**Study Name**

CODE BOOK

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| **Variable Name** | **Variable Description** | **Values** |
| ID | Unique subject identifier | Range ### to ### |
| Gender | Subject’s identified gender | 0 = Female  1 = Male |
| Age | Subject age | Range ## to ## |
| Diagnosis | Subject’s primary diagnosis | 1 = COPD  2 = Asthma  3 = Pneumonia  [blank] = Missing value |
| Smoker | Subject’s Smoking Status | 0 = No  1 = Yes  [blank] = Missing value |
| BMI0 | BMI at Baseline | Range ## to ## |
| BMI1 | BMI at week one | Range ## to ## |
| Satisfaction | Satisfaction with service | 1 = Very unsatisfied  2 = Unsatisfied  3 = Neutral  4 = Satisfied  5 = Very satisfied |
| Education\_group | Subject's highest level of education | 1 = Less than high school  2 = Completed high school  3 = Greater than high school  [blank] = Missing value |
| Q1\_Father | Q1: Who would you want us to contact in case of emergency? Check all that apply (option = Father) | 0 = No  1 = Yes |
| Q1\_Mother | Q1: Who would you want us to contact in case of emergency? Check all that apply (option = Mother) | 0 = No  1 = Yes |
| Q1\_AChild | Q1: Who would you want us to contact in case of emergency? Check all that apply (option = Adult Children) | 0 = No  1 = Yes |
| Q1\_Friend | Q1: Who would you want us to contact in case of emergency? Check all that apply (option = Friend) | 0 = No  1 = Yes |