cell Mass)	KG	
LL_BCM	LL_BCM	Continuous	Lower Limit (BCM Normal Range)	KG	
UL_BCM	UL_BCM	Continuous	Upper Limit (BCM Normal Range)	KG	
AC	AC	Continuous	AC (Arm Circumference)	cm	
AMC	AMC	Continuous	AMC (Arm Muscle Circumference)	cm	
BMC	BMC	Continuous	BMC (Bone Mineral Content)	KG	
LL_BMC	LL_BMC	Continuous	Lower Limit (BMC Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.



Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
UL_BMC	UL_BMC	Continuous	Upper Limit (BMC Normal Range)	KG	It is given by Inbody automatically, based on the interviewee's characteristics.
TBW_FFM	TBW_FFM	Continuous	TBW/FFM	-	
FFMI	FFMI	Continuous	FFMI (Fat Free Mass Index)	-	
FMI	FMI	Continuous	FMI (Fat Mass Index)	-	
1kHz-RA	1kHz-RA	Continuous	1kHz-RA Impedance	Z ( $\Omega$ )	
1kHz-LA	1kHz-LA	Continuous	1kHz-LA Impedance	Z ( $\Omega$ )	
1kHz-TR	1kHz-TR	Continuous	1kHz-TR Impedance	Z ( $\Omega$ )	
1kHz-RL	1kHz-RL	Continuous	1kHz-RL Impedance	Z ( $\Omega$ )	
1kHz-LL	1kHz-LL	Continuous	1kHz-LL Impedance	Z ( $\Omega$ )	
5kHz-RA	5kHz-RA	Continuous	5kHz-RA Impedance	Z ( $\Omega$ )	
5kHz-LA	5kHz-LA	Continuous	5kHz-LA Impedance	Z ( $\Omega$ )	
5kHz-TR	5kHz-TR	Continuous	5kHz-TR Impedance	Z ( $\Omega$ )	
5kHz-RL	5kHz-RL	Continuous	5kHz-RL Impedance	Z ( $\Omega$ )	
5kHz-LL	5kHz-LL	Continuous	5kHz-LL Impedance	Z ( $\Omega$ )	
50kHz-RA	50kHz-RA	Continuous	50kHz-RA Impedance	Z ( $\Omega$ )	
50kHz-LA	50kHz-LA	Continuous	50kHz-LA Impedance	Z ( $\Omega$ )	
50kHz-TR	50kHz-TR	Continuous	50kHz-TR Impedance	Z ( $\Omega$ )	
50kHz-RL	50kHz-RL	Continuous	50kHz-RL Impedance	Z ( $\Omega$ )	
50kHz-LL	50kHz-LL	Continuous	50kHz-LL Impedance	Z ( $\Omega$ )	
250kHz-RA	250kHz-RA	Continuous	250kHz-RA Impedance	Z ( $\Omega$ )	
250kHz-LA	250kHz-LA	Continuous	250kHz-LA Impedance	Z ( $\Omega$ )	
250kHz-TR	250kHz-TR	Continuous	250kHz-TR Impedance	Z ( $\Omega$ )	
250kHz-RL	250kHz-RL	Continuous	250kHz-RL Impedance	Z ( $\Omega$ )	
250kHz-LL	250kHz-LL	Continuous	250kHz-LL Impedance	Z ( $\Omega$ )	
500kHz-RA	500kHz-RA	Continuous	500kHz-RA Impedance	Z ( $\Omega$ )	
500kHz-LA	500kHz-LA	Continuous	500kHz-LA Impedance	Z ( $\Omega$ )	

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
500kHz-TR	500kHz-TR	Continuous	500kHz-TR Impedance	Z ( $\Omega$ )	
500kHz-RL	500kHz-RL	Continuous	500kHz-RL Impedance	Z ( $\Omega$ )	
500kHz-LL	500kHz-LL	Continuous	500kHz-LL Impedance	Z ( $\Omega$ )	
1000kHz-RA	1000kHz-RA	Continuous	1000kHz-RA Impedance	Z ( $\Omega$ )	
1000kHz-LA	1000kHz-LA	Continuous	1000kHz-LA Impedance	Z ( $\Omega$ )	
1000kHz-TR	1000kHz-TR	Continuous	1000kHz-TR Impedance	Z ( $\Omega$ )	
1000kHz-RL	1000kHz-RL	Continuous	1000kHz-RL Impedance	Z ( $\Omega$ )	
1000kHz-LL	1000kHz-LL	Continuous	1000kHz-LL Impedance	Z ( $\Omega$ )	
5kHz-RA_Re	5kHz-RA_Re	Continuous	5kHz-RA Reactance	Z ( $\Omega$ )	
5kHz-LA_Re	5kHz-LA_Re	Continuous	5kHz-LA Reactance	Z ( $\Omega$ )	
5kHz-TR_Re	5kHz-TR_Re	Continuous	5kHz-TR Reactance	Z ( $\Omega$ )	
5kHz-RL_Re	5kHz-RL_Re	Continuous	5kHz-RL Reactance	Z ( $\Omega$ )	
5kHz-LL_Re	5kHz-LL_Re	Continuous	5kHz-LL Reactance	Z ( $\Omega$ )	
50kHz-RA_Re	50kHz-RA_Re	Continuous	50kHz-RA Reactance	Z ( $\Omega$ )	
50kHz-LA_Re	50kHz-LA_Re	Continuous	50kHz-LA Reactance	Z ( $\Omega$ )	
50kHz-TR_Re	50kHz-TR_Re	Continuous	50kHz-TR Reactance	Z ( $\Omega$ )	
50kHz-RL_Re	50kHz-RL_Re	Continuous	50kHz-RL Reactance	Z ( $\Omega$ )	
50kHz-LL_Re	50kHz-LL_Re	Continuous	50kHz-LL Reactance	Z ( $\Omega$ )	
250kHz-RA_Re	250kHz-RA_Re	Continuous	250kHz-RA Reactance	Z ( $\Omega$ )	
250kHz-LA_Re	250kHz-LA_Re	Continuous	250kHz-LA Reactance	Z ( $\Omega$ )	
250kHz-TR_Re	250kHz-TR_Re	Continuous	250kHz-TR Reactance	Z ( $\Omega$ )	
250kHz-RL_Re	250kHz-RL_Re	Continuous	250kHz-RL Reactance	Z ( $\Omega$ )	
250kHz-LL_Re	250kHz-LL_Re	Continuous	250kHz-LL Reactance	Z ( $\Omega$ )	
50kHz-RA_Ang	50kHz-RA_Ang	Continuous	50kHz-RA Phase Angle	Z ( $\Omega$ )	
50kHz-LA_Ang	50kHz-LA_Ang	Continuous	50kHz-LA Phase Angle	Z ( $\Omega$ )	
50kHz-TR_Ang	50kHz-TR_Ang	Continuous	50kHz-TR Phase Angle	Z ( $\Omega$ )	
50kHz-RL_Ang	50kHz-RL_Ang	Continuous	50kHz-RL Phase Angle	Z ( $\Omega$ )	
50kHz-LL_Ang	50kHz-LL_Ang	Continuous	50kHz-LL Phase Angle	Z ( $\Omega$ )	

Table Physical Assessment using Inbody770 Device					
V Code	Variable name	Variable type	description	coding/unit	comment
50kHz-LL_Body	50kHz-LL_Body	Continuous	50kHz-Whole Body Phase Angle	Z ( $\Omega$ )	
Neck_cm	Neck_cm	Continuous	Measured Circumference of Neck	cm	
Chest_cm	Chest_cm	Continuous	Measured Circumference of Chest	cm	
Abdomen_cm	Abdomen_cm	Continuous	Measured Circumference of Abdomen	cm	
Hip_cm	Hip_cm	Continuous	Measured Circumference of Hip	cm	
R_Arm_cm	R_Arm_cm	Continuous	Measured Circumference of Right Arm	cm	
L_Arm_cm	L_Arm_cm	Continuous	Measured Circumference of Left Arm	cm	
R_Thigh_cm	R_Thigh_cm	Continuous	Measured Circumference of Right Thigh	cm	
L_Thigh_cm	L_Thigh_cm	Continuous	Measured Circumference of Left Thigh	cm	

# Physical Limitation Questionnaire

Table L. Instrumental Activity of Daily Living (Lawton IADL)					
V Code	Variable name	Variable type	description	coding/unit	comment
EL1	L1	Categorical	Ability to use telephone (look up numbers, dial, answer)	1. Independent 2. Assistant needed 3. dependent	
EL2	L2	Categorical	Traveling via car or public transportation	1. Independent 2. Assistant needed 3. dependent	
EL3	L3	Categorical	Shopping	1. Independent 2. Assistant needed 3. dependent	
EL4	L4	Categorical	Food preparation	1. Independent 2. Assistant needed 3. dependent	
EL5	L5	Categorical	Housekeeping	1. Independent 2. Assistant needed 3. dependent	
EL6	L6	Categorical	Laundry	1. Independent 2. Assistant needed 3. dependent	
EL7	L7	Categorical	Responsibility for own medications Medication use (Preparing and taking correct dose)	1. Independent 2. Assistant needed 3. dependent	
EL8	L8	Categorical	Ability to handle finances Management of money (write checks, pays bills)	1. Independent 2. Assistant needed 3. dependent	
EM1	M1	Categorical	eating food	1. Independent 2. Assistant needed 3. dependent	

Table L. Instrumental Activity of Daily Living (Lawton IADL)					
V Code	Variable name	Variable type	description	coding/unit	comment
EM2	M2	Categorical	dressing yourself up	1. Independent 2. Assistant needed 3. dependent	
EM3	M3	Categorical	bathing	1. Independent 2. Assistant needed 3. dependent	
EM4	M4	Categorical	Going or getting out of bed	1. Independent 2. Assistant needed 3. dependent	
EM5	M5	Categorical	toileting	1. Independent 2. Assistant needed 3. dependent	
EM6.1	M6.1	Categorical	Urine control	1. Independent 2. Assistant needed 3. dependent	
EM6.2	M6.2	Categorical	Stool control	1. Independent 2. Assistant needed 3. dependent	

Table O. Physical Function Limitation					
V Code	Variable name	Variable type	description	coding/unit	comment
E01	O1	Categorical	VIGOROUS activities (e.g. running, strenuous sports)	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E02	O2	Categorical	MODERATE activities (e.g. pushing a vacuum cleaner, playing golf)	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E03	O3	Categorical	climbing several flights of stairs	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	

Table O. Physical Function Limitation					
V Code	Variable name	Variable type	description	coding/unit	comment
E04	04	Categorical	climbing one flight of stairs	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E05	05	Categorical	Lifting or carrying shopping	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E06	06	Categorical	walking one kilometer	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E07	07	Categorical	walking half a kilometer	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E08	08	Categorical	walking 100 meters	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E09	09	Categorical	bending, kneeling or stooping	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	
E010	010	Categorical	bathing or dressing yourself	1. Yes limited a lot 2. Yes limited a little 3. No not limited at all	

# Medical and Clinical Questionnaire

Table Frac. Bone Fracture					
V Code	Variable name	Variable type	description	coding/unit	comment
EFrac1	Frac1	Dichotomous	Have you ever had broken/fractured bone? What type of fracture(s)?	1. Yes 2. No	
EFrac1.1	Frac1.1	Including items Frac1.1.1 to Frac1.1.3	Hip		
EFrac1.1.1	Frac1.1.1	Discrete	Age when broken	Year	
EFrac1.1.2	Frac1.1.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.1.3	Frac1.1.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac1.2	Frac1.2	Including items Frac1.2.1 to Frac1.2.3	Arm		
EFrac1.2.1	Frac1.2.1	Discrete	Age when broken	Year	
EFrac1.2.2	Frac1.2.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.2.3	Frac1.2.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac1.3	Frac1.3	Including items Frac1.3.1 to Frac1.3.3	Forearm		
EFrac1.3.1	Frac1.3.1	Discrete	Age when broken	Year	
EFrac1.3.2	Frac1.3.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.3.3	Frac1.3.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac1.4	Frac1.4	Including items Frac1.4.1 to Frac1.4.3	leg		



Table Frac. Bone Fracture					
V Code	Variable name	Variable type	description	coding/unit	comment
EFrac1.4.1	Frac1.4.1	Discrete	Age when broken	Year	
EFrac1.4.2	Frac1.4.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.4.3	Frac1.4.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac1.5	Frac1.5	Including items Frac1.5.1 to Frac1.5.3	Wrist		
EFrac1.5.1	Frac1.5.1	Discrete	Age when broken	Year	
EFrac1.5.2	Frac1.5.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.5.3	Frac1.5.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac1.6	Frac1.6	Including items Frac1.6.1 to Frac1.6.3	Spinal		
EFrac1.6.1	Frac1.6.1	Discrete	Age when broken	Year	
EFrac1.6.2	Frac1.6.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.6.3	Frac1.6.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac1.7	Frac1.7	Including items Frac1.7.1 to Frac1.7.3	Rib		
EFrac1.7.1	Frac1.7.1	Discrete	Age when broken	Year	
EFrac1.7.2	Frac1.7.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.7.3	Frac1.7.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac1.8	Frac1.8	Including items Frac1.8.1 to Frac1.8.3	Others		

Table Frac. Bone Fracture					
V Code	Variable name	Variable type	description	coding/unit	comment
EFrac1.8.1	Frac1.8.1	Discrete	Age when broken	Year	
EFrac1.8.2	Frac1.8.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EFrac1.8.3	Frac1.8.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EFrac2	Frac2	Categorical	What was the cause of the fracture?	1. Fall 2. Accident 3. Others	
EFrac3	Frac3	Categorical	Have your MOTHER ever broken or fractured her hip?	1. Yes 2. No 3. Don't know	
EFrac4	Frac4	Discrete	What age was your mother when she broke her hip		
EFrac5	Frac5	Categorical	Have your FATHER ever broken or fractured her hip?	1. Yes 2. No 3. Don't know	
EFrac6	Frac6	Discrete	What age was your father when he broke his hip?		

Table Osteo. Osteoporosis					
V Code	Variable name	Variable type	description	coding/unit	comment
EOsteo1	Osteo1	Dichotomous	Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle or weak bones?	1. Yes 2. No	
EOsteo2	Osteo2	Discrete	At what age, or in what year, were you first told you had osteoporosis?	Year	
EOsteo3	Osteo3	Categorical	What was the criterion for diagnosing it?	1. Radiography 2. Densitometry 3. Others	

Table Osteo. Osteoporosis					
V Code	Variable name	Variable type	description	coding/unit	comment
EOsteo4	Osteo4	Dichotomous	Have you ever taken any medications for osteoporosis?	1. Yes 2. No	
EOsteo5	Osteo5	Dichotomous	Are you currently taking medications for osteoporosis?	1. Yes 2. No	
EOsteo6	Osteo6	Dichotomous	Can you tell me the name of the drug(s) you are taking for osteoporosis	1. Yes. If yes please specify ..... 2. No	

Table Fall. Falling					
V Code	Variable name	Variable type	description	coding/unit	comment
EFall1	Fall1	Dichotomous	Have you fallen in the last year?	1. Yes 2. No	
EFall2	Fall2	Discrete	How many times have you fallen in the past 12 months?		
EFall3	Fall3	Dichotomous	Have you sought medical attention because of a fall in the last 12 months?	1. Yes 2. No	
EFall4	Fall4	Dichotomous	When you fell during the last 12 months, did you have a fracture?	1. Yes 2. No	
EFall5	Fall5	Dichotomous	When you fell during the last 12 months, did you have a fracture?	1. Yes 2. No	
EFall6	Fall6	Characteristic	If yes, Please describe		
EFall7	Fall7	Dichotomous	When you fell during the last 12 months, were you admitted to hospital?	1. Yes 2. No	
EFall8	Fall8	Date	if yes, What's its date?	dd.mm.yy	
EFall9	Fall9	Dichotomous	Have you ever had a blackout or fainted?	1. Yes 2. No	
EFall10	Fall10	Discrete	Approximately how many times have you had a blackout or fainted in the last year?		

Table Fall. Falling					
V Code	Variable name	Variable type	description	coding/unit	comment
EFall11	Fall11	Categorical	Are you afraid of falling?	1. Yes, Somewhat afraid of falling 2. Yes, Very much afraid of falling 3. No	
EFall12	Fall12	Dichotomous	Do you ever limit your activities, for example, what you do or where you go, because [you are afraid of falling?	1. Yes 2. No	
EFall13	Fall13	Categorical	When walking, do you feel ...	1. Very steady 2. Slightly steady 3. Slightly unsteady 4. very unsteady	
EFall14	Fall14	Categorical	When standing, do you feel ...	1. Very steady 2. Slightly steady 3. Slightly unsteady 4. very unsteady	
EFall15	Fall15	Categorical	When getting up from a chair, do you feel ...	1. Very steady 2. Slightly steady 3. Slightly unsteady 4. very unsteady	

Table Joint. Joint Replacement					
V Code	Variable name	Variable type	description	coding/unit	comment
EJoint1	joint1	Dichotomous	Have you had any joint replacements?	1. Yes 2. No	
EJoint2	joint2	Date	At what age, or in what year, had you a joint replacement?	dd.mm.yy	
EJoint3	joint3	Categorical	Which joints did you have replaced?	1. Hip 2. Both hips 3. Knee 4. Both knees	

Table Joint. Joint Replacement					
V Code	Variable name	Variable type	description	coding/unit	comment
Ejoint4	joint4	Categorical	Was the joint replacement(s) because of arthritis, a fracture or for some other reasons?	1. Arthritis 2. Fracture 3. Both arthritis and a fracture 4. Other reason	

Table Surg. Surgical History					
V Code	Variable name	Variable type	description	coding/unit	comment
Esurj1	surj1	Dichotomous	Have you ever had a surgery?	1. Yes 2. No	
Esurj1.1	surj1.1	Date	Date of surgery	mm.yy	
Esurj1.2	surj1.2	Characteristic	Reason for surgery		
Ecomplain1	Complain	Including items Complain1 to Complain6	How often are you troubled by:		
Ecomplain	Complain1	Categorical	Bleeding gums	1. Most days 2. Weekly 3. Fortnightly 4. Monthly 5. Never	
Ecomplain	Complain2	Categorical	Difficulty swallowing	1. Most days 2. Weekly 3. Fortnightly 4. Monthly 5. Never	
Ecomplain	Complain3	Categorical	Reflux/heartburn	1. Most days 2. Weekly 3. Fortnightly 4. Monthly 5. Never	

Table Surg. Surgical History					
V Code	Variable name	Variable type	description	coding/unit	comment
Ecomplain	Complain4	Categorical	constipation	1. Most days 2. Weekly 3. Fortnightly 4. Monthly 5. Never	
Ecomplain	Complain5	Categorical	Intestinal gas	1. Most days 2. Weekly 3. Fortnightly 4. Monthly 5. Never	
Ecomplain	Complain6	Categorical	diarrheal	1. Most days 2. Weekly 3. Fortnightly 4. Monthly 5. Never	
		Discrete	About how many bowel movements do you have each week/day?		

Table R. Reproductive History-Persian (Women)					
V Code	Variable name	Variable type	description	coding/unit	comment
ER1	R1	Discrete	Age (in years) at menarche—	year	
ER2	R2	Discrete	Age at menopause	year	
ER3	R3	Dichotomous	Did menopause occur normally?	1. Yes 2. No	
ER4	R4	Discrete	Number of full-term pregnancies		
ER5	R5	Discrete	Number of live pregnancies		
ER6	R6	Dichotomous	History of still birth?	1. Yes 2. No	
ER7	R7	Dichotomous	Birth history of a baby weighing less than 2,500 grams	1. Yes 2. No	

Table R. Reproductive History-Persian (Women)					
V Code	Variable name	Variable type	description	coding/unit	comment
ER8	R8	Dichotomous	History of ectopic pregnancy	1. Yes 2. No	
ER9	R9	Discrete	Mother's age at first pregnancy	year	
ER10	R10	Discrete	Mother's age at last pregnancy	year	
ER11	R11	Discrete	Mother's age at first live birth	year	
ER12	R12	Discrete	Number of abortions		
ER13	R13	Discrete	Age at first abortion	year	
ER14	R14	numeric	Total lactation time (in months)	months	Children separately
ER15	R15	Categorical	History of ovariectomy	1. One side 2. Both sides 3. No history	
ER16	R16	Dichotomous	History of tubectomy	1. Yes 2. No	
ER17	R17	Dichotomous	History of hysterectomy:	1. Yes 2. No	
ER18	R18	Discrete	If yes —age at the time of hysterectomy	year	
ER19	R19	Dichotomous	History of infertility	1. Yes 2. No	
ER20	R20	Dichotomous	History of infertility medication use	1. Yes 2. No	
ER21	R21	Dichotomous	Do you use birth control medications? (OCD, DMPA, Cyclofem)	1. Yes 2. No	
ER22.1	R22.1	Discrete	OCD Pills	months	Length of Use
ER22.2	R22.2	Discrete	Implants	months	Length of Use
ER22.3	R22.3	Discrete	Long-term progesterone injection	months	Length of Use
ER22.4	R22.4	Discrete	Intrauterine Devices (IUD)	months	Length of Use
ER23	R23	Categorical	Do you use hormone replacement therapy?	1. Yes 2. No 3. I don't know	



Table R. Reproductive History-Persian (Women)					
V Code	Variable name	Variable type	description	coding/unit	comment
ER23.1	R23.1	Discrete	If yes, Name of medications taken (if you can recall)	months	Length of Use
ER24	R24	Categorical	Do you have a history of breast or uterine cancer or colorectal screening?	1. Yes 2. No 3. I don't know	
ER24.1	R24.1	Categorical	If yes, complete the following:	1. Breast Exam 2. Mammography 3. Pap Smear	
ER24.2	R24.2	Discrete	Age at last screening	year	
ER24.3	R24.3	Discrete	Number of times Screened		

Table RM. Reproductive History (Men)					
V Code	Variable name	Variable type	description	coding/unit	comment
ERM1	RM1	Dichotomous	Have you ever had a child?	1. Yes 2. No	
ERM2	RM2	Categorical	If not, what was the reason?	1. Her infertility 2. Infertility of the spouse 3. You never got married	
ERM3	RM3	Discrete	Age at first marriage	year	
ERM4	RM4	Discrete	Number of children		
ERM5	RM5	Discrete	father's age at birth of the first child	year	
ERM6	RM6	Dichotomous	Have you had a vasectomy?	1. Yes 2. No	
ERM7	RM7	Discrete	If yes, age at the time of vasectomy	year	

Table Smoking History					
V Code	Variable name	Variable type	description	coding/unit	comment
ESmok1	Smok1	Dichotomous	Have you smoked at least 100 cigarettes in your entire life?	1. Yes 2. No	

Table Smoking History					
V Code	Variable name	Variable type	description	coding/unit	comment
ESmok2	Smok2	Categorical	Do you now smoke cigarettes?	1. Daily 2. Less than daily 3. Not at all	
ESmok2.1	Smok2.1	Discrete	If yes, How old were you when you started smoking regularly?	year	
ESmok2.2	Smok2.2	Discrete	On the average, about how many cigarettes a day do you now smoke?	year	
ESmok2.3	Smok2.3	Discrete	If not, at what age, you stopped daily smoking in the past?	year	
ESmok2.4	Smok2.4	Discrete	from age	year	
ESmok2.5	Smok2.5	Discrete	to age		
ESmok2.6	Smok2.6	Categorical	Type	1. Manufactured cigarette 2. Hand-rolled cigarette 3. Kretek	
ESmok2.7	Smok2.7	Discrete	number per day		
ESmok2.8	Smok2.8	Discrete	number per week		
ESmok3	Smok3	Dichotomous	Are you exposed to secondhand smoking at home?	1. Yes 2. No	
ESmok3.1	Smok3.1	Discrete	How often did you expose to secondhand smoking at home?	per day	
ESmok3.2	Smok3.2	Discrete	How often did you expose to secondhand smoking at home?	per week	
ESmok4	Smok4	Dichotomous	Are you exposed to secondhand smoking at work or other place?	1. Yes 2. No	
ESmok4.1	Smok4.1	Discrete	How often did you expose to secondhand smoking at work or other place?	per day	
ESmok4.2	Smok4.2	Discrete	How often did you expose to secondhand smoking at work or other place?	per week	

Table Smoking History					
V Code	Variable name	Variable type	description	coding/unit	comment
ESmok5	Smok5	Dichotomous	Did anyone in your family smoke during your childhood?	1. Yes 2. No	

Table Non-Cigarette Tobacco Use History					
V Code	Variable name	Variable type	description	coding/unit	Comment
EHooka1	Hooka1	Dichotomous	Have you ever used hookah?	1. Yes 2. No	
EHooka1.1	Hooka1.1	Discrete	Time duration of consumption	year	
EHooka1.2	Hooka1.2	Discrete	The usual number of usage	per day	
EHooka1.3	Hooka1.3	Discrete	The usual number of usage	per week	
EHooka1.4	Hooka1.4	Characteristic	If hookah use is recreational or less than one year, mention here		
EPipe1	Pipe1	Dichotomous	Have you ever used a pipe?	1. Yes 2. No	
EPipe1.1	Pipe1.1	Discrete	Time duration of consumption	year	
EPipe1.2	Pipe1.2	Discrete	The usual number of usage	per day	
EPipe1.3	Pipe1.3	Discrete	The usual number of usage	per week	
EPipe1.4	Pipe1.4	Characteristic	If pipe use is recreational or less than one year, mention here		

Table Alcohol Use History					
V Code	Variable name	Variable type	description	coding/unit	Comment
EAlco1	Alco1	Dichotomous	Have you ever drunk alcohol beverages?	1. Yes 2. No	
EAlco1.1	Alco1.1	Categorical	Type of alcoholic beverages	1. Beer 2. Alcohol drink with alcohol 40% < (vodka, whiskey, etc.) 3. Handmade drinks 4. Others	
EAlco1.2	Alco1.2	Discrete	Time duration of consumption	year	

Table Alcohol Use History					
V Code	Variable name	Variable type	description	coding/unit	Comment
EAlco1.3	Alco1.3	Discrete	The average amount of consumption each time	cc	
EAlco1.4	Alco1.4	Discrete	Number of usage times per month		
EAlco1.5	Alco1.5	Characteristic	Description		

Table Drug Use History					
V Code	Variable name	Variable type	description	coding/unit	comment
EAdic1	Adic1	Dichotomous	Have you used drugs?	1. Yes 2. No	
EAdic1.1	Adic1.1	Categorical	Drug type	1. OPIUM 2. HEROIN 3. Methamphetamine 4. COCAIN 5. Crack 6. others	
EAdic1.2	Adic1.2	Categorical	consumption type	1. Edible 2. Inhalation 3. Injectable	
EAdic1.3	Adic1.3	Discrete	The usual number of usage	per day	
EAdic1.4	Adic1.4	Discrete	The usual number of usage	per week	
EAdic1.5	Adic1.5	Characteristic	If using drugs is recreational or less than one year, mention here		

Table FH. Family Disease History					
V Code	Variable name	Variable type	description	coding/unit	comment
EFH	FH	Dichotomous	Has your mother or father, Brother/s or sister/s ever suffered from	1. Yes 2. No	
EFH1	FH1	Categorical	Diabetes	1. Father 2. Mother 3. Brother 4. Sister	

Table FH. Family Disease History					
V Code	Variable name	Variable type	description	coding/unit	comment
EFH2	FH2	Categorical	Hypertension	1. Father 2. Mother 3. Brother 4. Sister	
EFH3	FH3	Categorical	CHF	1. Father 2. Mother 3. Brother 4. Sister	
EFH4	FH4	Categorical	MI	1. Father 2. Mother 3. Brother 4. Sister	
EFH5	FH5	Categorical	STROKE	1. Father 2. Mother 3. Brother 4. Sister	
EFH6	FH6	Categorical	Any Cancer	1. Father 2. Mother 3. Brother 4. Sister	
EFH6.1	FH6.1	Categorical	Stomach cancer	1. Father 2. Mother 3. Brother 4. Sister	
EFH6.2	FH6.2	Categorical	colorectal cancer	1. Father 2. Mother 3. Brother 4. Sister	
EFH6.3	FH6.3	Categorical	Breast cancer	1. Father 2. Mother 3. Brother 4. Sister	

Table FH. Family Disease History					
V Code	Variable name	Variable type	description	coding/unit	comment
EFH6.4	FH6.4	Categorical	Prostate cancer	1. Father 2. Mother 3. Brother 4. Sister	
EFH6.5	FH6.5	Categorical	other cancers	1. Father 2. Mother 3. Brother 4. Sister	
EFH7	FH7	Categorical	Chronic respiratory diseases	1. Father 2. Mother 3. Brother 4. Sister	
EFH8	FH8	Categorical	epilepsy	1. Father 2. Mother 3. Brother 4. Sister	
EFH9	FH9	Categorical	Severe depression	1. Father 2. Mother 3. Brother 4. Sister	
EFH10	FH10	Categorical	chronic headache	1. Father 2. Mother 3. Brother 4. Sister	
EFH11	FH11	Categorical	Alzheimer's/dementia	1. Father 2. Mother 3. Brother 4. Sister	
EFH12	FH12	Categorical	Hip fracture	1. Father 2. Mother 3. Brother 4. Sister	

Table FH. Family Disease History					
V Code	Variable name	Variable type	description	coding/unit	comment
EFH13	FH13	Categorical	Rheumatoid arthritis / Severe arthritis	1. Father 2. Mother 3. Brother 4. Sister	
EFH14	FH14	Categorical	others	1. Father 2. Mother 3. Brother 4. Sister	

Table Heart. Cardiovascular System- Heart (WHO Rose Questionnaire)					
V Code	Variable name	Variable type	description	coding/unit	comment
EHeart1	Heart1	Dichotomous	Have you ever had any pain or discomfort in your chest?	1- Yes 2- No	
EHeart2	Heart2	Categorical	Do you get this pain or discomfort when you walk uphill or hurry?	1- Yes 2- No 3- Don't walk uphill or hurry	
EHeart3	Heart3	Dichotomous	Do you get it when you walk at an ordinary pace on the level?	1- Yes 2- No	
EHeart3.1	Heart3.1	Continuous	If yes, How many blocks of walking bring on your chest pain?	meter	
EHeart4	Heart4	Categorical	What do you do if you get it while you are walking?	1- Stop or slow down 2- Take Nitro-glycerin and continue at same pace 3- refused 4- Uncertain	
EHeart5	Heart5	Categorical	If you stand still, what happens to it? Does it get better or not?	1- Stop or slow down 2- Take Nitro-glycerin and continue at same pace	



Table Heart. Cardiovascular System- Heart (WHO Rose Questionnaire)					
V Code	Variable name	Variable type	description	coding/unit	comment
				3- refused 4- Uncertain	
EHeart6	Heart6	Categorical	How soon does it get better?	1- 10 minutes or less 2- more than 10 minutes 3- Refused 4- uncertain	
EHeart7	Heart7	Characteristic	What is the location of the pain or discomfort? (Please show me the places where you get this pain or discomfort.) MULTIPLE RESPONSES ALLOWED		
EHeart8	Heart8	Dichotomous	Have you ever had severe pain across the front of your chest lasting for half an hour or more?	1- Yes 2- No	
EHeart9	Heart9	Dichotomous	Have you been told by a doctor you had a heart attack or myocardial infarction?	1- Yes 2- No	
EHeart10	Heart10	numeric	if yes At what age, or in what year, were you first told you had a heart attack or myocardial infarction?	year	
EHeart11	Heart11	Dichotomous	Are you prevented in any way from doing any activities because of this heart condition?	1- Yes 2- No	
EHeart12	Heart12	Dichotomous	Have you stayed in hospital at least overnight in the last 12 months because of this heart condition?	1- Yes 2- No	
EHeart13	Heart13	Dichotomous	Has a doctor ever told you that you have angina (or chest pain due to heart disease)?	1- Yes 2- No	
EHeart14	Heart14	numeric	if yes At what age, or in what year, were you first told you had angina?	year	

Table Heart. Cardiovascular System- Heart (WHO Rose Questionnaire)					
V Code	Variable name	Variable type	description	coding/unit	comment
EHeart15	Heart15	Dichotomous	Are you prevented in any way from doing any activities because of this heart condition?	1- Yes 2- No	
EHeart16	Heart16	Dichotomous	Have you stayed in hospital at least overnight in the last 12 months because of this heart condition?	1- Yes 2- No	
EHeart17	Heart17	Categorical	Have you ever had coronary artery bypass surgery, angioplasty, stent, or balloon angioplasty for your heart disease?	1- coronary artery bypass surgery 2- angioplasty/stent/balloon angioplasty 3- No	
EHeart18	Heart18	Dichotomous	Have you ever had an angiogram?	1- Yes 2- No	
EHeart19	Heart19	Dichotomous	Has a doctor ever told you that you have a blockage in your arteries?	1- Yes 2- No	
EHeart20	Heart20	Dichotomous	Have you ever had swelling in both your ankles (ankle edema)?	1- Yes 2- No	
EHeart21	Heart21	Dichotomous	Have you been told by a doctor you had heart failure or congestive heart failure?	1- Yes 2- No	
EHeart22	Heart22	Discrete	At what age, you had heart failure or congestive heart failure?	year	
EHeart23	Heart23	Dichotomous	Are you prevented in any way from doing any activities because of this condition?	1- Yes 2- No	
EHeart24	Heart24	Dichotomous	Have you stayed in hospital at least overnight in the last 12 months because of this condition?	1- Yes 2- No	
EHeart25	Heart25	Dichotomous	Have you been told by a doctor you had an abnormal heart rhythm?	1- Yes 2- No	

Table BP. Hypertension					
V Code	Variable name	Variable type	description	coding/unit	comment
EBP1	BP1	Dichotomous	Has a doctor ever told you that you have high blood pressure or hypertension?	1- Yes 2- No	
EBP2	BP2	Discrete	At what age, or in what year, were you first told you had high blood pressure or Hypertension?	year	
EBP3	BP3	Dichotomous	Are you currently taking medications for high blood pressure or hypertension?	1- Yes 2- No	
EBP4	BP4	Characteristic	Can you tell me the name of the drug(s) you are taking for your high blood pressure?	1- Yes 2- No	
EBP5	BP5	Dichotomous	Are you currently being treated by diet or exercise or other non-pharmacological lowering treatments for high blood pressure or hypertension	1- Yes 2- No	

Table Heart Examination					
V Code	Variable name	Variable type	description	coding/unit	comment
ES3Gallop	S3Gallop	Categorical	S3 Gallop	1. No 2. Yes 3. Maybe 4. Unknown	
ES4Gallop	S4Gallop	Categorical	S4 Gallop	1. No 2. Yes 3. Maybe 4. Unknown	

Table Heart Examination					
V Code	Variable name	Variable type	description	coding/unit	comment
ESystolicClick	SystolicClick	Categorical	Systolic Click	1. No 2. Yes 3. Maybe 4. Unknown	
ENeckVeinDistension	NeckVeinDistension	Categorical	Neck vein distension at 30 and 45 degrees (sitting upright)	1. No 2. Yes 3. Maybe 4. Unknown	
EIrregularPulse	IrregularPulse	Categorical	Irregular pulse	1. No 2. Yes 3. Maybe 4. Unknown	
		Dichotomous	Systolic murmur(s)	1. No 2. Yes	
EMurmurGrade	MurmurGrade	Categorical	Murmur Grade	0=No sound 1 to 6 = for grade of sound heard 9=Unk	
EMurmur_IrregularPulse	Murmur_IrregularPulse	Categorical	Diastolic murmur(s)	0=No 1=Yes 2=Maybe 9=Unk.	
EStemVaricoseVein_Right	StemVaricoseVein_Right	Categorical	Stem varicose veins (Do not code reticular or spider varicosities) right	0=No abnormality 1=Yes 9=Unk	
EStemVaricoseVein_Left	StemVaricoseVein_Left	Categorical	Stem varicose veins (Do not code reticular or spider varicosities) left	0=No abnormality 1=Yes 9=Unk	
EAnkleEdema_Right	AnkleEdema_Right	Categorical	Ankle edema, right	0=No 1=Yes, 2=Maybe, 8=absent due to	

Table Heart Examination					
V Code	Variable name	Variable type	description	coding/unit	comment
				amputation 9=Unk	
EAnkleEdema_Left	AnkleEdema_Left	Categorical	Ankle edema, left	0=No 1=Yes, 2=Maybe, 8=absent due to amputation 9=Unk	
EAmputationLevel_Right	AmputationLevel_Right	Categorical	Amputation level, right	0=No 1=Yes, 2=Maybe, 8=absent due to amputation 9=Unk	
EAmputationLevel_Left	AmputationLevel_Left	Categorical	Amputation level, left	0=No 1=Yes, 2=Maybe, 8=absent due to amputation 9=Unk	
EFemoral_Right	Femoral_Right	Categorical	Femoral (right)	1.Present 2.Abnormal 9.Unk	
EFemoral_Left	Femoral_Left	Categorical	Femoral (left)	1.Present 2.Abnormal 9.Unk	
EPopliteal_Right	Popliteal_Right	Categorical	Popliteal (right)	1.Present 2.Abnormal 9.Unk	

Table Heart Examination					
V Code	Variable name	Variable type	description	coding/unit	comment
EPopliteal_Left	Popliteal_Left	Categorical	Popliteal (left)	1.Present 2.Abnormal 9.Unk	
EPostTibial_Right	PostTibial_Right	Categorical	Post Tibial (right)	1.Present 2.Abnormal 9.Unk	
EPostTibial_Left	PostTibial_Left	Categorical	Post Tibial (right)	1.Present 2.Abnormal 9.Unk	
EDorsalisPedis_Right	DorsalisPedis_Right	Categorical	DorsalisPedis (right)	1.Present 2.Abnormal 9.Unk	
EDorsalisPedis_Left	DorsalisPedis_Left	Categorical	DorsalisPedis (left)	1.Present 2.Abnormal 9.Unk	

Table Respiratory System					
V Code	Variable name	Variable type	description	coding/unit	comment
ERes1	Res1	Dichotomous	Has a doctor ever told you that you suffer from any of the following diseases?	1- Yes 2- No	
ERes1.1	Res1.1	Including items Res1.1.1 to Res1.1.3	Asthma		
ERes1.1.1	Res1.1.1	Discrete	Age at the beginning of the disease	Year	
ERes1.1.2	Res1.1.2	Dichotomous	Receiving treatment in the past 12 months:	1- Yes 2- No	
ERes1.1.3	Res1.1.3	Dichotomous	Limitation in doing any activity due to this problem	1- Yes 2- No	

Table Respiratory System					
V Code	Variable name	Variable type	description	coding/unit	comment
ERes1.2	Res1.2	Including items Res1.2.1 to Res1.2.3	Chronic Bronchitis		
ERes1.2.1	Res1.2.1	Discrete	Age at the beginning of the disease	Year	
ERes1.2.2	Res1.2.2	Dichotomous	Receiving treatment in the past 12 months:	1- Yes 2- No	
ERes1.2.3	Res1.2.3	Dichotomous	Limitation in doing any activity due to this problem	1- Yes 2- No	
ERes1.3	Res1.3	Including items Res1.3.1 to Res1.3.3	COPD Chronic obstructive pulmonary disease		
ERes1.3.1	Res1.3.1	Discrete	Age at the beginning of the disease	Year	
ERes1.3.2	Res1.3.2	Dichotomous	Receiving treatment in the past 12 months:	1- Yes 2- No	
ERes1.3.3	Res1.3.3	Dichotomous	Limitation in doing any activity due to this problem	1- Yes 2- No	
ERes1.4	Res1.4	Including items Res1.4.1 to Res1.4.3	Emphysema		
ERes1.4.1	Res1.4.1	Discrete	Age at the beginning of the disease	Year	
ERes1.4.2	Res1.4.2	Dichotomous	Receiving treatment in the past 12 months:	1- Yes 2- No	
ERes1.4.3	Res1.4.3	Dichotomous	Limitation in doing any activity due to this problem	1- Yes 2- No	
ERes2	Res2	Dichotomous	Have you ever had any other chest illnesses?	1- Yes 2- No	
ERes3	Res3	Dichotomous	Have you ever had any chest operations?	1- Yes 2- No	
ERes4	Res4	Dichotomous	Are receiving oxygen for lung condition?	1- Yes 2- No	
ERes5	Res5	Dichotomous	Does lung condition limit your usual household activities or work?	1- Yes 2- No	



Table Respiratory System					
V Code	Variable name	Variable type	description	coding/unit	comment
ERes6	Res6	Dichotomous	During the past 12 months, have you had a cough apart from colds? (excluding for clearing throat)	1- Yes 2- No	
ERes7	Res7	Dichotomous	During the past 12 month, have you had a cough on getting up or first thing in the morning?	1- Yes 2- No	
ERes8	Res8	Dichotomous	Do you cough like this on most days (4 or more days/week) for three consecutive months or more during the past year?	1- Yes 2- No	
ERes9	Res9	Dichotomous	During the past 12 months, have you brought up phlegm from your chest apart from colds?	1- Yes 2- No	
ERes10	Res10	Dichotomous	During the past 12 month, have you brought up phlegm from your chest on getting up or first thing in the morning?	1- Yes 2- No	
ERes11	Res11	Dichotomous	Do you bring up phlegm from your chest on most days for three consecutive months or more during the past year?	1- Yes 2- No	
ERes12	Res12	Discrete	How many years have you had trouble with phlegm?	year	
ERes13	Res13	Dichotomous	In the past 12 months, have you had wheezing or whistling in your chest at any time?	1- Yes 2- No	
ERes14	Res14	Categorical	If yes How often have you had wheezing or whistling?	1. most days or nights 2. a few days or nights a week 3. a few days or nights a months 4. a few days or nights a year	

Table Respiratory System					
V Code	Variable name	Variable type	description	coding/unit	comment
ERes15	Res15	Dichotomous	In the past 12 months, Have you had this wheezing or whistling in the chest apart from cold?	1- Yes 2- No	
ERes16	Res16	Dichotomous	In the past 12 months, have you had an attack of wheezing or whistling in the chest that had made you feel short of breath?	1- Yes 2- No	
ERes17	Res17	Dichotomous	In the past 12 months, have you been awakened by a wheezing or whistling in the chest?	1- Yes 2- No	
ERes18	Res18	Dichotomous	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	1- Yes 2- No	
ERes19	Res19	Dichotomous	Have you had an attack of shortness of breath that came on during the day when you were at rest at any time within the last 12 months?	1- Yes 2- No	
ERes20	Res20	Dichotomous	Do you have to stop for breath when walking at your own pace on level ground?	1- Yes 2- No	
ERes21	Res21	Dichotomous	Have you had an attack of shortness of breath that came on following strenuous activity at any time within the last 12 months?	1- Yes 2- No	
ERes22	Res22	Dichotomous	In the past 12 months, Have you been awakened by shortness of breath?	1- Yes 2- No	
ERes23	Res23	Dichotomous	Do you have sleep apnea?	1- Yes 2- No	
ERes24	Res24	Dichotomous	if you have sleep apnea during sleep:	1. Have people around you noticed that you have sleep apnea? 2. You wake up because of your sleep apnea.	

Table Respiratory System					
V Code	Variable name	Variable type	description	coding/unit	comment
ERes25	Res25	Dichotomous	Do you feel uncomfortable in the legs at night, such as tingling, heat, and numbness, which prevents you from falling asleep?	1- Yes 2- No	
ERes26	Res26	Categorical	Which of the following methods will this unpleasant feeling be eliminated/reduced?	1. Walking 2. Rubbing 3. Scratching 4. Raising your legs 5. etc.	
ERes27	Res27	Dichotomous	Are you currently taking or using any medications for respiratory problems?	1- Yes 2- No	
ERes27.1	Res27.1	Characteristic	Can you tell me the name of the drug(s) you are taking for your respiratory problem?		

Table Pulmonary Examination					
V Code	Variable name	Variable type	description	coding/unit	comment
		Categorical	Inspection/Observation	0=No 1=Yes 2=Maybe 9=Unk	
EKyphosis	Kyphosis	Categorical	Kyphosis	0=No 1=Yes 2=Maybe 9=Unk	
EScoliosis	Scoliosis	Categorical	scoliosis	0=No 1=Yes 2=Maybe 9=Unk	

Table Pulmonary Examination					
V Code	Variable name	Variable type	description	coding/unit	comment
EPectus Cannatum	Pectus Cannatum	Categorical	Pectus Cannatum	0=No 1=Yes 2=Maybe 9=Unk	
EPectusEx Cavantum	PectusEx Cavantum	Categorical	Pectus Excavantum	0=No 1=Yes 2=Maybe 9=Unk	
EBarrelChest	BarrelChest	Categorical	Barrel chest	0=No 1=Yes 2=Maybe 9=Unk	
ECyanosis OfNailBed	Cyanosis OfNailBed	Categorical	Cyanosis of nail bed	0=No 1=Yes 2=Maybe 9=Unk	
EClubbing	Clubbing	Categorical	Clubbing	0=No 1=Yes 2=Maybe 9=Unk	
EChest AnteriorDiameter	Chest AnteriorDiameter	Continuous	The anterior-posterior diameter of the chest is in centimeters	centimeters	
EChestTransversive Diameter	ChestTransversive Diameter	Continuous	Transverse diameter of the chest to centimeters	centimeters	
ENormal_Right	Normal_Right	Categorical	Normal (right)	0.No 1.Yes 2.Maybe 9.Unk	
ENormal_Left	Normal_Left	Categorical	Normal (left)	0.No 1.Yes 2.Maybe 9.Unk	

Table Pulmonary Examination					
V Code	Variable name	Variable type	description	coding/unit	comment
EWheezingOn Auscultation_Right	WheezingOn Auscultation_Right	Categorical	Wheezing on auscultation(right)	0.No 1.Yes 2.Maybe 9.Unk	
EWheezingOn Auscultation_Left	WheezingOn Auscultation_Left	Categorical	Wheezing on auscultation (left)	0.No 1.Yes 2.Maybe 9.Unk	
ERalesCrackles_Right	RalesCrackles_Right	Categorical	Rales/ Crackles(right)	0.No 1.Yes 2.Maybe 9.Unk	
ERalesCrackles_Left	RalesCrackles_Left	Categorical	Rales/ Crackles(left)	0.No 1.Yes 2.Maybe 9.Unk	
EAbnormal BreathSound_Right	Abnormal BreathSound_Right	Categorical	Abnormal breath sounds(right)	0.No 1.Yes 2.Maybe 9.Unk	
EAbnormal BreathSound_Left	Abnormal BreathSound_Left	Categorical	Abnormal breath sounds(left)	0.No 1.Yes 2.Maybe 9.Unk	

Table Neuro. Neurological Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
ENeuro1	Neuro1	Dichotomous	Has a doctor ever told you that you have	1. Yes 2. No	
ENeuro1.1	Neuro1.1	Including items Neuro1.1.1 to Neuro1.1.3	stroke		

Table Neuro. Neurological Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
ENeuro1.1.1	Neuro1.1.1	Discrete	Age when diagnosed	Year	
ENeuro1.1.2	Neuro1.1.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
ENeuro1.1.3	Neuro1.1.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
ENeuro1.2	Neuro1.2	Including items Neuro1.2.1 to Neuro1.2.3	mini stroke (TIA)		
ENeuro1.2.1	Neuro1.2.1	Discrete	Age when diagnosed	Year	
ENeuro1.2.2	Neuro1.2.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
ENeuro1.2.3	Neuro1.2.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
ENeuro1.3	Neuro1.3	Including items Neuro1.3.1 to Neuro1.3.3	epilepsy		
ENeuro1.3.1	Neuro1.3.1	Discrete	Age when diagnosed	Year	
ENeuro1.3.2	Neuro1.3.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
ENeuro1.3.3	Neuro1.3.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
ENeuro1.4	Neuro1.4	Including items Neuro1.4.1 to Neuro1.4.3	multiple sclerosis		
ENeuro1.4.1	Neuro1.4.1	Discrete	Age when diagnosed	Year	
ENeuro1.4.2	Neuro1.4.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
ENeuro1.4.3	Neuro1.4.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
ENeuro1.5	Neuro1.5	Including items Neuro1.5.1 to Neuro1.5.3	migraine headaches		

Table Neuro. Neurological Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
ENeuro1.5.1	Neuro1.5.1	Discrete	Age when diagnosed	Year	
ENeuro1.5.2	Neuro1.5.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
ENeuro1.5.3	Neuro1.5.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
ENeuro1.6	Neuro1.6	Including items Neuro1.6.1 to Neuro1.6.3	dementia or Alzheimer's disease		
ENeuro1.6.1	Neuro1.6.1	Discrete	Age when diagnosed	Year	
ENeuro1.6.2	Neuro1.6.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
ENeuro1.6.3	Neuro1.6.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
ENeuro1.7	Neuro1.7	Categorical	Cerebrovascular episodes	1.No 2.Yes 3.Maybe 4.Unk	
ENeuro2	Neur2	Dichotomous	Have you ever had:	How long did your symptoms last? (  _ <24 Hrs  _  ≥ 24Hrs)	
ENeuro2.1	Neur2.1	Dichotomous	Sudden muscular weakness	_ <24 Hrs  _  ≥ 24Hrs	
ENeuro2.2	Neur2.2	Dichotomous	Sudden speech difficulty	_ <24 Hrs  _  ≥ 24Hrs	
ENeuro2.3	Neur2.3	Dichotomous	Sudden visual defect	_ <24 Hrs  _  ≥ 24Hrs	
ENeuro2.4	Neur2.4	Dichotomous	Sudden double vision	_ <24 Hrs  _  ≥ 24Hrs	
ENeuro2.5	Neur2.5	Dichotomous	Sudden loss of vision in one eye	_ <24 Hrs  _  ≥ 24Hrs	



Table Neuro. Neurological Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
ENeuro2.6	Neur2.6	Dichotomous	Sudden numbness, tingling	_ <24 Hrs  _  ≥ 24Hrs	
ENeuro2.7	Neur2.7	Dichotomous	Sudden loss of ability to understand what people were saying	_ <24 Hrs  _  ≥ 24Hrs	
ENeuro3	Neur3	Dichotomous	Has a doctor ever told you that you had Parkinsonism or Parkinson's Disease?	1- yes 2- No	
ENeuro4	Neur4	Discrete	At what age, or in what year, did you first develop Parkinsonism or were you first told you had Parkinson's Disease?	year	
ENeuro5	Neur5	Dichotomous	Are you currently taking medications for Parkinsonism or Parkinson's Disease?	1- yes 2- No	
ENeuro6	Neur6	Characteristic	Can you tell me the name of the drug(s) you are taking for your Parkinsonism or Parkinson's Disease?		
ENeuro7	Neur7	Dichotomous	Is this shaking more severe or noticeable when your limb is resting, or when you are using it?	1- Resting 2- During use/action	
ENeuro8	Neur8	Dichotomous	Is your handwriting smaller than it once was?	1- yes 2- No	
ENeuro9	Neur9	Dichotomous	Do you have trouble buttoning buttons?	1- yes 2- No	
ENeuro10	Neur10	Dichotomous	Do your arms or legs shake?	1- yes 2- No	
ENeuro11	Neur11	Dichotomous	Do people tell you that your voice is softer than it once was?	1- yes 2- No	
ENeuro12	Neur12	Dichotomous	Do your feet suddenly seem to freeze in doorways?	1- yes 2- No	

Table Neuro. Neurological Assessment					
V Code	Variable name	Variable type	description	coding/unit	comment
ENeuro13	Neur13	Dichotomous	Do you shuffle your feet and/or take tiny steps when you walk?	1- yes 2- No	
ENeuro14	Neur14	Dichotomous	Is your balance poor?	1- yes 2- No	
ENeuro15	Neur15	Dichotomous	Does your face seem less expressive than it used to?	1- yes 2- No	
ENeuro16	Neur16	Dichotomous	Do you have trouble rising from a chair?	1- yes 2- No	

Table Revised Urinary Incontinence Scale (RUIS)					
V Code	Variable name	Variable type	description	coding/unit	comment
ERUIS	RUIS	Categorical	Do you experience and if so how much are you bothered by:	1. Not at all 2. Slightly 3. Moderately 4. greatly	
ERUIS1	RUIS1	Categorical	Urine leakage related to the feeling of urgency	1. Not at all 2. Slightly 3. Moderately 4. greatly	
ERUIS2	RUIS2	Categorical	Urine leakage related to physical activity, coughing or sneezing	1. Not at all 2. Slightly 3. Moderately 4. greatly	
ERUIS3	RUIS3	Categorical	Small amounts of urine leakage (drops)	1. Not at all 2. Slightly 3. Moderately 4. greatly	
ERUIS4	RUIS4	Categorical	How often do you experience urine leakage?	1. Never 2. Less than once a month 3. A few times a month 4. A few times a week	

Table Revised Urinary Incontinence Scale (RUIS)					
V Code	Variable name	Variable type	description	coding/unit	comment
				5. Every day and/or night	
ERUIS5	RUIS5	Categorical	How much urine do you lose each time?	1. Drops 2. Small splashes 3. More	
ERUIS6	RUIS6	Dichotomous	During the last 12 months, have you lost any amount of urine beyond your control?	1. Yes 2. No	
ERUIS7	RUIS7	Dichotomous	Have you ever mentioned this problem to a doctor, nurse or other health professional?	1. Yes 2. No	
ERUIS8	RUIS8	Dichotomous	Do you ever limit your activities, for example, what you do or where you go, because of urinary incontinence?	1. Yes 2. No	

Table Urinary Tract Infection (UTI)					
V Code	Variable name	Variable type	description	coding/unit	comment
EUTI1	UTI1	Dichotomous	Have you ever had urinary tract infection (UTI)?	1. Yes 2. No	
EUTI2	UTI2	Discrete	If yes, how many times		
EUTI3	UTI3	Date	If yes, when was the last time?	dd.mm.yy	
EUTI4	UTI4	Dichotomous	Have you ever mentioned this problem to a doctor?	1. Yes 2. No	
EOtherurin1	Otherurin1	Dichotomous	Do you take diuretic?	1. Yes 2. No	
EOtherurin2	Otherurin2	Dichotomous	Do you take diuretics in the afternoon or at night?	1. Yes 2. No	
EOtherurin3	Otherurin3	numeric	How many cups of tea do you drink from 7pm until the end of the night?	cup	

Table Symptoms of the Prostate (Men)					
V Code	Variable name	Variable type	description	coding/unit	comment
EIPSS1	IPSS1	Categorical	Have you had any of the following problems during the past month?	1. Never 2. Almost never 3. Less than every 5 times 4. About half of time 5. More than half of the time 6. Less than every other time	
EIPSS1.1	IPSS1.1	Categorical	How often have you had the feeling of not being able to empty the bladder?	1. Never 2. Almost never 3. Less than every 5 times 4. About half of time 5. More than half of the time 6. Less than every other time	
EIPSS1.2	IPSS1.2	Categorical	How often do you have a weak urine stream?	1. Never 2. Almost never 3. Less than every 5 times 4. About half of time 5. More than half of the time 6. Less than every other time	
EIPSS1.3	IPSS1.3	Categorical	How often is it hard to hold in urination?	1. Never 2. Almost never 3. Less than every 5 times 4. About half of time 5. More than half of the time 6. Less than every other time	

Table Symptoms of the Prostate (Men)					
V Code	Variable name	Variable type	description	coding/unit	comment
EIPSS1.4	IPSS1.4	Categorical	How often is urination not in a continuous flow?	1. Never 2. Almost never 3. Less than every 5 times 4. About half of time 5. More than half of the time 6. Less than every other time	
EIPSS1.5	IPSS1.5	Categorical	How often must you apply pressure to urinate?	1. Never 2. Almost never 3. Less than every 5 times 4. About half of time 5. More than half of the time 6. Less than every other time	
EIPSS1.6	IPSS1.6	Categorical	How often have you had to urinate within 2 hours after previous visits to the toilet?	1. Never 2. Almost never 3. Less than every 5 times 4. About half of time 5. More than half of the time 6. Less than every other time	
EIPSS1.7	IPSS1.7	Categorical	If you had to live with the way you urinate, as you do today, how would that feel?	1. Very good 2. Good 3. Acceptable 4. Neither good nor bad 5. Fairly bad 6. Very bad 7. Terrible	

Table Prostate Screening (Men)					
V Code	Variable name	Variable type	description	coding/unit	comment
EPscreen1	Pscreen1	Dichotomous	Have you ever had a blood test to check for prostate disease (a specific prostate antigen) (this test is prescribed by some doctors to check for prostate disease)?	1. Yes 2. No	
EPscreen2	Pscreen2	Date	If yes, the date of the last test	dd.mm.yy	
EPscreen3	Pscreen3	Dichotomous	Have you ever been the size of the prostate been diagnosed by ultrasound?	1. Yes 2. No	
EPscreen4	Pscreen4	Continuous	If yes, the date of the last test	dd.mm.yy	
EPscreen4.1	Pscreen4.1	numeric	If there is evidence or information, the last size		
EPscreen5	Pscreen5	Dichotomous	Has your doctor ever told you that you have an enlarged prostate gland? (Prostate benign enlargement)?	1. Yes 2. No	
EPscreen5.1	Pscreen5.1	Continuous	If there is evidence or information, the last size		
EPscreen6	Pscreen6	Dichotomous	If so, have you been treated?	1. Yes 2. No	
EPscreen6.1	Pscreen6.1	Characteristic	Mention the names of the drugs		

Table Arthritis / Osteoarthritis					
V Code	Variable name	Variable type	description	coding/unit	comment
EPain1	Pain1	Dichotomous	Have you ever felt pain / stiffness (dryness) / swelling / pain anywhere in your body due to pressure that has lasted for at least a month?	1. Yes 2. No	
EPain2	pain2	Continuous	Now thinking about this pain, in which part of your body is it most severe? (Look at the figures below and show its location.) For pain on the shape of the mark +, inflation for the mark * and for the stiffness (dryness) mark).		(location code for pain, swelling, stiffness)

Table Arthritis / Osteoarthritis					
V Code	Variable name	Variable type	description	coding/unit	comment
EPain2.1	Pain2.1	Categorical		the pain Inflation Stiffness (dryness)	
EPain3	Pain3	Discrete	How long have you had this problem?	year	
EPain4	Pain4	Dichotomous	Have you had this pain/stiffness (dryness) / swelling/pain due to pressure for the past 7 days?	1. Yes 2. No	
EPain5	Pain5	Discrete	If you haven't had a problem in the last seven days and have had it in the past, can you tell me in what year / or at what age did you first experience this pain/stiffness/swelling/pain due to pressure?	year	
EPain6	Pain6	Discrete	How long has this problem lasted?		
EPain7	Pain7	Categorical	Do you have pain in the past or do you have it now? pain in the morning .....	1. Has been more / is more 2. Has been less / is less 3. It doesn't matter	
EPain8	Pain8	Categorical	Does the amount of pain change with activity?	1. Has been more / is more 2. Has been less / is less 3. It doesn't matter	
EPain9	Pain9	Dichotomous	Does this pain wake you up after you sleep?	1. Yes 2. No	
EPain10	Pain10	Discrete	If yes, What time do you wake up?	hour	
EPain11	Pain11	Dichotomous	Does the pain make it difficult for you to do your usual activities such as household chores or work?	1. Yes 2. No	
EPain12	Pain12	Continuous	Draw a vertical line at the point that best describes the severity of your pain on the bottom line? (Number from one to 10) (Zero) I'm not in pain at all. (10) Most imaginable pain.	from 1 to 10	



Table Arthritis / Osteoarthritis					
V Code	Variable name	Variable type	description	coding/unit	comment
EPain13	Pain13	Categorical	How you would rate the severity of this pain	1. Mild 2. Annoying 3. Irritating 4. Intolerable 5. Deadly	
EPain14	Pain14	Dichotomous	Are you taking any medication to control the pain?	1. Yes 2. No	
EPain15	Pain15	Characteristic	Can you tell me the name of the drug(s) or the medications you are taking to reduce / eliminate your pain?		
EPain16	Pain16	Dichotomous	Has a doctor ever told you that you have Arthritis / rheumatoid arthritis?	1. Yes 2. No	
EPain17	Pain17	Discrete	At what age, or in what year, were you first told you had Arthritis / rheumatoid arthritis?		
EPain18	Pain18	Dichotomous	Are you currently taking medications?	1. Yes 2. No	
EPain19	Pain19	Categorical	Was there an accident or trauma (muscle strain or injury) before the pain, tenderness, swelling, or stiffness?	1. Yes 2. No 3. I don't remember	
EPain20	Pain20	Categorical	If yes, what happened before the pain, tenderness, swelling, or stiffness?	1. Lack of balance and falling while moving 2. Vehicle accident 3. Fall 4. Dealing with a hard object 5. Other	
EPain21	Pain21	including items 21.1 to 21.5	Which of the following do you have?		
EPain21.1	Pain21.1	Dichotomous	Generalized pain	1. Yes 2. No	
EPain21.2	Pain21.2	Dichotomous	Feeling cold in the body	1. Yes 2. No	
EPain21.3	Pain21.3	Dichotomous	Cold intolerance	1. Yes 2. No	

Table Arthritis / Osteoarthritis					
V Code	Variable name	Variable type	description	coding/unit	comment
EPain21.4	Pain21.4	Dichotomous	Fatigue and contusions in the morning	1. Yes 2. No	
EPain21.5	Pain21.5	Dichotomous	Lack of sufficient energy	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1001	H1001	Including items H1001.1 to H1001.3	Peptic ulcer		Digestive category
EH1001.1	H1001.1	Discrete	Age when diagnosed	Year	
EH1001.2	H1001.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1001.3	H1001.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1002	H1002	Including items H1002.1 to H1002.3	Chron's disease		Digestive category
EH1002.1	H1002.1	Discrete	Age when diagnosed	Year	
EH1002.2	H1002.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1001.3	H1002.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1003	H1003	Including items H1003.1 to H1003.3	Gallbladder stone		Digestive category
EH1003.1	H1003.1	Discrete	Age when diagnosed	Year	
EH1003.2	H1003.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1003.3	H1003.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1004	H1004	Including items H1004.1 to H1004.3	GERD		Digestive category
EH1004.1	H1004.1	Discrete	Age when diagnosed	Year	
EH1004.2	H1004.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1004.3	H1004.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1005	H1005	Including items H1005.1 to H1005.3	Liver cyst		Digestive category
EH1005.1	H1005.1	Discrete	Age when diagnosed	Year	
EH1005.2	H1005.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1005.3	H1005.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1006	H1006	Dichotomous	H. Pylori+	1. Yes 2. No	
EH1006.1	H1006.1	Including items H1006.1 to H1006.3	Age when diagnosed		Digestive category
EH1006.2	H1006.2	Discrete	Receiving treatment in the last 12 months	Year	
EH1006.3	H1006.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1007	H1007	Including items H1007.1 to H1007.3	Hepatitis B		Digestive category
EH1007.1	H1007.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1007.2	H1007.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1007.3	H1007.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1008	H1008	Including items H1008.1 to H1008.3	Upper GIB		Digestive category
EH1008.1	H1008.1	Discrete	Age when diagnosed	Year	
EH1008.2	H1008.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1008.3	H1008.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1009	H1009	Including items H1009.1 to H1009.3	IBD		Digestive category
EH1009.1	H1009.1	Discrete	Age when diagnosed	Year	
EH1009.2	H1009.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1009.3	H1009.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1010	H1010	Including items H1010.1 to H1010.3	Lower GIB		Digestive category
EH1010.1	H1010.1	Discrete	Age when diagnosed	Year	
EH1010.2	H1010.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1010.3	H1010.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1011	H1011	Including items H1011.1 to H1011.3	GIB		Digestive category
EH1011.1	H1011.1	Discrete	Age when diagnosed	Year	
EH1011.2	H1011.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1011.3	H1011.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1012	H1012	Including items H1012.1 to H1012.3	Small intestine surgery		Digestive category
EH1012.1	H1012.1	Discrete	Age when diagnosed	Year	
EH1012.2	H1012.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1012.3	H1012.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1013	H1013	Including items H1003.1 to H1013.3	Liver Hemangioma		Digestive category
EH1013.1	H1013.1	Discrete	Age when diagnosed	Year	
EH1013.2	H1013.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1013.3	H1013.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1014	H1014	Including items H1014.1 to H1014.3	Duodenal ulcer		Digestive category
EH1014.1	H1014.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1014.2	H1014.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1014.3	H1014.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1015	H1015	Including items H1015.1 to H1015.3	gastric pyloric valve disorders		Digestive category
EH1015.1	H1015.1	Discrete	Age when diagnosed	Year	
EH1015.2	H1015.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1015.3	H1015.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1016	H1016	Including items H1016.1 to H1016.3	Gastritis		Digestive category
EH1016.1	H1016.1	Discrete	Age when diagnosed	Year	
EH1016.2	H1016.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1016.3	H1016.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1017	H1017	Including items H1017.1 to H1017.3	Gastric reflux		Digestive category
EH1017.1	H1017.1	Discrete	Age when diagnosed	Year	
EH1017.2	H1017.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1017.3	H1017.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1018	H1018	Including items H1018.1 to H1018.3	Hemorrhoids		Digestive category
EH1018.1	H1018.1	Discrete	Age when diagnosed	Year	
EH1018.2	H1018.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1018.3	H1018.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1019	H1019	Including items H1019.1 to H1019.3	Constipation		Digestive category
EH1019.1	H1019.1	Discrete	Age when diagnosed	Year	
EH1019.2	H1019.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1019.3	H1019.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1020	H1020	Including items H1020.1 to H1020.3	Indigestion		Digestive category
EH1020.1	H1020.1	Discrete	Age when diagnosed	Year	
EH1020.2	H1020.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1020.3	H1020.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1021	H1021	Including items H1021.1 to H1021.3	Dysphagia		Digestive category
EH1021.1	H1021.1	Discrete	Age when diagnosed	Year	



Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1021.2	H1021.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1021.3	H1021.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1022	H1022	Including items H1022.1 to H1022.3	Rectal prolapse		Digestive category
EH1022.1	H1022.1	Discrete	Age when diagnosed	Year	
EH1022.2	H1022.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1022.3	H1022.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1023	H1023	Including items H1023.1 to H1023.3	Achalasia		Digestive category
EH1023.1	H1023.1	Discrete	Age when diagnosed	Year	
EH1023.2	H1023.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1023.3	H1023.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1024	H1024	Including items H1024.1 to H1024.3	Esophageal ulcer		Digestive category
EH1024.1	H1024.1	Discrete	Age when diagnosed	Year	
EH1024.2	H1024.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1024.3	H1024.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1025	H1025	Including items H1025.1 to H1025.3	Restriction on any activity due to this problem		Digestive category
EH1025.1	H1025.1	Discrete	Cramps	Year	
EH1025.2	H1025.2	Dichotomous	Age when diagnosed	1. Yes 2. No	
EH1025.3	H1025.3	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1026	H1026	Dichotomous	Colic	1. Yes 2. No	
EH1026.1	H1026.1	Including items H1026.1 to H1026.3	Age when diagnosed		Digestive category
EH1026.2	H1026.2	Discrete	Receiving treatment in the last 12 months	Year	
EH1026.3	H1026.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1027	H1027	Including items H1027.1 to H1027.3	Intestinal infection		Digestive category
EH1027.1	H1027.1	Discrete	Age when diagnosed	Year	
EH1027.2	H1027.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1027.3	H1027.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1028	H1028	Including items H1028.1 to H1028.3	Hepatitis C		Digestive category
EH1028.1	H1028.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH1028.2	H1028.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1028.3	H1028.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1029	H1029	Including items H1029.1 to H1029.3	Stomach bleeding		Digestive category
EH1029.1	H1029.1	Discrete	Age when diagnosed	Year	
EH1029.2	H1029.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1029.3	H1029.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1030	H1030	Including items H1030.1 to H1030.3	Umbilical hernia		Digestive category
EH1030.1	H1030.1	Discrete	Age when diagnosed	Year	
EH1030.2	H1030.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1030.3	H1030.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH1031	H1031	Including items H1031.1 to H1031.3	stomach ache		Digestive category
EH1031.1	H1031.1	Discrete	Age when diagnosed	Year	
EH1031.2	H1031.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH1031.3	H1031.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH2001	H2001	Including items H2001.1 to H2001.3	Lung		Cancer category
EH2001.1	H2001.1	Discrete	Age when diagnosed	Year	
EH2001.2	H2001.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2001.3	H2001.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2002	H2002	Including items H2002.1 to H2002.3	Stomach		Cancer category
EH2002.1	H2002.1	Discrete	Age when diagnosed	Year	
EH2002.2	H2002.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2002.3	H2002.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2003	H2003	Including items H2003.1 to H2003.3	Esophageal		Cancer category
EH2003.1	H2003.1	Discrete	Age when diagnosed	Year	
EH2003.2	H2003.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2003.3	H2003.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2004	H2004	Including items H2004.1 to H2004.3	Breast		Cancer category
EH2004.1	H2004.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH2004.2	H2004.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2004.3	H2004.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2005	H2005	Including items H2005.1 to H2005.3	Prostate		Cancer category
EH2005.1	H2005.1	Discrete	Age when diagnosed	Year	
EH2005.2	H2005.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2005.3	H2005.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2006	H2006	Including items H2006.1 to H2006.3	Colorectal	1. Yes 2. No	
EH2006.1	H2006.1	Discrete	Age when diagnosed	Year	Cancer category
EH2006.2	H2006.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2006.3	H2006.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2007	H2007	Including items H2007.1 to H2007.3	Spinal cord		Cancer category
EH2007.1	H2007.1	Discrete	Age when diagnosed	Year	
EH2007.2	H2007.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2007.3	H2007.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH2008	H2008	Including items H2008.1 to H2008.3	Bone		Cancer category
EH2008.1	H2008.1	Discrete	Age when diagnosed	Year	
EH2008.2	H2008.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2008.3	H2008.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2009	H2009	Including items H2009.1 to H2009.3	Kidney		Cancer category
EH2009.1	H2009.1	Discrete	Age when diagnosed	Year	
EH2009.2	H2009.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2009.3	H2009.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2010	H2010	Including items H2010.1 to H2010.3	Brain		Cancer category
EH2010.1	H2010.1	Discrete	Age when diagnosed	Year	
EH2010.2	H2010.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2010.3	H2010.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2011	H2011	Including items H2011.1 to H2011.3	Bladder		Cancer category
EH2011.1	H2011.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH2011.2	H2011.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2011.3	H2011.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2012	H2012	Including items H2012.1 to H2012.3	Endocrine tumor		Cancer category
EH2012.1	H2012.1	Discrete	Age when diagnosed	Year	
EH2012.2	H2012.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2012.3	H2012.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2013	H2013	Including items H2003.1 to H2013.3	Myxoid Liposarcoma		Cancer category
EH2013.1	H2013.1	Discrete	Age when diagnosed	Year	
EH2013.2	H2013.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2013.3	H2013.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2014	H2014	Including items H2014.1 to H2014.3	Breast cyst		Cancer category
EH2014.1	H2014.1	Discrete	Age when diagnosed	Year	
EH2014.2	H2014.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2014.3	H2014.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	



Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH2015	H2015	Including items H2015.1 to H2015.3	Benign intestinal polyp		Cancer category
EH2015.1	H2015.1	Discrete	Age when diagnosed	Year	
EH2015.2	H2015.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2015.3	H2015.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2016	H2016	Including items H2016.1 to H2016.3	Skin		Cancer category
EH2016.1	H2016.1	Discrete	Age when diagnosed	Year	
EH2016.2	H2016.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2016.3	H2016.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2017	H2017	Including items H2017.1 to H2017.3	Tumor		Cancer category
EH2017.1	H2017.1	Discrete	Age when diagnosed	Year	
EH2017.2	H017.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2017.3	H2017.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2018	H2018	Including items H2018.1 to H2018.3	Liver		Cancer category
EH2018.1	H2018.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH2018.2	H2018.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2018.3	H2018.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2019	H21019	Including items H2019.1 to H2019.3	Ovary		Cancer category
EH2019.1	H2019.1	Discrete	Age when diagnosed	Year	
EH2019.2	H2019.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2019.3	H2019.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2020	H2020	Including items H2020.1 to H2020.3	Uterus		Cancer category
EH2020.1	H2020.1	Discrete	Age when diagnosed	Year	
EH2020.2	H2020.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2020.3	H2020.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH2021	H2021	Including items H2021.1 to H2021.3	Intestine		Cancer category
EH2021.1	H2021.1	Discrete	Age when diagnosed	Year	
EH2021.2	H2021.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH2021.3	H2021.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH3001	H3001	Including items H3001.1 to H3001.3	Diabetes type 1		Endocrine category
EH3001.1	H3001.1	Discrete	Age when diagnosed	Year	
EH3001.2	H3001.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3001.3	H3001.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3002	H3002	Including items H3002.1 to H3002.3	Diabetes type 2		Endocrine category
EH3002.1	H3002.1	Discrete	Age when diagnosed	Year	
EH3002.2	H3002.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3001.3	H3002.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3003	H3003	Including items H3003.1 to H3003.3	Fatty liver		Endocrine category
EH3003.1	H3003.1	Discrete	Age when diagnosed	Year	
EH3003.2	H3003.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3003.3	H3003.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3004	H3004	Including items H3004.1 to H3004.3	Hypothyroidism		Endocrine category
EH3004.1	H3004.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH3004.2	H3004.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3004.3	H3004.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3005	H3005	Including items H3005.1 to H3005.3	Hyperthyroidism		Endocrine category
EH3005.1	H3005.1	Discrete	Age when diagnosed	Year	
EH3005.2	H3005.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3005.3	H3005.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3006	H3006	Including items H3006.1 to H3006.3	Hyperlipidemia	1. Yes 2. No	
EH3006.1	H3006.1	Discrete	Age when diagnosed		Endocrine category
EH3006.2	H3006.2	Dichotomous	Receiving treatment in the last 12 months	Year	
EH3006.3	H3006.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3007	H3007	Including items H3007.1 to H3007.3	Thyroid surgery		Endocrine category
EH3007.1	H3007.1	Discrete	Age when diagnosed	Year	
EH3007.2	H3007.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3007.3	H3007.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH3008	H3008	Including items H3008.1 to H3008.3	Thyroid		Endocrine category
EH3008.1	H3008.1	Discrete	Age when diagnosed	Year	
EH3008.2	H3008.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3008.3	H3008.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3009	H3009	Including items H3009.1 to H3009.3	Toxic Thyroid		Endocrine category
EH3009.1	H3009.1	Discrete	Age when diagnosed	Year	
EH3009.2	H3009.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3009.3	H3009.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3010	H3010	Including items H3010.1 to H3010.3	Thyroid cyst		Endocrine category
EH3010.1	H3010.1	Discrete	Age when diagnosed	Year	
EH3010.2	H3010.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3010.3	H3010.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3011	H3011	Including items H3011.1 to H3011.3	Goiter		Endocrine category
EH3011.1	H3011.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH3011.2	H3011.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3011.3	H3011.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH3012	H3012	Including items H3012.1 to H3012.3	Diabetes insipidus		Endocrine category
EH3012.1	H3012.1	Discrete	Age when diagnosed	Year	
EH3012.2	H3012.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH3011.3	H3012.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH4001	H4001	Including items H4001.1 to H4001.3	Renal stone		Urinary System category
EH4001.1	H4001.1	Discrete	Age when diagnosed	Year	
EH4001.2	H4001.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH4001.3	H4001.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH4002	H4002	Including items H4002.1 to H4002.3	Renal failure		Urinary System category
EH4002.1	H4002.1	Discrete	Age when diagnosed	Year	
EH4002.2	H4002.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH4001.3	H4002.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	



Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH4003	H4003	Including items H4003.1 to H4003.3	Urinary incontinence		Urinary System category
EH4003.1	H4003.1	Discrete	Age when diagnosed	Year	
EH4003.2	H4003.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH4003.3	H4003.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH4004	H4004	Including items H4004.1 to H4004.3	Testis cyst		Urinary System category
EH4004.1	H4004.1	Discrete	Age when diagnosed	Year	
EH4004.2	H4004.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH4004.3	H4004.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH4005	H4005	Including items H4005.1 to H4005.3	Gravel		Urinary System category
EH4005.1	H4005.1	Discrete	Age when diagnosed	Year	
EH4005.2	H4005.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH4005.3	H4005.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH4006	H4006	Including items H4006.1 to H4006.3	Kidney cyst	1. Yes 2. No	
EH4006.1	H4006.1	Discrete	Age when diagnosed		Urinary System category



Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH4006.2	H4006.2	Dichotomous	Receiving treatment in the last 12 months	Year	
EH4006.3	H4006.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH4007	H4007	Including items H4007.1 to H4007.3	Kidney infection		Urinary System category
EH4007.1	H4007.1	Discrete	Age when diagnosed	Year	
EH4007.2	H4007.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH4007.3	H4007.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH5001	H5001	Including items H5001.1 to H5001.3	Depression		Psychiatrics category
EH5001.1	H5001.1	Discrete	Age when diagnosed	Year	
EH5001.2	H5001.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH5001.3	H5001.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH5002	H5002	Including items H5002.1 to H5002.3	Anxiety		Psychiatrics category
EH5002.1	H5002.1	Discrete	Age when diagnosed	Year	
EH5002.2	H5002.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH5001.3	H5002.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH5003	H5003	Including items H5003.1 to H5003.3	Obsession		Psychiatrics category
EH5003.1	H5003.1	Discrete	Age when diagnosed	Year	
EH5003.2	H5003.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH5003.3	H5003.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH5004	H5004	Including items H5004.1 to H5004.3	PTSD		Psychiatrics category
EH5004.1	H5004.1	Discrete	Age when diagnosed	Year	
EH5004.2	H5004.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH5004.3	H5004.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH5005	H5005	Including items H5005.1 to H5005.3	Nervous headache		Psychiatrics category
EH5005.1	H5005.1	Discrete	Age when diagnosed	Year	
EH5005.2	H5005.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH5005.3	H5005.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH6001	H6001	Including items H6001.1 to H6001.3	Hysterectomy		Other category
EH6001.1	H6001.1	Discrete	Age when diagnosed	Year	

Table. History of other diseases					
V Code	Variable name	Variable type	description	coding/unit	comment
EH6001.2	H6001.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH6001.3	H6001.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH6002	H6002	Including items H6002.1 to H6002.3	Hernia ingunal		Other category
EH6002.1	H6002.1	Discrete	Age when diagnosed	Year	
EH6002.2	H6002.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH6001.3	H6002.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	
EH6003	H6003	Including items H6003.1 to H6003.3	Anemia		Other category
EH6003.1	H6003.1	Discrete	Age when diagnosed	Year	
EH6003.2	H6003.2	Dichotomous	Receiving treatment in the last 12 months	1. Yes 2. No	
EH6003.3	H6003.3	Dichotomous	Restriction on any activity due to this problem	1. Yes 2. No	

# Referral Questionnaire

Table Optometry					
V Code	Variable name	Variable type	description	coding/unit	comment
EEye1	Eye1	Categorical	How would you describe your vision in general?	1=Excellent 2= Very good 3= Good 4= Moderate 5= Bad	
EEye2	Eye2	-	Has anyone in your immediate family ever suffered from ...	-	
EEye2_1	Eye2_1	Dichotomous	Glaucoma	1= Yes, 2= No	
EEye2_2	Eye2_2	Dichotomous	Retinal Detachment	1= Yes, 2= No	
EEye2_3	Eye2_3	Dichotomous	Keratoconus	1= Yes, 2= No	
EEye2_4	Eye2_4	Dichotomous	Retinitis pigmentosa	1= Yes, 2= No	
EEye3	Eye3	-	Have you ever worn ...	-	
EEye3_1	Eye3_1	Dichotomous	Distant vision glasses	1= Yes, 2= No	
EEye3_2	Eye3_2	Dichotomous	Near vision glasses	1= Yes, 2= No	
EEye3_3	Eye3_3	Dichotomous	History of amblyopia treatment	1= Yes, 2= No	
EEye3_4	Eye3_4	Dichotomous	Contact lens (refractive errors correction)	1= Yes, 2= No	
EEye3_4_1	Eye3_4_1	Categorical	If YES, from where did you buy it?	1= Ophthalmologist /optometrist 2= Pharmacy 3= Other	
EEye3_5	Eye3_5	Dichotomous	Beauty contact lens	1= Yes, 2= No	
EEye3_5_1	Eye3_5_1	Categorical	If YES, from where did you buy it?	1= Ophthalmologist /optometrist 2= Pharmacy 3= Other	
EEye4	Eye4	-	Eye Surgery Background	-	

Table Optometry					
V Code	Variable name	Variable type	description	coding/unit	comment
EEye4_1	Eye4_1	Dichotomous	Cataract	1= Yes, 2= No	
EEye4_1_1	Eye4_1_1	Categorical	If YES, which eye?	1= Right eye 2= Left eye 3= Both	
EEye4_2	Eye4_2	Dichotomous	Cataract	1= Yes, 2= No	
EEye4_2_1	Eye4_2_1	Categorical	If YES, which eye?	1= Right eye 2= Left eye 3= Both	
EEye4_3	Eye4_3	Dichotomous	Refractive Errors (LASIK/PRK/intraocular lens)	1= Yes, 2= No	
EEye4_4	Eye4_4	Dichotomous	Glaucoma	1= Yes, 2= No	
EEye4_5	Eye4_5	Dichotomous	DCR ) DACRYOCYSTORHINOSTOMY )	1= Yes, 2= No	
EEye4_6	Eye4_6	Dichotomous	Retinal Detachment	1= Yes, 2= No	
EEye4_7	Eye4_7		Other Eye Surgeries	1= Yes, 2= No	
EEye5	Eye5	Dichotomous	Do you suffer from symptoms of dry eye syndrome such as irritation, feeling of being something in the eye like a speck of dirt, or have difficulties opening eyelids?	1= Yes, 2= No	
EEye6	Eye6	Categorical	Did you visit an ophthalmologist during the past year?	1= No, I did not. 2= To check up 3= Due to an eye disease	
EEye7	Eye7	Categorical	Did you visit an optometrist during the past year?	1= No, I did not. 2= To check up 3= Due to an eye disease	

Table Optometry					
V Code	Variable name	Variable type	description	coding/unit	comment
EDistanceVA_OD	DistanceVA_OD	Characteritics	Distance VA (LogMar) – right eye	-	
EDistanceVA_OS	DistanceVA_OS	Characteritics	Distance VA (LogMar) – left eye	-	
EPFarG_OD	PFarG_OD	Characteritics	Present Far Glasses – right eye	-	
EPFarG_OD_sph	PFarG_OD_sph	Characteritics	Present Far Glasses – right eye sph	-	
EPFarG_OD_cyl	PFarG_OD_cyl	Characteritics	Present Far Glasses – right eye cyl	-	
EPFarG_OD_Axis	PFarG_OD_Axis	Characteritics	Present Far Glasses – right eye axis	-	
EPFarG_OS	PFarG_OS	Characteritics	Present Far Glasses – left eye	-	
EPFarG_OS_sph	PFarG_OS_sph	Characteritics	Present Far Glasses – left eye sph	-	
EPFarG_OS_cyl	PFarG_OS_cyl	Characteritics	Present Far Glasses – left eye cyl	-	
EPFarG_OS_Axis	PFarG_OS_Axis	Characteritics	Present Far Glasses – left eye axis	-	
EPNearG_OD	PNearG_OD	Characteritics	Present Near Glasses – right eye	-	
EPNearG_OD_sph	PNearG_OD_sph	Characteritics	Present Near Glasses – right eye sph	-	
EPNearG_OD_cyl	PNearG_OD_cyl	Characteritics	Present Near Glasses – right eye cyl	-	
EPNearG_OD_Axis	PNearG_OD_Axis	Characteritics	Present Near Glasses – right eye axis	-	
EPNearG_OS	PNearG_OS	Characteritics	Present Near Glasses – left eye	-	
EPNearG_OS_sph	PNearG_OS_sph	Characteritics	Present Near Glasses – left eye sph	-	



Table Optometry					
V Code	Variable name	Variable type	description	coding/unit	comment
EPNearG_OS_cyl	PNearG_OS_cyl	Characteritics	Present Near Glasses – left eye cyl	-	
EPNearG_OS_Axis	PNearG_OS_Axis	Characteritics	Present Near Glasses – left eye axis	-	
EObjecReflec_OD	ObjecReflec_OD	Characteritics	Objective Refraction – right eye	-	
EObjecReflec_OD_sph	ObjecReflec_OD_sph	Characteritics	Objective Refraction – right eye sph	-	
EObjecReflec_OD_cyl	ObjecReflec_OD_cyl	Characteritics	Objective Refraction – right eye cyl	-	
EObjecReflec_OD_Axis	ObjecReflec_OD_Axis	Characteritics	Objective Refraction – right eye axis	-	
EObjecReflec_OD_PRR	ObjecReflec_OD_PRR	Characteritics	Objective Refraction – right eye PRR	-	
EObjecReflec_OD_SM	ObjecReflec_OD_SM	Characteritics	Objective Refraction – right eye SM	-	
EObjecReflec_OS	ObjecReflec_OS	Characteritics	Objective Refraction – left eye	-	
EObjecReflec_OS_sph	ObjecReflec_OS_sph	Characteritics	Objective Refraction – left eye sph	-	
EObjecReflec_OS_cyl	ObjecReflec_OS_cyl	Characteritics	Objective Refraction – left eye cyl	-	
EObjecReflec_OS_Axis	ObjecReflec_OS_Axis	Characteritics	Objective Refraction – left eye axis	-	
EObjecReflec_OS_PRR	ObjecReflec_OS_PRR	Characteritics	Objective Refraction – left eye PRR	-	
EObjecReflec_OS_SM	ObjecReflec_OS_SM	Characteritics	Objective Refraction – left eye SM	-	
ESubjecReflec_OD	SubjecReflec_OD	Characteritics	Subjective Refraction – right eye	-	
ESubjecReflec_OD_sph	SubjecReflec_OD_sph	Characteritics	Subjective Refraction – right eye sph	-	



Table Optometry					
V Code	Variable name	Variable type	description	coding/unit	comment
ESubjecReflec_OD_cyl	SubjecReflec_OD_cyl	Characteritics	Subjective Refraction – right eye cyl	-	
ESubjecReflec_OD_Axis	SubjecReflec_OD_Axis	Characteritics	Subjective Refraction – right eye axis	-	
ESubjecReflec_OD_PRR	SubjecReflec_OD_PRR	Characteritics	Subjective Refraction – right eye PRR	-	
ESubjecReflec_OD_SM	SubjecReflec_OD_SM	Characteritics	Subjective Refraction – right eye SM	-	
ESubjecReflec_OS	SubjecReflec_OS	Characteritics	Subjective Refraction – left eye	-	
ESubjecReflec_OS_sph	SubjecReflec_OS_sph	Characteritics	Subjective Refraction – left eye sph	-	
ESubjecReflec_OS_cyl	SubjecReflec_OS_cyl	Characteritics	Subjective Refraction – left eye cyl	-	
ESubjecReflec_OS_Axis	SubjecReflec_OS_Axis	Characteritics	Subjective Refraction – left eye axis	-	
ESubjecReflec_OS_PRR	SubjecReflec_OS_PRR	Characteritics	Subjective Refraction – left eye PRR	-	
ESubjecReflec_OS_SM	SubjecReflec_OS_SM	Characteritics	Subjective Refraction – left eye SM	-	
ERAPD_OD	RAPD_OD	Characteritics	Relative Afferent Pupillary Defect - OD	-	
ERAPD_OS	RAPD_OS	Characteritics	Relative Afferent Pupillary Defect - left eye	-	
EIOP_OD	IOP_OD	Characteritics	Intraocular pressure - right eye	-	
EIOP_OS	IOP_OS	Characteritics	Intraocular pressure of left eye	-	
EStrabis_OD	Strabis_OD	Characteritics	Strabismus - right eye	-	
EStrabis_OS	Strabis_OS	Characteritics	Strabismus - left eye	-	
EStrabis_Alter	Strabis_Alter	Characteritics	Strabismus - Alternate	-	
ELid_Lesion_1	Lid_Lesion_1	Dichotomous	Ptosis	1= Yes, 2= No	

Table Optometry					
V Code	Variable name	Variable type	description	coding/unit	comment
ELid_Lesion_2	Lid_Lesion_2	Dichotomous	Chalazion	1= Yes, 2= No	
ELid_Lesion_3	Lid_Lesion_3	Dichotomous	Tearing	1= Yes, 2= No	
ELid_Lesion_4	Lid_Lesion_4	Dichotomous	Other damages	1= Yes, 2= No	
EEye8	Eye8	Categorical	Eye vision situation	1= Normal 2= Distant vision glasses (The old glasses has been approved) 3= Distant vision glasses (New glasses were prescribed) 4= Near vision glasses (The old glasses has been approved) 5= Near vision glasses (New glasses were prescribed) 6= Needed to be referred to the opthamalogist	
EOptometrist_Overview	Optometrist_Overview	Characteristics	Optometrist's overview	-	
EOptometrist_Name	Optometrist_Name	Characteristics	Optometrist's name and surname	-	
EOptometrist_Num	Optometrist_Num	Characteristics	Optometrist's certification number	-	
EReferenceDate	ReferenceDate	Date	Date of visit	date	

**Table Acoumetry**

V Code	Variable name	Variable type	description	coding/unit	comment
EEar1	Ear1	Categorical	How would you describe your hearing in general?	1=Excellent 2= Very good 3= Good 4= Moderate 5= Bad	
EEar2	Ear2	-	Use hearing aids	-	
EEar2_1	Ear2_1	Dichotomous	Right ear	1= Yes, 2= No	
EEar2_2	Ear2_2	Dichotomous	Left ear	1= Yes, 2= No	
EEar2_3	Ear2_3	Dichotomous	Both	1= Yes, 2= No	
EEar3	Ear3	-	currently using a hearing aid and has no hearing problems.	-	
EEar3_1	Ear3_1	Dichotomous	Right ear	1= Yes, 2= No	
EEar3_2	Ear3_2	Dichotomous	Left ear	1= Yes, 2= No	
EEar3_3	Ear3_3	Dichotomous	Both	1= Yes, 2= No	
EEar4	Ear4	-	Hearing Screening		
EEar4_1_800	Ear4_1_800	Discrete	Right ear		
EEar4_1_600	Ear4_1_600	Discrete	Right ear		
EEar4_1_4000	Ear4_1_4000	Discrete	Right ear		
EEar4_1_3000	Ear4_1_3000	Discrete	Right ear		
EEar4_1_1000	Ear4_1_1000	Discrete	Right ear		
EEar4_1_500	Ear4_1_500	Discrete	Right ear		
EEar4_1_Interpretation	Ear4_1_Interpretation	Characteristics	Right ear hearing screening interpretation	Hearing Screening interpretation	
EEar4_2_800	Ear4_2_800	Discrete	Left ear		
EEar4_2_600	Ear4_2_600	Discrete	Left ear		
EEar4_2_4000	Ear4_2_4000	Discrete	Left ear		
EEar4_2_3000	Ear4_2_3000	Discrete	Left ear		
EEar4_2_1000	Ear4_2_1000	Discrete	Left ear		
EEar4_2_500	Ear4_2_500	Discrete	Left ear		

Table Acoumetry					
V Code	Variable name	Variable type	description	coding/unit	comment
EEar4_2_Interpretation	Ear4_2_Interpretation	Characteristics	Left ear hearing screening interpretation		
EEar4_Explanation	Ear4_Explanation	Characteristics	Hearing screening explanation		
EEar5_1	Ear5_1	Categorical	Average tone thresholds – right ear	1= Less than 30, 2= Between 30 and 40 3= More than 40	
EEar5_2	Ear5_2	Categorical	Average tone thresholds – left ear	1= Less than 30, 2= Between 30 and 40 3= More than 40	
EEar6	Ear6	Dichotomous	Medical referral is needed or not?	1= Yes, 2= No	
EEar6_Reason	Ear6_Reason	Characteristics	The reason of medical referral	-	
EEar7	Ear7	Categorical	Hearing status	1= normal 2= Needs a hearing aid (Previous hearing aid is suitable) 3= Needs a hearing aid (New hearing aid was prescribed) 4= Needs other aids	
EEar7_AidDevice	Ear7_AidDevice	Characteristics	If other aids are needed, name the aid device.	-	
EAudiologist_Overview	Audiologist_Overview	Characteristics	Audiologist's overview	-	
EAudiologist_Name	Audiologist_Name	Characteristics	Audiologist's name and surname	-	

Table Acoumetry					
V Code	Variable name	Variable type	description	coding/unit	comment
EAudiologist_Num	Audiologist_Num	Characteristics	Audiologist's certification number	-	
EReferenceDate	ReferenceDate	Date	Date of visit	date	

## Biological Samples

**Table Bio Bank Samples**

V Code	Variable name	Variable type	description	coding/unit	comment
Urination_Sample	Urination_Sample	Dichotomous	Specifies if participant has urine sample	0= No, 1= Yes	
Blood_Sample	Blood_Sample	Dichotomous	Specifies if participant has blood sample	0= No, 1= Yes	
Hair_Sample	Hair_Sample	Dichotomous	Specifies if participant has hair sample	0= No, 1= Yes	
Nail_Sample	Nail_Sample	Dichotomous	Specifies if participant has nail sample	0= No, 1= Yes	

**Table Referral and Extra Tests**

V Code	Variable name	Variable type	description	coding/unit	comment
Electrocardiogram	Electrocardiogram	Dichotomous	Specifies if participant has Electrocardiogram sample	0= No, 1= Yes	
Orthostatic_BloodPressure	Orthostatic_BloodPressure	Dichotomous	Specifies if participant has Orthostatic Blood Pressure sample	0= No, 1= Yes	
Spirometry	Spirometry	Dichotomous	Specifies if participant has Spirometry sample	0= No, 1= Yes	
Acoumetry	Acoumetry	Dichotomous	Specifies if participant has been referred to acoumetrist	0= No, 1= Yes	
Optometry	Optometry	Dichotomous	Specifies if participant has been referred to optometrist	0= No, 1= Yes	

Table Lab Test Results					
V Code	Variable name	Variable type	description	coding/unit	comment
TestDate	TestDate	Date	Specifies the date of sampling		
GLUC	GLUC	Continuous	Fasting blood sugar	Mg/dl	FASTING
HbA1c	HbA1c	Continuous	Glycated Hemoglobin test	Mg/dl	FASTING
TG	TG	Continuous	Triglyceride	Mg/dl	FASTING
Chol	CHOL	Continuous	Total cholesterol	Mg/dl	FASTING
LDL	LDL	Continuous	Low-density lipoprotein	Mg/dl	FASTING
HDL	HDLC	Continuous	High-density lipoprotein	Mg/dl	FASTING
SGOT	SGOT	Continuous	The aspartate aminotransferase (AST)	IU/L	FASTING
SGPT	SGPT	Continuous	The alanine aminotransferase (ALT)	IU/L	FASTING
ALP	ALP	Continuous	Alkaline phosphatase	IU/L	FASTING
UREA	UREA	Continuous	Urea Blood	Mg/dl	FASTING
Creat	Creat	Continuous	Level of creatinine	Mg/dl	FASTING
CRP	CRP	Continuous	Blood Test - C-reactive protein (serum)	Mg/dl	FASTING
ALB	Alb	Continuous	Albumin Serum	Mg/dl	FASTING
BILL-TOTAL	BILL-TOTAL	Continuous	measures the amount of a substance called bilirubin	Mg/dl	FASTING
BILL-DIRECT	BILL-DIRECT	Continuous	detect water-soluble forms of bilirubin	Mg/dl	FASTING
T4	T4	Continuous	The blood level of the hormone T4	μIU/ml	FASTING-Hormone
TSH	TSH	Continuous	Thyroid-stimulating hormone	μIU/ml	FASTING-Hormone
25OHD	25OHD	Continuous	Amount of vitamin D in body	Ng/ml	Vitamin
DNA extract	DNA extract	Continuous	Extracting genomic DNA	Ng/dl	Has been frozen in -20 C
WBC	WBC	Continuous	White blood cell count	Cumm	
RBC	RBC	Continuous	Red blood cell count	Cumm	
HGB	HGB	Continuous	Hemoglobin	Gr/dl	First Morning
HCT	HCT	Continuous	Hematocrit	Gr/dl	First Morning
MCV	MCV	Continuous	Mean corpuscular volume	FL	First Morning
MCH	MCH	Continuous	Mean corpuscular hemoglobin	Pg	First Morning



MCHC	MCHC	Continuous	Mean corpuscular hemoglobin concentration	Gr/dl	First Morning
PLT	PLT	Continuous	Platelet count	Cumm	First Morning
LY	LY	Continuous	Lymphocytes	%	First Morning
MO	MO	Continuous	Monocytes	%	First Morning
GR	GR	Continuous	Granulocytes	%	First Morning
RDWCV	RDWCV	Continuous	Red cell distribution width	%	First Morning
PCT	PCT	Continuous	Plateletcrit	%	First Morning
MPV	MPV	Continuous	Mean platelet volume	FL	First Morning
PDW	PDW	Continuous	Platelet distribution width	%	First Morning
Color	Color	Categorical	Urine Color	1= Yellow 2= Brown 3= Red 4= White	
SG	SG	Continuous	Specific gravity	µg	
Appearance	Appearance	Categorical	Urine appearance	1= Clear 2= Semi clear 3= Turbid	
PH	PH	Continuous	Urine pH level		
Nitrite	Nitrite	Categorical	Urine nitrite	1= Negative 2= Positive 3= Positive+ 4= Positive++ 5= Positive+++	
Bilirubin	Bilirubin	Categorical	Urine bilirubin	1= Negative 2= Positive 3= Positive+ 4= Positive++ 5= Positive+++	

Urobilinogen	Urobilinogen	Categorical	Urine urobilinogen	1= Negative 2= Positive 3= Positive+ 4= Positive++ 5= Positive+++	
Protein	Protein	Categorical	Urine protein	1= Negative 2= Positive 3= Positive+ 4= Positive++ 5= Positive+++	
Glucose	Glucose	Categorical	Urine glucose	1= Negative 2= Positive 3= Positive+ 4= Positive++ 5= Positive+++	
Blood	Blood	Categorical	Urine blood	1= Negative 2= Positive 3= Positive+ 4= Positive++ 5= Positive+++	
Epithelial	Epithelial	Continuous	Epithelial cells in urine	Cells/HPF	
Bacteria	Bacteria	Categorical	Bacteria in urine	1= Negative 2= Rare 3= Few 4= Moderate 5= Many	
Mucus	Mucus	Categorical	Mucus in urine	1= Negative 2= Rare 3= Few 4= Moderate	
Cast	Cast	Categorical	Cast in urine	1= Negative 2= Rare 3= Few 4= Moderate 5= Many	

Crystal	Crystal	Categorical	Crystal in urine	1= Negative 2= Rare 3= Few 4= Moderate 5= Many	
AscorbicAcid	AscorbicAcid	Categorical	Urine ascorbic acid level	1= Negative 2= Positive+ 3= Positive++ 4= Positive+++	
KetoneBodies	KetoneBodies	Categorical	Ketone bodies in urine	1= Negative 2= Positive+ 3= Positive++ 4= Positive+++	
UrineWBC	UrineWBC	Continuous	Urine white blood cell count	Cells/HPF	
UrineRBC	UrineRBC	Continuous	Urine red blood cell count	Cells/HPF	
Other	Other	Characteristic	Any related comments		

## Supplementary Tables and Figures

Table Province ID

Code	Province Name	Code	Province Name	Code	Province Name
1	East Azerbaijan	12	North Khorasan	23	Golestan
2	West Azerbaijan	13	Zanjan	24	Guilan
3	Ilam	14	Semnan	25	Lorestan
4	Ardabil	15	Sistan & Baluchestan	26	Mazandaran
5	Isfahan	16	Fars	27	Markazi
6	Bushehr	17	Qom	28	Hamedan
7	Tehran	18	Qazvin	29	Hormozgan
8	Chaharmahal and Bakhtiari	19	Kohgiluyeh and Boyer-Ahmad	30	Yazd
9	Khuzestan	20	Kerman	31	Alborz
10	Razavi Khorasan	21	Kermanshah		
11	South Khorasan	22	Kurdestan		

Table County ID

Code	Province Name	Code	Province Name	Code	Province Name
355	Shiraz	386	Bonab	417	Namin
356	KhoramAbaad	387	Jolfa	418	Nir
357	Kerman	388	Sarab	419	Germi
358	Yazd	389	Shabestar	420	Aran & Bidgol
359	Sari	390	Ajab Shir	421	Ardestan
360	Kermanshah	391	Kaleybar	422	Shahin Shahr and Meimeh
361	Kashan	392	Maraghi	423	Tiran and Karvan
362	Shahrekord	393	Marand	424	Chadegan
363	Karaj	394	Malekan	425	Khomeini Shahr
364	Urmia	395	Mianeh	426	Khansar
365	Isfahan	396	Heris	427	Semirom
366	Mashhad	397	Hasht-roud	428	Shahreza
367	Tabriz	398	Varzaghan	429	Semirom Sofla
368	Qom	399	Oshnavieh	430	Fereydoun
369	Arak	400	Bukan	431	Fereydoun Shahr
370	Semnan	401	Piranshahr	432	Falavarjan
371	Hamedan	402	Takab	433	Golpayegan
372	Tehran	403	Chaldoran	434	Lenjan
373	Ardabil	404	Khoy	435	Mobarakeh
374	Bushehr	405	Sardasht	436	Naein
375	Ahvaz	406	Salmas	437	Najaf Abaad
376	Bandare Abbas	407	Shahin-Dej	438	Natanz
377	Rasht	408	Makoo	439	Deyr
378	Babol	409	Mahabaad	440	Deylam
379	Tonekabon	410	Mian-doab	441	Kangan
380	Gorgan	411	Naghadeh	442	Gonaveh
381	Qazvin	412	Bileh Savar	443	Tangestan
382	Azarshahr	413	ParsAbaad	444	Jam
383	Oskoo	414	Khalkhal	445	Dashtestan
384	Ahar	415	Kowsar	446	Dashti
385	BostanAbaad	416	Meshkin Shahr	447	Abdanan
448	Eyvan	484	Jovin	520	Shoushtar
449	Dareh Shahr	485	Khalil Abaad	521	Lali
450	Dehloran	486	Khaf	522	Masjed Soleiman
451	Mehran	487	Dargaz	523	Hendijan
452	Ilam	488	Rasht-Khar	524	Abhar
453	Islam Shahr	489	Zaveh	525	Ijroud
454	Pakdasht	490	Sabzevar	526	Khodabandeh
455	Damavand	491	Sarakhs	527	Khordam-Dareh
456	Robat Karim	492	Fariman	528	Zanjan
457	Rey	493	Ghouchan	529	Taram
458	Savojbolagh	494	Torghabeh & Shandiz	530	Mahnesan

Code	Province Name	Code	Province Name	Code	Province Name
459	Shemiranat	495	Kashmar	531	Damghan
460	Shahriar	496	Kalat	532	Shahrud
461	Firouz Kouh	497	Gonabad	533	Garmsar
462	Nazar Abaad	498	Mahvelat	534	Mahdi Shahr
463	Varamin	499	Neyshabour	535	Irani Shahr
464	Ardal	500	Esfarayen	536	Chabahar
465	Boroujen	501	Bojnourd	537	Khash
466	Farsan	502	Jajarm	538	Zabol
467	Kouhrang	503	Shiravan	539	Zahedan
468	Lordegan	504	Farouj	540	Saravan
469	Boshruyeh	505	Garmeh	541	Sarbaz
470	Birjand	506	Maneh Va Samalqan	542	Nikshahr
471	Darmian	507	Abadan	543	Abadeh
472	Sarayan	508	Omidieh	544	Arsenjan
473	Sarbisheh	509	Andimeshk	545	Estahban
474	Ferdous	510	Izeh	546	Eqlid
475	Ghaen	511	Bagh Malek	547	Bavanat
476	Nehbandan	512	Mahshahr	548	Jahrom
477	Bardaskan	513	Behbahan	549	Khordambid
478	Bajestan	514	Khoramshahr	550	Darab
479	Taybad	515	Dezfoul	551	Zarin-Dasht
480	Torbate Jam	516	Dashte Azadegan	552	Sepidan
481	Torbate Heidarieh	517	Ramhormoz	553	Farashband
482	Chenaran	518	Shadegan	554	Fasa
483	Joghatai	519	Shoush	555	Firouz-Abaad
556	Ghirokarzin	592	Javan Roud	628	Fouman
557	Kazeroun	593	Dalahou	629	Lahijan
558	Larestan	594	Ravansar	630	Langroud
559	Lamerd	595	Sar-Pole Zahab	631	Masal
560	Marvdasht	596	Sonqor	632	Azna
561	Mamasani	597	Sahneh	633	Aligoudarz
562	Mehr	598	Ghasre Shirin	634	Boroojerd
563	Ney-riz	599	Kangavar	635	Poldokhtar
564	Baneh	600	Guilan Gharb	636	Doroud
565	Bijar	601	Harsin	637	Delfan
566	Divan-Dareh	602	Boyer-Ahmad	638	Selseleh
567	Sarv-Abaad	603	Bahma'i	639	Kouhdasht
568	Saghez	604	Dena	640	Amol
569	Sanandaj	605	Kohgiluyeh	641	Babolsar
570	Ghorveh	606	Gachsaran	642	Behshahr
571	Kamyaran	607	Azadshahr	643	Jouybar
572	Marivan	608	Agh-Qala	644	Chalous
573	Baft	609	Bandar-e-Gaz	645	Ramsar
574	Bardsir	610	Bandare Torkaman	646	Savad-Kouh

Code	Province Name		Code	Province Name		Code	Province Name
575	Bam		611	Ramiyan		647	Ghaem-shahr
576	Jiroft		612	Ali Abaad		648	Galougah
577	Ravar		613	Kord-Kouy		649	Mahmoud Abaad
578	Rafsanjan		614	Kalaleh		650	Neka
579	Rudbar		615	Gonbad		651	Nour
580	Jonoub		616	Minou Dasht		652	Noshahr
581	Zarand		617	Astara		653	Ashtian
582	Sirjan		618	Astaneh Ashrafieh		654	Tafresh
583	Shahre Babak		619	Amlash		655	Khomein
584	Anbar Abaad		620	Bandare Anzali		656	Delijan
585	Ghal'e Ganj		621	Rezvanshahr		657	Zarandieh
586	Kouhbanan		622	Rudbar		658	Saveh
587	Kohnouj		623	Rudsar		659	Shazand
588	Manoojan		624	Siah Kol		660	Komijan
589	Islam Abaad Gharb		625	Shaft		661	Mahalat
590	Paveh		626	Some'e Sara		662	Minab
591	Salase Babajani		627	Tavalesh (Talesh)		663	Bandare Lengaeh
664	Roudan		684	Tabas		704	Hoveizeh
665	Jusk		685	Mehriz		705	Gotvand
666	Gheshm		686	Meybod		706	Ben
667	Haji Abaad		687	Marvast		707	Saman
668	Abu-Mousa		688	Lavasan		708	Kiyar
669	Bastak		689	Hasht-Gaerd		709	Bandare Khamir
670	Gav-bandi		690	Mohammad Shahr		710	Bandare Kong
671	AsadAbaad		691	Kamal Shahr		711	Andika
672	Bahar		692	Meshkin Dasht		712	Bavi
673	Tuyserkan		693	Mah Dasht		714	Karoun
674	Razan		694	Eshtehard		715	Hamidieh
675	KaboudarAhang		695	Hashg-Gaerd New City		716	Dehdez
676	Malayer		696	Garm-Dareh		717	Ramshir
677	Nahavand		697	Kouhsar		718	Haftgol
678	Abarkouh		698	Chahar-Bagh		719	Lali
679	Ardakan		699	Taleghan		721	Aghajri
680	Bafgh		700	Sari		722	Kavar
681	Taft		701	Doroud		723	Sysakht
682	Khatam		702	Kelardasht		724	Dehgolan
683	Sadough		703	Kharameh			



Table Medicine ID	
MedicineID	Medicine Name
0	No Usage
1	Permethrin 1%
2	Povidone Iodine 7.5%
3	Ketoconazole 2%
4	Lindane 1%
5	Aciclovir 5%
6	Adapalene 1%
7	Azelaic Acid 20%
8	Betamethasone 0.1%
9	Calamine 8%
10	Clindamycin 2%
11	Clobetasol Propionate 0.05%
12	Clotrimazole 1%
13	Clotrimazole 2%
14	Permethrin 5%
15	Phenytoin Sodium 1%
16	Sertaconazole Nitrate 2%
17	Silver Sulfadiazine 10 mg/g
18	Terbinafine Hydrochloride 1%
19	Tolnaftate 1%
20	Tretinoin 0.05%
21	Triamcinolone Acetonide 0.1%
22	Triamcinolone NN*
23	Triple Sulfa
24	Urea 10%
25	Urea 20%
26	Urea 5%
27	Conjugated Estrogens 0.625 mg/g
28	Crotamiton 10%
29	Dexpanthenol 5%
30	Dienestrol 0.01%
31	Dithranol 0.25%
32	Fluocinolone Acetonide 0.025%

Table Medicine ID	
MedicineID	Medicine Name
33	Fluorouracil 5%
34	Hydrocortisone Acetate 1%
35	Hydroquinone 2%
36	Hydroquinone 4%
37	Imiquimod 5%
38	Lidocaine/Prilocaine 2.5%/2.5%
39	Mafenide Acetate 112 mg/g
40	Miconazole Nitrate 2%
41	Monobenzene 20%
42	Nitrofurazone 0.2%
43	Nonoxynol-9 5%
44	Acetaminophen 100 mg/ml
45	Acetaminophen 120 mg/5ml
46	Albendazole 200 mg/5ml
47	Aluminium Hydroxide 320 mg/5ml
48	Aluminium/Magnesium 225/200 mg/5ml
49	Aluminium/Magnesium 225/200 mg/5ml, 10ml
50	Aluminium/Magnesium/Simethicone
51	Aluminium/Magnesium/Simethicone 10 ml
52	Beractant 25 mg/ml
53	Budesonide 0.5 mg/2ml
54	Budesonide 1 mg/2ml
55	Carbamazepine 100 mg/5ml
56	Charcoal Activated 30 g/240ml
57	Chloramphenicol 150 mg/5ml
58	Clindamycin 75 mg/5ml
59	Phenytoin 30 mg/5ml
60	Primidone 125 mg/5ml
61	Primidone 250 mg/5ml
62	Pyrantel 250 mg/5ml
63	Pyrvinium 50 mg/5ml
64	Co-trimoxazole 200/40 mg/5ml

Table Medicine ID	
MedicineID	Medicine Name
65	Furazolidone 50 mg/15ml
66	Ibuprofen 100 mg/5ml
67	Magnesium Hydroxide 8%
68	Metronidazole 125 mg/5ml
69	Nalidixic Acid 60 mg/ml
70	Nevirapine 50 mg/ml
71	Nitrofurantoin 25 mg/5ml
72	Sulfasalazine 30 mg/ml, 100ml
73	Diazepam 10 mg
74	Diazepam 5 mg
75	Docusate Na & Sorbitol 0.01/13.4 g
76	Hydrocortisone 100 mg/60ml
77	Mesalazine 4 g/100ml
78	Piracetam 33.33%
79	Sevoflurane 250 mg
80	Levonorgestrel 6X36 mg
81	Acetaminophen 125 mg
82	Acetaminophen 325 mg
83	Antihemorrhoid
84	Artisunate 50 mg
85	Bisacodyl 10 mg
86	Bisacodyl 5 mg
87	Clindamycin 100 mg
88	Clotrimazole 100 mg
89	Clotrimazole 200 mg
90	Clotrimazole 500 mg
91	Piroxicam 20 mg
92	Povidone Iodine 200 mg
93	Progesterone 200 mg
94	Progesterone 400 mg
95	Diclofenac Sodium 100 mg
96	Diclofenac Sodium 50 mg
97	Glycerin 1 g

Table Medicine ID	
MedicineID	Medicine Name
98	Glycerin 2 g
99	Hyoscine-n-butyl Bromide 10 mg
100	Hyoscine-n-butyl Bromide 7.5 mg
101	Indomethacin 100 mg
102	Indomethacin 50 mg
103	Mesalazine 500 mg
104	Metronidazole 500 mg
105	Miconazole Nitrate 100 mg
106	Morphine Sulfate 10 mg
107	Cetirizine Hydrochloride 5mg/5ml
108	Chloroquine 50 mg/5ml
109	Chloroquine 25 mg/5ml
110	Chlorpheniramine Maleate 2 mg/5ml
111	Cimetidine 200 mg/5ml
112	Piperazine Hexahydrate 750 mg/5ml
113	Promethazine 5 mg/5ml
114	Pseudoephedrine Hydrochloride 30 mg/5ml
115	Ranitidine 75mg/ml
116	Salbutamol 2 mg/5ml
117	Theophylline/Guaifenesin 50/30 mg/5ml
118	Valproate Sodium 200 mg/5ml
119	Valproate Sodium 300 mg/5ml
120	Zidovudine 50 mg/5ml
121	Dextromethorphan Hydrobromide 15 mg/5ml
122	Dextromethorphan/Pseudoephedrine 15/30 mg/5ml
123	Diphenhydramine/Ammonium chloride 12.5/125 mg
124	Ethosuximide 250 mg/5ml
125	Expectorant
126	Expectorant Codeine
127	Fluoxetine 20 mg/5ml

Table Medicine ID	
MedicineID	Medicine Name
128	Guaifenesin 100 mg/5ml
129	Hydroxyzine Hydrochloride 10 mg/5ml
130	Ipecac 0.14%
131	Ketotifen 1 mg/5 ml
132	Lactulose 10 g/15 ml
133	L-Carnitine 500 mg/5ml
134	Levamisole 40 mg/5ml
135	Loratadine 5 mg/5ml
136	Midazolam Hydrochloride 2 mg/ml
137	Paromomycin 125 mg/ 5ml
138	Pediatric Grippe
139	Salicylic Acid 40 mg
140	Nitroglycerin 10 mg/24h
141	Nitroglycerin 5 mg/24h
142	Acetaminophen 325 mg
143	Acetaminophen 500 mg
144	Acitretin 10 mg
145	Acitretin 25 mg
146	Adult Cold
147	Adult Cold Preparations
148	Amantadine Hydrochloride 100 mg
149	Amoxicillin 250 mg
150	Amoxicillin 500 mg
151	Ampicillin 250 mg
152	Ampicillin 500 mg
153	Artemether 40 mg
154	Azithromycin 250 mg
155	Betacarotene 15 mg
156	Betacarotene 25 mg
157	Betacarotene 30 mg
158	Buprenorphine 0.4 mg
159	Calcitriol 0.25 mcg
160	Cefalexin 500 mg

Table Medicine ID	
MedicineID	Medicine Name
161	Cefixime 200 mg
162	Cefixime 400 mg
163	Celecoxib 100 mg
164	Celecoxib 200mg
165	Chloramphenicol 250 mg
166	Ciclosporin 100 mg
167	Ciclosporin 25 mg
168	Ciclosporin 50 mg
169	Clindamycin 150 mg
170	Clofazimine 100 mg
171	Clofazimine 50 mg
172	Clofibrate 500 mg
173	Cloxacillin 250 mg
174	Cloxacillin 500 mg
175	Phenoxybenzamine Hydrochloride 10 mg
176	Phenytoin Sodium 100 mg
177	Phenytoin Sodium 50 mg
178	Phosphocysteamine 150 mg
179	Piroxicam 10 mg
180	Prednimustine 10 mg
181	Prednimustine 50 mg
182	Procainamide Hydrochloride 500 mg
183	Procarbazine 50 mg
184	Quinidine Sulfate 200 mg
185	Ribavirin 200 mg
186	Rifabutin 150 mg
187	Rifampicin 150 mg
188	Rifampicin 300 mg
189	Rivastigmine 1.5 mg
190	Rivastigmine 4.5 mg
191	Rivastigmine 6 mg
192	Rivastigmine 3 mg
193	Sertralin 100 mg

Table Medicine ID	
MedicineID	Medicine Name
194	Simethicone 125 mg
195	Succimer 100 mg
196	Tacrolimus 0.5 mg
197	Tacrolimus 1 mg
198	Tacrolimus 5 mg
199	Tamsulosin Hydrochloride 0.4 mg
200	Testosterone Undecanoate 40 mg
201	Tetracycline Hydrochloride 250 mg
202	Theophylline 200 mg
203	Thiothixene 5 mg
204	Tiotropium 18 mcg
205	Tramadol Hydrochloride 50 mg
206	Tranexamic Acid 250 mg
207	Tropisetron 5 mg
208	Typhoid Vaccine
209	Ursodeoxycholic Acid 250 mg
210	Valproate Sodium 300 mg
211	Valsartan 160 mg
212	Valsartan 40 mg
213	Valsartan 80 mg
214	Vitamin A 25,000 U
215	Vitamin A 50,000 U
216	Vitamin D3 50,000 U
217	Zidovudine 100 mg
218	Zidovudine 300 mg
219	Zonisamide 100 mg
220	Cromolyn Sodium 20 mg
221	Cycloserine 250 mg
222	Cysteamine Bitartrate 150 mg
223	Danazol 100 mg
224	Danazol 200 mg
225	Dantrolene Sodium 25 mg
226	Dextromethorphan Hydrobromide 15 mg

Table Medicine ID	
MedicineID	Medicine Name
227	Diazoxide 100 mg
228	Diazoxide 50 mg
229	Diltiazem Hydrochloride 120 mg
230	Diphenhydramine Hydrochloride 25 mg
231	Disopyramide 100 mg
232	Doxepin 10 mg
233	Doxepin 25 mg
234	Doxycycline 100 mg
235	Estramustine Sodium Phosphate 140 mg
236	Ethosuximide 250 mg
237	Etoposide 100 mg
238	Etoposide 50 mg
239	Fenofibrate 100 mg
240	Fenofibrate 200 mg
241	Ferrous-glycine-sulfate 567.66 mg
242	Ferrous-glycine-sulfate/Folic Acid 0
243	Fluconazole 100 mg
244	Fluconazole 150 mg
245	Fluconazole 200 mg
246	Fluoxetine 10 mg
247	Fluoxetine 20 mg
248	Flurazepam 15 mg
249	Gabapentin 100 mg
250	Gabapentin 300 mg
251	Gabapentin 400 mg
252	Gemfibrozil 300 mg
253	Hematinic
254	Hexamethylmelamine 100 mg
255	Hydroxyurea 250 mg
256	Hydroxyurea 500 mg
257	Ibuprofen 200 mg
258	Ibuprofen 400 mg
259	Ibuprofen/Paracetamol/Caffeine

Table Medicine ID	
MedicineID	Medicine Name
260	Imatinib 100 mg
261	Imatinib 50 mg
262	Indomethacin 25 mg
263	Indomethacin 75 mg
264	IODIDE [125I] (0.281-0.878) mCi
265	Isotretinoin 10 mg
266	Isotretinoin 20 mg
267	Itraconazole 100 mg
268	Lithium Carbonate 400 mg
269	Lomustine 40 mg
270	Loperamide Hydrochloride 2 mg
271	Mebeverine Hydrochloride 200 mg
272	Mefenamic Acid 250 mg
273	Metoclopramide Hydrochloride 10 mg
274	Mexiletine 100 mg
275	Multivitamin Therapeutic
276	Mycophenolate Mofetil 250 mg
277	Naltrexone Hydrochloride 25 mg
278	Naltrexone Hydrochloride 50 mg
279	Nifedipine 10 mg
280	Nifedipine 20 mg
281	Nifedipine 30 mg
282	Nitroglycerin 2.6 mg
283	Nitroglycerin 0.4 mg
284	Nitroglycerin 2.5 mg
285	Nitroglycerin 6.4 mg
286	Nitroglycerin 6.5 mg
287	Omeprazole 20 mg
288	Orlistat 120 mg
289	Oseltamivir 75 mg
290	Pancreatin Forte
291	Pantoprazole 15 mg
292	Paromomycin 250 mg

Table Medicine ID	
MedicineID	Medicine Name
293	Penicillamine 250 mg
294	A.C.A
295	Acarbose 100 mg
296	Acarbose 50 mg
297	Acetaminophen Codeine 300/10 mg
298	Acetazolamide 250 mg
299	Acetylcysteine 200 mg
300	Acetylcysteine 600 mg
301	Acetylsalicylic acid/Ascorbic acid 400/240 mg
302	Aciclovir 200 mg
303	Aciclovir 400 mg
304	Adefovir Dipivoxil 10 mg
305	Albendazole 200 mg
306	Albendazole 400 mg
307	Alendronate 10 mg
308	Alendronate 35 mg
309	Alendronate 70 mg
310	Allopurinol 100 mg
311	Allopurinol 300 mg
312	Alprazolam 0.5 mg
313	Alprazolam 1 mg
314	Aluminium Hydroxide 300 mg
315	Aluminium/Magnesium 200/200 mg
316	Ambenonium Chloride 10 mg
317	Amiloride/Hydrochlorothiazide 5/50 mg
318	Aminoglutethimide 250 mg
319	Amiodarone Hydrochloride 200 mg
320	Amitriptyline Hydrochloride 10 mg
321	Amitriptyline Hydrochloride 100 mg
322	Amitriptyline Hydrochloride 25 mg
323	Amitriptyline Hydrochloride 50 mg
324	Amlodipine 5 mg



Table Medicine ID	
MedicineID	Medicine Name
325	Amlodipine/Atorvastatin 5/20 mg
326	Ammonium Chloride 500 mg
327	Amoxicillin 250 mg
328	Amoxicillin 500 mg
329	Amoxicillin 200 mg
330	Amoxicillin 400 mg
331	Anthocyanoside A
332	Antihistamine Decongestant
333	Artemether/Lumefantrine 20/120 mg
334	Artisunate 100 mg
335	ASA (Acetylsalicylic Acid) 100 mg
336	ASA (Acetylsalicylic Acid) 325 mg
337	ASA (Acetylsalicylic Acid) 500 mg
338	ASA (Acetylsalicylic Acid) 80 mg
339	ASA Codeine 500/10 mg
340	Aspartame 18 mg
341	Atenolol 100 mg
342	Atenolol 50 mg
343	Atorvastatin 10 mg
344	Atorvastatin 20 mg
345	Atorvastatin 40 mg
346	Atovaquone/Chloroghanide Hydrochloride 250/100 mg
347	Atovaquone/Chloroghanide Hydrochloride 62.5/25 mg
348	Atropine Sulfate 0.5 mg
349	Azathioprine 50 mg
350	Azithromycin 500 mg
351	Baclofen 10 mg
352	Baclofen 25 mg
353	Belladonna Pb
354	Benztropine Mesylate 2 mg
355	Betahistine Dihydrochloride 8 mg

Table Medicine ID	
MedicineID	Medicine Name
356	Betamethasone 0.5 mg
357	Bethanechol Chloride 10 mg
358	Biperiden Hydrochloride 2 mg
359	Biperiden Hydrochloride 4 mg
360	Bismuth Subcitrate Equ. To Bismuth Oxide** 120 mg
361	Bromhexine Hydrochloride 8 mg
362	Bromocriptine 2.5 mg
363	Buprenorphine 2 mg
364	Buprenorphine 8 mg
365	Buprenorphine Hydrochloride/Naloxone Hydrochloride 2/0.5 mg
366	Buprenorphine Hydrochloride/Naloxone Hydrochloride 8/2 mg
367	Bupropion Hydrochloride 100 mg
368	Bupropion Hydrochloride 150 mg
369	Bupropion Hydrochloride 75 mg
370	Buspirone Hydrochloride 10 mg
371	Buspirone Hydrochloride 5 mg
372	Busulfan 2 mg
373	Cabergoline 0.5 mg
374	Cabergoline 1 mg
375	Calcium Acetate 667 mg
376	Calcium Dobesilate 250 mg
377	Calcium Pantothenate 100 mg
378	Capecitabine 150 mg
379	Capecitabine 500 mg
380	Captopril 25 mg
381	Captopril 50 mg
382	Carbamazepine 200 mg
383	Carbamazepine 400 mg
384	Carvedilol 12.5 mg
385	Carvedilol 25 mg

Table Medicine ID	
MedicineID	Medicine Name
386	Carvedilol 6.25 mg
387	Cefuroxime 125 mg
388	Cefuroxime 250 mg
389	Cefuroxime 500 mg
390	Cetirizine Hydrochloride 5 mg
391	Cetirizine Hydrochloride 10 mg
392	Charcoal Activated 250 mg
393	Children Cold
394	Chlorambucil 2 mg
395	Chlordiazepoxide 10 mg
396	Chlordiazepoxide 5 mg
397	Chlormadinone Acetate/Ethinyl Estradiol 2 / 0.03 mg
398	Chloroquine Phosphate 250 mg
399	Chlorpheniramine Maleate 4 mg
400	Chlorpheniramine Maleate 8 mg
401	Chlorpromazine Hydrochloride 100 mg
402	Chlorpromazine Hydrochloride 25 mg
403	Chlorpropamide 250 mg
404	Chlorthalidone 100 mg
405	Cimetidine 200 mg
406	Cinnarizine 25 mg
407	Cinnarizine 75 mg
408	Ciprofloxacin 250 mg
409	Ciprofloxacin 500 mg
410	Cisapride 10 mg
411	Cisapride 5 mg
412	Citalopram 20 mg
413	Citalopram 40 mg
414	Clarithromycine 250 mg
415	Clarithromycine 500 mg
416	Clemastine 1mg
417	Clidinium/Chlordiazepoxide 2.5/5 mg

Table Medicine ID	
MedicineID	Medicine Name
418	Clobazam 10 mg
419	Clobutinol Hydrochloride 40 mg
420	Clomiphene Citrate 50 mg
421	Clomipramine Hydrochloride 10 mg
422	Clomipramine Hydrochloride 25 mg
423	Clomipramine Hydrochloride 50 mg
424	Clomipramine Hydrochloride 75 mg
425	Clonazepam 1 mg
426	Clonazepam 2 mg
427	Clonidine Hydrochloride 0.2 mg
428	Clopidogrel 75 mg
429	Clozapine 100 mg
430	Clozapine 25 mg
431	Co-amoxiclav 250/125 mg
432	Co-amoxiclav 500/125 mg
433	Codeine Phosphate 30 mg
434	Colchicine 1 mg
435	Penicillin V 500 mg
436	Pentazocine Hydrochloride 50 mg
437	Pentoxifylline 400 mg
438	Perphenazine 2 mg
439	Perphenazine 4 mg
440	Perphenazine 8 mg
441	Phenazopyridine Hydrochloride 100 mg
442	Phenobarbital 100 mg
443	Phenobarbital 15 mg
444	Phenobarbital 60 mg
445	Phenytoin/Phenobarbital 100/50 mg
446	Phosphate, Potassium Monobasic* 500 mg
447	Phosphate, Sodium*
448	Pimozide 4 mg
449	Pioglitazone 15 mg
450	Pioglitazone 30 mg



Table Medicine ID	
MedicineID	Medicine Name
451	Pioglitazone 45 mg
452	Piperazine Hexahydrate 500 mg
453	Piracetam 800 mg
454	Potassium Aminobenzoic Acid 500 mg
455	Potassium Chloride 500 mg
456	Potassium Chloride 600 mg
457	Potassium Citrate 10 mEq
458	Potassium Citrate 5 mEq
459	Pramipexole Hydrochloride 0.125 mg
460	Pramipexole Hydrochloride 0.25 mg
461	Pramipexole Hydrochloride 0.5 mg
462	Pramipexole Hydrochloride 1 mg
463	Praziquantel 600 mg
464	Prazosin 1 mg
465	Prazosin 5 mg
466	Prednimustine 100 mg
467	Prednimustine 20 mg
468	Prednisolone 5 mg
469	Prednisolone Forte 50 mg
470	Prednisone 1 mg
471	Prednisone 50 mg
472	Primaquine 15 mg
473	Primaquine 7.5 mg
474	Primidone 250 mg
475	Promethazine Hydrochloride 25 mg
476	Propafenone Hydrochloride 150 mg
477	Propafenone Hydrochloride 300 mg
478	Propantheline Bromide 15 mg
479	Propranolol Hydrochloride 20 mg
480	Propranolol Hydrochloride 10 mg
481	Propranolol Hydrochloride 160 mg
482	Propranolol Hydrochloride 40 mg
483	Propranolol Hydrochloride 80 mg

Table Medicine ID	
MedicineID	Medicine Name
484	Propylthiouracil 50 mg
485	Prostaglandin E2 3 mg
486	Prothionamide 125 mg
487	Prothionamide 250 mg
488	Pseudoephedrine Hydrochloride 30 mg
489	Pyrantel 125 mg
490	Pyrazinamide 500 mg
491	Pyridostigmine Bromide 10 mg
492	Pyridostigmine Bromide 60 mg
493	Pyrimethamine 25 mg
494	Pyrvinium 50 mg
495	Quinacrine Hydrochloride 100 mg
496	Quinidine Bisulfate 250 mg
497	Quinine Hydrochloride 100 mg
498	Quinine Hydrochloride 250 mg
499	Quinine Sulfate 200 mg
500	Rabeprazole Sodium 20 mg
501	Raloxifene Hydrochloride 60 mg
502	Ranitidine 150 mg
503	Ranitidine 300 mg
504	Repaglinide 0.5 mg
505	Repaglinide 1 mg
506	Repaglinide 2 mg
507	Reserpine 0.1 mg
508	Rifabutin 300 mg
509	Riluzole 50 mg
510	Risperidone 1 mg
511	Risperidone 2 mg
512	Risperidone 3 mg
513	Risperidone 4 mg
514	Ritodrine 10 mg
515	Rizatriptan 10 mg
516	Rizatriptan 5 mg

Table Medicine ID	
MedicineID	Medicine Name
517	Ropinirole 5 mg
518	Ropinirole 0.25 mg
519	Ropinirole 1 mg
520	Salbutamol 2 mg
521	Selegiline Hydrochloride 5 mg
522	Sertaconazole Nitrate 500 mg
523	Sertraline 25 mg
524	Sertraline 50 mg
525	Sildenafil 100 mg
526	Sildenafil 25 mg
527	Sildenafil 50 mg
528	Simvastatin 10 mg
529	Simvastatin 20 mg
530	Sirolimus 1 mg
531	Sodium Aminosalicilate 500 mg
532	Sodium Salicylate 300 mg
533	Sotalol Hydrochloride 40 mg
534	Sotalol Hydrochloride 80 mg
535	Spiramycin 500 mg
536	Spironolactone 100 mg
537	Spironolactone 25 mg
538	Stavudine 40 mg
539	Sucralfate 1 g
540	Sucralfate 500 mg
541	Sulfadiazine 500 mg
542	Sulfadoxine/Pyrimethamine 500/25 mg
543	Sulfasalazine 500 mg
544	Sumatriptan 100 mg
545	Sumatriptan 50 mg
546	Tadalafil 10 mg
547	Tadalafil 20 mg
548	Tamoxifen 20 mg
549	Tamoxifen 10 mg

Table Medicine ID	
MedicineID	Medicine Name
550	Terazosin 2 mg
551	Terazosin 5 mg
552	Terbinafine 250 mg
553	Terbutaline Sulfate 5 mg
554	Tetrabenazine 25 mg
555	Theophylline 100 mg
556	Thiabendazole 500 mg
557	Thiethylperazine 6.5 mg
558	Thioguanine 40 mg
559	Thioridazine Hydrochloride 10 mg
560	Thioridazine Hydrochloride 100 mg
561	Thioridazine Hydrochloride 25 mg
562	Ticlopidine Hydrochloride 250 mg
563	Tilactase 3000 FCC U
564	Tinidazole 500 mg
565	Tizanidine 4 mg
566	Tolmetin 200 mg
567	Tolterodine Tartarate 1 mg
568	Tolterodine Tartarate 2 mg
569	Topiramate 100 mg
570	Topiramate 200 mg
571	Topiramate 25 mg
572	Topiramate 50 mg
573	Tramadol Hydrochloride 100 mg
574	Tranexamic Acid 500 mg
575	Tranlycypromine 10 mg
576	Trazodone Hydrochloride 50 mg
577	Triamterene/Hydrochlorothiazide 50/25 mg
578	Triclabendazole 250 mg
579	Trifluoperazine 1 mg
580	Trifluoperazine 10 mg
581	Trifluoperazine 2 mg
582	Trifluoperazine 5 mg

Table Medicine ID	
MedicineID	Medicine Name
583	Trihexyphenidyl Hydrochloride 2 mg
584	Trihexyphenidyl Hydrochloride 5 mg
585	Trimethoprim 100 mg
586	Trimipramine 100 mg
587	Trimipramine 25 mg
588	Valproate Sodium 200 mg
589	Valproate Sodium 500 mg
590	Valproic acid (as Divalproex Sodium) 250 mg
591	Valproic acid (as Divalproex Sodium) 500 mg
592	Verapamil Hydrochloride 240 mg
593	Verapamil Hydrochloride 40 mg
594	Verapamil Hydrochloride 80 mg
595	Vitamin B1 100 mg
596	Vitamin B1 300 mg
597	Vitamin C 1000 mg
598	Vitamin E 200 IU
599	Vitamin K1 10 mg
600	Warfarin Sodium 2.5 mg
601	Warfarin Sodium 5 mg
602	Yohimbine Hydrochloride 2 mg
603	Yohimbine Hydrochloride 5.4 mg
604	Zafirlukast 20 mg
605	Zolpidem 10 mg
606	Zolpidem 5 mg
607	Conjugated Estrogens 0.625 mg
608	Conjugated Estrogens 1.25 mg
609	Contraceptive DE
610	Contraceptive HD
611	Contraceptive LD
612	Contraceptive LD/Fe
613	Contraceptive Triphasic
614	Co-trimoxazole 100/20 mg
615	Co-trimoxazole 400/80 mg

Table Medicine ID	
MedicineID	Medicine Name
616	Co-trimoxazole 800/160 mg
617	Cumarin 100 mg
618	Cyclophosphamide 50 mg
619	Cyproheptadine Hydrochloride 4 mg
620	Cyproterone Acetate 50 mg
621	Cyproterone Compound
622	Dapsone 100 mg
623	Dapsone 50 mg
624	Deferasirox 125 mg
625	Deferasirox 250 mg
626	Deferasirox 500 mg
627	Deferiprone 500 mg
628	Desipramine Hydrochloride 25 mg
629	Desmopressin 120 mcg
630	Desmopressin 60 mcg
631	Desmopressin Acetate 0.1 mg
632	Desmopressin Acetate 0.2 mg
633	Dexamethasone 0.5 mg
634	Dextroamphetamine Sulfate 10 mg
635	Dextroamphetamine Sulfate 5 mg
636	Dextromethorphan Hydrobromide 15 mg
637	Diazepam 2 mg
638	Diclofenac Sodium 25 mg
639	Dicyclomine Hydrochloride 10 mg
640	Didanosine 200 mg
641	Diethylcarbamazine Citrate 50 mg
642	Digestive
643	Digoxin 0.25 mg
644	Dihydroergotamine Mesylate 2.5 mg
645	Dihydroergotamine Mesylate 1.5 mg
646	Diloxanide Furoate 500 mg
647	Diltiazem Hydrochloride 60 mg
648	Dimenhydrinate 50 mg

Table Medicine ID	
MedicineID	Medicine Name
649	Dimethicone 40 mg
650	Diphenoxylate
651	Dipyridamole 25 mg
652	Dipyridamole 75 mg
653	Donepezil Hydrochloride 10 mg
654	Donepezil Hydrochloride 5 mg
655	Drospirenone/Ethinyl Estradiol 3 / 0.03 mg
656	Dydrogesterone 10 mg
657	Dydrogesterone 5 mg
658	Enalapril Maleate 20 mg
659	Enalapril Maleate 5 mg
660	Ephedrine Hydrochloride 20 mg
661	Ergotamine Compound
662	Ergotamine Tartarate/Caffeine 1/100 mg
663	Ergotamine Tartrate 2 mg
664	Erythromycin 200 mg
665	Erythromycin 400 mg
666	Estradiol 25 mcg
667	Estradiol Valerate 1 mg
668	Estradiol Valerate 2 mg
669	Ethacrynic Acid 50 mg
670	Ethambutol Hydrochloride 400 mg
671	Ethinylestradiol 0.05 mg
672	Ethinylestradiol 0.5 mg
673	Ethionamide 250 mg
674	Etidronate Disodium 200 mg
675	Exemestane 25 mg
676	Ezetimibe 10 mg
677	Famotidine 20 mg
678	Famotidine 40 mg
679	Fexofenadine Hydrochloride 120 mg
680	Fexofenadine Hydrochloride 180 mg
681	Fexofenadine Hydrochloride 60 mg

Table Medicine ID	
MedicineID	Medicine Name
682	Finasteride 1 mg
683	Finasteride 5 mg
684	Flecainide Acetate 100 mg
685	Fluconazole 50 mg
686	Flucytosine 500 mg
687	Fludrocortisone Acetate 0.1 mg
688	Fluoride 0.25 mg
689	Fluoride 1 mg
690	Fluoride Sodium 20 mg
691	Flupenthixol 0.5 mg
692	Flupenthixol 3 mg
693	Fluphenazine 1 mg
694	Fluphenazine 2.5 mg
695	Flutamide 250 mg
696	Fluvoxamine Maleate 100 mg
697	Fluvoxamine Maleate 50 mg
698	Folic Acid 1 mg
699	Folic Acid 5 mg
700	Fosfestrol 120 mg
701	Furazolidone 100 mg
702	Furosemide 40 mg
703	Galantamine 4 mg
704	Galantamine 8 mg
705	Galantamine 12 mg
706	Gemfibrozil 450 mg
707	Glibenclamide 5 mg
708	Gliclazide 30 mg
709	Gliclazide 80 mg
710	Granisetron 1 mg
711	Griseofulvin 125 mg
712	Griseofulvin 500 mg
713	Haloperidol 0.5 mg
714	Haloperidol 2 mg



Table Medicine ID	
MedicineID	Medicine Name
715	Haloperidol 5 mg
716	Hydralazine Hydrochloride 10 mg
717	Hydralazine Hydrochloride 25 mg
718	Hydralazine Hydrochloride 50 mg
719	Hydrochlorothiazide 50 mg
720	Hydrocortisone 10 mg
721	Hydroxychloroquine Sulfate 200 mg
722	Hydroxyzine Hydrochloride 10 mg
723	Hydroxyzine Hydrochloride 25 mg
724	Imatinib 100 mg
725	Imipramine Hydrochloride 10 mg
726	Imipramine Hydrochloride 25 mg
727	Imipramine Hydrochloride 50 mg
728	Indapamide 1.5 mg
729	Indomethacin 80 mg
730	Iodoquinol 210 mg
731	Iopanoic Acid 500 mg
732	Isocarboxazid 10 mg
733	Isoniazid 100 mg
734	Isoniazid 300 mg
735	Isoniazid/Prazinamide/Rifampin
736	Isosorbide Dinitrate 10 mg
737	Isosorbide Dinitrate 40 mg
738	Isosorbide Dinitrate 5 mg
739	Isosorbide Mononitrate 60 mg
740	Isoxsuprine Hydrochloride 10 mg
741	Ketoconazole 200 mg
742	Ketotifen 1 mg
743	Lamivudine 100 mg
744	Lamivudine 150 mg
745	Lamotrigine 100 mg
746	Lamotrigine 25 mg
747	Lamotrigine 50 mg

Table Medicine ID	
MedicineID	Medicine Name
748	L-Carnitine 1 g
749	L-Carnitine 250 mg
750	Letrozole 2.5 mg
751	Leucovorin 15 mg
752	Leucovorin 25 mg
753	Leucovorin 5 mg
754	Levamisole 50 mg
755	Levodopa 500 mg
756	Levodopa/Benserazide 100/25 mg
757	Levodopa/Benserazide Forte 200/50 mg
758	Levodopa/Beserazide 50/12.5 mg
759	Levodopa/Carbidopa 100/10 mg
760	Levodopa/Carbidopa 100/25 mg
761	Levodopa/Carbidopa Forte 250/25 mg
762	Levonorgestrel 30 mcg
763	Levonorgestrel 750 mcg
764	Levothyroxine Sodium 100 mcg
765	Levothyroxine Sodium 50 mcg
766	Liothyronine Sodium 25 mcg
767	Lisinopril 10 mg
768	Lisinopril 20 mg
769	Lisinopril 5 mg
770	Lithium Carbonate 300 mg
771	Loratadine 10 mg
772	Lorazepam 1 mg
773	Lorazepam 2 mg
774	Losartan Potassium 25 mg
775	Losartan Potassium 50 mg
776	Lovastatin 20 mg
777	Lynestrenol 0.5 mg
778	Magnesium Oxide 400 mg
779	Maprotiline Hydrochloride 25 mg
780	Maprotiline Hydrochloride 75 mg

Table Medicine ID	
MedicineID	Medicine Name
781	Mebendazole 100 mg
782	Mebeverine Hydrochloride 135 mg
783	Medroxyprogesterone Acetate 250 mg
784	Medroxyprogesterone Acetate 5 mg
785	Mefloquine 250 mg
786	Megestrol Acetate 15 mg
787	Megestrol Acetate 20 mg
788	Megestrol Acetate 40 mg
789	Melphalan 2 mg
790	Memantine Hydrochloride 10 mg
791	Memantine Hydrochloride 5 mg
792	Mercaptopurine 50 mg
793	Mesalazine 250 mg
794	Mesalazine 400 mg
795	Mesalazine 800 mg
796	Metaproterenol Sulfate 20 mg
797	Metformin Hydrochloride 500 mg
798	Metformin Hydrochloride 1000 mg
799	Methadone Hydrochloride 20 mg
800	Methadone Hydrochloride 40 mg
801	Methadone Hydrochloride 5 mg
802	Methimazole 5 mg
803	Methocarbamol 500 mg
804	Methotrexate 2.5 mg
805	Methotrexate 5 mg
806	Methoxsalen 10 mg
807	Methyl dopa 250 mg
808	Methylergonovine Maleate 0.125 mg
809	Methylphenidate Hydrochloride 10 mg
810	Methylphenidate Hydrochloride 20 mg
811	Methyltestosterone 25 mg
812	Metoprolol Succinate 190 mg
813	Metoprolol Succinate 23.75 mg

Table Medicine ID	
MedicineID	Medicine Name
814	Metoprolol Succinate 47.5 mg
815	Metoprolol Succinate 95 mg
816	Metoprolol Tartrate 100 mg
817	Metoprolol Tartrate 50 mg
818	Metronidazole 250 mg
819	Metyrapone 250 mg
820	Minoxidil 10 mg
821	Misoprostol 100 mcg
822	Mitotane 500 mg
823	Moclobemide 150 mg
824	Montelukast 10 mg
825	Montelukast 5 mg
826	Mycophenolate Mofetil 500 mg
827	Mycophenolic acid 360 mg
828	Mycophenolic acid 180 mg
829	Nalidixic Acid 500 mg
830	Naproxen 250 mg
831	Naproxen 500 mg
832	Nelfinavir 250 mg
833	Nelfinavir 625 mg
834	Neomycin Sulfate 500 mg
835	Neostigmine Bromide 15 mg
836	Nevirapine 200 mg
837	Niacinamide 500 mg
838	Nicotine 2 mg
839	Nicotinic Acid 100 mg
840	Nicotinic Acid 25 mg
841	Nicotinic Acid 500 mg
842	Nimodipine 30 mg
843	Nitrazepam 5 mg
844	Nitrofurantoin 100 mg
845	Nitroglycerin 2.6 mg
846	Nortriptyline 10 mg

Table Medicine ID	
MedicineID	Medicine Name
847	Nortriptyline 25 mg
848	Nystatin 100,000 U
849	Nystatin 500,000 U
850	Ofloxacin 200 mg
851	Ofloxacin 300 mg
852	Olanzapine 10 mg
853	Olanzapine 15 mg
854	Olanzapine 2.5 mg
855	Olanzapine 5 mg
856	Ondansetron 4 mg
857	ORS
858	Oxandrolone 2.5 mg
859	Oxazepam 10 mg
860	Oxcarbazepine 150 mg
861	Oxcarbazepine 300 mg
862	Oxcarbazepine 600 mg
863	Oxybutynin Chloride 5 mg
864	Oxycodone Hydrochloride 15 mg
865	Oxycodone Hydrochloride 30 mg
866	Oxycodone Hydrochloride 5 mg
867	Oxymetholone 50 mg
868	Pancreatin
869	Pantoprazole 20 mg
870	Pantoprazole 40 mg
871	Saccharin 13-16 mg
872	Adapalene 0.1%
873	Artificial Saliva
874	Artificial Tears
875	Benzoyl Peroxide 10%
876	Benzoyl Peroxide 5%
877	Clindamycin 1%
878	Piroxicam 0.5%
879	Povidone Iodine 10%

Table Medicine ID	
MedicineID	Medicine Name
880	Prostaglandin E2
881	Tretinoin 0.025%
882	Diclofenac Diethylammonium Salt Eq To diclofenac s 1%
883	Erythromycin 2%
884	Erythromycin 4%
885	Erythromycin/Benzoyl 3/5 %
886	Estradiol 0.06%
887	Estradiol 500 mcg
888	Fluoride 1.23%
889	Isotretinoin 0.05%
890	Lidocaine Hydrochloride 2%
891	Lidocaine/Chlorhexidine
892	Metronidazole 0.75%
893	Acetic Acid
894	Aluminium Chloride
895	Aminobenzoic Acid
896	Ammonium Alum
897	Ammonium Chloride
898	Ammonium Hydroxide
899	Benzoic Acid
900	Benzoin Tincture
901	Benzyl Benzoate
902	Borax
903	Boric Acid
904	Cade Oil
905	Camphor
906	Castor Oil
907	Citric Acid
908	Clindamycin
909	Phenol
910	Phosphate, Potassium Monobasic *
911	Phosphate, Sodium Dibasic *



Table Medicine ID	
MedicineID	Medicine Name
912	Phosphate, Sodium monobasic *
913	Podophyllin
914	Polysorbate 80
915	Potassium Iodide
916	Potassium Permanganate
917	Propylene Glycol
918	Resorcinol
919	Salicylic Acid
920	Silver Nitrate
921	Sodium Bicarbonate
922	Sodium Cellulose Phosphate
923	Sodium Chloride
924	Sodium Citrate
925	Sodium Thiosulfate
926	Starch
927	Stearic Acid
928	Sulfur
929	Tartaric Acid
930	Titanium Dioxide
931	Urea
932	White Wax
933	Zinc Oxide
934	Zinc Sulfate
935	Collodion
936	Copper Sulfate
937	Cream Base
938	Cresol
939	Dextrose
940	Eosin
941	Erythromycin
942	Ethacridine Lactate
943	Ethanol
944	Gentian Violet

Table Medicine ID	
MedicineID	Medicine Name
945	Glycerin
946	Hydrochloric Acid
947	Hydrogen Peroxide Concentrate
948	Ichthyol
949	Iodine
950	Iodine Glycerin 5%
951	Isopropyl Alcohol
952	Lactic Acid
953	Lactose
954	Lanolin
955	Menthol
956	Mono-di-tri-chloroacetic Acid
957	Enflurane
958	Ether
959	Formoterol Fumarate 12 mcg
960	Formoterol Fumarate 4.5 mcg
961	Formoterol Fumarate 9 mcg
962	Halothane 250 ml/bottle
963	Ipratropium Bromide 20 mcg/dose
964	Ipratropium Bromide 40 mcg/dose
965	Isoflurane
966	Krypton [81mKr] Gas 4 mCi
967	Krypton [81mKr] Gas 8 mCi
968	Nitrous Oxide
969	Budesonide 64 mcg/dose
970	Buserelin 150 mcg/dose
971	Calcitonin, Salmon 100 IU/dose
972	Calcitonin, Salmon 200 IU/dose
973	Phenylephrine Hydrochloride 0.25%
974	Phenylephrine Hydrochloride 0.5%
975	Sodium Chloride 0.65%
976	Cromolyn Sodium 20 mg/ml
977	Desmopressin Acetate 10 mcg/dose

Table Medicine ID	
MedicineID	Medicine Name
978	Naphazoline Hydrochloride 0.05%
979	Nitroglycerin 400 mcg/dose
980	Aminobenzoic Acid/Padimate
981	Aminobenzoic Acid 5%
982	Benzyl Benzoate 25%
983	Clotrimazole/Betamethasone Dipropionate 1 / 0.05 %
984	Coal Tar 5%
985	Copper and Zinc Sulfate
986	Mequinol/Tretinoin 10/0.01%
987	Benzylamine Hydrochloride 0.15%
988	Fluoride Sodium 0.2%
989	Atropine Sulfate 0.5%
990	Atropine Sulfate 1%
991	Betamethasone Disodium Phosphate 0.1%
992	Betaxolol 0.5%
993	Brimonidine Tartrate 0.2%
994	Brinzolamide 1%
995	Chloramphenicol 0.5%
996	Ciprofloxacin 0.3%
997	Citalopram 40 mg/ml
998	Clobutinol Hydrochloride 60 mg/ml
999	Phenol Glycerin 6.4%
1000	Phenylephrine Hydrochloride 0.50%
1001	Phenylephrine Hydrochloride 5%
1002	Phenylephrine Zinc
1003	Pilocarpine Hydrochloride 1%
1004	Pilocarpine Hydrochloride 2%
1005	Pilocarpine Nitrate 1%
1006	Pilocarpine Nitrate 2%
1007	Pilocarpine Nitrate 4%
1008	Pilocarpine Hydrochloride 4%
1009	Poly Vinyl Alcohol 14 mg/ml

Table Medicine ID	
MedicineID	Medicine Name
1010	Polymyxin B Sulfate/Neomycin Sulfate/Hydrocortison
1011	Prednisolone Acetate 1%
1012	Propamidine Isethionate 0.1%
1013	Rifampicin 153 mg/ml
1014	Sodium Chloride 0.65%
1015	Sodium Chloride 5%
1016	Sulfacetamide Sodium 10%
1017	Sulfacetamide Sodium 20%
1018	Tetracaine Hydrochloride 0.5%
1019	Trifluridine 1%
1020	Trimipramine 4%
1021	Tropicamide 0.5%, 10ml
1022	Vitamin A 50,000 U/ml
1023	Desmopressin Acetate 0.1 mg/ml
1024	Dexamethasone Phosphate 0.1%
1025	Dextromethorphan Hydrobromide 4 mg/ml
1026	Diclofenac Sodium 0.1%
1027	Digoxin 0.5 mg/ml
1028	Dimethicone 40 mg/ml
1029	Dorzolamide 2%
1030	Echothiophate Iodide 0.06%
1031	Echothiophate Iodide 0.125%
1032	Echothiophate Iodide 0.25%
1033	Edetate Sodium
1034	Epinephrine 1%
1035	Fluoride Sodium 1.1 mg/ml
1036	Fluoride Sodium 550 mcg/0.15ml
1037	Fluorometholone 0.1%
1038	Gentamicin 3 mg/ml
1039	Homatropine Hydrobromide 2%
1040	Idoxuridine 0.1%
1041	Iron 25 mg/ml

Table Medicine ID	
MedicineID	Medicine Name
1042	Metoclopramide Hydrochloride 4 mg/ml, 15ml
1043	Naphazoline Hydrochloride 0.05%
1044	Naphazoline Hydrochloride 0.1%
1045	Naphazoline Hydrochloride/Antazoline Phosphate 0.05/0.5 %
1046	Naphazoline Nitrate 0.05%
1047	Naphazoline Nitrate 0.1%
1048	Natamycin 5%
1049	Ofloxacin 0.30%
1050	Povidone Iodine 3 mg/cm2
1051	Microfibrillar Collagen Hemostat 14.8 mg/cm3
1052	Microfibrillar Collagen Hemostat 15.5 mg/cm3
1053	Microfibrillar Collagen Hemostat 22.3mg/cm3
1054	Bephenium Hydroxynaphthoate 5 g/sachet
1055	Clarithromycin 250 mg/sachet
1056	Mesalazine 1g/sachet
1057	Methylcellulose
1058	Montelukast 4 mg/Sachet
1059	Para aminosalicyclic acid 4 g
1060	Clonidine Hydrochloride 0.2 mg/24h
1061	Scopolamine 1 mg/72h
1062	Estradiol 100 mcg/24h
1063	Estradiol 25 mcg/24h
1064	Estradiol 50 mcg/24h
1065	Estradiol Hemihydrate 100 mcg/24h
1066	Estradiol Hemihydrate 25 mcg/24h
1067	Estradiol Hemihydrate 50 mcg/24h
1068	Fentanyl 100 mcg/h
1069	Fentanyl 75 mcg/h

Table Medicine ID	
MedicineID	Medicine Name
1070	Fentanyl 25 mcg/h
1071	Fentanyl 50 mcg/h
1072	Nicotine 15 mg/16h
1073	Abciximab 2 mg/ml, 5ml
1074	Acetaminophen 10 mg/ml, 50ml
1075	Acetaminophen 150 mg/ml, 4ml
1076	Acetazolamide 500 mg
1077	Acetylcholine Chloride 1%
1078	Acetylcysteine 200 mg/ml
1079	Aciclovir 250 mg
1080	Aciclovir 500 mg
1081	Activated Prothrombin Complex (concentrated) 500 U
1082	Adenosine 3 mg/ml, 2ml
1083	Activated Prothrombin Complex (concentrated) 1000 U
1084	Albumin (Human) 20%, 100ml
1085	Albumin (Human) 20%, 10ml
1086	Albumin (Human) 20%, 250ml
1087	Albumin (Human) 20%, 500ml
1088	Albumin (Human) 20%, 50ML
1089	Albumin (Human) 5%, 100ML
1090	Albumin (Human) 5%, 250ml
1091	Albumin (Human) 5%, 500ml
1092	Alfentanil 0.5 mg/ ml, 5ml
1093	Alfentanil 0.5 mg/ml, 2ml
1094	Alfentanil 0.5 mg/ml, 10ml
1095	Allergenic Extracts
1096	Amikacin 250 mg/ml, 2ml
1097	Amikacin 50 mg/ml, 2ml
1098	Amino Caproic Acid 250 mg/ml
1099	Amino Caproic Acid 400 mg/ml, 10ml
1100	Aminoacid 10%

Table Medicine ID	
MedicineID	Medicine Name
1101	Aminoacid 5%
1102	Aminophylline 25 mg/ml, 10ml
1103	Amiodarone Hydrochloride 50 mg/ml, 3ml
1104	Amphotericin B Liposome 50 mg
1105	Amphotericin-B 50 mg
1106	Ampicillin 1 g
1107	Ampicillin/Sulbactam 1/0.5 g
1108	Ampicillin/Sulbactam 2/1 g
1109	Anti - D Immunoglobulin 250 mcg
1110	Anti - D Immunoglobulin 300 mcg
1111	Anti - D Immunoglobulin 50 mcg/ml, 2ml
1112	Antilymphocyte Immunoglobulin 20 mg/ml, 5ml
1113	Antilymphocyte Immunoglobulin 50 mg/ml
1114	Antiscorpion Aenom Serum
1115	Antisnake Aenom Serum
1116	Antithymocyte Immunoglobulin 25 mg
1117	Antithymocyte Immunoglobulin 50 mg/ml, 5ml
1118	Apomorphine Hydrochloride 10 mg/ml
1119	Aprotinin 10,000 KIU/ml
1120	Aprotinin 20,000 KIU/ml, 1ml
1121	Arginine Hydrochloride
1122	Arsenic Trioxide 0.1%
1123	Artemether 80 mg
1124	Articaine Hydrochloride/Epinephrine 4/0.001 %
1125	Articaine Hydrochloride/Epinephrine 4/0.002 %
1126	Artisunate 200 mg
1127	Asparaginase 10,000 U
1128	Atracurium Besylate 10 mg/ml, 2.5ml
1129	Atracurium Besylate 10 mg/ml, 5ml

Table Medicine ID	
MedicineID	Medicine Name
1130	Atropine Sulfate 0.5 mg/ml, 1ml
1131	Atropine Sulfate 1 mg/ml, 10ml
1132	Atropine Sulfate 10 mg/ml, 2ml
1133	Atropine Sulfate 2.5 mg/ml, 0.8ml
1134	BCG
1135	Benztropine Mesylate 1 mg/ml, 2ml
1136	Betamethasone
1137	Betamethasone 4 mg/ml
1138	Biperiden Lactate 5 mg/ml
1139	Bleomycin 15 U
1140	Botulinum A Toxin
1141	Botulism Monovalent
1142	Botulism Polyvalent (A+B+E)
1143	Bovactant 50 mg/1.2ml
1144	Bretylum Tosilate 50 mg/ml, 10ml
1145	Bretylum Tosilate 50 mg/ml, 20ml
1146	Bretylum Tosilate 50 mg/ml, 2ml
1147	Bromhexine Hydrochloride 2 mg/ml, 2 ml
1148	Bupivacaine Hydrochloride 0.25%, 10ml
1149	Bupivacaine Hydrochloride 0.25%, 20ml
1150	Bupivacaine Hydrochloride 0.5%, 10ml
1151	Bupivacaine Hydrochloride 0.5%, 20ml
1152	Bupivacaine Hydrochloride 0.5%, 4ml
1153	Buprenorphine 0.3 m/ml, 1ml
1154	Buserelin 1 mg/ml, 5.5ml
1155	Busulfan 6 mg/ml, 10ml
1156	Calcitonin 100 IU/ml
1157	Calcitonin 50 IU/ml
1158	Calcium Chloride 100 mg/m, 10ml
1159	Calcium Fulinate 10 mg/ml, 10ml
1160	Calcium Fulinate 10 mg/ml, 5ml
1161	Calcium Fulinate 100 mg
1162	Calcium Gluconate 10%, 10ml



Table Medicine ID	
MedicineID	Medicine Name
1163	Capreomycin 1g
1164	Carboplatin 10 mg/ml, 15ml
1165	Carboplatin 10 mg/ml, 45ml
1166	Carboplatin 10 mg/ml, 5ml
1167	Carboplatin 150 mg
1168	Carboplatin 50 mg
1169	Carboprost 250 mcg/ml, 1ml
1170	Carmustine 100 mg
1171	Casoni Test
1172	Caspofungin 50 mg
1173	Caspofungin 70 mg
1174	Cefazolin 1 g
1175	Cefazolin 250 mg
1176	Cefazolin 500 mg
1177	Cefepime 1 g
1178	Cefepime 2 g
1179	Cefepime 500mg
1180	Cefotaxime 1 g
1181	Cefotaxime 500 mg
1182	Ceftazidime 1 g
1183	Ceftazidime 2 g
1184	Ceftazidime 500 mg
1185	Ceftizoxime 1 g
1186	Ceftizoxime 500 mg
1187	Ceftriaxone 250 mg
1188	Ceftriaxone 500 mg
1189	Ceftriaxone 1 g
1190	Cefuroxime 1.5 g
1191	Cefuroxime 750 mg
1192	Cephalothin 1 g
1193	Cetrorelix 250 mcg
1194	Cetrorelix 3mg
1195	Chloramphenicol 1 g

Table Medicine ID	
MedicineID	Medicine Name
1196	Chlormethine Hydrochlorid (Nitrogen mustard) 10 mg
1197	Chloroquine 30 mg/ml, 5ml
1198	Chloroquine 40 mg/ml, 5ml
1199	Chloroquine Sulfate 50 mg/ml, 5ml
1200	Chlorpheniramine Maleate 10 mg/ml, 1ml
1201	Chlorpromazine Hydrochloride 25 mg/ml, 2ml
1202	Choriogonadotropin Alfa 500 mcg/ml, 0.5ml
1203	Chorionic Gonadotrophin (Human) 1500 U
1204	Chorionic Gonadotrophin (Human) 500 U
1205	Chorionic Gonadotrophin (Human) 5000 U
1206	Ciclosporin 50 mg/ml
1207	Ciclosporin 50 mg/ml, 5ml
1208	Cimetidine 100 mg/ml, 2ml
1209	Ciprofloxacin 2 mg/ml, 100ml
1210	Cisatracurium 2 mg/ml, 10ml
1211	Cisatracurium 2 mg/ml, 2.5ml
1212	Cisatracurium 2 mg/ml, 5ml
1213	Cisatracurium 5 mg/ml
1214	Cisplatin 0.5 mg/ml, 100ml
1215	Cisplatin 0.5 mg/ml, 20ml
1216	Cisplatin 10 mg
1217	Cisplatin 50 mg
1218	Citicoline 125 mg/ml, 2ml
1219	Cladribine 1mg/ml, 10ml
1220	Cladribine 2 mg/ml, 5ml
1221	Clemastine 1 mg/ml, 2ml
1222	Clindamycin 150 mg/ml, 2ml
1223	Clobutinol Hydrochloride 10 mg/ml, 2ml
1224	Cloxacillin 1g
1225	Penicillin G Benzathin 1,200,000 U
1226	Penicillin G Benzathine 600,000 U

Table Medicine ID	
MedicineID	Medicine Name
1227	Penicillin G Potassium 1,000,000 U
1228	Penicillin G Potassium 5000000 U
1229	Penicillin G Procaine 400,000 U
1230	Penicillin G procaine 800,000 U
1231	Penicillin G Sodium 5,000,000 U
1232	Pentagastrin 0.25 mg/ml, 2ml
1233	Pentamidine Isoethionate 300 mg
1234	Pentazocine 30 mg/ml, 1ml
1235	Perphenazine 5 mg/ml
1236	Pethidine Hydrochloride 50 mg/ml, 1ml
1237	Pethidine Hydrochloride 50 mg/ml, 2ml
1238	Phenobarbital (as Sodium) 200 mg/ml, 1ml
1239	Phenobarbital Sodium 100 mg/ml
1240	Phenobarbital Sodium 200 mg/ml, 1ml
1241	Phenolsulphonphthalein 6 mg/ml
1242	Phentolamine Mesylate 10 mg/ml
1243	Phenylephrine Hydrochloride 10 mg/ml
1244	Phenytoin Sodium 50 mg/ml, 5ml
1245	Phosphate, Potassium
1246	PHOSPHOROUS [32P] CHROMIC PHOSPHATE COLLOID 5 mCi
1247	Pipecuronium Bromide 4 mg
1248	Piperacillin 1 g
1249	Piperacillin 2 g
1250	Piperacillin Sodium/Tazobactam Sodium 2g/250mg
1251	Piperacillin Sodium/Tazobactam Sodium 3g/375mg
1252	Piperacillin Sodium/Tazobactam Sodium 4g/500mg
1253	Piroxicam 20 mg/ml
1254	Pneumococcal Vaccine
1255	Poliomyelitis Vaccine

Table Medicine ID	
MedicineID	Medicine Name
1256	Polymyxin B Sulfate 500,000 U
1257	Poractant Alfa 80 mg/ml
1258	Potassium Chloride Concentrated 1 mEq/ml, 10ml
1259	Potassium Chloride Concentrated 2 mEq/ml, 10ml
1260	Potassium Chloride Concentrated 2 mEq/ml, 50ml
1261	Pralidoxime Chloride 1 g
1262	Prilocaine/ Felypressin
1263	Procainamide Hydrochloride 100 mg/ml, 10ml
1264	Progesterone 25 mg/ml
1265	Progesterone 50 mg/ml
1266	Promethazine Hydrochloride 25 mg/ml, 1ml
1267	Promethazine Hydrochloride 25 mg/ml, 2ml
1268	propofol 10 mg/ml, 100ml
1269	Propofol 10 mg/ml, 20ml
1270	propofol 10 mg/ml, 50ml
1271	propofol 20mg/ml, 50ml
1272	Propranolol Hydrochloride 1 mg/ml
1273	Prostaglandin E1 0.5 mg/ml
1274	Prostaglandin E1 20 mcg
1275	Prostaglandin E2 10 mg/ml, 0.5ml
1276	Protamine Sulfate 1000 UAH/ml, 5ml
1277	Protirelin 0.2 mg/ml
1278	Quinine 250 mg/ml
1279	Quinine Dihydrochloride 300 mg/ml, 2ml
1280	Rabies Immune globulin
1281	Rabies Vaccine
1282	Rabies Vero Vaccine
1283	Ranitidine 25 mg/ml, 2ml
1284	Remifentanil 1 mg

Table Medicine ID	
MedicineID	Medicine Name
1285	Remifentanil 2 mg
1286	Remifentanil 5 mg
1287	Reteplase 10.4 U
1288	Ribaverin 100 mg
1289	Rifampicin 600 mg
1290	Ringer Lactate 1000 ml
1291	Ringer Lactate 500 ml
1292	Ringers 1000 ml
1293	Ringers 250 ml
1294	Ringers 500 ml
1295	Ritodrine 10 mg/ml, 5ml
1296	Rituximab 10 mg/lm, 10ml
1297	Rituximab 10mg/ml, 50ml
1298	Rubella Rirus Vaccine
1299	Salbutamol 0.5 mg/ml, 1ml
1300	Sarcoidosis Test
1301	Schick Test
1302	Secretin 100 U
1303	Sodium Bicarbonate 8.4%, 10ml
1304	Sodium Bicarbonate 8.4%, 50ml
1305	Sodium Chloride 0.45%, 1000ml
1306	Sodium Chloride 0.45%, 500ml
1307	Sodium Chloride 0.9%, 1000ml
1308	Sodium Chloride 0.9%, 100ml
1309	Sodium Chloride 0.9%, 10ml
1310	Sodium Chloride 0.9%, 500ml
1311	Sodium Chloride 0.9%, 5ml
1312	Sodium Chloride 0.90% , 250ml
1313	Sodium Chloride 5%, 500ml
1314	Sodium Chloride 5%, 50ml
1315	Sodium Lactate 1/6 molar
1316	Sodium Nitrite 30 mg/ml, 10ml
1317	Sodium Tetradecyl Sulfate 1%, 2ml

Table Medicine ID	
MedicineID	Medicine Name
1318	Sodium Tetradecyl Sulfate 3%, 2ml
1319	Sodium Thiosulfate 250 mg/ml, 50ml
1320	Somatostatin 0.25 mg
1321	Somatropin 4 U
1322	Somatropin 12 U
1323	Spectinomycin 2 g
1324	Stibogluconate Sodium 100 mg/ml
1325	Streptokinase 250,000 IU
1326	Streptokinase 750,000 IU
1327	Streptomycin 1 g
1328	Streptozocin 1 g
1329	Succinylcholine Chloride 1 g
1330	Succinylcholine Chloride 100 mg
1331	Succinylcholine Chloride 100 mg/ml, 10ml
1332	Succinylcholine Chloride 20 mg/ml
1333	Succinylcholine Chloride 50 mg/ml, 10ml
1334	Succinylcholine Chloride 50 mg/ml, 2ml
1335	Succinylcholine Chloride 500 mg
1336	Sufentanil 5 mcg/ml, 2ml
1337	Sufentanil 5 mcg/m, 5ml
1338	Sufentanil 5 mcg/ml, 10ml
1339	Sumatriptan 12 mg/ml, 0.5ml
1340	Tacrolimus 5 mg/ml, 1ml
1341	Technetium [99mtc] Pertechnetate 100 mCi
1342	Technetium [99mtc] Pertechnetate 200 mCi
1343	Technetium [99mtc] Pertechnetate 300 mCi
1344	Technetium [99mtc] Pertechnetate 400 mCi
1345	Technetium [99mtc]]ethylenedicystein (10 - 100) mCi
1346	Technetium [99mtc]antimony Sulfur Colloid (5 - 50) mCi
1347	Technetium [99mtc]bicisate (10 - 100) mCi



Table Medicine ID	
MedicineID	Medicine Name
1348	Technetium [99mtc]etidronate (up to 150) mCi
1349	Technetium [99mtc]exzametazine (10 - 30) mCi
1350	Technetium [99mtc]macrosalb (5 - 30) mCi
1351	Technetium [99mtc]mebrofenin (up to 100) mCi
1352	Technetium [99mtc]medronate (up to 300) mCi
1353	Technetium [99mtc]glucoheptonate (up to 150) mCi
1354	Technetium [99mtc]mertiatide (10 - 100) mCi
1355	Technetium [99mtc]pentate (up to 300) mCi
1356	Technetium [99mtc]phytate (up to 100) mCi
1357	Technetium [99mtc]pyrophosphate (up to 80) mCi
1358	Technetium [99mtc]sestamibi (20-100) mCi
1359	Technetium [99mtc]stannous Agent labelled Cells (10-100) mCi
1360	Technetium [99mtc]succimer (up to 40) mCi
1361	Technetium [99mtc]sulfur Colloid (10-100) mCi
1362	Technetium [99mtc]tin Colloid (up to 100) mCi
1363	Technetium[99mtc]pentavalent Succimer (20-80) mCi
1364	Teicoplanin 200 mg
1365	Teicoplanin 400 mg
1366	Teniposide 10 mg/ml, 5ml
1367	Terbutaline Sulfate 0.5 mg/ml
1368	Teriparatide 250 mcg/ml, 3ml
1369	Testosterone Enantate 100 mg/ml

Table Medicine ID	
MedicineID	Medicine Name
1370	Testosterone Enantate 250 mg/ml
1371	Tetanus Antitoxin uine*
1372	Tetanus Immune globulin* 250 IU
1373	Tetanus Toxoid Adsorbed
1374	Tetracaine Hydrochloride 1%
1375	Tetracosactide Acetate 1 mg/ml
1376	Thallium [201Tl] Chloride 10 mCi
1377	Thallium [201Tl] Chloride 5 mCi
1378	Thiethylperazine 6.5 mg/ml
1379	Thiopental Sodium 1 g
1380	Thiopental Sodium 25 mg/ml, 20ml
1381	Thiopental Sodium 50 mg/ml, 20ml
1382	Thiopental Sodium 500 mg
1383	Thyrotrophin 10 U
1384	Tirofiban 0.25mg/ml, 50ml
1385	Tirofiban Hydrochloride 0.25mg/ml, 25ml
1386	Tobramycin 10 mg/ml, 2ml
1387	Tobramycin 40 mg/ml, 2ml
1388	Tobramycin 50 mg / ml, 1.5ml
1389	Tolazoline Hydrochloridel 10 mg
1390	Trace Metal Combination 1
1391	Tramadol Hydrochloride 50 mg/ml, 1ml
1392	Tranexamic Acid 100 mg/ml, 10ml
1393	Tranexamic Acid 100 mg/ml, 5ml
1394	Tranexamic Acid 50 mg/ml, 5ml
1395	Trastuzumab 150 mg
1396	Trastuzumab 440 MG
1397	Triamcinolone Acetonide 40 mg/ml, 1ml
1398	Trifluoperazine 1 mg/ml
1399	Trimethaphan Camsylate 50 mg/ml, 10ml
1400	Triptorelin 3.75 mg
1401	Triptorelin (as Acetate) 95.6 mcg
1402	Tropisetron 1 mg/ml, 5ml

Table Medicine ID	
MedicineID	Medicine Name
1403	Trypan Blue 0.1%
1404	Tuberculin ppd*
1405	Urofollitropin 75 IU FSH
1406	Urokinase 250,000 IU
1407	Urokinase 75,000 IU
1408	Valproate Sodium 100 mg/ml, 10ml
1409	Valproate Sodium 100 mg/ml, 3ml
1410	Valproate Sodium 100 mg/ml, 5ml
1411	Valproate Sodium 400 mg
1412	Vancomycin 500 mg
1413	Varicella Vaccine
1414	Vasopressin 20 pressorU/ml
1415	Verapamil Hydrochloride 2.5 mg/ml, 2ml
1416	Vinblastine Sulfate 10 mg
1417	Vincristine Sulfate 1 mg
1418	Vincristine Sulfate 1 mg/ml
1419	Vindesine Sulfate 5 mg
1420	Vinorelbine 10 mg/ml, 1ml
1421	Vinorelbine 10 mg/ml, 5ml
1422	Vitamin B Complex
1423	Vitamin B12 100 mcg/ml
1424	Vitamin B2 5 mg/ml, 2ml
1425	Vitamin B6 100 mg/ml, 3ml
1426	Vitamin B6 50 mg/ml, 2ml
1427	Vitamin C 100 mg/ml, 5ml
1428	Vitamin D3 300,000 U
1429	Vitamin E 100 IU/ml
1430	Vitamin K1 10 mg/ml
1431	Vitamin K1 2 mg/ml, 0.5ml
1432	Water 10 ml
1433	Water 2 ml
1434	Water 3 ml
1435	Water 5 ml

Table Medicine ID	
MedicineID	Medicine Name
1436	Yellow Fever Vaccine
1437	Conjugated Estrogens 5 mg/ml, 5ml
1438	Corticotrophin 40 U/ml
1439	Corticotrophin 80 U/ml
1440	Co-trimoxazole 400/80 mg/5ml
1441	Cyclophosphamide 200 mg
1442	Cyclophosphamide 500 mg
1443	Cytarabine 1 g
1444	Cytarabine 100 mg
1445	Cytarabine 20 mg/ml, 50ml
1446	Cytarabine 20 mg/ml, 5ml
1447	Dacarbazine 100 mg
1448	Dacarbazine 200 mg
1449	Dacarbazine 500 mg
1450	Daclizumab 5 mg/ml, 5ml
1451	Dactinomycin 0.5 mg
1452	Dalteparin Sodium 10000 U/ml
1453	Dalteparin Sodium 12500 U/ml
1454	Dalteparin Sodium 25000 U/ml
1455	Dalteparin Sodium 7500 U/0.3 ml
1456	Danaparoid Sodium 1250 U/ml, 0.6ml
1457	Dantrolene Sodium 20 mg
1458	Daunorubicin 20 mg
1459	Deferoxamine Mesylate 2 g
1460	Deferoxamine Mesylate 500 mg
1461	Dehydroemetine Dihydrochloride 30 mg/ml
1462	Desmopressin Acetate 15 mcg/ml
1463	Desmopressin Acetate 4 mcg/ml
1464	Desoxycorticosterone Acetate 5 mg/ml
1465	Dexamethasone Phosphate 4 mg/ml, 2ml
1466	Dextran/ NaCl 500 ml
1467	Dextrose 10%, 1lit
1468	Dextrose 10%, 500ml

Table Medicine ID	
MedicineID	Medicine Name
1469	Dextrose 20% , 50ml
1470	Dextrose 20%, 1lit
1471	Dextrose 20%, 500ml
1472	Dextrose 5% , 250ml
1473	Dextrose 5%, 1lit
1474	Dextrose 5%, 500ml
1475	Dextrose 50%, 1lit
1476	Dextrose 50%, 500ml
1477	Dextrose 50%, 50ml
1478	Dextrose 70%, 1lit
1479	Dextrose/ Ehtanol 5/5%, 1000ml
1480	Dextrose/ NaCl 5/0.45%, 1000ml
1481	Dextrose/ NaCl 5/0.45%, 500ml
1482	Dextrose/ NaCl 5/0.9%, 1000ml
1483	Dextrose/ NaCl 5/0.9%, 250ml
1484	Dextrose/ NaCl 5/0.9%, 500ml
1485	Diazepam 5 mg/ml, 2ml
1486	Diclofenac Sodium 25 mg/ml, 3ml
1487	Dicyclomine Hydrochloride 10 mg/ml, 2ml
1488	Digoxin 0.25 mg/ml, 2ml
1489	Digoxin Specific Antibody 40 mg
1490	Dihydroergotamine Mesylate 1 mg/ml
1491	Diltiazem Hydrochloride 100 mg
1492	Dimercaprol 100 mg/ml, 3ml
1493	Diphenhydramine Hydrochloride 50 mg/ml
1494	Diphtheria & Tetanus toxoids Adsorbed (Dt)(for Pedi
1495	Diphtheria & Tetanus toxoids Adsorbed (Td)(for adul
1496	Diphtheria Antitoxin Equine
1497	Diphtheria Toxoid/Tetanus Toxoid/Pertussis Vaccine
1498	Dipyridamole 5 mg/ml, 2ml

Table Medicine ID	
MedicineID	Medicine Name
1499	Dobutamine 12.5 mg/ml, 20ml
1500	Docetaxel 20 mg
1501	Docetaxel 80 mg
1502	Dopamine Hydrochloride 40 mg/ml, 5ml
1503	Doxapram Hydrochloride 20 mg/ml, 5ml
1504	Doxorubicin Hydrochloride 10 mg
1505	Doxorubicin Hydrochloride 2 mg/ml, 25ml
1506	Doxorubicin Hydrochloride 2 mg/ml, 5ml
1507	Doxorubicin Hydrochloride 50 mg
1508	Droperidol 2.5 mg/ml, 10ml
1509	Droperidol Compound
1510	Edetate Calcium Disodium 50 mg/ml
1511	Edetate Dicobalt 15 mg/ml, 20ml
1512	Edetate Disodium 150 mg/ml
1513	Edrophonium Chloride 10 mg/ml
1514	Enoxaparin Sodium 100 mg/ml, 0.2 ml
1515	Enoxaparin Sodium 100 mg/ml, 0.4 ml
1516	Enoxaparin Sodium 100 mg/ml, 0.6 ml
1517	Enoxaparin Sodium 100 mg/ml, 0.8 ml
1518	Enoxaparin Sodium 100 mg/ml, 1 ml
1519	Ephedrine Hydrochloride 50 mg/ml
1520	Ephedrine Sulfate 50 mg/ml
1521	Epinephrine 1 mg/ml
1522	Epinephrine 1 mg/ml, 2ml
1523	Epirubicin Hydrochloride 2mg/ml, 25ml
1524	Epirubicin Hydrochloride 2mg/ml, 5ml
1525	Epirubicin Hydrochloride 10 mg
1526	Epirubicin Hydrochloride 50 mg
1527	Erythromycin 1 g
1528	Erythropoietin 2000 U/0.3ml
1529	Erythropoietin 10,000 U/ml
1530	Erythropoietin 1000 U/ml
1531	Erythropoietin 20,000 U/ml

Table Medicine ID	
MedicineID	Medicine Name
1532	Erythropoietin 2000 U/ml
1533	Erythropoietin 4000 U/0.3ml
1534	Erythropoietin 4000 U/ml
1535	Esmolol Hydrochloride 250 mg/ml, 10ml
1536	Estradiol Valerate 10 mg/ml
1537	Etanercept 25 mg
1538	Ethiodized Oil 10ml
1539	Etomidate 2 mg/ml, 10ml
1540	Etoposide 20 mg/ml, 10ml
1541	Etoposide 20 mg/ml, 5ml
1542	Factor IX Complex 1,000 IU
1543	Factor IX Complex 250 IU
1544	Factor IX Complex 500 IU
1545	Factor VII
1546	Factor VIII 250 U
1547	Factor VIII 500 U
1548	Fentanyl 50 mcg/ml, 10ml
1549	Fentanyle 50 mcg/ml, 10ml
1550	Fentanyle 50 mcg/ml, 2ml
1551	Fentanyle 50 mcg/ml, 5ml
1552	Ferric Oxide Saccharated 20 mg/ml
1553	Fibrinogen 1 g
1554	Filgrastim 300 mcg/ml, 1ml
1555	Filgrastim 600 mcg/ml, 0.5ml
1556	Fludarabine Phosphate 50 mg
1557	Flumazenil 0.1 mg/ml, 5ml
1558	Fluorescein Sodium 10%
1559	Fluorouracil 50 mg/ml
1560	Flupenthixol Decanoate 20 mg/ml
1561	Fluphenazine Decanoate 25 mg/ml
1562	Folic Acid 5 mg/ml, 10ml
1563	Follitropin Alfa 600 IU/ml, 0.5ml
1564	Follitropin Alfa 600 U/ml, 0.75ml

Table Medicine ID	
MedicineID	Medicine Name
1565	Follitropin Alfa 600 U/ml, 1.5ml
1566	Follitropin Alfa 75 IU
1567	Follitropin Beta 75 IU
1568	Fomepizole 1 g/ml, 1.5ml
1569	Fosfestrol 50 mg/ml, 5ml
1570	Furosemide 10 mg/ml, 25ml
1571	Furosemide 10 mg/ml, 2ml
1572	Furosemide 10 mg/ml, 4ml
1573	Gadodiamide 287 mg/ml
1574	Gadopentetate Dimeglumine 469 mg/ml
1575	Gallium[67ga]citrate 10 mCi
1576	Gallium[67ga]citrate 5 mCi
1577	Ganciclovir 500 mg
1578	Ganirelix 500 mcg/ml, 0.5ml
1579	Gaseous Gangrene Antitoxin
1580	Gelatin Modified
1581	Gelatin Modified 4%
1582	Gemcitabine Hydrochloride 1 g
1583	Gemcitabine Hydrochloride 200 mg
1584	Gentamicin 40 mg/ml, 1ml
1585	Gentamicin 40 mg/ml, 2ml
1586	Gentamicin 10 mg/ml, 2ml
1587	Gestonorone Caproate 100 mg/ml, 2ml
1588	Glucagon 1 mg
1589	Glycopyrronium Bromide 200 mcg/ml, 1ml
1590	Glycopyrronium Bromide 200 mcg/ml, 5ml
1591	Gold Sodium Thiomalate 50 mg/ml, 10ml
1592	Gold Sodium Thiomalate 100 mg/ml, 0.5ml
1593	Gold Sodium Thiomalate 100 mg/ml, 10ml
1594	Gold Sodium Thiomalate 100 mg/ml, 1ml
1595	Gold Sodium Thiomalate 20 mg/ml, 0.5ml
1596	Gold Sodium Thiomalate 20 mg/ml, 10ml
1597	Gold Sodium Thiomalate 20 mg/ml, 1ml



Table Medicine ID	
MedicineID	Medicine Name
1598	Gold Sodium Thiomalate 40 mg/ml, 0.5ml
1599	Gold Sodium Thiomalate 40 mg/ml, 10ml
1600	Gold Sodium Thiomalate 40 mg/ml, 1ml
1601	Gold Sodium Thiomalate 50 mg/ml, 0.5ml
1602	Gold Sodium Thiomalate 50 mg/ml, 1ml
1603	Gonadorelin 100 mcg
1604	Gonadorelin Acetate 0.8 mg
1605	Gonadorelin Acetate 3.2 mg
1606	Granisetron 1 mg/ml, 3ml
1607	Granisetron 1mg/ml, 1ml
1608	Haloperidol 5 mg/ml
1609	Haloperidol 50 mg/ml
1610	Heparin Sodium 10,000 U/ml, 1ml
1611	Heparin Sodium 100 IU/ml
1612	Heparin Sodium 5000 U/ml, 1ml
1613	Heparin Sodium 5000 U/ml, 5ml
1614	Hepatitis B immune globulin At least 200 IU/ml
1615	Hepatitis B Virus
1616	Hydralazine Hydrochloride 20 mg
1617	Hydrocortisone 50 mg/ml, 2ml
1618	Hydrocortisone 100 mg
1619	Hydrocortisone 50 mg/ml, 2ml
1620	Hydroxyethylstarch 6% (130/04)
1621	Hydroxyprogesteron Caproate 250 mg/ml
1622	Hyoscine-n-butyl Bromide 20 mg/ml
1623	Idarubicin Hydrochloride 10 mg
1624	Idarubicin Hydrochloride 5 mg
1625	Ifosfamide 1 g
1626	Ifosfamide 2 g
1627	Igm-enriched Human (Immune globulin)*
1628	Imiglucerase 200 U
1629	Imiglucerase 400 U

Table Medicine ID	
MedicineID	Medicine Name
1630	Imipenem /Cilastatin 250/250 mg
1631	Imipenem /Cilastatin 500/500 mg
1632	Imipenem /Cilastatin 750/750 mg
1633	Imipramine Hydrochloride 12.5 mg/ml, 2ml
1634	Immune Globulin
1635	Immune Globulin 50 mg/ml, 200ml
1636	Immune Globulin 50mg/ml, 100ml
1637	Immune Globulin 50mg/ml, 10ml
1638	Immune Globulin 50mg/ml, 50ml
1639	Indocyanine Green 25 mg
1640	Infliximab 100 mg
1641	Influenza Virus
1642	Insulin (Regular) 100 IU/ml
1643	Insulin Aspart 100 U/ml, 3ml
1644	Insulin Biphasic Isophane 100 IU/ml, 3ml
1645	Insulin Biphasic isophane 100 IU/ml
1646	Insulin Glargine 100 IU/ml, 10ml
1647	Insulin Glargine 100 IU/ml, 3ml
1648	Insulin Isophane 100 IU/ml
1649	Insulin Zinc 100 IU/ml
1650	Interferons
1651	Iodixanol 150 mgI/ml
1652	Iodixanol 270 mgI/ml
1653	Iodixanol 320 mgI/ml
1654	Iohexol 240 mgI/ml, 100ml
1655	Iohexol 240 mgI/ml, 10ml
1656	Iohexol 240 mgI/ml, 200ml
1657	Iohexol 240 mgI/ml, 20ml
1658	Iohexol 240 mgI/ml, 50ml
1659	Iohexol 300 mgI/ml, 100ml
1660	Iohexol 300 mgI/ml, 10ml
1661	Iohexol 300 mgI/ml, 200ml
1662	Iohexol 300 mgI/ml, 20ml

Table Medicine ID	
MedicineID	Medicine Name
1663	Iohexol 300 mgI/ml, 50ml
1664	Iohexol 350 mgI/ml, 100ml
1665	Iohexol 350 mgI/ml, 200ml
1666	Iohexol 350 mgI/ml, 20ml
1667	Iohexol 350 mgI/ml, 50ml
1668	Iopamidol 300 mgI/ml, 100ml
1669	Iopamidol 300 mgI/ml, 20ml
1670	Iopamidol 300 mgI/ml, 50ml
1671	Iopamidol 370 mgI/ml, 100ml
1672	Iopamidol 370 mgI/ml, 20ml
1673	Iopamidol 370 mgI/ml, 50ml
1674	Iopromide 240 mgI/ml, 20ml
1675	Iopromide 240 mgI/ml, 50ml
1676	Iopromide 300 mgI/ml, 10ml
1677	Iopromide 300 mgI/ml, 20ml
1678	Iopromide 300 mgI/ml, 50ml
1679	Iopromide 370 mgI/ml, 100ml
1680	Iopromide 370 mgI/ml, 50ml
1681	Iotroxate Meglumine 50 mgI/ml, 100ml
1682	Irinotecan Hydrochloride 20 mg/ml, 5ml
1683	Irinotecan Hydrochloride 20 mg/ml, 2ml
1684	Irinotecan Hydrochloride 100MG, 5ML
1685	Irinotecan Hydrochloride 40mg, 2ML
1686	Iron 50 mg/ml, 5ml
1687	Iron 20 mg/ml, 5ml
1688	Isoniazid 100 mg/ml, 10ml
1689	Isoproterenol Hydrochloride 1 mg/ml, 2ml
1690	Isoproterenol Hydrochloride 0.2 mg/ml
1691	Ketamine 50 mg/ml, 10 ml
1692	L-Carnitine 200 mg/ml, 5ml
1693	Leucovorin 10 mg/ml, 3ml
1694	Leucovorin 3 mg/ml
1695	Leucovorin 30 mg

Table Medicine ID	
MedicineID	Medicine Name
1696	Leucovorin 125/ml, 5ml
1697	Leuporelin Acetate 3.75 mg
1698	Lidocaine Dextrose 5/7.5 %
1699	Lidocaine Epinephrine
1700	Lidocaine Epinephrine 2%
1701	Lidocaine Hydrochloride 1%, 50ml
1702	Lidocaine Hydrochloride 1%, 5ml
1703	Lidocaine Hydrochloride 2%, 5ml
1704	Lidocaine Hydrochloride 20%
1705	Lidocaine Hydrochloride 4%, 50ml
1706	Lidocaine Hydrochloride 2%, 50ml
1707	Lipid Infusion 10%
1708	Lipid Infusion 20%
1709	Lorazepam 2 mg/ml
1710	Lorazepam 4 mg/ml
1711	Lutropin Alfa 75 IU
1712	Magnesium Sulfate 10%, 10ml
1713	Magnesium Sulfate 10%, 50ml
1714	Magnesium Sulfate 20%, 10ml
1715	Magnesium Sulfate 20%, 50ml
1716	Magnesium Sulfate 50%, 10ml
1717	Magnesium Sulfate 50%, 50ml
1718	Mannitol 10%
1719	Mannitol 20%
1720	Measles Vaccine
1721	Measles and rubella Vaccine
1722	Measles Immune globulin 200 IU/ml
1723	Measles, Mumps, and rubella Vaccine
1724	Medroxyprogesterone Acetate 100 mg/ml, 5ml
1725	Medroxyprogesterone Acetate 150 mg/ml
1726	Medroxyprogestrone Acetate/Estradiol Cypionate 50/10 mg/ml, 0.5 ml

Table Medicine ID	
MedicineID	Medicine Name
1727	Meglumine Antimonate 300 mg/ml, 5ml
1728	Meglumine Compound 60%, 20ml
1729	Meglumine Compound 76%, 100 ml
1730	Meglumine Compound 76%, 20ml
1731	Meglumine Gadoterate 377 mg/ml, 10ml
1732	Meglumine Gadoterate 377 mg/ml, 15ml
1733	Meglumine Gadoterate 377 mg/ml, 20ml
1734	Meglumine/ Sodium ioxaglate 320 10 ml
1735	Meglumine/ Sodium ioxaglate 320 20 ml
1736	Meglumine/Sodium Ioxaglate 320 100 ml
1737	Meglumine/Sodium Ioxaglate 320 200 ml
1738	Meglumine/Sodium Ioxaglate 320 50 ml
1739	Melphalan
1740	Meningococcal Vaccine
1741	Menotropins
1742	Mepivacaine Hydrochloride 2%, 20ml
1743	Mepivacaine Hydrochloride 3%, 1.7ml
1744	Mepivacaine Hydrochloride 3%, 1.8ml
1745	Meropenem 1 g
1746	Meropenem 500 mg
1747	Mesna 100 mg/ml, 4ml
1748	Metaproterenol Sulfate 0.5 mg/ml
1749	Methadone Hydrochloride 10 mg/ml
1750	Methadone Hydrochloride 5 mg/ml
1751	Methocarbamol 100 mg/ml, 10ml
1752	Methotrexate 100 mg/ml
1753	Methotrexate 5 mg
1754	Methotrexate 5 mg/ml
1755	Methotrexate 50 mg
1756	Methotrexate 1 g
1757	Methotrexate 10 mg/ml, 5ml
1758	Methotrexate 2.5 mg/ml
1759	Methotrexate 25 mg/ml

Table Medicine ID	
MedicineID	Medicine Name
1760	Methylene Blue 10 mg/ml, 10 ml
1761	Methylergonovine Maleate 0.2 mg/ml
1762	Methylprednisolone 1000 mg
1763	Methylprednisolone 250 mg
1764	Methylprednisolone 40 mg
1765	Methylprednisolone 500 mg
1766	Methylprednisolone Acetate 40 mg/ml, 1ml
1767	Metoclopramide 5 mg/ml, 2ml
1768	Metoprolol Tartrate 1mg/ml, 5ml
1769	Metronidazole 5 mg/ml, 100ml
1770	Midazolam 5 mg/ml, 1ml
1771	Midazolam 5 mg/ml, 2 ml
1772	Midazolam 5 mg/ml, 3 ml
1773	Midazolam 1 mg/ml, 5ml
1774	Milrinone 1 mg/ml, 10ml
1775	Milrinone 1 mg/ml, 20ml
1776	Mitomycin 10 mg
1777	Mitomycin 2 mg
1778	Mitomycin 5 mg
1779	Mitoxantrone 2 mg/ml, 10ml
1780	Mivacurium Chloride 2 mg/ml
1781	Molgramostim 0.15 mg
1782	Molgramostim 0.4 mg
1783	Morphine Sulfate 10 mg/ml
1784	Mumps Mirus Vaccine
1785	Nafcillin Sodium 1 g
1786	Nafcillin Sodium 500 mg
1787	Naloxone Hydrochloride 0.4 mg/ml
1788	Nandrolone Decanoate 25 mg/ml
1789	Nandrolone Phenpropionate 25 mg/ml
1790	Neostigmine Methylsulfate 2.5 mg/mL, 5ml
1791	Neostigmine Methylsulfate 0.5 mg/ml
1792	Neostigmine Methylsulfate 2.5 mg/ml, 1ml



Table Medicine ID	
MedicineID	Medicine Name
1793	Nimodipine 0.2 mg/ml
1794	Nitroglycerin 1 mg/ml, 10ml
1795	Nitroglycerin 1 mg/ml, 2ml
1796	Nitroglycerin 1 mg/ml, 5ml
1797	Nitroglycerin 5 mg/ml, 10ml
1798	Nitroglycerin 5 mg/ml, 1ml
1799	Nitroglycerin 5 mg/ml, 2ml
1800	Nitroprusside Sodium 50 mg
1801	Norepinephrine Bitartrate 0.1%
1802	Obidoxime Chloride 250 mg/ml
1803	Obidoxime Chloride 275 mg/ml, 0.8ml
1804	Octreotide 100 mcg/ml
1805	Octreotide 20 mg
1806	Octreotide 200 mcg/ml
1807	Octreotide 50 mcg/ml
1808	Ondansetron 2 mg/ml, 2ml
1809	Ondansetron 2 mg/ml, 4ml
1810	Oxaliplatin 100 mg
1811	Oxaliplatin 5 mg/ml, 10ml
1812	Oxaliplatin 5 mg/ml, 20ml
1813	Oxaliplatin 50 mg
1814	Oxytocin 10 U/ml
1815	Oxytocin 5 U/ml, 1ml
1816	Paclitaxel 6 mg/ml, 5ml
1817	Paclitaxel 6 mg/ml, 16.7ml
1818	Paclitaxel 6 mg/ml, 25ml
1819	Paclitaxel 6 mg/ml, 50ml
1820	Pamidronate Disodium 15 mg/ml, 2ml
1821	Pamidronate Disodium 15 mg/ml, 4ml
1822	Pamidronate Disodium 15 mg/ml, 6ml
1823	Pamidronate Disodium 3 mg/ml, 10ml
1824	Pamidronate Disodium 30 mg
1825	Pamidronate Disodium 90 mg

Table Medicine ID	
MedicineID	Medicine Name
1826	Pamidronate Disodium 9mg/ml, 10ml
1827	Pancuronium Bromide 2 mg/ml, 2ml
1828	Papaverine Hydrochloride 40 mg/ml
1829	Parathormon 100 uspU/ml
1830	Patent Blue V 2.5%, 2ml
1831	Pegaspargase 3750 IU
1832	Peginterferon Alfa-2a 360 mcg/ml, 0.5ml
1833	Peginterferon Alfa-2a 180 mcg/ml
1834	Peginterferon Alfa-2b 100 mcg
1835	Peginterferon Alfa-2b 120 mcg
1836	Peginterferon Alfa-2b 150 mcg
1837	Peginterferon Alfa-2b 50 mcg
1838	Peginterferon Alfa-2b 80 mcg
1839	Penicillin 6.3.3
1840	Aciclovir 3%
1841	Bacitracin 500 U/g
1842	Benzocaine 5%
1843	Burn Ointment
1844	Calcipotriol 50 mcg/g
1845	Simple Eye Oint*
1846	Tacrolimus 0.03%
1847	Tetracycline Hydrochloride 1%
1848	Tetracycline Hydrochloride 3%
1849	Vitamin A 250 U/g
1850	Vitamin A+D
1851	Zinc Oxide 20%
1852	Erythromycin 0.5%
1853	Fibrinolysin
1854	Gentamicin 3 mg/g
1855	Ichthyol 10%
1856	Lidocaine/Hydrocortisone Acetate 5/0.5 %
1857	Menthol Salicylate
1858	Mequinol 10%

Table Medicine ID	
MedicineID	Medicine Name
1859	Methyl Salicylate 30%
1860	Mupirocin 2%
1861	Nitroglycerin 2%
1862	Nystatin 100,000 U/g
1863	Paromomycin/Urea
1864	Fluorescein Sodium 1 mg
1865	Bromhexine Hydrochloride 4 mg/5ml
1866	Dexamethasone 0.5 mg/5ml
1867	Dicyclomine Hydrochloride 10 mg/5ml
1868	Digoxin 0.05 mg/ml
1869	Amyl Nitrite
1870	Balanced Salt Solution
1871	Balanced Salt Solution/Glutathion
1872	Calcipotriol 50 mcg/ml
1873	Carbon [14C] Urea 5 micCi
1874	Cardioplegic Solution
1875	Cetrimide/Chlorhexidine
1876	Chlorhexidine Gluconate/Detergent 4%
1877	Ciclosporin 100 mg/ml
1878	Ciclosporin 2%
1879	Clindamycin 10 mg/ml
1880	Peritoneal Dialysis
1881	Phosphate [32p] Sodium 5 mCi
1882	Poliovirus Vaccine
1883	Povidone Iodine 2.5%
1884	Salbutamol 5 mg/ml
1885	Salbutamol 2.5 mg/2.5ml
1886	Salicylic Acid Compound
1887	Sodium Chloride 0.9%
1888	Sodium Hypochlorite 0.55% (AVAILABLE Cl)
1889	Sorbitol 70%
1890	Terbutaline Sulfate
1891	Timolol 0.5%

Table Medicine ID	
MedicineID	Medicine Name
1892	Tropicamide 1%, 10ml
1893	Cromolyn Sodium 10 mg/ml
1894	Cromolyn Sodium 20 mg/2ml
1895	Cyclopentolate Hydrochloride 1%
1896	Dextrose 5%, 100ml
1897	Diazepam 2 mg/5ml
1898	Dihydratachysterol 0.25 mg/ml
1899	Dimethyl Sulfoxide 50%
1900	Diphenhydramine Hydrochloride 12.5 mg/5ml
1901	Galantamine 20 mg/5ml
1902	Gentian Violet 1%
1903	Glycine 1.5%
1904	Haloperidol 2 mg/ml
1905	Hemodialysis Concentrated I
1906	Hemodialysis Concentrated I,without Dextrose
1907	Hemodialysis Concentrated II
1908	Hemodialysis Concentrated II ,Acidic
1909	Hemodialysis Concentrated III
1910	Iopamidol 300mgI/ml
1911	Ipratropium Bromide 250 mcg/ml, 1ml
1912	Ipratropium Bromide 250 mcg/ml, 2ml
1913	Lamivudine 10 mg/ml
1914	Lamotrigine 10 mg/ml
1915	Latanoprost 50 mcg/ml
1916	Lidocaine 10 mg/dose
1917	Lidocaine Hydrochloride 4%
1918	Loperamide Hydrochloride 1 mg/5ml
1919	Megestrol Acetate 40 mg/ml
1920	Meglumine Compound 76%
1921	Methadone Hydrochloride 25 mg/5ml
1922	Methadone Hydrochloride 5mg/5ml
1923	Methoxsalen 1%

Table Medicine ID	
MedicineID	Medicine Name
1924	Minoxidil 20 mg/ml
1925	Minoxidil 50 mg/ml
1926	Neomycin Sulfate 125 mg/5ml
1927	Nicotine 10 mg/ml, 10ml
1928	Ondansetron 4 mg/5ml
1929	Ophthalmic Bath Solution
1930	Aluminium/Magnesium 564/174 mg
1931	Amoxicillin 125 mg/5ml
1932	Amoxicillin 200 mg/5ml
1933	Amoxicillin 250 mg/5ml
1934	Amoxicillin 400 mg/5ml
1935	Ampicillin 125 mg/5ml
1936	Ampicillin 250 mg/5ml
1937	Anticoagulant
1938	Azithromycin 100 mg/5ml
1939	Azithromycin 200 mg/5ml
1940	Barium Sulfate 135 g
1941	Bicarbonate Concentrate 500 mg
1942	Bicarbonate Concentrate 650 mg
1943	Bicarbonate Concentrate 750 mg
1944	Cefalexin 125 mg
1945	Cefalexin 125 mg/5ml
1946	Cefalexin 250 mg
1947	Cefalexin 250 mg/5ml
1948	Cefixime 100 mg
1949	Cefixime 100 mg/5ml
1950	Cefixime 50 mg
1951	Cefuroxime 125 mg/5ml
1952	Cefuroxime 250 mg/5ml
1953	Charcoal Activated 50 g
1954	Cholestyramine 4 g
1955	Clarithromycine 125 mg/5ml
1956	Co-amoxiclav 125/31.25 mg

Table Medicine ID	
MedicineID	Medicine Name
1957	Co-amoxiclav 125/31.25 mg/5ml
1958	Co-amoxiclav 200/28.5 mg/5ml
1959	Co-amoxiclav 250/62.5 mg
1960	Co-amoxiclav 250/62.5 mg/5ml
1961	Co-amoxiclav 400/57 mg/5ml
1962	Penicillin V 125 mg/5ml
1963	Penicillin V 250 mg/5ml
1964	Penicillin V Benzathine 200,000 IU/5ml
1965	Penicillin V Benzathine 400,000 IU/5ml
1966	Poly Ethylene Glycol 0
1967	Poly Ethylenglycol - electrolyte 1*
1968	Poly Ethylenglycol - electrolyte 2*
1969	Potassium Aminobenzoic Acid 3 g/sachet
1970	Potassium Chloride 20 mEq/sachet
1971	Potassium Citrate 10 mEq/Sachet
1972	Sodium Polystyrene Sulfonate 454 g
1973	Sorbitol 5 g/sachet
1974	Sucrafate 1 g/sachet
1975	Vancomycin 500 mg/6ml
1976	Zanamivir 5 mg/Blister
1977	Erythromycin 200 mg/5ml
1978	Lactulose 10 g
1979	Low Sodium Salt 5 g/sachet
1980	Methadone Hydrochloride 1g/ SUCHET
1981	Nelfinavir 50 mg/g
1982	Nystatin 100,000 U/ml
1983	Oseltamivir 60 mg/5ml
1984	Beclomethasone Dipropionate 50 mcg/dose
1985	Budesonide 200 mcg/Inhalation
1986	Budesonide 100 mcg/Inhalation
1987	Budesonide 400 mcg/Inhalation
1988	Salbutamol 100 mcg/dose

Table Medicine ID	
MedicineID	Medicine Name
1989	Salbutamol/Beclomethasone Dipropionate 100/50 mcg
1990	Salmeterol 25 mcg/dose
1991	Salmeterol 50 mcg/dose
1992	Salmeterol / Fluticasone Propionate 25/125
1993	Salmeterol / Fluticasone Propionate 25/250
1994	Salmeterol / Fluticasone Propionate 25/50
1995	Cromolyn Sodium 1 mg/dose
1996	Fluticasone 125 mcg/dose
1997	Fluticasone 250 mcg/dose
1998	Fluticasone 50 mcg/dose
1999	Ipratropium bromide / Salbutamol 20/100 mcg/dose
2000	Lidocaine Hydrochloride 6.5%
2001	Cinnarizine 15 mg
2002	Insulin Novomix 100 IU/ml
2004	Domperidone 10 mg
2005	Cold Stop
2006	Respidone 1 mg
2007	Respidone 2 mg
2008	Respidone 5 mg
2009	SYMBICORT Inhaler 160/4,5 mcg
2010	SYMBICORT Inhaler 80/4,5mcg
2011	SYMBICORT Inhaler 320/9mcg
2012	SYMBICORT Inhaler 160/4,5 mcg,120 dose
2013	Concor 5MG TAB
2014	Concor 10MG TAB
2015	Concor 2.5MG TAB
2016	Prostatan F.C.Tablet
2017	Prostatan Drop
2018	Evening Primrose Oil
2019	EVENING PRIMROSE OIL Webber 500mg Softgel

Table Medicine ID	
MedicineID	Medicine Name
2020	EVENING PRIMROSE OIL Webber 1000mg Softgel
2021	SEROFLO Inhaler 25/50 mcg
2022	SEROFLO Inhaler 25/250 mcg
2023	SEROFLO Inhaler 25/125 mcg
2024	LOSARTAN/HYDROCHLOROTHIAZIDE 50/12.5MG
2025	ESCITALOPRAM 5 MG Tablet
2026	ESCITALOPRAM 10 MG Tablet
2027	ESCITALOPRAM 20 MG Tablet
2028	C-Lax Tablet
2029	C-Lax Syrup
2030	Nutri primrose 500 mg tab
2031	ZIPMET® 50/500 mg Tab
2032	GELOFEN COMPOUND SOFT GEL CAP
2034	FLUTICORT PLUS Inhaler 25/50 mcg
2035	FLUTICORT PLUS Inhaler 25/250 mcg
2036	FLUTICORT PLUS Inhaler 25/125 mcg
2037	AIROKAST 5MG CHEWABLE TAB
2038	AIROKAST 10MG TAB
2039	pyasidin 300 mg Capsules
2040	Agnugol coated tablet
2041	Agnugol F.C.Tablet
2042	PREGABALIN 50MG CAP
2043	PREGABALIN 75MG CAP
2044	PREGABALIN 100MG CAP
2045	PREGABALIN 150MG CAP
2046	PREGABALIN 200MG CAP
2047	PREGABALIN 300MG CAP
2048	DULOXETINE 20MG CAP
2049	DULOXETINE 30MG CAP
2050	DULOXETINE 60MG CAP
2051	PRAMIPEXOLE 0.18MG TAB



Table Medicine ID	
MedicineID	Medicine Name
2052	PRAMIPEXOLE 0.35MG TAB
2053	PRAMIPEXOLE 0.7MG TAB
2054	Livergol 70 F.C.Tablet
2055	Livergol 140 F.C.Tablet
2056	Urinacin 5MG TAB
2057	Urinacin 10MG TAB
2058	TRANQOPINE 25MG TAB
2059	TRANQOPINE 100MG TAB
2060	TRANQOPINE 200MG TAB
2061	TRANQOPINE ER 50MG TAB
2062	TRANQOPINE ER 50MG TAB
2063	ROSUVASTATIN 5MG TAB
2064	ROSUVASTATIN 10MG TAB
2065	ROSUVASTATIN 20MG TAB
2066	ROSUVASTATIN 40MG TAB
2067	Novafen Capsule
2068	VALSOMIX 5/80 mg
2069	VALSOMIX 5/160 mg
2070	VALSOMIX 5/320 mg
2071	VALSOMIX 10/160 mg
2072	VALSOMIX 10/320 mg
2073	SYNOMIX 5/80 MG Tablet
2074	SYNOMIX 10/160 MG Tablet
2075	SYNOMIX 5/160 MG Tablet
2076	Tenofovir 300MG Tablet
2077	Arthrofeed Capsule
2078	LANSOPRAZOLE 15MG CAP
2079	LANSOPRAZOLE 30MG CAP
2080	SITAGLIPTIN 25 MG Tablet
2081	SITAGLIPTIN 50 MG Tablet
2082	SITAGLIPTIN 100 MG Tablet
2083	BISOPROLOL 2.5MG Tablet
2084	BISOPROLOL 5MG Tablet

Table Medicine ID	
MedicineID	Medicine Name
2085	BISOPROLOL 10MG Tablet
2086	ALFEN XL 100MG TAB
2087	Melatonin 3MG Tablet
2088	ARIPIRAZOLE 5MG TAB
2089	ARIPIRAZOLE 10MG TAB
2090	ARIPIRAZOLE 15MG TAB
2091	SOLIFENACIN 5MG TAB
2092	SOLIFENACIN 10MG TAB
2093	PAROXETINE 20 MG Tablet
2094	VENLAFAXINE 75MG CAP
2095	VENLAFAXINE 37.5MG TAB
2096	GLUTAZONE 15MG TAB
2097	GLUTAZONE 30MG TAB
2098	GLUTAZONE 45MG TAB
2099	ATROVENT Inhaler 20 mcg/dose,200MD
2100	PIASCLEDINE 300MG Capsule
2101	Rosemary Ointment
2102	MELOXICAM 7.5MG TAB
2103	MELOXICAM 15MG TAB
2104	MIXODIN Capsule
2105	LEVOFLOXACIN 250MG TAB
2106	LEVOFLOXACIN 500MG TAB
2107	LEVOFLOXACIN Injection 5mg/ml,100ml
2108	LEVOFLOXACIN 0.5% 100ML VIAL
2109	LEVOFLOXACIN 750MG TAB
2110	DAFLON 500 MG Tablet
2111	Sankol Drop
2112	MADOPAR 125 MG Tablet
2113	MADOPAR 250 MG Tablet
2114	PANAMIX 80/12.5 MG Tablet
2115	PANAMIX 160/12.5 MG Tablet
2116	Veinovital F.C.Tablet
2117	Veinovital 30g cream

Table Medicine ID	
MedicineID	Medicine Name
2118	Nigella sativa
2119	Vitagnus F.C.Tablet
2120	Vitagnus Drop
2121	Sennosides
2122	Flaxseed oil 1000mg Softgel
2123	Flaxseed Oil Drop
2124	Flaxseed Powder
2125	TEARLOSE 0.5% OPH DROP
2126	Simosleep
2127	ACETAMINOPHEN 500MG SOFT GEL CAP
2128	ALGOMED FORTE® TAB
2129	ALGOMED TAB
2130	Algomed D3 Tablet
2131	Algomed Calcium Tablet
2132	QUETIAPINE 25MG TAB
2133	QUETIAPINE 100MG TAB
2134	QUETIAPINE 150MG TAB
2135	QUETIAPINE 200MG TAB
2136	FEBUXOSTAT 40 MG Tablet

Table Medicine ID	
MedicineID	Medicine Name
2137	FEBUXOSTAT 80 MG Tablet
2138	FEBUXOSTAT 120 MG Tablet
2139	Nicorandil 10 MG Tablet
2140	Nicorandil 20 MG Tablet
2141	Nicorandil 40 MG Tablet
2142	RIVAROXABAN 5 MG Tab
2143	RIVAROXABAN 10 MG Tab
2144	RIVAROXABAN 20 MG Tab
2146	FLUSALMEX 25/50MIC INHALER
2147	FLUSALMEX 25/250MIC INHALER
2148	FLUSALMEX 25/125MIC INHALER
2149	Gastrolit Softgel
2150	Gastrolit Drop
2151	Hypiran Drop
2152	Hypiran F.C.Tablet
2153	Carmint Drop
2154	KETOROLAC 10MG TAB
2155	KETOROLAC 30MG/ML INJ



## Supplementary Tables and Figures

**Table Supplementary ID**

Supplement ID	Supplement Name
0	No usage
1	Multivitamin with minerals
2	Mineral-free multivitamin
3	Vitamin B complex
4	Vitamin B12
5	Vitamin B6
6	Vitamin E
7	Folic acid
8	Vitamin D Caps
9	Vitamin D ampoules
10	Calcium
11	Omega 3
12	fish oil
13	Iron(II) sulfate
14	Fefol
15	Zinc
16	Zinc sulfate
17	Zinc gluconate
18	استنوميت ٧٠
19	Gerilact
20	Calcium D
21	Meno-Avert (Ca+D3)
22	Ca+Mg+Zc+D3
23	Triple Flex (Glucosamine Preperation)
24	Alendronic acid

Supplement ID	Supplement Name
25	Wellman VITABIOTICS Tablet
26	Dietry Supplement
27	Shark Cartilage
28	Vitamin B2
29	Eisen Plus
30	Flaxseed Oil 1000 mg
31	GLUCOSAMINE 500MG TAB
32	vitamin B1
33	Hematinic
34	Calcium Fort
35	Folic acid
36	Vitamin A ointment
37	VitaGlobin
38	Iron + folic acid
39	Gincogol
40	Ferrodin
41	Soy Isoflavones
42	Ginseng
43	Vitamin C
44	Supermint
45	Osteo Caltex(Ca+Mg+D3)
46	Oramin-F Softgel
47	WellWoman +50 Tablet
48	Vitagnus
49	Folic acid + Zinc sulfate

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