

Air Manganese Study- Air Manganese and Medication Data

Alphabetic List of Variables

#	Variable	Type	Len	Label
36	ADL	Num	3	Number of ADL symptoms (UPDRS-related)
17	AERMOD_2014	Num	8	Modeling Mn/Air adjusted by WCC (Marietta) and Maryland Ave. (EI) monitor average 2003-2013
16	AIR_conc	Num	8	Marietta Concentration of Mn/Air from modeling in 2001; EL: average of 2000 and 2003-2011 from modeling
206	Acarbose	Num	3	Acarbose (Precose)
393	Acetam_Di	Num	3	Takes Acetaminophen
207	Acetaminoph	Num	3	Acetaminophen (Tylenol etc.)
208	Actos	Num	3	Actos
209	Acyclovir	Num	3	Acyclovir
210	Adderall	Num	3	Adderall
211	Advair	Num	3	Advair
212	Albuterol	Num	3	Albuterol
22	Alcohol_Dich	Num	3	Drink alcoholic beverages No/Yes
213	Alendronate	Num	3	Alendronate (Fosamax)
214	Allopurinol	Num	3	Allopurinol
215	Alphagan	Num	3	Alphagan
216	Alprazolam	Num	3	Alprazolam
217	Amiloride	Num	3	Amiloride
218	Amitriptyline	Num	3	Amitriptyline
219	Amlodipine	Num	3	Amlodipine
220	Amoxicillin	Num	3	Amoxicillin
197	AnxDep_Illness	Num	3	Number of Anxiety/Depression illnesses
185	Anx_Dep_Sym	Num	3	Number of Anxiety AND Depression Symptoms
183	Anx_Sym	Num	3	Number of anxiety symptoms
221	Aripiprazole	Num	3	Aripiprazole
222	Aspirin	Num	3	Aspirin (Low Dose)
223	Atenolol	Num	3	Atenolol
224	Atorvastatin	Num	3	Atorvastatin
225	Azelastine	Num	3	Azelastine (Astelin)

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#	Variable	Type	Len	Label
18	BIO_bloodMn	Num	8	Blood Mn (ug/L)
25	BMI	Num	8	Body mass index
194	BP_Illness	Num	3	Number of Blood Pressure Illnesses
178	BP_Sym	Num	3	Number of blood pressure symptoms
370	BP_di	Num	3	Blood Pressure Meds (Yes/No)
35	BRFSS_DaysBoth	Num	3	BRFSS Days Physical or Mental Health
34	BRFSS_DaysMental	Num	3	BRFSS Days Mental Health
33	BRFSS_DaysPhys	Num	3	BRFSS Days Physical Health
32	BRFSS_GenHealth	Num	3	BRFSS General Health (0-4)
226	Benazepril	Num	3	Benazepril
227	Bupropion	Num	3	Bupropion
228	Buspirone	Num	3	Buspirone (Buspar)
388	Cancer	Num	3	Cancer Illness
389	CancerDx	Num	3	Has cancer diagnosis (1=yes)
229	Captopril	Num	3	Captopril
195	Card_Illness	Num	3	Number of Cardiac Illnesses
179	Card_Sym	Num	3	Number of cardiac symptoms
205	Cardiovasc_Illness	Num	3	Number of Cardiovascular Illnesses
204	Cardiovasc_Sym	Num	3	Number of Cardiovascular Symptoms
230	Celecoxib	Num	3	Celecoxib (Celebrex)
231	Cetirizine	Num	3	Cetirizine (Zyrtec)
232	Chlorazepate	Num	3	Chlorazepate
233	Chlorzoxazone	Num	3	Chlorzoxazone
234	Ciclosporin	Num	3	Ciclosporin (Neoral)
235	Citalopram	Num	3	Citalopram
236	Clindamycin	Num	3	Clindamycin
237	Clonazepam	Num	3	Clonazepam (Klonopin)
238	Clopidogrel	Num	3	Clopidogrel
239	Colesevelam	Num	3	Colesevelam (Welchol)
240	Cyclobenzaprine	Num	3	Cyclobenzaprine (Flexeril)

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#	Variable	Type	Len	Label
31	DEMO_income_household	Num	3	household annual income
29	DEMO_income_personal	Num	3	personal annual income
241	Darvocet	Num	3	Darvocet
184	Dep_Sym	Num	3	Number of depression symptoms
242	Dexilant	Num	3	Dexilant
196	Diab_Illness	Num	3	Number of diabetes illnesses
181	Diab_Sym	Num	3	Number of diabetis symptoms
6	Dichotomous_Exposure	Num	3	Mt Vernon vs. Marietta and EL
243	Diltiazem	Num	3	Diltiazem
244	Diphenhydramine	Num	3	Diphenhydramine (Benadryl)
387	Disability_Type	Num	3	Disability Type (not employed)
245	Doxycycline	Num	3	Doxycycline
246	Duloxetine	Num	3	Duloxetine
7	EL_prelim_exposuregroup	Num	3	East Liverpool location1
8	EL_prelim_exposuregroup2	Num	3	East Liverpool location2
247	Elmiron	Num	3	Elmiron
248	Enalapril	Num	3	Enalapril
182	Endocrine_Sym	Num	3	Number of endocrine symptoms
249	Escitalopram	Num	3	Escitalopram
250	Esomeprazole	Num	3	Esomeprazole
251	Estradiol	Num	3	Estradiol
252	Etodolac	Num	3	Etodolac
253	Evista	Num	3	Evista
254	Excedrin	Num	3	Excedrin
255	Ezetimibe	Num	3	Ezetimibe
256	Fenofibrate	Num	3	Fenofibrate
257	Fexofenadine	Num	3	Fexofenadine
258	Finasteride	Num	3	Finasteride
259	Fioricet	Num	3	Fioricet
261	Fluoxetine	Num	3	Fluoxetine

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#	Variable	Type	Len	Label
260	Fluticasone_Propionate	Num	3	Fluticasone_Propionate
4	FollowUp_3030	Num	3	Highest and Lowest 30 from Exposed towns
3	FollowUp_33_fromEach	Num	3	33 highest exposed participants from each town
5	FollowUp_40and25	Num	3	40 highest exposed from EL and 25 highest exposed from Marietta
262	Furosemide	Num	3	Furosemide (Lasix)
386	GAD	Num	8	SCL90R: Generalized Anxiety
186	GI_Sym	Num	3	Number of gastro-intestinal Symptoms
374	GI_di	Num	3	Gastro-Intestinal Meds (Yes/No)
263	Gabapentin	Num	3	Gabapentin
264	Gemfibrozil	Num	3	Gemfibrozil
265	Glimipiride	Num	3	Glimipiride
266	Glipizide	Num	3	Glipizide
267	Glyburide	Num	3	Glyburide
114	HQIII_10_A	Num	3	Had high blood pressure No/Yes
115	HQIII_11_A	Num	3	Had heart trouble No/Yes
116	HQIII_12_A	Num	3	Had a heart attack No/Yes
117	HQIII_13_A	Num	3	Had chest pain with exertion No/Yes
118	HQIII_14_A	Num	3	Had heart valve disease No/Yes
119	HQIII_15_A	Num	3	Had bone/joint cancer No/Yes
120	HQIII_16_A	Num	3	Had brain cancer No/Yes
121	HQIII_17_A	Num	3	Had breast cancer No/Yes
122	HQIII_18_A	Num	3	Had esophageal cancer No/Yes
123	HQIII_19_A	Num	3	Had kidney or bladder cancer No/Yes
105	HQIII_1_A	Num	3	Acute bronchitis No/Yes
124	HQIII_21_A	Num	3	Had Lymphoma No/Yes
125	HQIII_22_A	Num	3	Had lung cancer No/Yes
126	HQIII_24_A	Num	3	Had male/female sex organ cancer No/Yes
127	HQIII_25_A	Num	3	Had mouth or throat cancer No/Yes
128	HQIII_27_A	Num	3	Had skin cancer No/Yes
129	HQIII_28_A	Num	3	Had thyroid cancer No/Yes

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#	Variable	Type	Len	Label
130	HQIII_29_A	Num	3	Had cataracts No/Yes
106	HQIII_2_A	Num	3	Had Pleurisy No/Yes
131	HQIII_30_A	Num	3	Had glaucoma No/Yes
132	HQIII_31_A	Num	3	Had other eye problems not related to glasses or contacts
133	HQIII_32_A	Num	3	Had anemia No/Yes
134	HQIII_33_A	Num	3	Had psychiatric or nervous disorder No/Yes
135	HQIII_34_A	Num	3	Had seizure disorder No/Yes
136	HQIII_35_A	Num	3	Had diabetes No/Yes
137	HQIII_36_A	Num	3	Had liver disease No/Yes
138	HQIII_37_A	Num	3	Had allergies No/Yes
139	HQIII_38_A	Num	3	Had skin rashes No/Yes
140	HQIII_39_A	Num	3	Had diseases of the bones, joints or muscles No/Yes
107	HQIII_3_A	Num	3	Had tuberculosis No/Yes
141	HQIII_40_A	Num	3	Had kidney problems/infection No/Yes
142	HQIII_41_A	Num	3	Had bladder infection No/Yes
143	HQIII_42_A	Num	3	Had cold sores or mouth ulcers No/Yes
144	HQIII_43_A	Num	3	Had blood in urine No/Yes
145	HQIII_44_A	Num	3	Had thyroid disease No/Yes
146	HQIII_45_A	Num	3	Had a head injury No/Yes
147	HQIII_46_A	Num	3	Had asbestosis No/Yes
148	HQIII_47_A	Num	3	Had rheumatic fever No/Yes
149	HQIII_48_A	Num	3	Had fainting spells
150	HQIII_49_A	Num	3	Had sinusitis No/Yes
108	HQIII_4_A	Num	3	Had chest injury No/Yes
151	HQIII_50_A	Num	3	Had back or spine problems No/Yes
152	HQIII_51_A	Num	3	Had swollen lymph nodes No/Yes
153	HQIII_59_A	Num	3	Had autoimmune disease such as Lupus, rheumatoid arth.
109	HQIII_5_A	Num	3	Had pneumonia No/Yes
154	HQIII_60_A	Num	3	Had a tremor disorder No/Yes
155	HQIII_62_A	Num	3	Had other major illness No/Yes

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#	Variable	Type	Len	Label
156	HQIII_63_A	Num	3	Hospitalization in last five years No/Yes
110	HQIII_6_A	Num	3	Had chronic bronchitis No/Yes
111	HQIII_7_A	Num	3	Had emphysema No/Yes
112	HQIII_8_A	Num	3	had athsma
113	HQIII_9_A	Num	3	Had hay fever No/Yes
46	HQII_10_A	Num	3	Problems with blurred vision No/Yes
47	HQII_11_A	Num	3	Changes in handwriting No/Yes
48	HQII_12_A	Num	3	Changes in sense of smell No/Yes
49	HQII_13_A	Num	3	Changes in sense of taste No/Yes
50	HQII_14_A	Num	3	Changes in walking No/Yes
51	HQII_15_A	Num	3	Confusion or feeling lost No/Yes
52	HQII_16_A	Num	3	Coughing No/Yes
53	HQII_17_A	Num	3	Cramping in legs No/Yes
54	HQII_18_A	Num	3	Dark Vision No/Yes
55	HQII_19_A	Num	3	having diarrhea No/Yes
37	HQII_1_A	Num	3	Problems sleeping Yes/No
56	HQII_20_A	Num	3	Problems with dim vision No/Yes
57	HQII_21_A	Num	3	Difficulty chewing No/Yes
58	HQII_22_A	Num	3	Difficulty concentrating No/Yes
59	HQII_23_A	Num	3	Difficulty driving because of dizziness No/Yes
60	HQII_24_A	Num	3	Difficulty getting out of chairs No/Yes
61	HQII_25_A	Num	3	Difficulty sitting up straight No/Yes
62	HQII_26_A	Num	3	Difficulty turning in bed No/Yes
63	HQII_27_A	Num	3	Difficulty with skilled movements No/Yes
64	HQII_28_A	Num	3	Difficulty writing No/Yes
65	HQII_29_A	Num	3	Excessive perspiration No/Yes
38	HQII_2_A	Num	3	Problems falling asleep No/Yes
66	HQII_30_A	Num	3	Excessive salivation No/Yes
67	HQII_31_A	Num	3	Changes in facial expression No/Yes
68	HQII_32_A	Num	3	tightness of facial muscle No/Yes

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#	Variable	Type	Len	Label
69	HQII_33_A	Num	3	Feeling anxious No/Yes
70	HQII_34_A	Num	3	Feeling depressed No/Yes
71	HQII_35_A	Num	3	Feeling irritable No/Yes
72	HQII_36_A	Num	3	Feeling lightheaded or dizzy No/Yes
73	HQII_37_A	Num	3	Fever or chills No/Yes
74	HQII_38_A	Num	3	Hand or foot tapping No/Yes
75	HQII_39_A	Num	3	Headaches at least twice a week No/Yes
39	HQII_3_A	Num	3	Problems waking up too often No/Yes
76	HQII_40_A	Num	3	Joint pain or swelling No/Yes
77	HQII_41_A	Num	3	Loss of consciousness (fainting) No/Yes
78	HQII_42_A	Num	3	Loss of coordination of balance No/Yes
79	HQII_43_A	Num	3	Loss of muscle strength in arms/hands No/Yes
80	HQII_44_A	Num	3	Loss of muscle strength in legs/feet No/Yes
81	HQII_45_A	Num	3	Loss of sense of smell No/Yes
82	HQII_46_A	Num	3	Lower tolerance of alcohol No/Yes
83	HQII_47_A	Num	3	Metallic taste in mouth No/Yes
84	HQII_48_A	Num	3	Migraine headaches No/Yes
85	HQII_49_A	Num	3	Monotonous voice No/Yes
40	HQII_4_A	Num	3	Problems waking up too early No/Yes
86	HQII_50_A	Num	3	Muscle aches No/Yes
87	HQII_51_A	Num	3	Muscles twitching No/Yes
88	HQII_52_A	Num	3	Muscle rigidity No/Yes
89	HQII_53_A	Num	3	Nausea not caused by something eaten No/Yes
90	HQII_54_A	Num	3	Noticable change in personality No/Yes
91	HQII_55_A	Num	3	Numbness/tingling in fingers/feet for more than a day No/Yes
92	HQII_56_A	Num	3	Sexual dysfunction No/Yes
93	HQII_57_A	Num	3	Shortness of breath on exertion No/Yes
94	HQII_58_A	Num	3	Skin rashes No/Yes
95	HQII_59_A	Num	3	Slowness of movement No/Yes
41	HQII_5_A	Num	3	Problems with nightmares No/Yes

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#	Variable	Type	Len	Label
96	HQII_60_A	Num	3	Slurred speech No/Yes
97	HQII_61_A	Num	3	Stomach cramps or stomach pain No/Yes
98	HQII_62_A	Num	3	Tremors or shakiness (temporary) No/Yes
99	HQII_63_A	Num	3	Tremors or shakiness (long term) No/Yes
100	HQII_64_A	Num	3	Trouble remembering things No/Yes
101	HQII_65_A	Num	3	Urinary or bowel incontinence No/Yes
102	HQII_66_A	Num	3	Problems with vomiting No/Yes
103	HQII_67_A	Num	3	Wheezing or whistling in chest No/Yes
104	HQII_68_A	Num	3	Weight fluctuations No/Yes
42	HQII_6_A	Num	3	Problems with night sweats No/Yes
43	HQII_7_A	Num	3	Difficulty waking up in the morning No/Yes
44	HQII_8_A	Num	3	Difficulty staying awake during the day No/Yes
45	HQII_9_A	Num	3	Problems with muscle cramps No/Yes
170	HQVII_15	Num	3	Currently have health insurance
171	HQVII_18	Num	3	Number of doctor visits in last 12 months
174	HQVII_21	Num	3	Number of persons in household supported by that income
172	HQVII_16_B	Char	24	Description of other type of health insurance
173	HQVII_16_C	Char	34	Name of other type of health insurance
166	HQV_6	Num	8	Approximate number of sick days in last 2 years
167	HQV_36	Num	8	Average number of hours sleeping per night
157	HQV_1_A1	Num	3	Employed full time
158	HQV_1_A2	Num	3	Unemployed
159	HQV_1_A3	Num	3	Full-Time Student
160	HQV_1_A4	Num	3	Retired
161	HQV_1_A5	Num	3	Employed part-time
162	HQV_1_A6	Num	3	Homemaker
163	HQV_1_A7	Num	3	Part-time student
164	HQV_1_A8	Num	3	Disabled
165	HQV_1_A9	Num	3	Other
169	HQV_37_A	Num	3	Major life event in last 12 months No/Yes

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#	Variable	Type	Len	Label
390	HeadMigraine_Meds	Num	3	Number of headache/migrane medications
391	HeadacheMigraine_Meds	Num	3	Use headache/migraine medication (Yes/No)
168	Hours_Slept	Num	3	Number of Hours Slept/Night
268	Hydrochlorothiazide	Num	3	Hydrochlorothiazide
269	Hydrocodone	Num	3	Hydrocodone
198	HypoT_Illness	Num	3	Number of Hypothyroid Illnesses
189	HypoT_Sym	Num	3	Number of Hypothyroidism Symptoms
394	Ibu_Di	Num	3	Takes Ibuprofen
270	Ibuprofen	Num	3	Ibuprofen
201	Illness_Total	Num	3	Total Number of Illnesses
271	Indapamide	Num	3	Indapamide
272	Indometacin	Num	3	Indometacin
26	InsType	Num	3	Type of current health insurnace
27	InsType_Dich	Num	3	Insurance Type Dichotomous
273	Insulin	Num	3	Insulin
274	Ipratropium	Num	3	Ipratropium
275	Isosorbide_mononitrate	Num	3	Isosorbide_mononitrate
276	Lamigan	Num	3	Lamigan
277	Lamotrigine	Num	3	Lamotrigine (Lamictal)
278	Letrozole	Num	3	Letrozole
279	Leuprorelin	Num	3	Leuprorelin
280	Levofloxacin	Num	3	Levofloxacin
281	Levothyroxine	Num	3	Levothyroxine
282	Liraglutide	Num	3	Liraglutide (Victoza)
283	Lisinopril	Num	3	Lisinopril
395	LogAERMOD	Num	8	Log-tranformed aermmod
284	Loratadine	Num	3	Loratadine
285	Lorazepam	Num	3	Lorazepam
286	Losartan	Num	3	Losartan
287	Lovastatin	Num	3	Lovastatin

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#	Variable	Type	Len	Label
288	Macrobid	Num	3	Macrobid
14	Med_List	Num	3	Medication List Type
289	Melatonin	Num	3	Melatonin
290	Meloxicam	Num	3	Meloxicam
180	Mem_Conc	Num	3	Number of Memory and concentration symptoms
291	Metformin	Num	3	Metformin
292	Methotrexate	Num	3	Methotrexate (Trexall)
293	Metoclopramide	Num	3	Metoclopramide (Reglan)
294	Metoprolol	Num	3	Metoprolol
295	Minocycline	Num	3	Minocycline
296	Mirtazapine	Num	3	Mirtazapine
175	Miscarriages	Char	12	How many Miscarriages/stillbirths?
297	Montelukast	Num	3	Montelukast (Singulair)
191	Motor_Sym	Num	3	Number of Motor Symptoms
298	Moxicin	Num	3	Moxicin
299	Nabumetone	Num	3	Nabumetone
300	Nadolol	Num	3	Nadolol
301	Naproxen	Num	3	Naproxen
302	Nifedipine	Num	3	Nifedipine
303	Nitroglycerin	Num	3	Nitroglycerin
203	No_CardioV	Num	3	Number of Cardiovascular Medications
304	Nortriptyline	Num	3	Nortriptyline
382	Num_Presc_Meds	Num	3	Total Number of Prescribed Meds
23	Number_Cig	Num	8	Number of cigarettes per day
305	Olmesartan_medoxomil	Num	3	Olmesartan_medoxomil (Benicar)
306	Olopatadine	Num	3	Olopatadine
307	Omeprazole	Num	3	Omeprazole
308	Oxaprozin	Num	3	Oxaprozin
187	Pain_Sym	Num	3	Number of Pain Symptoms
309	Paroxetine	Num	3	Paroxetine

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310	Pentoxifylline	Num	3	Pentoxifylline
30	Personal_Income	Num	3	Personal annual Income
311	Potassium_chloride	Num	3	Potassium_chloride
312	Prednisone	Num	3	Prednisone
313	Prevastatin	Num	3	Prevastatin
314	Propanolol	Num	3	Propanolol
315	Quinapril	Num	3	Quinapril
318	Raloxifene	Num	3	Raloxifene (Evista)
316	Ramipril	Num	3	Ramipril
317	Ranitidine	Num	3	Ranitidine
193	Resp_Illness	Num	3	Number of Respiratory Illnesses
177	Resp_Sym	Num	3	Number of respiratory symptoms
319	Rosiglitazone	Num	3	Rosiglitazone
320	Rosuvastatin	Num	3	Rosuvastatin
321	Sertraline	Num	3	Sertraline (Zoloft)
192	Sexual_Dys	Num	3	Sexual dysfunction No/Yes
322	Simvastatin	Num	3	Simvastatin (Zocor)
323	Sitagliptin	Num	3	Sitagliptin
188	Sleep_Sym	Num	3	Number of Sleep Symptoms
24	Smoke_Dich	Num	3	Currently smoke No/Yes
324	Spiriva	Num	3	Spiriva
325	Sulfasalazine	Num	3	Sulfasalazine (Azulfidine)
326	Sumatriptan	Num	3	Sumatriptan
200	Sym_Total	Num	3	Total Number of Symptoms
327	Symbicort	Num	3	Symbicort
381	Taking_Meds	Num	3	Taking Medication (Yes/No)
328	Tamoxifen	Num	3	Tamoxifen
329	Tamsulosin	Num	3	Tamsulosin (Flomax)
330	Telmisartan	Num	3	Telmisartan (Micardis)
331	Terazosin	Num	3	Terazosin

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332	Terbinafine	Num	3	Terbinafine (Lamisil)
333	Teriparatide	Num	3	Teriparatide
334	Tramadol	Num	3	Tramadol
335	Travatan	Num	3	Travatan
336	Triamterene	Num	3	Triamterene
176	TroublePreg	Num	3	Trouble getting Pregnant?
337	Tums	Num	3	Tums
338	Tylenol_PM	Num	3	Tylenol_PM
339	Unisom	Num	3	Unisom
340	Urecholine	Num	3	Urecholine
341	Valacyclovir	Num	3	Valacyclovir
342	Valsartan	Num	3	Valsartan
343	Venlafaxine	Num	3	Venlafaxine
344	Veramyst	Num	3	Veramyst
345	Verapamil	Num	3	Verapamil
199	Vis_Illness	Num	3	Number of Visual Illnesses
190	Vis_Sym	Num	3	Number of Visual Symptoms
349	Vit_Supp	Num	3	Vitamins & Supplements
346	Warfarin	Num	3	Warfarin
347	Xyzal	Num	3	Xyzal
392	ZHQV_6	Num	8	Zscore: Approximate number of sick days in last 2 years
348	Zolpidem	Num	3	Zolpidem (Ambien)
9	age	Num	3	Participant's age
21	alcohol_total	Num	8	total alcohol consumed in (grams/wk)
366	anx_di	Num	3	Anxiety Meds (Yes/No)
384	anxt	Num	3	SCL90R: Anxiety T Score
369	arthOst_di	Num	3	Arthritis & Osteoporosis Meds (Yes/No)
371	cardiac_di	Num	3	Cardiac Meds (Yes/No)
372	chol_di	Num	3	Cholesterol Meds (Yes/No)
367	dep_di	Num	3	Depression Meds (Yes/No)

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#	Variable	Type	Len	Label
383	dept	Num	3	SCL90R: Depression T Score
373	diab_di	Num	3	Diabetes Meds (Yes/No)
15	distance	Num	8	Distance at current address from point source in air miles
11	eduyrs	Num	8	Participant's total years of education
12	ethnic	Num	3	Participant's ethnicity
13	ethnic2	Num	3	Participant's ethnicity dichotomized white / non-white
2	exposure	Num	3	participant town
202	filter__	Num	3	exposure > 0 (FILTER)
10	sex	Num	3	Participant's sex
375	hypot_di	Num	3	Hypothyroid Meds (Yes/No)
1	id	Num	4	Participant's ID number
354	no_BP	Num	3	# BP Meds
358	no_GI	Num	3	# GI Meds
364	no_antibiotics	Num	3	# Antibiotic Meds
350	no_anx	Num	3	# Anxiety Meds
353	no_arthOst	Num	3	# Arthritis & Osteoporosis Meds
355	no_cardiac	Num	3	# Cardiac Meds
356	no_chol	Num	3	# Cholesterol Meds
351	no_dep	Num	3	# Depression Meds
357	no_diabetes	Num	3	# Diabetes Meds
359	no_hypot	Num	3	# Hypothyroidism Meds
360	no_pain	Num	3	# Pain Meds
361	no_resp	Num	3	# Respiratory Meds
362	no_sleep	Num	3	# Sleep Meds
352	no_stimulant	Num	3	# Psycho-Stimulant Meds
363	no_visual	Num	3	# Visual Meds
365	no_vit_supps	Num	3	# Vitamins & Supplements Meds
376	pain_di	Num	3	Pain Meds (Yes/No)
377	resp_di	Num	3	Respiratory Meds (Yes/No)
378	sleep_di	Num	3	Sleep Meds (Yes/No)

Air Manganese Study- Air Manganese and Medication Data
 Alphabetic List of Variables

#	Variable	Type	Len	Label
385	somt	Num	3	SCL90R: Somatization T Score
368	stimulant_di	Num	3	Psycho-Stimulant Meds (Yes/No)
20	totalFediet	Num	8	Fe in diet (in Mg / week)
19	totalMndiet	Num	8	Mn in diet (in Mg / week)
379	visual_di	Num	3	Visual Meds (Yes/No)
380	vitsup_di	Num	3	Vitamins/Supplements (Yes/No)
28	years_residency	Num	3	years they have lived in their town