

Data Dictionary Name: Baseline Lymphedema Questionnaire

Dataset Name: df_blym_20240112.sas7bdat; df_blym_20240112.xlsx

Description: The baseline lymphedema questionnaire contains raw participant level information on the occurrence of lymphedema after breast cancer surgery, including possible causes, symptoms, and access to lymphedema resources and information.

Key Variables:

*Study identification number (studyid)

Breast cancer surgery (blym_bcsurgery)

Lymphedema occurrence (blym_toldlymph)

Treatment for lymphedema (blym_seektx)

Access to lymphedema resources (blym_lymphresources)

**primary key (use this variable to link to other datasets)*

Variable	Description	Values	Notes	Format Name
studyid	PATHWAYS PARTICIPANT STUDY IDENTIFICATION NUMBER			
blym_ability	SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH YOUR ABILITY TO DO ROUTINE ACTIVITIES SUCH AS HOUSEHOLD CHORES?	1 = YES		YESF
blym_airplane	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO AIRPLANE TRAVEL?	1 = YES		YESF
blym_appearance	SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH YOUR APPEARANCE?	1 = YES		YESF
blym_axillary	IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE AXILLARY LYMPH NODE DISSECTION?	1 = YES		YESF
blym_bandaging	DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: BANDAGING TECHNIQUE?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_bcsupportgroup	IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM A BREAST CANCER SUPPORT GROUP?	1 = YES		YESF
blym_bcsurgery	DID YOU HAVE BREAST CANCER SURGERY?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_bcsurgery_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DID YOU HAVE BREAST CANCER SURGERY?	1 = YES		YESF
blym_bcsurgtype_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHAT TYPE OF BREAST CANCER SURGERY DID YOU HAVE?	1 = YES		YESF
blym_breast	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO BREAST RECONSTRUCTION?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_brochures	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED BROCHURES, ARTICLES, BOOKS, OR OTHER WRITTEN MATERIALS	1 = YES		YESF
blym_clothes	SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH CLOTHES?	1 = YES		YESF
blym_coordinator	I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM A BREAST CARE COORDINATOR	1 = YES		YESF
blym_counseling	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED SUPPORT GROUPS OR COUNSELING	1 = YES		YESF
blym_daysnum_startswell	HOW SOON AFTER YOUR INITIAL BREAST CANCER SURGERY DID THE SWELLING FIRST OCCUR? (DAYS)			
blym_daysnum_swellinglast	HOW LONG DID YOUR SWELLING LAST? (DAYS)			

Variable	Description	Values	Notes	Format Name
blym_describeswell	SINCE YOUR BREAST CANCER SURGERY, HOW WOULD YOU DESCRIBE THE SWELLING?	1 = MILD 2 = MODERATE 3 = SEVERE 8 = DON'T KNOW		DESCRIBESWELLF
blym_describeswell_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, HOW WOULD YOU DESCRIBE THE SWELLING?	1 = YES		YESF
blym_didnotinterf	SINCE MY BREAST CANCER SURGERY, SWELLING DID NOT INTERFERE WITH CLOTHES, EXERCISE, MY APPEARANCE, OR MY ABILITY TO DO ROUTINE ACTIVITIES SUCH AS HOUSEHOLD CHORES	1 = YES		YESF
blym_diffsee_cause	DO YOU KNOW OR THINK THAT YOUR DIFFICULTY IN SEEING KNUCKLES OR VEINS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = LYMPHEDEMA 2 = ANOTHER HEALTH CONDITION 3 = DON'T KNOW		CAUSEF

Variable	Description	Values	Notes	Format Name
blym_diffsee_cause_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR DIFFICULTY IN SEEING KNUCKLES OR VEINS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = YES		YESF
blym_diffsee_curr_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING DIFFICULTY IN SEEING KNUCKLES OR VEINS?	1 = YES		YESF
blym_diffsee_distress	HOW MUCH DOES/DID DIFFICULTY IN SEEING KNUCKLES OR VEINS DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_diffsee_distress_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR DIFFICULTY IN SEEING KNUCKLES OR VEINS DISTRESS OR BOTHER YOU?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_diffsee_hand_curr	I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY HAND	1 = YES		YESF
blym_diffsee_hand_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY HAND	1 = YES		YESF
blym_diffsee_lower_curr	I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY LOWER ARM	1 = YES		YESF
blym_diffsee_lower_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY LOWER ARM	1 = YES		YESF
blym_diffsee_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS?	1 = YES		YESF
blym_diffsee_no	I HAVE NOT EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS	1 = YES		YESF
blym_diffsee_prev_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_diffsee_upper_curr	I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY UPPER ARM	1 = YES		YESF
blym_diffsee_upper_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY UPPER ARM	1 = YES		YESF
blym_diffsee_yes_curr	I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS	1 = YES		YESF
blym_diffsee_yes_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS	1 = YES		YESF
blym_diffsizes	SINCE YOUR BREAST CANCER SURGERY, WAS THERE A TIME WHEN YOUR ARMS OR HANDS WERE DIFFERENT SIZES FROM EACH OTHER?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_diffsizes_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, WAS THERE A TIME WHEN YOUR ARMS OR HANDS WERE DIFFERENT SIZES FROM EACH OTHER?	1 = YES		YESF
blym_dk_startswell	AFTER MY INITIAL BREAST CANCER SURGERY, I DO NOT KNOW HOW SOON THE SWELLING FIRST OCCURRED	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_dk_swellinglast	DON'T KNOW HOW LONG SWELLING LASTED	1 = YES		YESF
blym_dkinterf	DON'T KNOW WHAT ACTIVITIES/OBJECTS SWELLING INTERFERED WITH SINCE BREAST CANCER SURGERY	1 = YES		YESF
blym_dkperson	I DO NOT KNOW WHO TOLD ME ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA	1 = YES		YESF
blym_dkreason	DON'T KNOW THE REASON MY SWELLING STARTED	1 = YES		YESF
blym_dksurg	DON'T KNOW WHAT TYPE OF BREAST CANCER SURGERY YOU HAD	1 = YES		YESF
blym_dkswelling	DON'T KNOW WHERE SWELLING OCCURRED SINCE BREAST CANCER SURGERY	1 = YES		YESF
blym_drainage	DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: MANUAL LYMPHATIC DRAINAGE?	1 = YES		YESF
blym_dt	DATE QUESTIONNAIRE COMPLETED			DATE9

Variable	Description	Values	Notes	Format Name
blym_exercise	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO EXERCISE?	1 = YES		YESF
blym_exercise_interfere	SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH EXERCISE?	1 = YES		YESF
blym_family	IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM A FAMILY MEMBER?	1 = YES		YESF
blym_firm_distress	HOW MUCH DOES/DID FIRM OR LEATHERY SKIN DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_firm_hand_curr	I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN IN MY HAND	1 = YES		YESF
blym_firm_hand_prev	I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN IN MY HAND	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_firm_lower_curr	I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN IN MY LOWER ARM	1 = YES		YESF
blym_firm_lower_prev	I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN IN MY LOWER ARM	1 = YES		YESF
blym_firm_no	I HAVE NOT EXPERIENCED FIRM OR LEATHERY SKIN	1 = YES		YESF
blym_firm_upper_curr	I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN IN MY UPPER ARM	1 = YES		YESF
blym_firm_upper_prev	I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN IN MY UPPER ARM	1 = YES		YESF
blym_firm_yes_curr	I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN	1 = YES		YESF
blym_firm_yes_prev	I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_freq_swell	SINCE YOUR BREAST CANCER SURGERY, HOW FREQUENTLY DOES/DID SWELLING OCCUR (QUESTION #2)?	1 = CONSTANTLY 2 = 1 TIME A WEEK 3 = 1 TIME A MONTH 4 = 3-4 TIMES A YEAR 8 = DON'T KNOW	Responses to this question vary from responses contained within variable blym_swellingfreq_new	SWELLFREQV1F
blym_friend	IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM A FRIEND OR ACQUAINTANCE?	1 = YES		YESF
blym_generaluse	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO GENERAL USE OF YOUR ARM?	1 = YES		YESF
blym_glove	DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: GLOVE/SLEEVE COMPRESSION/GARMENT?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_hand	SINCE YOUR BREAST CANCER SURGERY, HAVE YOU HAD SWELLING OCCUR IN YOUR HAND?	1 = YES		YESF
blym_holding_distress	HOW MUCH DOES/DID DIFFICULTY HOLDING OR GRASPING OBJECTS DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_holding_hand_curr	I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY HAND	1 = YES		YESF
blym_holding_hand_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY HAND	1 = YES		YESF
blym_holding_lower_curr	I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY LOWER ARM	1 = YES		YESF
blym_holding_lower_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY LOWER ARM	1 = YES		YESF
blym_holding_no	I HAVE NOT EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_holding_upper_curr	I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY UPPER ARM	1 = YES		YESF
blym_holding_upper_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY UPPER ARM	1 = YES		YESF
blym_holding_yes_curr	I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS	1 = YES		YESF
blym_holding_yes_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS	1 = YES		YESF
blym_indentations_distress	HOW MUCH DOES/DID INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_indentations_hand_curr	I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY HAND	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_indentations_hand_prev	I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY HAND	1 = YES		YESF
blym_indentations_lower_curr	I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY LOWER ARM	1 = YES		YESF
blym_indentations_lower_prev	I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY LOWER ARM	1 = YES		YESF
blym_indentations_no	I HAVE NOT EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING	1 = YES		YESF
blym_indentations_upper_curr	I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY UPPER ARM	1 = YES		YESF
blym_indentations_upper_prev	I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY UPPER ARM	1 = YES		YESF
blym_indentations_yes_curr	I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_indentations_yes_prev	I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING	1 = YES		YESF
blym_infection	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO INFECTION OR INJURY TO ARM/HAND?	1 = YES		YESF
blym_infection_distress	HOW MUCH DOES/DID INFECTION IN THE AFFECTED HAND OR ARM DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_infection_hand_curr	I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM IN MY HAND	1 = YES		YESF
blym_infection_hand_prev	I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM IN MY HAND	1 = YES		YESF
blym_infection_lower_curr	I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM IN MY LOWER ARM	1 = YES		YESF
blym_infection_lower_prev	I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM IN MY LOWER ARM	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_infection_no	I HAVE NOT EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM	1 = YES		YESF
blym_infection_upper_curr	I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM IN MY UPPER ARM	1 = YES		YESF
blym_infection_upper_prev	I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM IN MY UPPER ARM	1 = YES		YESF
blym_infection_yes_curr	I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM	1 = YES		YESF
blym_infection_yes_prev	I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM	1 = YES		YESF
blym_lowerarm	SINCE YOUR BREAST CANCER SURGERY, HAVE YOU HAD SWELLING OCCUR IN YOUR LOWER ARM (BELOW THE ELBOW)?	1 = YES		YESF
blym_lumpectomy	IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE A LUMPECTOMY?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_lymphresources	HAVE YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA FROM KAISER PERMANENTE?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_machine	DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: COMPRESSION THERAPY BY MACHINE?	1 = YES		YESF
blym_message	DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: ARM MASSAGE?	1 = YES		YESF
blym_mastectomy	IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE A MASECTOMY?	1 = YES		YESF
blym_monthsnum_startswell	HOW SOON AFTER YOUR INITIAL BREAST CANCER SURGERY DID THE SWELLING FIRST OCCUR? (MONTHS)			
blym_monthsnum_swellinglast	HOW LONG DID YOUR SWELLING LAST? (MONTHS)			
blym_notdiag	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED I WAS NOT DIAGNOSED WITH LYMPHEDEMA	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_notdiag_kp	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED I WAS NOT DIAGNOSED WITH LYMPHEDEMA	1 = YES		YESF
blym_notrelated	THE START OF MY SWELLING WAS NOT RELATED TO RADIATION TREATMENT, BREAST RECONSTRUCTION, INFECTION OR INJURY TO ARM/HAND, WEATHER CHANGES, GENERAL USE OF MY ARM, EXERCISE, AIRPLANE TRAVEL, OR REMOVAL OF LYMPH NODES	1 = YES		YESF
blym_notx_code	SPECIFIED OTHER REASON THAT I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY (CODE)		Please request codebook	
blym_notx_costly	REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: TREATMENT WAS TOO COSTLY FOR ME	1 = YES		YESF
blym_notx_didnotlike	REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: I DID NOT LIKE THE TREATMENT OFFERED	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_notx_other	REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: OTHER REASON	1 = YES		YESF
blym_notx_swelling	REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: SWELLING WAS NOT BAD ENOUGH	1 = YES		YESF
blym_notx_time	REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: TREATMENT WOULD TAKE TOO MUCH TIME	1 = YES		YESF
blym_numbness_cause	DO YOU KNOW OR THINK THAT YOUR NUMBNESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = LYMPHEDEMA 2 = ANOTHER HEALTH CONDITION 3 = DON'T KNOW		CAUSEF
blym_numbness_cause_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR NUMBNESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_numbness_curr_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING NUMBNESS?	1 = YES		YESF
blym_numbness_distress	HOW MUCH DOES/DID NUMBNESS DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_numbness_distress_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR NUMBNESS DISTRESS OR BOTHER YOU?	1 = YES		YESF
blym_numbness_hand_curr	I CURRENTLY EXPERIENCE NUMBNESS IN MY HAND	1 = YES		YESF
blym_numbness_hand_prev	I PREVIOUSLY EXPERIENCED NUMBNESS IN MY HAND	1 = YES		YESF
blym_numbness_lower_curr	I CURRENTLY EXPERIENCE NUMBNESS IN MY LOWER ARM	1 = YES		YESF
blym_numbness_lower_prev	I PREVIOUSLY EXPERIENCED NUMBNESS IN MY LOWER ARM	1 = YES		YESF
blym_numbness_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED NUMBNESS?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_numbness_no	I HAVE NOT EXPERIENCED NUMBNESS	1 = YES		YESF
blym_numbness_prev_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE NUMBNESS?	1 = YES		YESF
blym_numbness_upper_curr	I CURRENTLY EXPERIENCE NUMBNESS IN MY UPPER ARM	1 = YES		YESF
blym_numbness_upper_prev	I PREVIOUSLY EXPERIENCED NUMBNESS IN MY UPPER ARM	1 = YES		YESF
blym_numbness_yes_curr	I CURRENTLY EXPERIENCE NUMBNESS	1 = YES		YESF
blym_numbness_yes_prev	I PREVIOUSLY EXPERIENCED NUMBNESS	1 = YES		YESF
blym_nurse	I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM A NURSE	1 = YES		YESF
blym_oncologist	I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM AN ONCOLOGIST	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_oth_nonkp_person	IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM ANOTHER PERSON?	1 = YES		YESF
blym_oth_nonkp_personcode	SPECIFIED RECEIPT OF RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE FROM ANOTHER PERSON (CODE)		Please request codebook	
blym_oth_nonkp_resource	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED OTHER TYPE OF KAISER PERMANENTE RESOURCE	1 = YES		YESF
blym_oth_nonkp_resourcecode	SPECIFIED UTILIZATION OF OTHER TYPE OF NON-KAISER PERMANENTE RESOURCE REGARDING LYMPHEDEMA (CODE)		Please request codebook	
blym_otherinterf	OTHER ACTIVITY/OBJECT THAT SWELLING INTERFERED WITH SINCE BREAST CANCER SURGERY	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_otherreason	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO OTHER REASON?	1 = YES		YESF
blym_otherreasoncode	SPECIFIED OTHER REASON THAT SWELLING STARTED (CODE)		Please request codebook	
blym_othersurg	IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE OTHER TYPE OF SURGERY?	1 = YES		YESF
blym_othersurgcode	SPECIFIED OTHER TYPE OF BREAST CANCER SURGERY (CODE)		Please request codebook	
blym_othertxttype	DID YOU/WILL YOU RECEIVE OTHER TYPE OF TREATMENT FOR YOUR SWEELING?	1 = YES		YESF
blym_othertxttypecode	SPECIFIED OTHER TYPE OF TREATMENT RECEIVED FOR SWELLING (CODE)		Please request codebook	
blym_othperson	I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM OTHER PERSON	1 = YES		YESF
blym_othpersoncode	SPECIFIED OTHER PERSON WHO TOLD ME ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA (CODE)		Please request codebook	

Variable	Description	Values	Notes	Format Name
blym_pain_cause	DO YOU KNOW OR THINK THAT YOUR PAIN WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = LYMPHEDEMA 2 = ANOTHER HEALTH CONDITION 3 = DON'T KNOW		CAUSEF
blym_pain_cause_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR PAIN WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = YES		YESF
blym_pain_curr_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING PAIN?	1 = YES		YESF
blym_pain_distress	HOW MUCH DOES/DID PAIN DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_pain_distress_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR PAIN DISTRESS OR BOTHER YOU?	1 = YES		YESF
blym_pain_hand_curr	I CURRENTLY EXPERIENCE PAIN IN MY HAND	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_pain_hand_prev	I PREVIOUSLY EXPERIENCED PAIN IN MY HAND	1 = YES		YESF
blym_pain_lower_curr	I CURRENTLY EXPERIENCE PAIN IN MY LOWER ARM	1 = YES		YESF
blym_pain_lower_prev	I PREVIOUSLY EXPERIENCED PAIN IN MY LOWER ARM	1 = YES		YESF
blym_pain_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED PAIN?	1 = YES		YESF
blym_pain_no	I HAVE NOT EXPERIENCED PAIN	1 = YES		YESF
blym_pain_prev_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE PAIN?	1 = YES		YESF
blym_pain_upper_curr	I CURRENTLY EXPERIENCE PAIN IN MY UPPER ARM	1 = YES		YESF
blym_pain_upper_prev	I PREVIOUSLY EXPERIENCED PAIN IN MY UPPER ARM	1 = YES		YESF
blym_pain_yes_curr	I CURRENTLY EXPERIENCE PAIN	1 = YES		YESF
blym_pain_yes_prev	I PREVIOUSLY EXPERIENCED PAIN	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_puffiness_cause	DO YOU KNOW OR THINK THAT YOUR PUFFINESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = LYMPHEDEMA 2 = ANOTHER HEALTH CONDITION 3 = DON'T KNOW		CAUSEF
blym_puffiness_cause_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR PUFFINESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = YES		YESF
blym_puffiness_curr_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING PUFFINESS?	1 = YES		YESF
blym_puffiness_distress	HOW MUCH DOES/DID PUFFINESS DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_puffiness_distress_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR PUFFINESS DISTRESS OR BOTHER YOU?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_puffiness_hand_curr	I CURRENTLY EXPERIENCE PUFFINESS IN MY HAND	1 = YES		YESF
blym_puffiness_hand_prev	I PREVIOUSLY EXPERIENCED PUFFINESS IN MY HAND	1 = YES		YESF
blym_puffiness_lower_curr	I CURRENTLY EXPERIENCE PUFFINESS IN MY LOWER ARM	1 = YES		YESF
blym_puffiness_lower_prev	I PREVIOUSLY EXPERIENCED PUFFINESS IN MY LOWER ARM	1 = YES		YESF
blym_puffiness_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED PUFFINESS?	1 = YES		YESF
blym_puffiness_no	I HAVE NOT EXPERIENCED PUFFINESS	1 = YES		YESF
blym_puffiness_prev_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE PUFFINESS?	1 = YES		YESF
blym_puffiness_upper_curr	I CURRENTLY EXPERIENCE PUFFINESS IN MY UPPER ARM	1 = YES		YESF
blym_puffiness_upper_prev	I PREVIOUSLY EXPERIENCED PUFFINESS IN MY UPPER ARM	1 = YES		YESF
blym_puffiness_yes_curr	I CURRENTLY EXPERIENCE PUFFINESS	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_puffiness_yes_prev	I PREVIOUSLY EXPERIENCED PUFFINESS	1 = YES		YESF
blym_questlang	QUESTIONNAIRE LANGUAGE			
blym_radiation	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO RADIATION TREATMENT?	1 = YES		YESF
blym_reasonswell_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO RADIATION TREATMENT, BREAST RECONSTRUCTION, INFECTION OR INJURY TO ARM/HAND, WEATHER CHANGES, GENERAL USE OF MY ARM, EXERCISE, AIRPLANE TRAVEL, OR REMOVAL OF LYMPH NODES	1 = YES		YESF
blym_rec_anyresources_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA FROM KAISER PERMANENTE?	1 = YES		YESF
blym_rec_dk	DON'T KNOW WHAT TYPE OF RESOURCE REGARDING LYMPHEDEMA I HAVE RECEIVED FROM KAISER PERMANENTE	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_rec_kpbrochures	HAVE YOU RECEIVED THE FOLLOWING RESOURCE ABOUT LYMPHEDEMA FROM KAISER PERMANENTE: BROCHURES, ARTICLES, BOOKS OR OTHER WRITTEN MATERIALS?	1 = YES		YESF
blym_rec_kpothresources	HAVE YOU RECEIVED OTHER RESOURCES ABOUT LYMPHEDEMA FROM KAISER PERMANENTE?	1 = YES		YESF
blym_rec_kpothresourcescode	SPECIFIED OTHER RESOURCES ABOUT LYMPHEDEMA RECEIVED FROM KAISER PERMANENTE (CODE)		Please request codebook	
blym_rec_kpresources_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHAT TYPE OF RESOURCES ABOUT LYMPHEDEMA DID YOU RECEIVE FROM KAISER PERMANENTE?	1 = YES		YESF
blym_rec_kpsource_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: FROM WHOM DID YOU HEAR ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA?	1 = YES		YESF
blym_rec_kpsupport	HAVE YOU RECEIVED THE FOLLOWING RESOURCE ABOUT LYMPHEDEMA FROM KAISER PERMANENTE: SUPPORT GROUPS OR COUNSELING?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_rec_kpvideo	HAVE YOU RECEIVED THE FOLLOWING RESOURCE ABOUT LYMPHEDEMA FROM KAISER PERMANENTE: VIDEO OR AUDIO TAPE?	1 = YES		YESF
blym_rec_outsidekp	HAVE YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_removal	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO REMOVAL OF LYMPH NODES?	1 = YES		YESF
blym_riskred_code	SPECIFIED OTHER LYMPHEDEMA RISK REDUCTION PRACTICE THAT I WAS INFORMED ABOUT DURING MY BREAST CANCER CARE (CODE)		Please request codebook	
blym_riskred_compression	DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: PROPER FIT AND USE OF COMPRESSION GARMENTS?	1 = YES		YESF
blym_riskred_constriction	DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: AVOIDANCE OF ARM CONSTRICTION?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_riskred_dk	DURING MY BREAST CANCER CARE, I DON'T KNOW IF I WAS INFORMED ABOUT LYMPHEDEMA RISK REDUCTION PRACTICES	1 = YES		YESF
blym_riskred_exercise	DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: EXERCISE OF THE AFFECTED ARM?	1 = YES		YESF
blym_riskred_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WERE YOU INFORMED AT ANY TIME DURING YOUR BREAST CANCER CARE ABOUT LYMPHEDEMA RISK REDUCTION PRACTICES?	1 = YES		YESF
blym_riskred_notinformed	DURING MY BREAST CANCER CARE, I WAS NOT INFORMED ABOUT ANY LYMPHEDEMA RISK REDUCTION PRACTICES	1 = YES		YESF
blym_riskred_other	DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT OTHER LYMPHEDEMA RISK REDUCTION PRACTICES?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_riskred_prevention	DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: PREVENTION OF INFECTION?	1 = YES		YESF
blym_riskred_temperature	DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: AVOIDANCE OF TEMPERATURE EXTREMES?	1 = YES		YESF
blym_riskred_trauma	DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: AVOIDANCE OF TRAUMA/INJURY?	1 = YES		YESF
blym_sameside	SINCE YOUR BREAST CANCER SURGERY, WAS THE SWELLING ON THE SAME SIDE THAT YOU HAD YOUR SURGERY?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_sameside_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, WAS THE SWELLING ON THE SAME SIDE THAT YOU HAD YOUR SURGERY?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_seektx	DID YOU/WILL YOU SEEK TREATMENT FOR YOUR SWELLING?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_seektx_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DID YOU/WILL YOU SEEK TREATMENT FOR YOUR SWELLING?	1 = YES		YESF
blym_selfad	QUESTIONNAIRE SELF-ADMINISTERED			
blym_sentinel	IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE SENTINEL LYMPH NODE DISSECTION?	1 = YES		YESF
blym_surgeon	I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM A SURGEON	1 = YES		YESF
blym_swellingfreq_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, HOW FREQUENTLY DOES/DID SWELLING OCCUR?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_swellingfreq_new	SINCE YOUR BREAST CANCER SURGERY, HOW FREQUENTLY DOES/DID SWELLING OCCUR (QUESTION #1)?	1 = CONSTANTLY 2 = OCCASSIONALLY 3 = OTHER 8 = DON'T KNOW	Responses to this question vary from responses contained within variable blym_swell_freq	SWELLFREQF
blym_swellingfreq_other	SPECIFIED OTHER FREQUENCY OF BREAST CANCER SWELLING SINCE BREAST CANCER SURGERY (CODE)		Please request codebook	
blym_swellinglast_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW LONG DID YOUR SWELLING LAST?	1 = YES		YESF
blym_swellingloc_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, WHERE DOES/DID THE SWELLING OCCUR?	1 = YES		YESF
blym_swellinterf_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH YOUR CLOTHES, EXERCISE, APPEARANCE, AND/OR ABILITY TO DO ROUTINE ACTIVITIES SUCH AS HOUSEHOLD CHORES?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_swellinterfcode	SPECIFIED OTHER ACTIVITY/OBJECT THAT SWELLING INTERFERED WITH SINCE BREAST CANCER SURGERY (CODE)		Please request codebook	
blym_swellnow	DO YOU CONTINUE TO HAVE SWELLING NOW?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_swellnow_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU CONTINUE TO HAVE SWELLING NOW?	1 = YES		YESF
blym_tenderness_cause	DO YOU KNOW OR THINK THAT YOUR TENDERNESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?			
blym_tenderness_cause_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR TENDERNESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = YES		YESF
blym_tenderness_curr_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING TENDERNESS?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_tenderness_distress	HOW MUCH DOES/DID TENDERNESS DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_tenderness_distress_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR TENDERNESS DISTRESS OR BOTHER YOU?	1 = YES		YESF
blym_tenderness_hand_curr	I CURRENTLY EXPERIENCE TENDERNESS IN MY HAND	1 = YES		YESF
blym_tenderness_hand_prev	I PREVIOUSLY EXPERIENCED TENDERNESS IN MY HAND	1 = YES		YESF
blym_tenderness_lower_curr	I CURRENTLY EXPERIENCE TENDERNESS IN MY LOWER ARM	1 = YES		YESF
blym_tenderness_lower_prev	I PREVIOUSLY EXPERIENCED TENDERNESS IN MY LOWER ARM	1 = YES		YESF
blym_tenderness_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED TENDERNESS?	1 = YES		YESF
blym_tenderness_no	I HAVE NOT EXPERIENCED TENDERNESS	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_tenderness_prev_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE TENDERNESS?	1 = YES		YESF
blym_tenderness_upper_curr	I CURRENTLY EXPERIENCE TENDERNESS IN MY UPPER ARM	1 = YES		YESF
blym_tenderness_upper_prev	I PREVIOUSLY EXPERIENCED TENDERNESS IN MY UPPER ARM	1 = YES		YESF
blym_tenderness_yes_curr	I CURRENTLY EXPERIENCE TENDERNESS	1 = YES		YESF
blym_tenderness_yes_prev	I PREVIOUSLY EXPERIENCED TENDERNESS	1 = YES		YESF
blym_therapist	I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM A PHYSICAL THERAPIST	1 = YES		YESF
blym_tightness_distress	HOW MUCH DOES/DID WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_tightness_hand_curr	I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY HAND	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_tightness_hand_prev	I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY HAND	1 = YES		YESF
blym_tightness_lower_curr	I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY LOWER ARM	1 = YES		YESF
blym_tightness_lower_prev	I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY LOWER ARM	1 = YES		YESF
blym_tightness_no	I HAVE NOT EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE	1 = YES		YESF
blym_tightness_upper_curr	I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY UPPER ARM	1 = YES		YESF
blym_tightness_upper_prev	I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY UPPER ARM	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_tightness_yes_curr	I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE	1 = YES		YESF
blym_tightness_yes_prev	I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE	1 = YES		YESF
blym_tiredness_cause	DO YOU KNOW OR THINK THAT YOUR TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = LYMPHEDEMA 2 = ANOTHER HEALTH CONDITION 3 = DON'T KNOW		CAUSEF
blym_tiredness_cause_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?	1 = YES		YESF
blym_tiredness_curr_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_tiredness_distress	HOW MUCH DOES/DID TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_tiredness_distress_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM DISTRESS OR BOTHER YOU?	1 = YES		YESF
blym_tiredness_hand_curr	I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY HAND	1 = YES		YESF
blym_tiredness_hand_prev	I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY HAND	1 = YES		YESF
blym_tiredness_lower_curr	I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY LOWER ARM	1 = YES		YESF
blym_tiredness_lower_prev	I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY LOWER ARM	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_tiredness_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM?	1 = YES		YESF
blym_tiredness_no	I HAVE NOT EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM	1 = YES		YESF
blym_tiredness_prev_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM?	1 = YES		YESF
blym_tiredness_upper_curr	I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY UPPER ARM	1 = YES		YESF
blym_tiredness_upper_prev	I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY UPPER ARM	1 = YES		YESF
blym_tiredness_yes_curr	I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_tiredness_yes_prev	I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM	1 = YES		YESF
blym_toldlymph	SINCE YOUR BREAST CANCER SURGERY, HAS A HEALTH CARE PROFESSIONAL TOLD YOU THAT YOU HAD LYMPHEDEMA?	0 = NO 1 = YES 8 = DON'T KNOW		YESNODKF
blym_toldlymph_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, HAS A HEALTH CARE PROFESSIONAL TOLD YOU THAT YOU HAD LYMPHEDEMA?	1 = YES		YESF
blym_tx_dk	DON'T KNOW TYPE OF TREATMENT RECEIVED FOR MY SWELLING	1 = YES		YESF
blym_txtype_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: WHAT TYPE OF TREATMENT DID YOU/WILL YOU RECEIVE FOR YOUR SWELLING?	1 = YES		YESF
blym_upperarm	SINCE YOUR BREAST CANCER SURGERY, HAVE YOU HAD SWELLING OCCUR IN YOUR UPPER ARM (ABOVE THE ELBOW)?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_use_dk	DON'T KNOW WHICH KAISER PERMANENTE RESOURCE I UTILIZED WHEN DIAGNOSED WITH LYMPHEDEMA	1 = YES		YESF
blym_use_kpbrochures	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED BROCHURES, ARTICLES, BOOKS, OR OTHER WRITTEN MATERIALS	1 = YES		YESF
blym_use_kpothresources	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED OTHER TYPE OF KAISER PERMANENTE RESOURCE	1 = YES		YESF
blym_use_kpothresourcescode	SPECIFIED UTILIZATION OF OTHER TYPE OF KAISER PERMANENTE RESOURCE REGARDING LYMPHEDEMA (CODE)		Please request codebook	
blym_use_kpresources_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE?	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_use_kpsupport	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED SUPPORT GROUPS OR COUNSELING	1 = YES		YESF
blym_use_kpvideo	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED VIDEO OR AUDIO TAPE	1 = YES		YESF
blym_video	IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED VIDEO OR AUDIO TAPE	1 = YES		YESF
blym_weather	DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO WEATHER CHANGES?	1 = YES		YESF
blym_weeksnum_startswell	HOW SOON AFTER YOUR INITIAL BREAST CANCER SURGERY DID THE SWELLING FIRST OCCUR? (WEEKS)			
blym_weeksnum_swellinglast	HOW LONG DID YOUR SWELLING LAST? (WEEKS)			

Variable	Description	Values	Notes	Format Name
blym_whenswell_missing	MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW SOON AFTER YOUR INITIAL SURGERY DID YOUR SWELLING FIRST OCCUR?	1 = YES		YESF
blym_writing_distress	HOW MUCH DOES/DID DIFFICULTY WRITING DISTRESS OR BOTHER YOU?	1 = NOT AT ALL 2 = A LITTLE 3 = MODERATELY 4 = QUITE A BIT		DISTRESSF
blym_writing_hand_curr	I CURRENTLY EXPERIENCE DIFFICULTY WRITING IN MY HAND	1 = YES		YESF
blym_writing_hand_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING IN MY HAND	1 = YES		YESF
blym_writing_lower_curr	I CURRENTLY EXPERIENCE DIFFICULTY WRITING IN MY LOWER ARM	1 = YES		YESF
blym_writing_lower_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING IN MY LOWER ARM	1 = YES		YESF
blym_writing_no	I HAVE NOT EXPERIENCED DIFFICULTY WRITING	1 = YES		YESF
blym_writing_upper_curr	I CURRENTLY EXPERIENCE DIFFICULTY WRITING IN MY UPPER ARM	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
blym_writing_upper_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING IN MY UPPER ARM	1 = YES		YESF
blym_writing_yes_curr	I CURRENTLY EXPERIENCE DIFFICULTY WRITING	1 = YES		YESF
blym_writing_yes_prev	I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING	1 = YES		YESF

This data dictionary was created on January 12, 2024.