

# The SAS System

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| Variables in Creation Order |                         |      |     |        |          |                                                                                                                                                                     |
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| #                           | Variable                | Type | Len | Format | Informat | Label                                                                                                                                                               |
| 1                           | studyid                 | Char | 5   | \$5.   | \$5.     | PATHWAYS PARTICIPANT STUDY IDENTIFICATION NUMBER                                                                                                                    |
| 2                           | blym_ability            | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH YOUR ABILITY TO DO ROUTINE ACTIVITIES SUCH AS HOUSEHOLD CHORES?                              |
| 3                           | blym_airplane           | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO AIRPLANE TRAVEL?                                                                                           |
| 4                           | blym_appearance         | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH YOUR APPEARANCE?                                                                             |
| 5                           | blym_axillary           | Num  | 8   | BEST.  |          | IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE AXILLARY LYMPH NODE DISSECTION?                                                                                      |
| 6                           | blym_bandaging          | Num  | 8   | BEST.  |          | DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: BANDAGING TECHNIQUE?                                                                            |
| 7                           | blym_bcsupportgroup     | Num  | 8   | BEST.  |          | IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM A BREAST CANCER SUPPORT GROUP?               |
| 8                           | blym_bcsurgery          | Num  | 8   | BEST.  |          | DID YOU HAVE BREAST CANCER SURGERY?                                                                                                                                 |
| 9                           | blym_bcsurgery_missing  | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: DID YOU HAVE BREAST CANCER SURGERY?                                                                                     |
| 10                          | blym_bcsurgtype_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHAT TYPE OF BREAST CANCER SURGERY DID YOU HAVE?                                                                        |
| 11                          | blym_breast             | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO BREAST RECONSTRUCTION?                                                                                     |
| 12                          | blym_brochures          | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED BROCHURES, ARTICLES, BOOKS, OR OTHER WRITTEN MATERIALS |
| 13                          | blym_clothes            | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH CLOTHES?                                                                                     |

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| 14                          | blym_coordinator           | Num  | 8   | BEST.  |          | I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM A BREAST CARE COORDINATOR                                                                           |
| 15                          | blym_counseling            | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED SUPPORT GROUPS OR COUNSELING                               |
| 16                          | blym_daysnum_startswell    | Num  | 8   | BEST.  |          | HOW SOON AFTER YOUR INITIAL BREAST CANCER SURGERY DID THE SWELLING FIRST OCCUR? (DAYS)                                                                                  |
| 17                          | blym_daysnum_swellinglast  | Num  | 8   | BEST.  |          | HOW LONG DID YOUR SWELLING LAST? (DAYS)                                                                                                                                 |
| 18                          | blym_describeswell         | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, HOW WOULD YOU DESCRIBE THE SWELLING?                                                                                                  |
| 19                          | blym_describeswell_missing | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, HOW WOULD YOU DESCRIBE THE SWELLING?                                                      |
| 20                          | blym_didnotinterf          | Num  | 8   | BEST.  |          | 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       |
| 21                          | blym_diffsee_cause         | Num  | 8   | BEST.  |          | DO YOU KNOW OR THINK THAT YOUR DIFFICULTY IN SEEING KNUCKLES OR VEINS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?                                             |
| 22                          | blym_diffsee_cause_missing | Num  | 8   | BEST.  |          | 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? |
| 23                          | blym_diffsee_curr_missing  | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING DIFFICULTY IN SEEING KNUCKLES OR VEINS?                                   |
| 24                          | blym_diffsee_distress      | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID DIFFICULTY IN SEEING KNUCKLES OR VEINS DISTRESS OR BOTHER YOU?                                                                                        |

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| 25                          | blym_diffsee_distress_missing | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR DIFFICULTY IN SEEING KNUCKLES OR VEINS DISTRESS OR BOTHER YOU?    |
| 26                          | blym_diffsee_hand_curr        | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY HAND                                                             |
| 27                          | blym_diffsee_hand_prev        | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY HAND                                                           |
| 28                          | blym_diffsee_lower_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY LOWER ARM                                                        |
| 29                          | blym_diffsee_lower_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY LOWER ARM                                                      |
| 30                          | blym_diffsee_missing          | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS?                             |
| 31                          | blym_diffsee_no               | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS                                                                        |
| 32                          | blym_diffsee_prev_missing     | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS? |
| 33                          | blym_diffsee_upper_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY UPPER ARM                                                        |
| 34                          | blym_diffsee_upper_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS IN MY UPPER ARM                                                      |
| 35                          | blym_diffsee_yes_curr         | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY IN SEEING KNUCKLES OR VEINS                                                                        |
| 36                          | blym_diffsee_yes_prev         | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY IN SEEING KNUCKLES OR VEINS                                                                      |
| 37                          | blym_diffsizes                | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, WAS THERE A TIME WHEN YOUR ARMS OR HANDS WERE DIFFERENT SIZES FROM EACH OTHER?                     |

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| 38                          | blym_diffsizes_missing  | Num  | 8   | BEST.  |          | 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? |
| 39                          | blym_dk_startswell      | Num  | 8   | BEST.  |          | AFTER MY INITIAL BREAST CANCER SURGERY, I DO NOT KNOW HOW SOON THE SWELLING FIRST OCCURRED                                                                   |
| 40                          | blym_dk_swellinglast    | Num  | 8   | BEST.  |          | DON'T KNOW HOW LONG SWELLING LASTED                                                                                                                          |
| 41                          | blym_dkinterf           | Num  | 8   | BEST.  |          | DON'T KNOW WHAT ACTIVITIES/OBJECTS SWELLING INTERFERED WITH SINCE BREAST CANCER SURGERY                                                                      |
| 42                          | blym_dkperson           | Num  | 8   | BEST.  |          | I DO NOT KNOW WHO TOLD ME ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA                                                                             |
| 43                          | blym_dkreason           | Num  | 8   | BEST.  |          | DON'T KNOW THE REASON MY SWELLING STARTED                                                                                                                    |
| 44                          | blym_dksurg             | Num  | 8   | BEST.  |          | DON'T KNOW WHAT TYPE OF BREAST CANCER SURGERY YOU HAD                                                                                                        |
| 45                          | blym_dkswelling         | Num  | 8   | BEST.  |          | DON'T KNOW WHERE SWELLING OCCURRED SINCE BREAST CANCER SURGERY                                                                                               |
| 46                          | blym_drainage           | Num  | 8   | BEST.  |          | DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: MANUAL LYMPHATIC DRAINAGE?                                                               |
| 47                          | blym_dt                 | Num  | 8   | BEST.  |          | DATE QUESTIONNAIRE COMPLETED                                                                                                                                 |
| 48                          | blym_exercise           | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO EXERCISE?                                                                                           |
| 49                          | blym_exercise_interfere | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, DOES/DID THE SWELLING INTERFERE WITH EXERCISE?                                                                             |
| 50                          | blym_family             | Num  | 8   | BEST.  |          | IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM A FAMILY MEMBER?                      |
| 51                          | blym_firm_distress      | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID FIRM OR LEATHERY SKIN DISTRESS OR BOTHER YOU?                                                                                              |
| 52                          | blym_firm_hand_curr     | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN IN MY HAND                                                                                                      |

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| 53 | blym_firm_hand_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN IN MY HAND                                                                                        |
| 54 | blym_firm_lower_curr   | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN IN MY LOWER ARM                                                                                     |
| 55 | blym_firm_lower_prev   | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN IN MY LOWER ARM                                                                                   |
| 56 | blym_firm_no           | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED FIRM OR LEATHERY SKIN                                                                                                     |
| 57 | blym_firm_upper_curr   | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN IN MY UPPER ARM                                                                                     |
| 58 | blym_firm_upper_prev   | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN IN MY UPPER ARM                                                                                   |
| 59 | blym_firm_yes_curr     | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE FIRM OR LEATHERY SKIN                                                                                                     |
| 60 | blym_firm_yes_prev     | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED FIRM OR LEATHERY SKIN                                                                                                   |
| 61 | blym_freq_swel         | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, HOW FREQUENTLY DOES/DID SWELLING OCCUR (QUESTION #2)?                                                          |
| 62 | blym_friend            | Num  | 8   | BEST.  |          | IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM A FRIEND OR ACQUAINTANCE? |
| 63 | blym_generaluse        | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO GENERAL USE OF YOUR ARM?                                                                |
| 64 | blym_glove             | Num  | 8   | BEST.  |          | DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: GLOVE/SLEEVE COMPRESSION/GARMENT?                                            |
| 65 | blym_hand              | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, HAVE YOU HAD SWELLING OCCUR IN YOUR HAND?                                                                      |
| 66 | blym_holding_distress  | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID DIFFICULTY HOLDING OR GRASPING OBJECTS DISTRESS OR BOTHER YOU?                                                                 |
| 67 | blym_holding_hand_curr | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY HAND                                                                         |

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| 68 | blym_holding_hand_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY HAND                     |
| 69 | blym_holding_lower_curr      | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY LOWER ARM                  |
| 70 | blym_holding_lower_prev      | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY LOWER ARM                |
| 71 | blym_holding_no              | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS                                  |
| 72 | blym_holding_upper_curr      | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY UPPER ARM                  |
| 73 | blym_holding_upper_prev      | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS IN MY UPPER ARM                |
| 74 | blym_holding_yes_curr        | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY HOLDING OR GRASPING OBJECTS                                  |
| 75 | blym_holding_yes_prev        | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY HOLDING OR GRASPING OBJECTS                                |
| 76 | blym_indentations_distress   | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING DISTRESS OR BOTHER YOU? |
| 77 | blym_indentations_hand_curr  | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY HAND         |
| 78 | blym_indentations_hand_prev  | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY HAND       |
| 79 | blym_indentations_lower_curr | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY LOWER ARM    |
| 80 | blym_indentations_lower_prev | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY LOWER ARM  |
| 81 | blym_indentations_no         | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING                    |

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| 82                          | blym_indentations_upper_curr | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY UPPER ARM   |
| 83                          | blym_indentations_upper_prev | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING IN MY UPPER ARM |
| 84                          | blym_indentations_yes_curr   | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING                   |
| 85                          | blym_indentations_yes_prev   | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED INDENTATIONS IN SKIN AFTER LEANING AGAINST SOMETHING                 |
| 86                          | blym_infection               | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO INFECTION OR INJURY TO ARM/HAND?     |
| 87                          | blym_infection_distress      | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID INFECTION IN THE AFFECTED HAND OR ARM DISTRESS OR BOTHER YOU?               |
| 88                          | blym_infection_hand_curr     | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM IN MY HAND                       |
| 89                          | blym_infection_hand_prev     | Char | 1   | \$1.   | \$1.     | I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM IN MY HAND                     |
| 90                          | blym_infection_lower_curr    | Char | 1   | \$1.   | \$1.     | I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM IN MY LOWER ARM                  |
| 91                          | blym_infection_lower_prev    | Char | 1   | \$1.   | \$1.     | I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM IN MY LOWER ARM                |
| 92                          | blym_infection_no            | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM                                  |
| 93                          | blym_infection_upper_curr    | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM IN MY UPPER ARM                  |
| 94                          | blym_infection_upper_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM IN MY UPPER ARM                |
| 95                          | blym_infection_yes_curr      | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE INFECTION IN THE AFFECTED HAND OR ARM                                  |

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| 96                          | blym_infection_yes_prev     | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED INFECTION IN THE AFFECTED HAND OR ARM                                                                                                                                                        |
| 97                          | blym_lowerarm               | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, HAVE YOU HAD SWELLING OCCUR IN YOUR LOWER ARM (BELOW THE ELBOW)?                                                                                                                    |
| 98                          | blym_lumpectomy             | Num  | 8   | BEST.  |          | IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE A LUMPECTOMY?                                                                                                                                                          |
| 99                          | blym_lymphresources         | Num  | 8   | BEST.  |          | HAVE YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA FROM KAISER PERMANENTE?                                                                                                                              |
| 100                         | blym_machine                | Num  | 8   | BEST.  |          | DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: COMPRESSION THERAPY BY MACHINE?                                                                                                                   |
| 101                         | blym_massage                | Num  | 8   | BEST.  |          | DID YOU/WILL YOU RECEIVE THE FOLLOWING TREATMENT FOR YOUR SWELLING: ARM MASSAGE?                                                                                                                                      |
| 102                         | blym_mastectomy             | Num  | 8   | BEST.  |          | IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE A MASECTOMY?                                                                                                                                                           |
| 103                         | blym_monthsnum_startswell   | Num  | 8   | BEST.  |          | HOW SOON AFTER YOUR INITIAL BREAST CANCER SURGERY DID THE SWELLING FIRST OCCUR? (MONTHS)                                                                                                                              |
| 104                         | blym_monthsnum_swellinglast | Num  | 8   | BEST.  |          | HOW LONG DID YOUR SWELLING LAST? (MONTHS)                                                                                                                                                                             |
| 105                         | blym_notdiag                | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED I WAS NOT DIAGNOSED WITH LYMPHEDEMA                                                                      |
| 106                         | blym_notdiag_kp             | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED I WAS NOT DIAGNOSED WITH LYMPHEDEMA                                                                          |
| 107                         | blym_notrelated             | Num  | 8   | BEST.  |          | 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 |

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| 108                         | blym_notx_code                  | Num  | 8   | BEST.  |          | SPECIFIED OTHER REASON THAT I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY (CODE)                                |
| 109                         | blym_notx_costly                | Num  | 8   | BEST.  |          | REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: TREATMENT WAS TOO COSTLY FOR ME                           |
| 110                         | blym_notx_didnotlike            | Char | 1   | \$1.   | \$1.     | REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: I DID NOT LIKE THE TREATMENT OFFERED                      |
| 111                         | blym_notx_other                 | Num  | 8   | BEST.  |          | REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: OTHER REASON                                              |
| 112                         | blym_notx_swelling              | Num  | 8   | BEST.  |          | REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: SWELLING WAS NOT BAD ENOUGH                               |
| 113                         | blym_notx_time                  | Char | 1   | \$1.   | \$1.     | REASON I DID NOT SEEK TREATMENT FOR MY SWELLING AFTER MY BREAST CANCER SURGERY: TREATMENT WOULD TAKE TOO MUCH TIME                        |
| 114                         | blym_numbnness_cause            | Num  | 8   | BEST.  |          | DO YOU KNOW OR THINK THAT YOUR NUMBNESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?                                             |
| 115                         | blym_numbnness_cause_missing    | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR NUMBNESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION? |
| 116                         | blym_numbnness_curr_missing     | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING NUMBNESS?                                   |
| 117                         | blym_numbnness_distress         | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID NUMBNESS DISTRESS OR BOTHER YOU?                                                                                        |
| 118                         | blym_numbnness_distress_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR NUMBNESS DISTRESS OR BOTHER YOU?                                       |
| 119                         | blym_numbnness_hand_curr        | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE NUMBNESS IN MY HAND                                                                                                |
| 120                         | blym_numbnness_hand_prev        | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED NUMBNESS IN MY HAND                                                                                              |
| 121                         | blym_numbnness_lower_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE NUMBNESS IN MY LOWER ARM                                                                                           |

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| 122                         | blym_numbness_lower_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED NUMBNESS IN MY LOWER ARM                                                                                                     |
| 123                         | blym_numbness_missing       | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED NUMBNESS?                                                                            |
| 124                         | blym_numbness_no            | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED NUMBNESS                                                                                                                       |
| 125                         | blym_numbness_prev_missing  | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE NUMBNESS?                                                |
| 126                         | blym_numbness_upper_curr    | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE NUMBNESS IN MY UPPER ARM                                                                                                       |
| 127                         | blym_numbness_upper_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED NUMBNESS IN MY UPPER ARM                                                                                                     |
| 128                         | blym_numbness_yes_curr      | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE NUMBNESS                                                                                                                       |
| 129                         | blym_numbness_yes_prev      | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED NUMBNESS                                                                                                                     |
| 130                         | blym_nurse                  | Num  | 8   | BEST.  |          | I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM A NURSE                                                                           |
| 131                         | blym_oncologist             | Num  | 8   | BEST.  |          | I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM AN ONCOLOGIST                                                                     |
| 132                         | blym_oth_nonkp_person       | Num  | 8   | BEST.  |          | IF YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE, DID YOU RECEIVE THEM FROM ANOTHER PERSON?                |
| 133                         | blym_oth_nonkp_personcode   | Num  | 8   | BEST.  |          | SPECIFIED RECEIPT OF RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE FROM ANOTHER PERSON (CODE)                               |
| 134                         | blym_oth_nonkp_resource     | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED OTHER TYPE OF KAISER PERMANENTE RESOURCE |
| 135                         | blym_oth_nonkp_resourcecode | Num  | 8   | BEST.  |          | SPECIFIED UTILIZATION OF OTHER TYPE OF NON-KAISER PERMANENTE RESOURCE REGARDING LYMPHEDEMA (CODE)                                                     |
| 136                         | blym_otherinterf            | Num  | 8   | BEST.  |          | OTHER ACTIVITY/OBJECT THAT SWELLING INTERFERED WITH SINCE BREAST CANCER SURGERY                                                                       |

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| #                           | Variable                   | Type | Len | Format | Informat | Label                                                                                                                                |
| 137                         | blym_otherreason           | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO OTHER REASON?                                                               |
| 138                         | blym_otherreasoncode       | Num  | 8   | BEST.  |          | SPECIFIED OTHER REASON THAT SWELLING STARTED (CODE)                                                                                  |
| 139                         | blym_othersurg             | Num  | 8   | BEST.  |          | IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE OTHER TYPE OF SURGERY?                                                                |
| 140                         | blym_othersurgcode         | Num  | 8   | BEST.  |          | SPECIFIED OTHER TYPE OF BREAST CANCER SURGERY (CODE)                                                                                 |
| 141                         | blym_othertxttype          | Num  | 8   | BEST.  |          | DID YOU/WILL YOU RECEIVE OTHER TYPE OF TREATMENT FOR YOUR SWEELING?                                                                  |
| 142                         | blym_othertxttypecode      | Num  | 8   | BEST.  |          | SPECIFIED OTHER TYPE OF TREATMENT RECEIVED FOR SWELLING (CODE)                                                                       |
| 143                         | blym_othperson             | Num  | 8   | BEST.  |          | I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYPHEDEMA FROM OTHER PERSON                                                      |
| 144                         | blym_othpersoncode         | Num  | 8   | BEST.  |          | SPECIFIED OTHER PERSON WHO TOLD ME ABOUT KAISER PERMANENTE RESOURCES REGARDING LYPHEDEMA (CODE)                                      |
| 145                         | blym_pain_cause            | Num  | 8   | BEST.  |          | DO YOU KNOW OR THINK THAT YOUR PAIN WAS CAUSED BY LYPHEDEMA OR ANOTHER HEALTH CONDITION?                                             |
| 146                         | blym_pain_cause_missing    | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR PAIN WAS CAUSED BY LYPHEDEMA OR ANOTHER HEALTH CONDITION? |
| 147                         | blym_pain_curr_missing     | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING PAIN?                                  |
| 148                         | blym_pain_distress         | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID PAIN DISTRESS OR BOTHER YOU?                                                                                       |
| 149                         | blym_pain_distress_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR PAIN DISTRESS OR BOTHER YOU?                                      |
| 150                         | blym_pain_hand_curr        | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PAIN IN MY HAND                                                                                               |
| 151                         | blym_pain_hand_prev        | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PAIN IN MY HAND                                                                                             |

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| 152                         | blym_pain_lower_curr            | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PAIN IN MY LOWER ARM                                                                                                |
| 153                         | blym_pain_lower_prev            | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PAIN IN MY LOWER ARM                                                                                              |
| 154                         | blym_pain_missing               | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED PAIN?                                                                     |
| 155                         | blym_pain_no                    | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED PAIN                                                                                                                |
| 156                         | blym_pain_prev_missing          | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE PAIN?                                         |
| 157                         | blym_pain_upper_curr            | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PAIN IN MY UPPER ARM                                                                                                |
| 158                         | blym_pain_upper_prev            | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PAIN IN MY UPPER ARM                                                                                              |
| 159                         | blym_pain_yes_curr              | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PAIN                                                                                                                |
| 160                         | blym_pain_yes_prev              | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PAIN                                                                                                              |
| 161                         | blym_puffiness_cause            | Num  | 8   | BEST.  |          | DO YOU KNOW OR THINK THAT YOUR PUFFINESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?                                             |
| 162                         | blym_puffiness_cause_missing    | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR PUFFINESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION? |
| 163                         | blym_puffiness_curr_missing     | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING PUFFINESS?                                   |
| 164                         | blym_puffiness_distress         | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID PUFFINESS DISTRESS OR BOTHER YOU?                                                                                        |
| 165                         | blym_puffiness_distress_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR PUFFINESS DISTRESS OR BOTHER YOU?                                       |
| 166                         | blym_puffiness_hand_curr        | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PUFFINESS IN MY HAND                                                                                                |
| 167                         | blym_puffiness_hand_prev        | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PUFFINESS IN MY HAND                                                                                              |
| 168                         | blym_puffiness_lower_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PUFFINESS IN MY LOWER ARM                                                                                           |

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| 169                         | blym_puffiness_lower_prev     | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PUFFINESS IN MY LOWER ARM                                                                                                                                                                                                              |
| 170                         | blym_puffiness_missing        | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED PUFFINESS?                                                                                                                                                                                     |
| 171                         | blym_puffiness_no             | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED PUFFINESS                                                                                                                                                                                                                                |
| 172                         | blym_puffiness_prev_missing   | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE PUFFINESS?                                                                                                                                                         |
| 173                         | blym_puffiness_upper_curr     | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PUFFINESS IN MY UPPER ARM                                                                                                                                                                                                                |
| 174                         | blym_puffiness_upper_prev     | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PUFFINESS IN MY UPPER ARM                                                                                                                                                                                                              |
| 175                         | blym_puffiness_yes_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE PUFFINESS                                                                                                                                                                                                                                |
| 176                         | blym_puffiness_yes_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED PUFFINESS                                                                                                                                                                                                                              |
| 177                         | blym_questlang                | Num  | 8   | BEST.  |          | QUESTIONNAIRE LANGUAGE                                                                                                                                                                                                                                          |
| 178                         | blym_radiation                | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO RADIATION TREATMENT?                                                                                                                                                                                   |
| 179                         | blym_reasonswell_missing      | Char | 1   | \$1.   | \$1.     | 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 |
| 180                         | blym_rec_anyresources_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA FROM KAISER PERMANENTE?                                                                                                                            |
| 181                         | blym_rec_dk                   | Num  | 8   | BEST.  |          | DON'T KNOW WHAT TYPE OF RESOURCE REGARDING LYMPHEDEMA I HAVE RECEIVED FROM KAISER PERMANENTE                                                                                                                                                                    |
| 182                         | blym_rec_kpbrochures          | Num  | 8   | BEST.  |          | HAVE YOU RECEIVED THE FOLLOWING RESOURCE ABOUT LYMPHEDEMA FROM KAISER PERMANENTE: BROCHURES, ARTICLES, BOOKS OR OTHER WRITTEN MATERIALS?                                                                                                                        |

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| 183                         | blym_rec_kpothresources      | Num  | 8   | BEST.  |          | HAVE YOU RECEIVED OTHER RESOURCES ABOUT LYMPHEDEMA FROM KAISER PERMANENTE?                                                                            |
| 184                         | blym_rec_kpothresourcescode  | Num  | 8   | BEST.  |          | SPECIFIED OTHER RESOURCES ABOUT LYMPHEDEMA RECEIVED FROM KAISER PERMANENTE (CODE)                                                                     |
| 185                         | blym_rec_kpresources_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHAT TYPE OF RESOURCES ABOUT LYMPHEDEMA DID YOU RECEIVE FROM KAISER PERMANENTE?                           |
| 186                         | blym_rec_kpsource_missing    | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: FROM WHOM DID YOU HEAR ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA?                            |
| 187                         | blym_rec_kpsupport           | Num  | 8   | BEST.  |          | HAVE YOU RECEIVED THE FOLLOWING RESOURCE ABOUT LYMPHEDEMA FROM KAISER PERMANENTE: SUPPORT GROUPS OR COUNSELING?                                       |
| 188                         | blym_rec_kpvideo             | Num  | 8   | BEST.  |          | HAVE YOU RECEIVED THE FOLLOWING RESOURCE ABOUT LYMPHEDEMA FROM KAISER PERMANENTE: VIDEO OR AUDIO TAPE?                                                |
| 189                         | blym_rec_outsidekp           | Num  | 8   | BEST.  |          | HAVE YOU RECEIVED ANY RESOURCES FOR INFORMATION ABOUT LYMPHEDEMA OUTSIDE OF KAISER PERMANENTE?                                                        |
| 190                         | blym_removal                 | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO REMOVAL OF LYMPH NODES?                                                                      |
| 191                         | blym_riskred_code            | Num  | 8   | BEST.  |          | SPECIFIED OTHER LYMPHEDEMA RISK REDUCTION PRACTICE THAT I WAS INFORMED ABOUT DURING MY BREAST CANCER CARE (CODE)                                      |
| 192                         | blym_riskred_compression     | Num  | 8   | BEST.  |          | DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: PROPER FIT AND USE OF COMPRESSION GARMENTS? |
| 193                         | blym_riskred_constriction    | Num  | 8   | BEST.  |          | DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: AVOIDANCE OF ARM CONSTRICTION?              |

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| 194                         | blym_riskred_dk          | Num  | 8   | BEST.  |          | DURING MY BREAST CANCER CARE, I DON'T KNOW IF I WAS INFORMED ABOUT LYMPHEDEMA RISK REDUCTION PRACTICES                                              |
| 195                         | blym_riskred_exercise    | Num  | 8   | BEST.  |          | DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: EXERCISE OF THE AFFECTED ARM?             |
| 196                         | blym_riskred_missing     | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WERE YOU INFORMED AT ANY TIME DURING YOUR BREAST CANCER CARE ABOUT LYMPHEDEMA RISK REDUCTION PRACTICES? |
| 197                         | blym_riskred_notinformed | Num  | 8   | BEST.  |          | DURING MY BREAST CANCER CARE, I WAS NOT INFORMED ABOUT ANY LYMPHEDEMA RISK REDUCTION PRACTICES                                                      |
| 198                         | blym_riskred_other       | Num  | 8   | BEST.  |          | DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT OTHER LYMPHEDEMA RISK REDUCTION PRACTICES?                                                  |
| 199                         | blym_riskred_prevention  | Num  | 8   | BEST.  |          | DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: PREVENTION OF INFECTION?                  |
| 200                         | blym_riskred_temperature | Num  | 8   | BEST.  |          | DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: AVOIDANCE OF TEMPERATURE EXTREMES?        |
| 201                         | blym_riskred_trauma      | Num  | 8   | BEST.  |          | DURING YOUR BREAST CANCER CARE, WERE YOU INFORMED ABOUT THE FOLLOWING LYMPHEDEMA RISK REDUCTION PRACTICE: AVOIDANCE OF TRAUMA/INJURY?               |
| 202                         | blym_sameside            | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, WAS THE SWELLING ON THE SAME SIDE THAT YOU HAD YOUR SURGERY?                                                      |
| 203                         | blym_sameside_missing    | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, WAS THE SWELLING ON THE SAME SIDE THAT YOU HAD YOUR SURGERY?          |
| 204                         | blym_seektx              | Num  | 8   | BEST.  |          | DID YOU/WILL YOU SEEK TREATMENT FOR YOUR SWELLING?                                                                                                  |
| 205                         | blym_seektx_missing      | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: DID YOU/WILL YOU SEEK TREATMENT FOR YOUR SWELLING?                                                      |

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| 206                         | blym_selfad               | Num  | 8   | BEST.  |          | QUESTIONNAIRE SELF-ADMINISTERED                                                                                                                                                                                          |
| 207                         | blym_sentinel             | Num  | 8   | BEST.  |          | IF YOU HAD BREAST CANCER SURGERY, DID YOU HAVE SENTINEL LYMPH NODE DISSECTION?                                                                                                                                           |
| 208                         | blym_surgeon              | Num  | 8   | BEST.  |          | I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYPHHEDEMA FROM A SURGEON                                                                                                                                            |
| 209                         | blym_swellingfreq_missing | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, HOW FREQUENTLY DOES/DID SWELLING OCCUR?                                                                                                    |
| 210                         | blym_swellingfreq_new     | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, HOW FREQUENTLY DOES/DID SWELLING OCCUR (QUESTION #1)?                                                                                                                                  |
| 211                         | blym_swellingfreq_other   | Num  | 8   | BEST.  |          | SPECIFIED OTHER FREQUENCY OF BREAST CANCER SWELLING SINCE BREAST CANCER SURGERY (CODE)                                                                                                                                   |
| 212                         | blym_swellinglast_missing | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW LONG DID YOUR SWELLING LAST?                                                                                                                                             |
| 213                         | blym_swellingloc_missing  | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, WHERE DOES/DID THE SWELLING OCCUR?                                                                                                         |
| 214                         | blym_swellinterf_missing  | Num  | 8   | BEST.  |          | 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? |
| 215                         | blym_swellinterfcode      | Num  | 8   | BEST.  |          | SPECIFIED OTHER ACTIVITY/OBJECT THAT SWELLING INTERFERED WITH SINCE BREAST CANCER SURGERY (CODE)                                                                                                                         |
| 216                         | blym_swellnow             | Num  | 8   | BEST.  |          | DO YOU CONTINUE TO HAVE SWELLING NOW?                                                                                                                                                                                    |
| 217                         | blym_swellnow_missing     | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU CONTINUE TO HAVE SWELLING NOW?                                                                                                                                        |
| 218                         | blym_tenderness_cause     | Num  | 8   | BEST.  |          | DO YOU KNOW OR THINK THAT YOUR TENDERNESS WAS CAUSED BY LYPHHEDEMA OR ANOTHER HEALTH CONDITION?                                                                                                                          |

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| 219                         | blym_tenderness_cause_missing    | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: DO YOU KNOW OR THINK THAT YOUR TENDERNESS WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION? |
| 220                         | blym_tenderness_curr_missing     | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING TENDERNESS?                                   |
| 221                         | blym_tenderness_distress         | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID TENDERNESS DISTRESS OR BOTHER YOU?                                                                                        |
| 222                         | blym_tenderness_distress_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR TENDERNESS DISTRESS OR BOTHER YOU?                                       |
| 223                         | blym_tenderness_hand_curr        | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TENDERNESS IN MY HAND                                                                                                |
| 224                         | blym_tenderness_hand_prev        | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TENDERNESS IN MY HAND                                                                                              |
| 225                         | blym_tenderness_lower_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TENDERNESS IN MY LOWER ARM                                                                                           |
| 226                         | blym_tenderness_lower_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TENDERNESS IN MY LOWER ARM                                                                                         |
| 227                         | blym_tenderness_missing          | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED TENDERNESS?                                                                |
| 228                         | blym_tenderness_no               | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED TENDERNESS                                                                                                           |
| 229                         | blym_tenderness_prev_missing     | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE TENDERNESS?                                    |
| 230                         | blym_tenderness_upper_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TENDERNESS IN MY UPPER ARM                                                                                           |
| 231                         | blym_tenderness_upper_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TENDERNESS IN MY UPPER ARM                                                                                         |
| 232                         | blym_tenderness_yes_curr         | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TENDERNESS                                                                                                           |
| 233                         | blym_tenderness_yes_prev         | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TENDERNESS                                                                                                         |
| 234                         | blym_therapist                   | Num  | 8   | BEST.  |          | I HEARD ABOUT KAISER PERMANENTE RESOURCES REGARDING LYMPHEDEMA FROM A PHYSICAL THERAPIST                                                    |

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| #                           | Variable                     | Type | Len | Format | Informat | Label                                                                                                                                                                              |
| 235                         | blym_tightness_distress      | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE DISTRESS OR BOTHER YOU?                                                                        |
| 236                         | blym_tightness_hand_curr     | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY HAND                                                                                |
| 237                         | blym_tightness_hand_prev     | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY HAND                                                                              |
| 238                         | blym_tightness_lower_curr    | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY LOWER ARM                                                                           |
| 239                         | blym_tightness_lower_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY LOWER ARM                                                                         |
| 240                         | blym_tightness_no            | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE                                                                                           |
| 241                         | blym_tightness_upper_curr    | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY UPPER ARM                                                                           |
| 242                         | blym_tightness_upper_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE IN MY UPPER ARM                                                                         |
| 243                         | blym_tightness_yes_curr      | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE                                                                                           |
| 244                         | blym_tightness_yes_prev      | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED WATCHES, RINGS, BRACELETS, OR CLOTHING BECOMING TIGHT ON ONE SIDE                                                                                         |
| 245                         | blym_tiredness_cause         | Num  | 8   | BEST.  |          | DO YOU KNOW OR THINK THAT YOUR TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM WAS CAUSED BY LYMPHEDEMA OR ANOTHER HEALTH CONDITION?                                                  |
| 246                         | blym_tiredness_cause_missing | Num  | 8   | BEST.  |          | 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? |

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| 247                         | blym_tiredness_curr_missing     | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY ARE YOU CURRENTLY EXPERIENCING TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM? |
| 248                         | blym_tiredness_distress         | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM DISTRESS OR BOTHER YOU?                                                           |
| 249                         | blym_tiredness_distress_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW MUCH DOES/DID YOUR TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM DISTRESS OR BOTHER YOU?     |
| 250                         | blym_tiredness_hand_curr        | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY HAND                                                                   |
| 251                         | blym_tiredness_hand_prev        | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY HAND                                                                 |
| 252                         | blym_tiredness_lower_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY LOWER ARM                                                              |
| 253                         | blym_tiredness_lower_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY LOWER ARM                                                            |
| 254                         | blym_tiredness_missing          | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: HAVE YOU EXPERIENCED TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM?                              |
| 255                         | blym_tiredness_no               | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM                                                                              |
| 256                         | blym_tiredness_prev_missing     | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHERE IN YOUR BODY DID YOU PREVIOUSLY EXPERIENCE TIREDNESS, THICKNESS, OR HEAVINESS OF HAND OR ARM?  |
| 257                         | blym_tiredness_upper_curr       | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY UPPER ARM                                                              |
| 258                         | blym_tiredness_upper_prev       | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM IN MY UPPER ARM                                                            |

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| 259                         | blym_tiredness_yes_curr      | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM                                                                                             |
| 260                         | blym_tiredness_yes_prev      | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED TIREDNESS/THICKNESS/HEAVINESS OF HAND OR ARM                                                                                           |
| 261                         | blym_toldlymph               | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, HAS A HEALTH CARE PROFESSIONAL TOLD YOU THAT YOU HAD LYMPHEDEMA?                                                              |
| 262                         | blym_toldlymph_missing       | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: SINCE YOUR BREAST CANCER SURGERY, HAS A HEALTH CARE PROFESSIONAL TOLD YOU THAT YOU HAD LYMPHEDEMA?                  |
| 263                         | blym_tx_dk                   | Num  | 8   | BEST.  |          | DON'T KNOW TYPE OF TREATMENT RECEIVED FOR MY SWELLING                                                                                                           |
| 264                         | blym_txtype_missing          | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: WHAT TYPE OF TREATMENT DID YOU/WILL YOU RECEIVE FOR YOUR SWELLING?                                                  |
| 265                         | blym_upperarm                | Num  | 8   | BEST.  |          | SINCE YOUR BREAST CANCER SURGERY, HAVE YOU HAD SWELLING OCCUR IN YOUR UPPER ARM (ABOVE THE ELBOW)?                                                              |
| 266                         | blym_use_dk                  | Num  | 8   | BEST.  |          | DON'T KNOW WHICH KAISER PERMANENTE RESOURCE I UTILIZED WHEN DIAGNOSED WITH LYMPHEDEMA                                                                           |
| 267                         | blym_use_kpbrochures         | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED BROCHURES, ARTICLES, BOOKS, OR OTHER WRITTEN MATERIALS |
| 268                         | blym_use_kpothresources      | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED OTHER TYPE OF KAISER PERMANENTE RESOURCE               |
| 269                         | blym_use_kpothresourcescode  | Num  | 8   | BEST.  |          | SPECIFIED UTILIZATION OF OTHER TYPE OF KAISER PERMANENTE RESOURCE REGARDING LYMPHEDEMA (CODE)                                                                   |
| 270                         | blym_use_kpresources_missing | Num  | 8   | BEST.  |          | MISSING RESPONSE TO THE FOLLOWING QUESTION: IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE?                      |

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| 271                         | blym_use_kpsupport         | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED SUPPORT GROUPS OR COUNSELING |
| 272                         | blym_use_kpvideo           | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED VIDEO OR AUDIO TAPE          |
| 273                         | blym_video                 | Num  | 8   | BEST.  |          | IF YOU WERE EVER DIAGNOSED WITH LYMPHEDEMA, WHICH NON-KAISER PERMANENTE RESOURCES DID YOU UTILIZE: RESPONDED VIDEO OR AUDIO TAPE      |
| 274                         | blym_weather               | Num  | 8   | BEST.  |          | DO YOU BELIEVE THE START OF YOUR SWELLING WAS RELATED TO WEATHER CHANGES?                                                             |
| 275                         | blym_weeksnum_startswell   | Num  | 8   | BEST.  |          | HOW SOON AFTER YOUR INITIAL BREAST CANCER SURGERY DID THE SWELLING FIRST OCCUR? (WEEKS)                                               |
| 276                         | blym_weeksnum_swellinglast | Num  | 8   | BEST.  |          | HOW LONG DID YOUR SWELLING LAST? (WEEKS)                                                                                              |
| 277                         | blym_whenswell_missing     | Char | 1   | \$1.   | \$1.     | MISSING RESPONSE TO THE FOLLOWING QUESTION: HOW SOON AFTER YOUR INITIAL SURGERY DID YOUR SWELLING FIRST OCCUR?                        |
| 278                         | blym_writing_distress      | Num  | 8   | BEST.  |          | HOW MUCH DOES/DID DIFFICULTY WRITING DISTRESS OR BOTHER YOU?                                                                          |
| 279                         | blym_writing_hand_curr     | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY WRITING IN MY HAND                                                                                  |
| 280                         | blym_writing_hand_prev     | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING IN MY HAND                                                                                |
| 281                         | blym_writing_lower_curr    | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY WRITING IN MY LOWER ARM                                                                             |
| 282                         | blym_writing_lower_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING IN MY LOWER ARM                                                                           |
| 283                         | blym_writing_no            | Num  | 8   | BEST.  |          | I HAVE NOT EXPERIENCED DIFFICULTY WRITING                                                                                             |
| 284                         | blym_writing_upper_curr    | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY WRITING IN MY UPPER ARM                                                                             |
| 285                         | blym_writing_upper_prev    | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING IN MY UPPER ARM                                                                           |

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| 286 | blym_writing_yes_curr | Num  | 8   | BEST.  |          | I CURRENTLY EXPERIENCE DIFFICULTY WRITING   |
| 287 | blym_writing_yes_prev | Num  | 8   | BEST.  |          | I PREVIOUSLY EXPERIENCED DIFFICULTY WRITING |