

# The SAS System

## The CONTENTS Procedure

| Variables in Creation Order |                 |      |     |        |          |                                                                                                       |
|-----------------------------|-----------------|------|-----|--------|----------|-------------------------------------------------------------------------------------------------------|
| #                           | Variable        | Type | Len | Format | Informat | Label                                                                                                 |
| 1                           | studyid         | Char | 5   | \$5.   | \$5.     | PATHWAYS PARTICIPANT STUDY IDENTIFICATION NUMBER                                                      |
| 2                           | bsm_a1          | Num  | 8   | BEST.  |          | HOW DIFFICULT IS IT FOR YOU TO TAKE TIME OFF WHEN YOU ARE SICK AND/OR NEED TO GET MEDICAL TREATMENTS? |
| 3                           | bsm_a2          | Num  | 8   | BEST.  |          | HOW DIFFICULT IS IT FOR YOU TO GET TO APPOINTMENTS DUE TO DISTANCE AND/OR LACK OF TRANSPORTATION?     |
| 4                           | bsm_a3          | Num  | 8   | BEST.  |          | DOES ANYONE AT HOME DEPEND ON YOU FOR CARE OR FOR HELP?                                               |
| 5                           | bsm_a4_child    | Num  | 8   | BEST.  |          | CHILDREN OR GRANDCHILDREN DEPEND ON ME FOR CARE OR HELP                                               |
| 6                           | bsm_a4_code     | Num  | 8   | BEST.  |          | SPECIFIED OTHER PERSON WHO DEPENDS ON ME FOR CARE OR HELP (CODE)                                      |
| 7                           | bsm_a4_dkna     | Num  | 8   | BEST.  |          | DONT KNOW/NOT APPLICABLE WHO DEPENDS ON ME FOR CARE OR HELP                                           |
| 8                           | bsm_a4_friend   | Num  | 8   | BEST.  |          | FRIENDS OR NEIGHBORS DEPEND ON ME FOR CARE OR HELP                                                    |
| 9                           | bsm_a4_other    | Num  | 8   | BEST.  |          | OTHER PERSON DEPENDS ON ME FOR CARE OR HELP                                                           |
| 10                          | bsm_a4_parent   | Num  | 8   | BEST.  |          | MOTHER OR FATHER OR BOTH DEPEND ON ME FOR CARE OR HELP                                                |
| 11                          | bsm_a4_partner  | Num  | 8   | BEST.  |          | HUSBAND OR PARTNER DEPENDS ON ME FOR CARE OR HELP                                                     |
| 12                          | bsm_a4_pets     | Num  | 8   | BEST.  |          | PETS DEPEND ON ME FOR CARE OR HELP                                                                    |
| 13                          | bsm_a4_refused  | Char | 1   | \$1.   | \$1.     | REFUSED TO STATE WHO DEPENDS ON ME FOR CARE OR HELP                                                   |
| 14                          | bsm_a4_relative | Num  | 8   | BEST.  |          | OTHER RELATIVES DEPEND ON ME FOR CARE OR HELP                                                         |
| 15                          | bsm_b1          | Num  | 8   | BEST.  |          | STATEMENT THAT BEST DESCRIBES YOUR FEELINGS ABOUT TREATMENT DECISIONS                                 |
| 16                          | bsm_c1          | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE A LACK OF ENERGY                                                           |
| 17                          | bsm_c2          | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE NAUSEA                                                                     |
| 18                          | bsm_c3          | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, BECAUSE OF MY PHYSICAL CONDITION, I HAVE TROUBLE MEETING THE NEEDS OF MY FAMILY   |
| 19                          | bsm_c4          | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE PAIN                                                                       |
| 20                          | bsm_c5          | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM BOTHERED BY SIDE EFFECTS OF TREATMENT                                        |

# The SAS System

## The CONTENTS Procedure

### Variables in Creation Order

| #  | Variable | Type | Len | Format | Informat | Label                                                                                             |
|----|----------|------|-----|--------|----------|---------------------------------------------------------------------------------------------------|
| 21 | bsm_c6   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL ILL                                                                    |
| 22 | bsm_c7   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM FORCED TO SPEND TIME IN BED                                              |
| 23 | bsm_c8   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, HOW MUCH WOULD YOU SAY YOUR PHYSICAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE? |
| 24 | bsm_c9   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL DISTANT FROM MY FRIENDS                                                |
| 25 | bsm_c10  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I GET EMOTIONAL SUPPORT FROM MY FAMILY                                        |
| 26 | bsm_c11  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I GET SUPPORT FROM MY FRIENDS AND NEIGHBORS                                   |
| 27 | bsm_c12  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, MY FAMILY HAS ACCEPTED MY ILLNESS                                             |
| 28 | bsm_c13  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, FAMILY COMMUNICATION ABOUT MY ILLNESS IS POOR                                 |
| 29 | bsm_c14  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL CLOSE TO MY PARTNER (OR THE PERSON WHO IS MY MAIN SUPPORT)             |
| 30 | bsm_c15  | Num  | 8   | BEST.  |          | HAVE YOU BEEN SEXUALLY ACTIVE IN THE PAST YEAR?                                                   |
| 31 | bsm_c16  | Num  | 8   | BEST.  |          | IF YOU WERE SEXUALLY ACTIVE IN THE PAST YEAR, WERE YOU SATISFIED WITH YOUR SEX LIFE?              |
| 32 | bsm_c17  | Num  | 8   | BEST.  |          | HOW MUCH WOULD YOU SAY YOUR SOCIAL/FAMILY WELL-BEING AFFECTS YOUR QUALITY OF LIFE?                |
| 33 | bsm_c18  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE CONFIDENCE IN MY DOCTOR(S)                                             |
| 34 | bsm_c19  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, MY DOCTOR IS AVAILABLE TO ANSWER MY QUESTIONS                                 |
| 35 | bsm_c20  | Num  | 8   | BEST.  |          | HOW MUCH WOULD YOU SAY YOUR RELATIONSHIP WITH YOUR DOCTOR AFFECTS YOUR QUALITY OF LIFE?           |
| 36 | bsm_c21  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL SAD                                                                    |
| 37 | bsm_c22  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM PROUD OF HOW I AM COPING WITH MY ILLNESS                                 |
| 38 | bsm_c23  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM LOSING HOPE IN THE FIGHT AGAINST MY ILLNESS                              |
| 39 | bsm_c24  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL NERVOUS                                                                |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                                 |
|-----------------------------|----------|------|-----|--------|----------|---------------------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                           |
| 40                          | bsm_c25  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I WORRY ABOUT DYING                                         |
| 41                          | bsm_c26  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I WORRY THAT MY CONDITION WILL GET WORSE                    |
| 42                          | bsm_c27  | Num  | 8   | BEST.  |          | HOW MUCH WOULD YOU SAY YOUR EMOTIONAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE?  |
| 43                          | bsm_c28  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM ABLE TO WORK (INCLUDING THE WORK AT HOME)              |
| 44                          | bsm_c29  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, MY WORK (INCLUDING WORK AT HOME) IS FULFILLING              |
| 45                          | bsm_c30  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM ABLE TO ENJOY LIFE                                     |
| 46                          | bsm_c31  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE ACCEPTED MY ILLNESS                                  |
| 47                          | bsm_c32  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM SLEEPING WELL                                          |
| 48                          | bsm_c33  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM ENJOYING THE THINGS I USUALLY DO FOR FUN               |
| 49                          | bsm_c34  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM CONTENT WITH THE QUALITY OF MY LIFE RIGHT NOW          |
| 50                          | bsm_c35  | Num  | 8   | BEST.  |          | HOW MUCH WOULD YOU SAY YOUR FUNCTIONAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE? |
| 51                          | bsm_c36  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE BEEN SHORT OF BREATH                                 |
| 52                          | bsm_c37  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM SELF-CONSCIOUS ABOUT THE WAY I DRESS                   |
| 53                          | bsm_c38  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, ONE OR BOTH OF MY ARMS ARE SWOLLEN OR TENDER                |
| 54                          | bsm_c39  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL SEXUALLY ATTRACTIVE                                  |
| 55                          | bsm_c40  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM BOTHERED BY HAIR LOSS                                  |
| 56                          | bsm_c41  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I WORRY ABOUT THE RISK OF CANCER IN OTHER FAMILY MEMBERS    |
| 57                          | bsm_c42  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I WORRY ABOUT THE EFFECT OF STRESS ON MY ILLNESS            |
| 58                          | bsm_c43  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM BOTHERED BY A CHANGE IN WEIGHT                         |
| 59                          | bsm_c44  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM ABLE TO FEEL LIKE A WOMAN                              |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                                                         |
|-----------------------------|----------|------|-----|--------|----------|---------------------------------------------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                                                   |
| 60                          | bsm_c45  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE FELT EMBARRASSED ABOUT HAVING BREAST CANCER                                  |
| 61                          | bsm_c46  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE FELT ASHAMED ABOUT MY CONDITION                                              |
| 62                          | bsm_c47  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE FELT STIGMATIZED ABOUT HAVING BREAST CANCER                                  |
| 63                          | bsm_c48  | Num  | 8   | BEST.  |          | HOW MUCH WOULD YOU SAY YOUR ADDITIONAL CONCERNS AFFECT YOUR QUALITY OF LIFE?                            |
| 64                          | bsm_d1   | Num  | 8   | BEST.  |          | I'M ALWAYS OPTIMISTIC ABOUT MY FUTURE                                                                   |
| 65                          | bsm_d2   | Num  | 8   | BEST.  |          | IN UNCERTAIN TIMES, I USUALLY EXPECT THE BEST                                                           |
| 66                          | bsm_d3   | Num  | 8   | BEST.  |          | I ALWAYS LOOK ON THE BRIGHT SIDE OF THINGS                                                              |
| 67                          | bsm_d4   | Num  | 8   | BEST.  |          | IF SOMETHING CAN GO WRONG FOR ME, IT WILL                                                               |
| 68                          | bsm_d5   | Num  | 8   | BEST.  |          | IT'S EASY FOR ME TO RELAX                                                                               |
| 69                          | bsm_d6   | Num  | 8   | BEST.  |          | I HARDLY EVER EXPECT THINGS TO GO MY WAY                                                                |
| 70                          | bsm_d7   | Num  | 8   | BEST.  |          | I ENJOY MY FRIENDS A LOT                                                                                |
| 71                          | bsm_d8   | Num  | 8   | BEST.  |          | IT'S IMPORTANT FOR ME TO KEEP BUSY                                                                      |
| 72                          | bsm_d9   | Num  | 8   | BEST.  |          | I RARELY COUNT ON GOOD THINGS HAPPENING TO ME                                                           |
| 73                          | bsm_d10  | Num  | 8   | BEST.  |          | I'M A BELIEVER IN THE IDEA THAT "EVERY CLOUD HAS A SILVER LINING"                                       |
| 74                          | bsm_d11  | Num  | 8   | BEST.  |          | I DON'T GET UPSET TOO EASILY                                                                            |
| 75                          | bsm_d12  | Num  | 8   | BEST.  |          | THINGS NEVER WORK OUT THE WAY I WANT THEM TO                                                            |
| 76                          | bsm_dt   | Num  | 8   | BEST.  |          | DATE QUESTIONNAIRE COMPLETED                                                                            |
| 77                          | bsm_e1   | Num  | 8   | BEST.  |          | ABOUT HOW MANY CLOSE FRIENDS AND CLOSE RELATIVES DO YOU HAVE?                                           |
| 78                          | bsm_e2   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE<br>SOMEONE YOU CAN COUNT ON TO LISTEN TO YOU WHEN YOU NEED TO TALK?    |
| 79                          | bsm_e3   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE<br>SOMEONE TO GIVE YOU INFORMATION TO HELP YOU UNDERSTAND A SITUATION? |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                                                                |
|-----------------------------|----------|------|-----|--------|----------|----------------------------------------------------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                                                          |
| 80                          | bsm_e4   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO GIVE YOU GOOD ADVICE ABOUT A CRISIS?                               |
| 81                          | bsm_e5   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO CONFIDE IN OR TALK TO ABOUT YOURSELF OR YOUR PROBLEMS?             |
| 82                          | bsm_e6   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHOSE ADVICE YOU REALLY WANT?                                         |
| 83                          | bsm_e7   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO SHARE YOUR MOST PRIVATE WORRIES AND FEARS WITH?                    |
| 84                          | bsm_e8   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO TURN TO FOR SUGGESTIONS ABOUT HOW TO DEAL WITH A PERSONAL PROBLEM? |
| 85                          | bsm_e9   | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHO UNDERSTANDS YOUR PROBLEMS?                                        |
| 86                          | bsm_e10  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO HELP YOU IF YOU WERE CONFINED TO BED?                              |
| 87                          | bsm_e11  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO TAKE YOU TO THE DOCTOR IF YOU NEEDED IT?                           |
| 88                          | bsm_e12  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO PREPARE YOUR MEALS IF YOU WERE UNABLE TO DO IT YOURSELF?           |
| 89                          | bsm_e13  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO HELP WITH DAILY CHORES IF YOU WERE SICK?                           |
| 90                          | bsm_e14  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHO SHOWS YOU LOVE AND AFFECTION?                                     |
| 91                          | bsm_e15  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO LOVE YOU AND MAKE YOU FEEL WANTED?                                 |
| 92                          | bsm_e16  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHO HUGS YOU?                                                         |
| 93                          | bsm_e17  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO HAVE A GOOD TIME WITH?                                             |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                                                                                  |
|-----------------------------|----------|------|-----|--------|----------|----------------------------------------------------------------------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                                                                            |
| 94                          | bsm_e18  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO GET TOGETHER WITH FOR RELAXATION?                                                    |
| 95                          | bsm_e19  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO DO SOMETHING ENJOYABLE WITH?                                                         |
| 96                          | bsm_e20  | Num  | 8   | BEST.  |          | HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO DO THINGS WITH TO HELP YOU GET YOUR MIND OFF THINGS?                                 |
| 97                          | bsm_f1   | Num  | 8   | BEST.  |          | HOW OFTEN DO YOU HAVE PROBLEMS LEARNING ABOUT YOUR MEDICAL CONDITION BECAUSE OF DIFFICULTY UNDERSTANDING WRITTEN INFORMATION?    |
| 98                          | bsm_f2   | Num  | 8   | BEST.  |          | HOW OFTEN ARE YOU CONFIDENT FILLING OUT MEDICAL FORMS BY YOURSELF?                                                               |
| 99                          | bsm_f3   | Num  | 8   | BEST.  |          | HOW OFTEN DO YOU HAVE SOMEONE HELP YOU READ HOSPITAL MATERIALS?                                                                  |
| 100                         | bsm_f4   | Num  | 8   | BEST.  |          | OVERALL, HOW WOULD YOU RATE YOUR CURRENT UNDERSTANDING OF BREAST CANCER AND ITS TREATMENT?                                       |
| 101                         | bsm_g1   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS SPEAK TOO FAST?                                                                   |
| 102                         | bsm_g2   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS USE WORDS THAT WERE HARD TO UNDERSTAND?                                           |
| 103                         | bsm_g3   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS REALLY FIND OUT WHAT YOUR CONCERNS WERE?                                          |
| 104                         | bsm_g4   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS LET YOU SAY WHAT YOU THOUGHT WAS IMPORTANT?                                       |
| 105                         | bsm_g5   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS TAKE YOUR HEALTH CONCERNS VERY SERIOUSLY?                                         |
| 106                         | bsm_g6   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS EXPLAIN YOUR TEST RESULTS SUCH AS BLOOD TESTS, X-RAYS, OR CANCER SCREENING TESTS? |
| 107                         | bsm_g7   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS CLEARLY EXPLAIN THE RESULTS OF YOUR PHYSICAL EXAM?                                |
| 108                         | bsm_g8   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID YOU AND YOUR DOCTOR(S) WORK OUT A TREATMENT PLAN TOGETHER?                                |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                                                                                      |
|-----------------------------|----------|------|-----|--------|----------|--------------------------------------------------------------------------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                                                                                |
| 109                         | bsm_g9   | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, IF THERE WERE TREATMENT CHOICES, HOW OFTEN DID DOCTORS ASK IF YOU WOULD LIKE TO HELP DECIDE YOUR TREATMENT? |
| 110                         | bsm_g10  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN WERE DOCTORS CONCERNED ABOUT YOUR FEELINGS?                                                       |
| 111                         | bsm_g11  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS REALLY RESPECT YOU AS A PERSON?                                                       |
| 112                         | bsm_g12  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS TREAT YOU AS AN EQUAL?                                                                |
| 113                         | bsm_g13  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS PAY LESS ATTENTION TO YOU BECAUSE OF YOUR RACE OR ETHNICITY?                          |
| 114                         | bsm_g14  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID YOU FEEL DISCRIMINATED AGAINST BY DOCTORS BECAUSE OF YOUR RACE OR ETHNICITY?                  |
| 115                         | bsm_g15  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN WAS THE OFFICE STAFF RUDE TO YOU?                                                                 |
| 116                         | bsm_g16  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID THE OFFICE STAFF TALK DOWN TO YOU?                                                            |
| 117                         | bsm_g17  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID THE OFFICE STAFF GIVE YOU A HARD TIME?                                                        |
| 118                         | bsm_g18  | Num  | 8   | BEST.  |          | OVER THE PAST 12 MONTHS, HOW OFTEN DID THE OFFICE STAFF HAVE A NEGATIVE ATTITUDE TOWARD YOU?                                         |
| 119                         | bsm_h1   | Num  | 8   | BEST.  |          | MY DOCTOR CARES MORE ABOUT HOLDING DOWN COSTS THAN ABOUT DOING WHAT IS NEEDED FOR MY HEALTH                                          |
| 120                         | bsm_h2   | Num  | 8   | BEST.  |          | ALL THINGS CONSIDERED, HOW MUCH DO YOU TRUST YOUR DOCTOR?                                                                            |
| 121                         | bsm_i1   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I WAS BOTHERED BY THINGS THAT USUALLY DON'T BOTHER ME                                                            |
| 122                         | bsm_i2   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I DID NOT FEEL LIKE EATING; MY APPETITE WAS POOR                                                                 |
| 123                         | bsm_i3   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT THAT I COULD NOT SHAKE OFF THE BLUES EVEN WITH HELP FROM MY FAMILY OR FRIENDS                             |
| 124                         | bsm_i4   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT THAT I WAS JUST AS GOOD AS OTHER PEOPLE                                                                   |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                       |
|-----------------------------|----------|------|-----|--------|----------|-----------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                 |
| 125                         | bsm_i5   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAD TROUBLE KEEPING MY MIND ON WHAT I WAS DOING |
| 126                         | bsm_i6   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT DEPRESSED                                  |
| 127                         | bsm_i7   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT THAT EVERYTHING I DID WAS AN EFFORT        |
| 128                         | bsm_i8   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT HOPEFUL ABOUT THE FUTURE                   |
| 129                         | bsm_i9   | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I THOUGHT MY LIFE HAD BEEN A FAILURE              |
| 130                         | bsm_i10  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT FEARFUL                                    |
| 131                         | bsm_i11  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, MY SLEEP WAS RESTLESS                             |
| 132                         | bsm_i12  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I WAS HAPPY                                       |
| 133                         | bsm_i13  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I TALKED LESS THAN USUAL                          |
| 134                         | bsm_i14  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT LONELY                                     |
| 135                         | bsm_i15  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, PEOPLE WERE UNFRIENDLY                            |
| 136                         | bsm_i16  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I ENJOYED LIFE                                    |
| 137                         | bsm_i17  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAD CRYING SPELLS                               |
| 138                         | bsm_i18  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT SAD                                        |
| 139                         | bsm_i19  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FELT THAT PEOPLE DISLIKED ME                    |
| 140                         | bsm_i20  | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I COULD NOT GET GOING                             |
| 141                         | bsm_j1   | Num  | 8   | BEST.  |          | HOW MUCH DID HEALTH STRESS YOU IN THE PAST 7 DAYS?                    |
| 142                         | bsm_j2   | Num  | 8   | BEST.  |          | HOW MUCH DID MONEY STRESS YOU IN THE PAST 7 DAYS?                     |
| 143                         | bsm_j3   | Num  | 8   | BEST.  |          | HOW MUCH DID YOUR JOB STRESS YOU IN THE PAST 7 DAYS?                  |
| 144                         | bsm_j4   | Num  | 8   | BEST.  |          | HOW MUCH DID FAMILY OR MARRIAGE STRESS YOU IN THE PAST 7 DAYS?        |
| 145                         | bsm_j5   | Num  | 8   | BEST.  |          | HOW MUCH DID OTHER PEOPLE STRESS YOU IN THE PAST 7 DAYS?              |

# The SAS System

## The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                                                                                                                                                                  |
|-----------------------------|----------|------|-----|--------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                                                                                                                                                            |
| 146                         | bsm_j6   | Num  | 8   | BEST.  |          | HOW MUCH DID CHILDREN STRESS YOU IN THE PAST 7 DAYS?                                                                                                                                                             |
| 147                         | bsm_j7   | Num  | 8   | BEST.  |          | HOW MUCH DID CRIME STRESS YOU IN THE PAST 7 DAYS?                                                                                                                                                                |
| 148                         | bsm_j8   | Num  | 8   | BEST.  |          | HOW MUCH DID POLICE STRESS YOU IN THE PAST 7 DAYS?                                                                                                                                                               |
| 149                         | bsm_j9   | Num  | 8   | BEST.  |          | HOW MUCH DID YOUR LOVE LIFE STRESS YOU IN THE PAST 7 DAYS?                                                                                                                                                       |
| 150                         | bsm_j10  | Num  | 8   | BEST.  |          | HOW MUCH DID RACIAL CONFLICT STRESS YOU IN THE PAST 7 DAYS?                                                                                                                                                      |
| 151                         | bsm_k1   | Num  | 8   | BEST.  |          | IF YOU FEEL YOU HAVE BEEN TREATED UNFAIRLY, WHAT DO YOU USUALLY DO?                                                                                                                                              |
| 152                         | bsm_k2   | Num  | 8   | BEST.  |          | IF YOU HAVE BEEN TREATED UNFAIRLY, WHAT DO YOU USUALLY DO?                                                                                                                                                       |
| 153                         | bsm_k3   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT SCHOOL?                                     |
| 154                         | bsm_k3_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT SCHOOL?                           |
| 155                         | bsm_k4   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HIRED OR GETTING A JOB?           |
| 156                         | bsm_k4_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HIRED OR GETTING A JOB? |
| 157                         | bsm_k5   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT WORK?                                       |
| 158                         | bsm_k5_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT WORK?                             |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |          |      |     |        |          |                                                                                                                                                                                                                             |
|-----------------------------|----------|------|-----|--------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #                           | Variable | Type | Len | Format | Informat | Label                                                                                                                                                                                                                       |
| 159                         | bsm_k6   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HOUSING?                                     |
| 160                         | bsm_k6_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HOUSING?                           |
| 161                         | bsm_k7   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING MEDICAL CARE?                                |
| 162                         | bsm_k7_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING MEDICAL CARE?                      |
| 163                         | bsm_k8   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING SERVICE IN A STORE OR RESTAURANT?            |
| 164                         | bsm_k8_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING SERVICE IN A STORE OR RESTAURANT?  |
| 165                         | bsm_k9   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING CREDIT, BANK LOANS, OR A MORTGAGE?           |
| 166                         | bsm_k9_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING CREDIT, BANK LOANS, OR A MORTGAGE? |
| 167                         | bsm_k10  | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN ON THE STREET OR IN A PUBLIC SETTING?                |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |           |      |     |        |          |                                                                                                                                                                                                                                                               |
|-----------------------------|-----------|------|-----|--------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #                           | Variable  | Type | Len | Format | Informat | Label                                                                                                                                                                                                                                                         |
| 168                         | bsm_k10_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN ON THE STREET OR IN A PUBLIC SETTING?                                        |
| 169                         | bsm_k11   | Num  | 8   | BEST.  |          | HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR FROM THE POLICE OR IN THE COURTS?                                                           |
| 170                         | bsm_k11_a | Num  | 8   | BEST.  |          | HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR FROM THE POLICE OR IN THE COURTS?                                                 |
| 171                         | bsm_k12   | Num  | 8   | BEST.  |          | IN THE PAST 12 MONTHS, WERE YOU PHYSICALLY ABUSED BY BEING HIT, SLAPPED, PUSHED, SHOVED, OR PUNCHED BY A CURRENT OR FORMER SPOUSE OR INTIMATE PARTNER?                                                                                                        |
| 172                         | bsm_k13   | Num  | 8   | BEST.  |          | IN THE PAST 12 MONTHS, WERE YOU VERBALLY ABUSED BY BEING MADE FUN OF, SEVERELY CRITICIZED, TOLD YOU WERE A STUPID OR WORTHLESS PERSON, OR THREATENED WITH HARM TO YOURSELF, YOUR POSSESSIONS, OR YOUR PETS BY A CURRENT OR FORMER SPOUSE OR INTIMATE PARTNER? |
| 173                         | bsm_l1    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE NUMBNESS OR TINGLING IN MY HANDS                                                                                                                                                                                                   |
| 174                         | bsm_l2    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE NUMBNESS OR TINGLING IN MY FEET                                                                                                                                                                                                    |
| 175                         | bsm_l3    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL DISCOMFORT IN MY HANDS                                                                                                                                                                                                             |
| 176                         | bsm_l4    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL DISCOMFORT IN MY FEET                                                                                                                                                                                                              |
| 177                         | bsm_l5    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE JOINT PAIN OR MUSCLE CRAMPS                                                                                                                                                                                                        |
| 178                         | bsm_l6    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL WEAK ALL OVER                                                                                                                                                                                                                      |
| 179                         | bsm_l7    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE TROUBLE HEARING                                                                                                                                                                                                                    |
| 180                         | bsm_l8    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I GET A RINGING OR BUZZING IN MY EARS                                                                                                                                                                                                     |
| 181                         | bsm_l9    | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE TROUBLE BUTTONING BUTTONS                                                                                                                                                                                                          |

## The SAS System

### The CONTENTS Procedure

| Variables in Creation Order |               |      |     |        |          |                                                                                                |
|-----------------------------|---------------|------|-----|--------|----------|------------------------------------------------------------------------------------------------|
| #                           | Variable      | Type | Len | Format | Informat | Label                                                                                          |
| 182                         | bsm_l10       | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE TROUBLE FEELING THE SHAPE OF SMALL OBJECTS WHEN THEY ARE IN MY HAND |
| 183                         | bsm_l11       | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE TROUBLE WALKING                                                     |
| 184                         | bsm_l12       | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I FEEL BLOATED                                                             |
| 185                         | bsm_l13       | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, MY HANDS ARE SWOLLEN                                                       |
| 186                         | bsm_l14       | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, MY LEGS OR FEET ARE SWOLLEN                                                |
| 187                         | bsm_l15       | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I HAVE PAIN IN MY FINGERTIPS                                               |
| 188                         | bsm_l16       | Num  | 8   | BEST.  |          | IN THE PAST 7 DAYS, I AM BOTHERED BY THE WAY MY HANDS OR NAILS LOOK                            |
| 189                         | bsm_questlang | Num  | 8   | BEST.  |          | QUESTIONNAIRE LANGUAGE                                                                         |
| 190                         | bsm_selfad    | Num  | 8   | BEST.  |          | QUESTIONNAIRE SELF-ADMINISTERED                                                                |
| 191                         | bsm_smpart1   | Num  | 8   | BEST.  |          | QUESTIONNAIRE PART 1 COMPLETED                                                                 |
| 192                         | bsm_smpart2   | Num  | 8   | BEST.  |          | QUESTIONNAIRE PART 2 COMPLETED                                                                 |