Third National Health and Nutrition Examination Survey (NHANES III), 1988-94

NHANES III ELECTROCARDIOGRAPHY DATA FILE DOCUMENTATION

Series 11, No. 2A

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Introduction

The National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) collects, analyzes, and disseminates data on the health status of U.S. residents. The results of surveys, analyses, and studies are made known through a number of data release mechanisms including publications, mainframe computer data files, CD-ROMs (Search and Retrieval Software, Statistical Export and Tabulation System (SETS)), and the Internet.

The National Health and Nutrition Examination Survey (NHANES) is a periodic survey conducted by NCHS. The third National Health and Nutrition Examination Survey (NHANES III), conducted from 1988 through 1994, was the seventh in a series of these surveys based on a complex, multi-stage sample plan. It was designed to provide national estimates of the health and nutritional status of the United States' civilian, noninstitutionalized population aged two months and older.

The following table summarizes the NHANES III data which are currently available on CD-ROM, including this release.

Table 1. Available NHANES III CD-ROMs

+	+	+	++
CD-ROM Name	Release Date	Size in Megabytes	Data Files / Description
NHANES III, 1988-94, Series 11, No. 2A, ASCII Version (this release)	April 1998 	407 	Dietary recall (replacement), electrocardiography, laboratory (additional analytes), and vitamins/medicines data files and documentation
NHANES III, 1988-94, Series 11, No. 1, Revised SETS Version 1.22a	October 1997 	285	Adult and youth household questionnaire, examination, and laboratory data files and documentation, plan and operation, analytic and reporting guidelines, weighting and estimation methodology, field operations, non-response bias
NHANES III, 1988-94, Series 11, No. 1A, ASCII Version	July 1997 	+	Adult and youth household questionnaire, dietary recall, examination, and laboratory data files and documentation
NHANES III, 1988-94, Series 11, No. 1, SETS Version 1.22a *	July 1997 	285 	Adult and youth household questionnaire, examination, and laboratory data files and documentation
NHANES III Reference Manuals and Reports October 1996	October 1996 	152 	Plan and operation, analytic and reporting guidelines, weighting and estimation methodology, field operations, non-response bias

^{*} Do not use this CD-ROM It had technical problems and has been superseded by the revised SETS version 1.22a, Series 11, No. 1, released in October 1997.

This release, Series 11, No. 2A, contains previously unreleased data and corrections. Corrections were made to the vitamin/minerals portion of the adult and youth questionnaire data files as well as the dietary recall portion of the examination data file. For the laboratory component, some previously release variables have been augmented with NHANES III Phase 2 data. In addition several new laboratory variables have been added.

The following table shows which public use files contain information from the interview and examination components.

Table 2. Location of the interview and examination components in the NHANES III public use data files

Topic	HA	НҮ	EXAM	LAB	DIET	VMS	ECG
Sample weights	x	x	X	x	 		x
Age/race/sex	x	x	X	x	 		X
Ethnic background	X	X			 .		.
Household composition	x	x			 		
Individual characteristics	X	X			 .		.
Health insurance	x	x			 .		
Family background	X	x			 .		
Occupation of family head	x	Х					
Housing characteristics	X	Х					
Family characteristics	x	x			 .		
Orientation	x	Х					
Health services	x	Х					
Selected health conditions	x	X	X				.
Diabetes questions	X						
High blood pressure and cholesterol questions	x x				· .	. 	.
Cardiovascular disease questions	x				·		.
Musculoskeletal conditions	x						
Physical functioning questions	x						.
Gallbladder disease questions	X	·	·	·	· · 	. . 	++ •

Table 2. (continued) Location of the interview and examination components in the NHANES III public use data files

Topic	HA.	HY	EXAM	LAB	DIET	VMS	ECG
Kidney conditions	X	
Respiratory and allergy questions	x x	x x	+ . 	+ . 	+ . 	 . 	• •
Diet questions	X	 .	+ 	
Food frequency	x	 .	X	
Vision questions	x	x	 	
Hearing questions	x	x	 	
Dental care and status	X	X	
Tobacco	X		x				
Occupation	x	
Language usage	x	x	 	
Exercise	x	 	
Social support/residence	x	 	
Vitamin/mineral/medicine usage	x 	x 	X 	 . 	· ·	 . 	.
Blood pressure measurement	x	 .	+ X	
Birth	 .	x	X	
Infant feeding practices/diet	 . 	X 		· · ·		· ·	.
Motor and social development		x					
Functional impairment	x	x	+ .	+
School attendance		X	 .	 .		· · ·	.
Cognitive function	 .	x	X	+ .	+ .	 .	.
	,	,	,	,	,	,	+

Table 2. (continued) Location of the interview and examination components in the NHANES III public use data files

Topic	HA	НУ	EXAM	LAB	DIET	VMS	ECG
Alcohol and drug use	 .		x	.			
Reproductive health			x				
Diagnostic interview schedule			X				.
Activity			x	.			
Physician's examination			X				.
Height and weight			X				
Body measurements			X				
Dental examination			X				
Allergy skin test			X				.
Audiometry			X	.			
Tympanometry			X				
WISC and WRAT			X	.			
Spirometry			X				
Bone densitometry			X				
Gallbladder ultrasonography			X				
Central nervous system function evaluation			X				.
Fundus photography	.	. .	X
Physical function evaluation			X				.
Fasting questions	X		 .	.

Table 2. (continued) Location of the interview and examination components in the NHANES III public use data files

Topic	HA	НҮ	1	'	DIET		ECG
Laboratory tests on blood and urine			. 	X			
Total nutrient intakes			X 				
Individual foods	 .		 . +		x		.
Combination foods			 . 		X		
Ingredients	 .		.		X		.
Prescription Medicines	x	Х				Х	
Vitamins and Minerals	X	X	.		 .	X	.
Electrocardiography	 		X
							·

Data File Definitions

HA - Household Adult Data File
HY - Household Youth Data File

EXAM - Examination Data File

LAB - Laboratory Data File and Second Laboratory Data File

DIET - Dietary Recall Data Files

VMS - Vitamin Mineral Supplement Data File

ECG - Electrocardiography Data File

This document includes the documentation for the NHANES III Electrocardiography Data File and also contains a general overview of the survey and the use of the data files. The general overview includes five sections. The first section, entitled "Guidelines for Data Users," contains important information about the use of the data files. The second section, "Survey Description," is a brief overview of the survey plan and operation. The third section, "Sample Design and Analysis Guidelines," describes some technical aspects of the sampling plan and discusses some analytic issues particularly related to the use of data from complex sample surveys. The "Data Preparation and Processing Procedures" section describes the editing conventions and the codes used to represent the data. The last and fifth section, "General References," includes a reference list for the survey overview sections of the document.

Public Use Data Files for the third National Health and Nutrition Examination Survey will also be available from the National Technical Information Service (NTIS). A list of NCHS public use data tapes available for purchase from NTIS may be obtained from the Data Dissemination Branch at NCHS. Information regarding a bibliography (on disk) of journal articles citing data from all the NHANES and the availability of NHANES III data in CD-ROM/SETS software format can be obtained from the Data Dissemination Branch at:

Data Dissemination Branch
National Center for Health Statistics
Room 1018
6525 Belcrest Road
Hyattsville, Maryland 20782

Phone: (301)436-8500

URL:http://www.cdc.gov/nchswww

NTIS can be contacted at:

NTIS - Computer Products Office 5285 Port Royal Road Springfield, Virginia 22161 (703) 487-4807

Copies of all NHANES III questionnaires and data collection forms are included in the Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988-94 (NCHS, 1994; U.S. DHHS, 1996). This publication, along with detailed information on NHANES procedures, interviewing, data collection, quality control techniques, survey design, nonresponse, and sample weighting can be found on the NHANES III Reference Manuals and Reports CD-ROM (U.S. DHHS, 1996). Information on how to order this CD-ROM is also available from the Data Dissemination Branch at NCHS at the address and telephone number given above.

GUIDELINES FOR DATA USERS

Please refer to the following important information before analyzing data.

NHANES III Background Documents

- o The Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988-94, (NCHS, 1994; U.S. DHHS, 1996) provides an overview of the survey and includes copies of the survey forms.
- o The sample design, nonresponse, and analytic guidelines documents on the NHANES III Reference Manuals and Reports CD-ROM (U.S. DHHS, 1996) discuss the reasons that sample weights and the complex survey design should be taken into account when conducting any analysis.
- Instruction manuals, laboratory procedures, and other NHANES III reference manuals on the NHANES III Reference Manuals and Reports CD-ROM(U.S. DHHS, 1996) are also available for further information on the details of the survey.

Analytic Data Set Preparation

- o Most NHANES III survey design and demographic variables are found only on the Adult and Youth Household Data Files available on the first release. In preparing a data set for analysis, other data files must be merged with either or both of these files to obtain many important analytic variables.
- All of the NHANES III public use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHANES III data files using this variable ensures that the appropriate information for each survey participant is linked correctly.
- NHANES III public use data files do not have the same number of records on each file. The Household Questionnaire Files (divided into two files, Adult and Youth) contain more records than the Examination Data File because not everyone who was interviewed completed the examination. The Laboratory Data File contains data only for persons aged one year and older. The Individual Foods Data File based on the dietary recall has multiple records for each person rather than the one record per sample person contained in the other data files.
- o For each data file, SAS program code with standard variable names and labels is provided as separate text files on the CD-ROM that contains the data files. This SAS program code can be used to create a SAS data set from the data file.
- Modifications were made to items in the questionnaires, laboratory, and examination components over the course of the survey; as a result, data may not be available for certain variables for the full six years. In addition, variables may differ by phase since some changes were implemented between phases. Users are encouraged to read the Notes

sections of this document carefully for information about changes.

- o Extremely high and low values have been verified whenever possible, and numerous consistency checks have been performed. Nonetheless, users should examine the range and frequency of values before analyzing data.
- o Some data were not ready for release at the time of this publication due to continued processing of the data or analysis of laboratory specimens. A listing of those data are available in the general information section of each data file.
- o Confidential and administrative data are not being released to the public. Additionally, some variables have been recoded to help protect the confidentiality of the survey participants. For example, all age-related variables were recoded to 90+ years for persons who were 90 years of age and older.
- Some variable names may differ from those used in the Phase 1 NHANES
 III Provisional Data Release and some variables included in the Phase 1
 provisional release may not appear on these files.
- Although the data files have been edited carefully, errors may be detected. Please notify NCHS staff (301-436-8500) of any errors in the data file or the documentation.

Analytic Considerations

- o NHANES III (1988-94) was designed so that the survey's first three years, 1988-91, its last three years, 1991-94, and the entire six years were national probability samples. Analysts are encouraged to use all six years of survey results.
- Sample weights are available for analyzing NHANES III data. One of the following three sample weights will be appropriate for nearly all analyses: interviewed sample final weight (WTPFQX6), examined sample final weight (WTPFEX6), and mobile examination center (MEC)- and home-examined sample final weight (WTPFHX6). Choosing which of these sample weights to use in any analysis depends on the variables being used. A good rule of thumb is to use "the least common denominator" approach. In this approach, the user checks the variables of interest. The variable that was collected on the smallest number of persons is the "least common denominator," and the sample weight that applies to that variable is the appropriate one to use for that analysis. For more detailed information, see the Analytic and Reporting Guidelines for NHANES III (U.S. DHHS, 1996).

Referencing or Citing NHANES III Data

- o In publications, please acknowledge NCHS as the original data source. For instance, the reference for the NHANES III Laboratory Data File On this CD-ROM is:
 - U.S. Department of Health and Human Services (DHHS). National Center

for Health Statistics. Third National Health and Nutrition Examination Survey, 1988-1994, NHANES III Second Laboratory Data File (CD-ROM, Series 11, No. 2A). Hyattsville, MD.: Centers for Disease Control and Prevention, 1998.

o Please place the acronym "NHANES III" in the titles or abstracts of journal articles and other publications in order to facilitate the retrieval of such materials in bibliographic searches.

SURVEY DESCRIPTION

The third National Health and Nutrition Examination Survey (NHANES III) was the seventh in a series of large health examination surveys conducted in the United States beginning in 1960. Three of these surveys, the National Health Examination Surveys (NHES), were conducted in the 1960's (NCHS, 1965; NCHS, 1967; NCHS, 1969). In 1970, an expanded nutrition component was added to provide data with which to assess nutritional status and dietary practices, and the name was changed to the National Health and Nutrition Examination Survey (Miller, 1973; Engel, 1978; McDowell, 1981). A special survey of Hispanic populations in the United States was conducted during 1982-1984 (NCHS, 1985).

The general structure of the NHANES III sample design was similar to that of the previous NHANES. All of the surveys used complex, multi-stage, stratified, clustered samples of civilian, noninstitutionalized populations. NHANES III was the first NHANES without an upper age limit; in fact, the age range for the survey was two months and older. A home examination option was employed for the first time in order to obtain examination data for very young children and for elderly persons who were unable to visit the mobile examination center (MEC). The home examination included only a subset of the components used in the full MEC examination since it would have been difficult to collect some types of data in a home setting. A detailed description of design specifications and copies of the data collection forms can be found in the Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988-1994 (NCHS, 1994; U.S. DHHS, 1996).

NHANES III was conducted from October 1988 through October 1994 in two phases, each of which comprised a national probability sample. The first phase was conducted from October 18, 1988, through October 24, 1991, at 44 locations. The second phase was conducted from September 20, 1991, through October 15, 1994, at 45 different locations. In NHANES III, 39,695 persons were selected over the six years; of those, 33,994 (86%) were interviewed in their homes. All interviewed persons were invited to the MEC for a medical examination. Seventy-eight percent (30,818) of the selected persons were examined in the MEC, and an additional 493 persons were given a special, limited examination in their homes.

Data collection began with a household interview. Several questionnaires were administered in the household: Household Screener Questionnaire, Family Questionnaire, Household Adult Questionnaire, and Household Youth Questionnaire.

At the MEC, an examination was performed, and five automated questionnaires or interviews were administered: MEC Adult Questionnaire, MEC Youth Questionnaire, MEC Proxy Questionnaire, 24-Hour Dietary Recall, and Dietary Food Frequency (ages 12-16 years). The health examination component included a variety of tests and procedures. The examinee's age at the time of the interview and other factors determined which procedures were administered. Blood and urine specimens were obtained, and a number of tests and measurements were performed including body measurements, spirometry, fundus photography, x-rays, electrocardiography, allergy and glucose tolerance tests, and ultrasonography. Measurements were taken of bone density, hearing, and physical, cognitive, and central nervous system functions. A physician performed a limited standardized medical examination

and a dentist performed a standardized dental examination. While some of the blood and urine analyses were performed in the MEC laboratory, most analyses were conducted elsewhere by contract laboratories.

A home examination was conducted for those sample persons aged 2-11 months and aged 20 years or older who were unable to visit the mobile examination center. The home examination consisted of an abbreviated version of the tests and interviews performed in the MEC. Depending on age of the sample person, the components included body measurements, blood pressure, spirometry, venipuncture, physical function evaluation, and a questionnaire to inquire about infant feeding, selected health conditions, cognitive function, tobacco use, and reproductive history.

SAMPLE DESIGN AND ANALYSIS GUIDELINES

Sample Design

The general structure of the NHANES III sample design is the same as that of the previous NHANES. Each of these surveys used a stratified, multi-stage probability design. The major design parameters of the two previous NHANES and the special Hispanic HANES, as well as NHANES III, have been previously summarized (Miller, 1973; McDowell, 1981; NCHS, 1985; NCHS, 1994). The NHANES III sample was designed to be self-weighting within a primary sampling unit (PSU) for subdomains (age, sex, and race-ethnic groups). While the sample was fairly close to self-weighting nationally for each of these subdomain groups, it was not representative of the total population, which includes institutionalized, non-civilian persons that were outside the scope of the survey.

The NHANES III sample represented the total civilian, noninstitutionalized population, two months of age or over, in the 50 states and the District of Columbia of the United States. The first stage of the design consisted of selecting a sample of 81 PSU's that were mostly individual counties. In a few cases, adjacent counties were combined to keep PSU's above a minimum population size. The PSU's were stratified and selected with probability proportional to size (PPS). Thirteen large counties (strata) were chosen with certainty (probability of one). For operational reasons, these 13 certainty PSU's were divided into 21 survey locations. After the 13 certainty strata were designated, the remaining PSU's in the United States were grouped into 34 strata, and two PSU's were selected per stratum (68 survey locations). The selection was done with PPS and without replacement. The NHANES III sample therefore consists of 81 PSU's or 89 locations.

The 89 locations were randomly divided into two groups, one for each phase. The first group consisted of 44 and the other of 45 locations. One set of PSU's was allocated to the first three-year survey period (1988-91) and the other set to the second three-year period (1991-94). Therefore, unbiased estimates (from the point of view of sample selection) of health and nutrition characteristics can be independently produced for both Phase 1 and Phase 2 as well as for both phases combined.

For most of the sample, the second stage of the design consisted of area segments composed of city or suburban blocks, combinations of blocks, or other area segments in places where block statistics were not produced in the 1980 Census. In the first phase of NHANES III, the area segments were used only for a sample of persons who lived in housing units built before 1980. For units built in 1980 and later, the second stage consisted of sets of addresses selected from building permits issued in 1980 or later. These are referred to as "new construction segments." In the second phase, 1990 Census data and maps were used to define the area segments. Because the second phase followed within a few years of the 1990 Census, new construction did not account for a significant part of the sample, and the entire sample came from the area segments.

The third stage of sample selection consisted of households and certain types of group quarters, such as dormitories. All households and eligible group quarters in the sample segments were listed, and a subsample was designated for screening to identify potential sample persons. The subsampling rates enabled production of a national, approximately equal-probability sample of households in most of the United States with higher rates for the geographic strata with high Mexican-American populations. Within each geographic stratum, there was a nearly equal-probability sample of households across all 89 stands.

Persons within the sample of households or group quarters were the fourth stage of sample selection. All eligible members within a household were listed, and a subsample of individuals was selected based on sex, age, and race or ethnicity. The definitions of the sex, age, race or ethnic classes, subsampling rates, and designation of potential sample persons within screened households were developed to provide approximately self-weighting samples for each subdomain within geographic strata and at the same time to maximize the average number of sample persons per sample household. Previous NHANES indicated that this increased the overall participation rate. Although the exact sample sizes were not known until data collection was completed, estimates were made. Below is a summary of the sample sizes for the full six-year NHANES III at each stage of selection:

Number	of	PSU's	81
Number	of	stands (survey locations)	89
Number	of	segments	2,144
Number	of	households screened	93,653
Number	of	households with sample persons	19,528
Number	of	designated sample persons	39,695
Number	of	interviewed sample persons	33,994
Number	of	MEC-examined sample persons	30,818
Number	of	home-examined sample persons	493

More detailed information on the sample design and weighting and estimation procedures for NHANES III can be found in the Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988-94 (NCHS, 1994; U.S. DHHS, 1996) and in the Analytic and Reporting Guidelines: Third National Health and Nutrition Examination Survey (NHANES III), 1988-94 (U.S. DHHS, 1996).

Analysis Guidelines

Because of the complex survey design used in NHANES III, traditional methods of statistical analysis based on the assumption of a simple random sample are not applicable. Detailed descriptions of this issue and possible analytic methods for analyzing NHANES data have been described earlier (NCHS, 1985; Yetley, 1987; Landis, 1982; Delgado, 1990). Recent analytic and reporting guidelines that should be used for most NHANES III analyses and publications are contained in Analytic and Reporting Guidelines (U.S. DHHS, 1996). These recommendations differ slightly from those used by analysts for previous NHANES surveys. These suggested guidelines provide a framework to users for producing estimates that conform to the analytic design of the survey. All users are strongly urged to review these analytic and reporting guidelines before beginning any analyses of NHANES III data.

It is important to remember that this set of statistical guidelines is not absolute. When conducting analyses, the analyst needs to use his/her subject matter knowledge (including methodological issues) as well as information about the survey design. The more one deviates from the original analytic categories defined in the sample design, the more important it is to evaluate the results carefully and to interpret the findings cautiously.

In NHANES III, 89 survey locations were randomly divided into two sets or phases, the first consisting of 44 and the other of 45 locations. One set of PSU's was allocated to the first three-year survey period (1988-91) and the other set to the second three-year period (1991-94). Therefore, unbiased national estimates of health and nutrition characteristics can be independently produced for each phase as well as for both phases combined. Computation of national estimates from both phases combined (i.e., total NHANES III) is the preferred option; individual phase estimates may be highly variable. In addition, individual phase estimates are not statistically independent. It is also difficult to evaluate whether differences in individual phase estimates are real or due to methodological differences. That is, differences may be due to changes in sampling methods or data collection methodology over time. At this time, there is no valid statistical test for examining differences between Phase 1 and Phase 2. Therefore, although point estimates can be produced separately for each phase, no test is available to test whether those estimates are significantly different from each other.

NHANES III is based on a complex, multi-stage probability sample design. Several aspects of the NHANES design must be taken into account in data analysis, including the sample weights and the complex survey design. Appropriate sample weights are needed to estimate prevalence, means, medians, and other statistics. Sample weights are used to produce correct population estimates because each sample person does not have the same probability of selection. The sample weights incorporate the differential probabilities of selection and include adjustments for noncoverage and nonresponse. A detailed discussion of nonresponse adjustments and issues related to survey coverage have been published (U.S. DHHS, 1996). With the large oversampling of young children, older persons, black persons, and Mexican-Americans in NHANES III, it is essential that the sample weights be used in all analyses. Otherwise, a misinterpretation of results is highly likely. Other aspects of the design that must be taken into account in data analyses are the strata and PSU pairings from the sample design. These pairings should be used to estimate variances and test for statistical significance. For weighted analyses, analysts can use special computer software packages that use an appropriate method for estimating variances for complex samples such as SUDAAN (Shah, 1995) and WesVarPC (Westat, 1996).

Although initial exploratory analyses may be performed on unweighted data using standard statistical packages and assuming simple random sampling, final analyses should be done on weighted data using appropriate sample weights. A summary of the weighting methodology and the type of sample weights developed for NHANES III is included in Weighting and Estimation Methodology (U.S. DHHS, 1996).

The purpose of weighting the sample data is to permit analysts to produce estimates of statistics that would have been obtained if the entire sampling frame (the United States) had been surveyed. Sample weights can be considered as measures of the number of persons the particular sample

observation represents. Weighting takes into account several features of the survey: the specific probabilities of selection for the individual domains that were oversampled as well as nonresponse and differences between the sample and the total U.S. population. Differences between the sample and the population may arise due to sampling variability, differential undercoverage in the survey among demographic groups, and possibly other types of response errors, such as differential response rates or misclassification errors. Sample weighting in NHANES III was used to:

- Compensate for differential probabilities of selection among subgroups (i.e., age-sex-race-ethnicity subdomains where persons living in different geographic strata were sampled at different rates);
- 2. Reduce biases arising from the fact that nonrespondents may be different from those who participate;
- Bring sample data up to the dimensions of the target population totals;
- 4. Compensate, to the extent possible, for inadequacies in the sampling frame (resulting from omissions of some housing units in the listing of area segments, omissions of persons with no fixed address, etc.); and
- 5. To reduce variances in the estimation procedure by using auxiliary information that is known with a high degree of accuracy.

In NHANES III, the sample weighting was carried out in three stages. The first stage involved the computation of weights to compensate for unequal probabilities of selection (objective 1, above). The second stage adjusted for nonresponse (objective 2). The third stage used poststratification of the sample weights to Census Bureau estimates of the U.S. population to accomplish the third, fourth, and fifth objectives simultaneously. In NHANES III, several types of sample weights (see the sample weights table that follows) were computed for the interviewed and examined sample and are included in the NHANES III data file. Also, sample weights were computed separately for Phase 1 (1988-91), Phase 2 (1991-94), and total NHANES III (1988-94) to facilitate analysis of items collected only in Phase 1, only in Phase 2, and over six years of the survey. Three sets of pseudo strata and PSU pairings are provided to use with SUDAAN in variance estimation. Since NHANES III is based on a complex, multi-stage sample design, appropriate sample weights should be used in analyses to produce national estimates of prevalence and associated variances while accounting for unequal probability of selection of sample persons. For example, the final interview weight, WTPFQX6, should be used for analysis of the items or questions from the family or household questionnaires, and the final MEC examination weight, WTPFEX6, should be used for analysis of the questionnaires and measurements administered in the MEC. Furthermore, for a combined analysis of measurements from the MEC examinations and associated medical history questions from the household interview, the final MEC examination weight, WTPFEX6, should be used. We recommend using SUDAAN (Shah, 1995) to estimate statistics of interest and the associated variance. However, one can also use other published methods for variance estimation. Application of SUDAAN and alternative methods, such as the average design effect approach, balance repeated replication (BRR) methods, or jackknife methods for variance estimation, are discussed in Weighting and Estimation Methodology (U.S. DHHS, 1996).

Final interview weight, WTPFQX6

Use only in conjunction with the sample interviewed at home and with items collected during the household interview.

Final examination (MEC only) weight, WTPFEX6

Use only in conjunction with the MEC-examined sample and with interview and examination items collected at the MEC.

Final MEC+home examination weight, WTPFHX6

Use only in conjunction with the MEC+home-examined sample and with items collected at both the MEC and home.

Final allergy weight, WTPFALG6

Use only in conjunction with the allergy subsample and with items collected as part of the allergy component of the exam.

Final CNS weight, WTPFCNS6

Use only in conjunction with the CNS subsample and with items collected as part of the CNS component of the exam.

Final morning examination (MEC only) subsample weight, WTPFSD6

Use only in conjunction with the MEC-examined persons assigned to the morning subsample and only with items collected in the MEC exam.

Final afternoon/evening examination (MEC only) subsample weight, WTPFMD6

Use only in conjunction with the MEC-examined persons assigned to the afternoon/evening subsample and only with items collected in the MEC exam.

Final morning examination (MEC+home) subsample weight, WTPFHSD6

Use only in conjunction with the MEC- and home-examined persons assigned to the morning subsample and with items collected during the MEC and home examinations.

Final afternoon/evening examination (MEC+home) weight, WTPFHMD6

Use only in conjunction with the MEC- and home-examined persons assigned to the afternoon/evening subsample and with items collected during the MEC and home examinations.

DATA PREPARATION AND PROCESSING PROCEDURES

Automated data collection procedures for the survey were introduced in NHANES III. In the mobile examination centers, data for the interview and examination components were recorded directly onto a computerized data collection form. With the exception of a few independently automated systems, the system was centrally integrated. This operation allowed for ongoing monitoring of much of the data. Before the introduction of the computer-assisted personal interview (CAPI), the household questionnaire data were reviewed manually by field editors and interviewers. CAPI (1992-1994 only) questionnaires featured built-in edits to prevent entering inconsistencies and out-of-range responses. The multi-level data collection and quality control systems are discussed in detail in the Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988-1994 (NCHS, 1994; U.S. DHHS, 1996). All interview, laboratory, and examination data were sent to NCHS for final processing.

Guidelines were developed that provided standards for naming variables, filling missing values and coding conventional responses, handling missing records, and standardizing two-part quantity/unit questionnaire variables. NCHS staff, assisted by contract staff, developed data editing specifications that checked data sets for valid codes, ranges, and skip pattern consistencies and examined the consistency of values between interrelated variables. Comments, collected in both interviews and examination components, were reviewed and recoded when possible. Responses to "Other" and "Specify" were recoded either to existing code categories or to new categories. The documentation for each data set includes notes for those variables that have been recoded and standardized and for those variables that differ significantly from what appears in the original data collection instrument. While the data have undergone many quality control and editing procedures, there still may be values that appear extreme or illogical. Values that varied considerably from what was expected were examined by analysts who checked for comments or other responses that might help to clarify unusual values. Generally, values were retained unless they could not possibly be true, in which case they were changed to "Blank but applicable." Therefore, the user must review each data set for extreme or inconsistent values and determine the status of each value for analysis.

Several editing conventions were used in the creation of final analytic data sets:

- Standardized variables were created to replace all two-part quantity/unit questions using standard conversion factors. Standardized variables have the same name as the variable of the two-part question with an "S" suffix. For instance, MAPF18S (Months received WIC benefits) in the MEC Adult Questionnaire was created from the two-part response option to question F18, "How long did you receive benefits from the WIC program?," using the conversion factor 12 months per year.
- 2. Recoded variables were created by combining responses from two or more like variables, or by collapsing responses to create a summary variable for the purpose of confidentiality. Recoded variables have the original variable name with an R suffix. For example, place of birth

variable (HFA6X) in the Family Questionnaire was collapsed to a three level response category (U.S., Mexico, Other) and renamed HFA6XR. Generally, only the recoded variable has been included in the data file.

3. Fill values, a series of one or more digits, were used to represent certain specific conditions or responses. Below is a list of the fill values that were employed. Some of the fill values pertain only to questionnaire data, although 8-fill and blank-fill values are found in all data sets. Other fill values, not included in this list, are used to represent component-specific conditions.

6-fills = Varies/varied. (Questionnaires only)

7-fills = Fewer than the smallest number that could be reported within the question structure (e.g., fewer than one cigarette per day). (Questionnaires only)

8-fills = Blank but applicable/cannot be determined. This means that a respondent was eligible to receive the question, test, or component but did not because of refusal, lack of time, lack of staff, loss of data, broken vial, language barrier, unreliability, or other similar reasons.

9-fills = Don't know. This fill was used only when a respondent did not know the response to a question and said, "I don't know." (Questionnaires only)

Blank fills = Inapplicable. If a respondent was not eligible for a questionnaire, test, or component because of age, gender, or specific reason, the variable was blank-filled. In the questionnaire, if a respondent was not asked a question because of a skip-pattern, variables corresponding to the question were blank-filled. For examination or laboratory components, if a person was excluded by a defined protocol (e.g., screening exclusion questions) and these criteria are included in the data set, then the corresponding variables were blank-filled for that person. For home examinees, variables for examination components and blood tests not performed as part of the home examination protocol were blank-filled.

- 4. For variables describing discrete data, codes of zero (0) were used to mean "none," "never," or the equivalent. Value labels for which "0" is used include: "has not had," "never regularly," "still taking," or "never stopped using." Unless otherwise labeled, for variables containing continuous data, "zero" means "zero.
- 5. Where there are logical skip patterns in the flow of the questionnaire or examination component, the skip was indicated by placing the variable label of the skip destination in parentheses as part of the value label of the response generating the skip. For example, in the Physical Function Evaluation, the variable PFPWC (in wheelchair) has a value label, "2 No (PFPSCOOT)" that means that the next item for persons not in a wheelchair would be represented by the variable, PFPSCOOT.

Variable Nomenclature

A unique name was assigned to every NHANES III variable using a standard convention. By following this naming convention, the origin of each variable is clear, and there is no chance of overlaying similar variables across multiple components. Variables range in length from three to eight characters. The first two variable characters represent the topic (e.g., analyte, questionnaire instrument, examination component) and are listed below alphabetically by topic. For questionnaires administered in the household, the remainder of the variable name following the first two characters indicates the question section and number. For example, data for the response to the Household Adult Questionnaire question B1 are contained in the variable HAB1. For most laboratory and examination variables, as well as some other variables, a "P" in the third position refers to "primary" and the remainder of the variable name is a brief description of the item. For instance, in the Laboratory Data File, information on the length of time the person fasted before the first blood draw is contained in the variable PHPFAST. The variable PHPFAST was derived as follows: characters 1-2 (PH) refer to "phlebotomy," character 3 (P) refers to "primary," characters 4-8 (FAST) refer to an abbreviation for "fasting."

CODE	TOPIC
AT	Alanine aminotransferase (from biochemistry profile)
AM	Albumin (from biochemistry profile)
AP	Alkaline phosphatase (from biochemistry profile)
AL	Allergy skin test
AC	Alpha carotene
AN	Anisocytosis
TM	Antimicrosomal antibodies
TA	Antithyroglobulin antibodies
AA	Apolipoprotein (AI)
AB	Apolipoprotein (B)
AS	Aspartate aminotransferase (from biochemistry profile)
LA	Atypical lymphocyte
AU	Audiometry
BA	Band
во	Basophil
BS	Basophilic stippling
BC	Beta carotene
BX	Beta cryptoxanthin
BL	Blast
BU	Blood urea nitrogen (BUN) (from biochemistry profile)
BM	Body measurements
BD	Bone densitometry
C1	C-peptide (first venipuncture)
C2	C-peptide (second venipuncture)
CR	C-reactive protein
UD	Cadmium
CN	Central nervous system function evaluation
CL	Chloride (from biochemistry profile)
CO	Cotinine
CE	Creatinine (serum)(from biochemistry profile)
UR	Creatinine (urine)

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CODE
               TOPIC
DM
               Demographic
DE
               Dental examination
MO
               Diagnostic interview schedule
DR
               Dietary recall (total nutrient intakes)
ΕO
               Eosinophil
EΡ
               Erythrocyte protoporphyrin
FR
               Ferritin
FR
               Fibrinogen
RB
               Folate (RBC)
FO
               Folate (serum)
FΗ
               Follicle stimulating hormone (FSH)
FΡ
               Fundus photography
GG
               Gamma glutamyl transferase (GGT) (from biochemistry profile)
GU
               Gallbladder ultrasonography
GB
               Globulin (from biochemistry profile)
G1
               Glucose (first venipuncture)
G2
               Glucose (second venipuncture)
SG
               Glucose (from biochemistry profile)
GH
               Glycated hemoglobin
GR
               Granulocyte
C3
               HCO3 (Bicarbonate)(from biochemistry profile)
HD
               HDL cholesterol
ΗP
               Helicobacter pylori antibody
               Hematocrit
HT
HG
               Hemoglobin
               Hepatitis A antibody (HAV)
AΗ
HB
               Hepatitis B core antibody (anti-HBc)
SS
               Hepatitis B surface antibody (anti-HBs)
SA
               Hepatitis B surface antigen (HBsAg)
HC
               Hepatitis C antibody (HCV)
DH
               Hepatitis D antibody (HDV)
               Herpes 1 antibody
н1
H2
               Herpes 2 antibody
HX
               Home examination (general)
НО
               Homocysteine
_{
m HF}
               Household family questionnaire
HA
               Household adult questionnaire
НО
               Household questionnaire variables (composite)
HS
               Household screener questionnaire
ΗY
               Household youth questionnaire
HZ
               Hypochromia
т1
               Insulin (first venipuncture)
Т2
               Insulin (second venipuncture)
UI
               Iodine (urine)
FE
               Iron
SF
               Iron (from biochemistry profile)
LD
               Lactate dehydrogenase (from biochemistry profile)
L1
               Latex antibody
LC
               LDL cholesterol (calculated)
PΒ
               Lead
ΤıΡ
               Lipoprotein (a)
T.H
               Luteinizing hormone
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CODE
               TOPIC
LU
               Lutein/zeaxanthin
LY
               Lycopene
LМ
               Lymphocyte
MR
               Macrocyte
MC
               Mean cell hemoglobin (MCH)
MH
               Mean cell hemoglobin concentration (MCHC)
MV
               Mean cell volume (MCV)
DΩ
               Mean platelet volume
MA
               MEC adult questionnaire
MX
               MEC examination (general)
FF
               Dietary food frequency (ages 12-16 years)
MΡ
               MEC proxy questionnaire
               MEC youth questionnaire
MY
ME
               Metamyelocyte
MΙ
               Microcyte
MO
               Monocyte
MN
               Mononuclear cell
MT.
               Myelocyte
IC
               Normalized calcium (derived from ionized calcium)
OS
               Osmolality (from biochemistry profile)
PΗ
               Phlebotomy data collected in MEC (e.g., questions)
PS
               Phosphorus (from biochemistry profile)
PF
               Physical function evaluation
PE
               Physician's examination
PL
               Platelet
DΜ
               Platelet distribution width
PΚ
               Poikilocytosis
PO
               Polychromatophilia
SK
               Potassium (from biochemistry profile)
PR
               Promyelocyte
               Red blood cell count (RBC)
RC
RW
               Red cell distribution width (RDW)
               Retinyl esters
RE
RF
               Rheumatoid factor antibody
               Rubella antibody
RIJ
WТ
               Sample weights
SE
               Selenium
SI
               Sickle cell
               Sodium (from biochemistry profile)
NA
SH
               Spherocyte
SP
               Spirometry
SD
               Survey design
ΤТ
               Target cell
TE
               Tetanus
TH
               Thyroid Stimulating Hormone (TSH)
Т4
               Thyroxine
TB
               Total bilirubin (from biochemistry profile)
CA
               Total calcium
               Total calcium (from biochemistry profile)
SC
TC
               Total cholesterol
CH
               Total cholesterol (from biochemistry profile)
ΤI
               Total iron binding capacity (TIBC)
ΤP
               Total protein (from biochemistry profile)
TX
               Toxic granulation
```

CODE TOPIC

TO Toxoplasmosis antibody
PX Transferrin saturation

TG Triglycerides

TR Triglycerides (from biochemistry profile)

TY Tympanometry

UA Uric acid (from biochemistry profile)

UB Urinary albumin
VU Vacuolated cells
VR Varicella antibody

VA Vitamin A
VB Vitamin B12
VC Vitamin C
VD Vitamin D
VE Vitamin E

WC White blood cell count (WBC) WW WISC/WRAT cognitive test

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ELECTROCARDIOGRAM EXAMINATION NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEYS (NHANES) I, II, & III

These data files are dedicated to the memory of Daniel D. Savage, M.D., Ph.D.

Daniel D. Savage (1944-1990) was born in Memphis, Tennessee. He attended the University of Wisconsin in Madison, and between 1965 and 1972 he received four degrees from that institution, including a Bachelor of Science degree in Chemistry, a Master of Science degree in Physiology, a Ph.D. in Physiology and an M.D. degree. During a life that was too short, Dr. Savage made major contributions to the field of cardiovascular medicine as an epidemiologist, researcher, and author. Perhaps his most important scientific contributions were the establishment and conduct of the Minority Framingham Study, and the establishment of left ventricular hypertrophy as an independent risk factor for sudden cardiac death. Dr. Savage has been described by his colleagues as a man of ideas, an innovator, scholar, and scientist who fervently served his community. His challenge to students was to "set your standards high, sacrifice to achieve your goals, and don't stop until you've done your best."

The data presented in this file consist of information about standard 12-lead resting electrocardiogram(ECG) recorded on men and women in the mobile examination center (MEC)during NHANES III. NHANES is a series of cross-sectional, national noninstitutionalized representative surveys conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. Table 1 represents the following information: years the surveys were conducted; the eligibility age of the examinee receiving the exam; and equipment used.

Table 1. General information

Survey	Survey years	Age	Equipment used
I	1971-1975	25-74	Beckman Digicorder* Marquette** Marquette** MAC 12
II	1976-1981	25-74	
III	1988-1994	40 and over	

NHANES I ECG data quality and data processing procedures were substantially different from those used for NHANES II and NHANES III. NHANES I ECGs, recorded with Beckman Digicorders, were available as single channel data, 2.5 seconds per lead and sampled at 500 samples per second. In 1970-1975 when the survey was conducted, ECG acquisition technology was still in an early phase of development, and ECG data quality was in general poor. This made automated ECG processing difficult. The initial attempts to process NHANES I ECGs with an automated ECG program (ECAN-E, U.S. Public Health Service) from these single channel data did not produce stable ECG wave measurements, and a semiautomated procedure was later developed in an attempt to remedy the problem. This process involved the display of each ECG lead on a large screen of a Tektronix terminal, and an operator used cursors to identify the onsets and offsets of P, QRS and T waves of the complex selected for analysis. These ECG segments were then processed by the Dalhousie Novacode ECG program (Rautaharju et al, 1990).

The single channel ECG data of relatively poor quality imposes certain limitations on the validity of NHANES I ECG reports, particularly concerning ECG codes which rely on P wave detection and measurements. Arrhythmias were not coded. However, ECGs with no P waves identified by the program were checked visually for the presence of a trial fibrillation.

The QRS amplitude measurements in NHANES I were obtained with a reasonable degree of confidence although at times the gain control and calibration could not be ascertained with adequate reliability. ST-T measurements were more difficult because of drift problems, and although the program had algorithms with higher order terms for non-linear drift correction, these were difficult to apply because of the short record length (2.5 records).

NHANES II 12-lead ECG data were recorded in 4 lead groups sequenced 3 leads at a time for 5 seconds (I, II, III, aVR, aVL, aVF, V1, V2, V3 and V4, V5, V6), and NHANES III ECGs with 8 independent components of the 12 standard leads simultaneously. For both surveys, the ECG data were sampled at 250 samples per second per channel. The availability of multiple simultaneous ECG leads for analysis greatly improved the precision and accuracy of ECG amplitude and interval measurements compared to the single channel procedure applied on NHANES I ECG data.

The key features of the Novacode ECG program are described elsewhere (Rautaharju et al, 1990). The program was designed to handle both the resting and exercise ECGs and it relies on the use of selective averaging to derive a representative P-QRS-T complex for analysis of wave durations and amplitudes.

The data are presented as three separate files, one for each survey. However, we named all the variables the same. The variable ECPSNUM is the variable showing the survey number. Eight fill values "Blank but applicable," were used

^{*}Beckman Instruments, Inc. Fullerton California

^{**}Marquette Medical Systems, Inc. Milwaukee, Wisconsin,

to represent certain conditions or responses in which a respondent was eligible to receive the ECG but did not because of refusal, lack of time, lack of staff, loss of data, language barrier, unreliability, or the computer program not able to code the data.

Because we administered this test in the examination center, MEC examination weights (WTPFEX) must be used for data analysis. Besides the MEC weights, each file contains the following additional variables: respondent identification number (SEQN); race-ethnicity (DMARETHN); sex (HSSEX); age at interview (HSAGEIR); pseudo-PSU (SDPPSU); and pseudo-stratum (SDPSTRA). Tables 2a, 2b, and 3 presents additional information available from NHANES I and II. These data sets are available on tape and can be obtained from the National Technical Information Service (NTIS), Computer Products Office, 5285 Port Royal Road, Springfield, Virginia 22161 (703) 487-4807.

Table 2a. NHANES I PUBLIC USE DATA SETS

TAPE NAME/NUMBER	ORDER NUMBER
Anthropometry, goniometry, skeletal age, bone density, and cortical thickness, ages 1-74 years (4111)	PB-295908
Arthritis, ages 25- 74 years (4121)	PB-296018
Audiometric test (air, bone, speech reception), ages 25- 74 years (4241)	PB-297337
Biochemistry, serology, hematology, peripheral blood slide, and urinary findings, ages 25-74 years (4800)	PB-297344
Dental, ages 1-74 years (4235)	PB-296023
Dermatology, ages 1- 74 years (4151)	PB80-130255
Dietary frequency and adequacy, ages 1-74 years (4701)	PB-295906
General well-being and the CES-D depression scale developed by the National Institute of Mental Health, ages 25-74 years (4171)	PB-296020

Table 2b. NHANES I PUBLIC USE DATA SETS

	l
TAPE NAME/NUMBER	ORDER NUMBER
Health care needs, general medical history, sample person supplement, and respiratory and cardiovascular supplements, ages 25-74 years (4091)	PB-296029
Medical examination, ages 1-74 years (4233)	 PB-296035
Medical history questionnaire, ages 12-74 years (4081)	 PB-296073
Model gram and nutrient composition (4702-4703)	PB-296027
Near and distant vision, ages 25-74 years (4163)	 PB-295910
Ophthalmology, ages 1-74 years (4161)	PB-296033
Pulmonary diffusion, TB, chest x ray planimetry, heart size, and lung and heart pathology, ages 25-74 years (4251)	 PB87-126009
Spirometry-best trials only, ages 25-74 years (4250)	 PB80-145931
24-hour recall consumption intake, ages 1-74 years (4704)	PB-297339

Table 3. NHANES II PUBLIC USE DATA SETS

TAPE NAME/NUMBER	ORDER NUMBER
Anthropometric data, ages 6 months 74 years (5301)	PB82-191917
Behavior questionnaire, ages 25-74 years (5317)	PB90-501578
Chest x ray examination ages 25-74 years (5252)	PB89-136667
Health History supplement, ages 12-74 years (5305)	PB83-256537
Hematology and biochemistry, ages 6 months-74 years (5411) Version 2	PB90-500943
Medical History, ages 12 -74 years (5020)	PB83-154815
Model gram and nutrient composition (5702-5703)	PB82-142613
Physician's examination, ages 6 months-74 years (5302)	PB86-242930
Total nutrient intake, food frequency, and other related dietary data, ages 6 months-74 years (5701)	PB82-168261
Allergy Skin Testing, Ages 6-74, (5309)	PB86-121613
24-hour recall specific food item, ages 6 months-74 years (5704)	PB82-142639

Two aspects of NHANES surveys should be taken into account when conducting any analyses: the sample weights and the complex survey design. Therefore it is very important that the analyst refers to Landis et al. (1982) and NHANES III Analytic and Reporting Guidelines (U.S. DHHS, 1996b) before attempting to analyze the data.

A detailed description of the ECG procedure can be found in the plan and operation of the respective survey, NHANES I (U.S. DHEW, 1973), NHANES II (U.S. DHHS, 1980), and NHANES III (U.S. DHHS, 1996).

A bibliography of NHANES journal articles citing data from 1980 through 1996 and additional NHANES data can be obtained from the Data Dissemination Branch, NCHS at:

Data Dissemination Branch National Center for Health Statistics Room 1018 6525 Belcrest Road Hyattsville, Maryland 20782

Phone: (301)436-8500

URL:http://www.cdc.gov/nchswww

NHANES III Electrocardiography Data File Index

Description	Variable Name	Positions
DEMOGRAPHIC DATA		
Sample person identification number NHANES III Survey (1988-94) Sex Race Age at interview (Screener) in years Pseudo-PSU Pseudo-stratum MEC-examined sample final weight	SEQN ECPSNUM HSSEX DMARACER HSAGEIR SDPPSU SDPSTRA WTPFEX	1-5 6 7 8 9-10 11 12-13 14-22
INTRODUCTORY INFORMATION		
Technician number Number of leads Chest half-width (mm) Chest half-depth (mm) Major ECG abnormalities Minor ECG abnormalities Probable myocardial infarction (MI) Possible MI Probable left ventricular hypertrophy Possible LVH by MC MINNESOTA CODES	ECPTECH1 ECPLEADS ECPWIDTH ECPDEPTH ECPG1 ECPG2 ECPG3 ECPG4 ECPG5 ECPG6	23-27 28-29 30-32 33-35 36 37 38 39 40 41
MC 1 Leadgroup L(I, aVL, V6) MC 1 Leadgroup F(II, III, aVF) MC 1 Leadgroup V(V1-V5) MC 4 Leadgroup L MC 4 Leadgroup F MC 5 Leadgroup L MC 5 Leadgroup F MC 5 Leadgroup F MC 5 Leadgroup F MC 6 Leadgroup F MC 9 2 Leadgroup L MC 9 2 Leadgroup F MC 9 2 Leadgroup V	ECPL1 ECPF1 ECPV1 ECPL4 ECPF4 ECPV4 ECPL5 ECPL5 ECPF5 ECPV5 ECPV9	42-43 44-45 46-47 48-49 50-51 52-53 54 55 56 57 58

NHANES III Electrocardiography Data File Index

Description	Variable Name	
MC 2 (QRS axis code) MC 3 (High-amplitude R waves) MC 6 (A-V conduction) MC 7 (Ventricular conduction) MC 9.1 (Low-amplitude QRS) MC 9.3 (High-amplitude P) MC 9.4 (QRS transition zone) MC 9.5 (High-amplitude T)	ECPMC2 ECPMC3 ECPMC6 ECPMC7 ECPMC91 ECPMC93 ECPMC94	60-61 62-63 64-65 66 67 68 69
CARDIAC/INFARCTION INJURY SCORE		
Cardiac infarction score (12-lead by 10) Probable infarction/injury Possible infarction/injury Consider infarction/injury	ECPCIIS2 ECPCIIS3	71-73 74 75 76
LEFT VENTRICULAR MASS		
ECG estimate of LV mass ECG estimate of LV mass index Probable LVH	ECPLVM ECPLVMI ECPLVM3	77-79 80-82 83
HEART RATE, BASIC ECG INTERVALS, AND MEAN AXIS	DATA	
Heart rate (beats per minute) PR interval (msec) QRS interval (msec) QT interval (msec) P axis, frontal plane (degrees) QRS axis, frontal plane (degrees) T axis, frontal plane (degrees) Rhythm code	ECPRATE ECPPR ECPQRS ECPQT ECPAXIS1 ECPAXIS2 ECPAXIS3 ECPBEAT	84-86 87-89 90-92 93-95 96-99 100-103 104-107
ECG WAVE MEASUREMENTS		
P amplitude, positive phase, lead II(uV)	ECPP1	109-111

NHANES III Electrocardiography Data File Index

Description	Variable Name	Positions
P duration, lead II (msec)	ECPP2	112-114
P amplitude, positive phase, lead V1(uV)	ECPP3	115-117
P amplitude, negative phase, lead V1(uV)	ECPP4	118-121
Q or QS amplitude, lead I (uV)	ECPQA1	122-125
Q or QS amplitude, lead II (uV)	ECPQA2	126-129
Q or QS amplitude, lead III (uV)	ECPQA3	130-133
Q or QS amplitude, lead aVL (uV)	ECPQA4	134-137
Q or QS amplitude, lead AVF (uV)	ECPQA5	138-141
Q or QS amplitude, lead V1 (uV)	ECPQA6	142-145
Q or QS amplitude, lead V2 (uV)	ECPQA7	146-149
Q or QS amplitude, lead V3 (uV)	ECPQA8	150-153
Q or QS amplitude, lead V4 (uV)	ECPQA9	154-157
Q or QS amplitude, lead V5 (uV)	ECPQA10	158-161
Q or QS amplitude, lead V6 (uV)	ECPQA11	162-165
Q or QS duration, lead I (msec)	ECPQD1	166-168
Q or QS duration, lead II (msec)	ECPQD2	169-171
Q or QS duration, lead III (msec)	ECPQD3	172-174
Q or QS duration, lead aVL (msec)	ECPQD4	175-177
Q or QS duration, lead aVF (msec)	ECPQD5	178-180
Q or QS duration, lead V1 (msec)	ECPQD6	181-183
Q or QS duration, lead V2 (msec)	ECPQD7	184-186
Q or QS duration, lead V3 (msec)	ECPQD8	187-189
Q or QS duration, lead V4 (msec)	ECPQD9	190-192
Q or QS duration, lead V5 (msec)	ECPQD10	193-195
Q or QS duration, lead V6 (msec)	ECPQD11	196-198
R amplitude, lead I (uV)	ECPRA1	199-202
R amplitude, lead II (uV)	ECPRA2	203-206
R amplitude, lead III (uV)	ECPRA3	207-210
R amplitude, lead aVR (uV)	ECPRA4	211-214
R amplitude, lead aVL (uV)	ECPRA5	215-218
R amplitude, lead aVF (uV)	ECPRA6	219-222
R amplitude, lead V1 (uV)	ECPRA7	223-226
R amplitude, lead V2 (uV)	ECPRA8	227-230
R amplitude, lead V3 (uV)	ECPRA9	231-234
R amplitude, lead V4 (uV)	ECPRA10	235-238
R amplitude, lead V5 (uV)	ECPRA11	239-242
R amplitude, lead V6 (uV)	ECPRA12	243-246
R duration, lead I (msec)	ECPRD1	247-249
R duration, lead II (msec)	ECPRD2	250-252
R duration, lead III (msec)	ECPRD3	253-255

NHANES III Electrocardiography Data File Index

	Variable	
Description	Name	Positions
R duration, lead aVR (msec)	ECPRD4	256-258
R duration, lead aVL (msec)	ECPRD5	259-261
R duration, lead aVF (msec)	ECPRD6	262-264
R duration, lead V1 (msec)	ECPRD7	265-267
R duration, lead V2 (msec)	ECPRD8	268-270
R duration, lead V3 (msec)	ECPRD9	271-273
R duration, lead V4 (msec)	ECPRD10	274-276
R duration, lead V5 (msec)	ECPRD11	277-279
R duration, lead V6 (msec)	ECPRD12	280-282
S amplitude, lead I (uV)	ECPSA1	283-286
S amplitude, lead II (uV)	ECPSA2	287-290
S amplitude, lead III (uV)	ECPSA3	291-294
S amplitude, lead aVR (uV)	ECPSA4	295-298
S amplitude, lead aVL (uV)	ECPSA5	299-302
S amplitude, lead aVF (uV)	ECPSA6	303-306
S amplitude, lead V1 (uV)	ECPSA7	307-310
S amplitude, lead V2 (uV)	ECPSA8	311-314
S amplitude, lead V3 (uV)	ECPSA9	315-318
S amplitude, lead V4 (uV)	ECPSA10	319-322
S amplitude, lead V5 (uV)	ECPSA11	323-326
S amplitude, lead V6 (uV)	ECPSA12	327-330
S duration, lead I (msec)	ECPSD1	331-333
S duration, lead II (msec)	ECPSD2	334-336
S duration, lead III (msec)	ECPSD3	337-339
S duration, lead aVR (msec)	ECPSD4	340-342
S duration, lead aVL (msec)	ECPSD5	343-345
S duration, lead aVF (msec)	ECPSD6	346-348
S duration, lead V1 (msec)	ECPSD7	349-351
S duration, lead V2 (msec)	ECPSD8	352-354
S duration, lead V3 (msec)	ECPSD9	355-357
S duration, lead V4 (msec)	ECPSD10	358-360
S duration, lead V5 (msec)	ECPSD11	361-363
S duration, lead V6 (msec)	ECPSD12	364-366
R' amplitude, lead I (uV)	ECPRPA1	367-370
R' amplitude, lead II (uV)	ECPRPA2	371-374
R' amplitude, lead III (uV)	ECPRPA3	375-378
R' amplitude, lead aVR (uV)	ECPRPA4	379-382
R' amplitude, lead aVL (uV)	ECPRPA5	383-386
R' amplitude, lead aVF (uV)	ECPRPA6	387-390
R' amplitude, lead V1 (uV)	ECPRPA7	391-394

NHANES III Electrocardiography Data File Index

	Variable	
Description	Name	Positions
R' amplitude, lead V2 (uV)	ECPRPA8	395-398
R' amplitude, lead V3 (uV)	ECPRPA9	399-402
R' amplitude, lead V4 (uV)	ECPRPA10	403-406
R' amplitude, lead V5 (uV)	ECPRPA11	407-410
R' amplitude, lead V6 (uV)	ECPRPA12	411-414
J amplitude, lead I (uV)	ECPJ1	415-418
J amplitude, lead II (uV)	ECPJ2	419-422
J amplitude, lead III (uV)	ECPJ3	423-426
J amplitude, lead aVR (uV)	ECPJ4	427-430
J amplitude, lead aVL (uV)	ECPJ5	431-434
J amplitude, lead aVF (uV)	ECPJ6	435-438
J amplitude, lead V1 (uV)	ECPJ7	439-442
J amplitude, lead V2 (uV)	ECPJ8	443-446
J amplitude, lead V3 (uV)	ECPJ9	447-450
J amplitude, lead V4 (uV)	ECPJ10	451-454
J amplitude, lead V5 (uV)	ECPJ11	455-458
J amplitude, lead V6 (uV)	ECPJ12	459-462
Negative T amplitude, lead I (uV)	ECPNTA1	463-467
Negative T amplitude, lead II (uV)	ECPNTA2	468-471
Negative T amplitude, lead III (uV)	ECPNTA3	472-475
Negative T amplitude, lead aVR (uV)	ECPNTA4	476-479
Negative T amplitude, lead aVL (uV)	ECPNTA5	480-483
Negative T amplitude, lead aVF (uV)	ECPNTA6	484-487
Negative T amplitude, lead V1 (uV)	ECPNTA7	488-491
Negative T amplitude, lead V2 (uV)	ECPNTA8	492-496
Negative T amplitude, lead V3 (uV)	ECPNTA9	497-501
Negative T amplitude, lead V4 (uV)	ECPNTA10	502-506
Negative T amplitude, lead V5 (uV)	ECPNTA11	507-511
Negative T amplitude, lead V6 (uV)	ECPNTA12	512-516
Positive T amplitude, lead I (uV)	ECPPTA1	517-520
Positive T amplitude, lead II (uV)	ECPPTA2	521-524
Positive T amplitude, lead III (uV)	ECPPTA3	525-528
Positive T amplitude, lead aVR (uV)	ECPPTA4	529-532
Positive T amplitude, lead aVL (uV)	ECPPTA5	533-536
Positive T amplitude, lead aVF (uV)	ECPPTA6	537-540
Positive T amplitude, lead V1 (uV)	ECPPTA7	541-544
Positive T amplitude, lead V2 (uV)	ECPPTA8	545-548
Positive T amplitude, lead V3 (uV)	ECPPTA9	549-552
Positive T amplitude, lead V4 (uV)	ECPPTA10	553-556
Positive T amplitude, lead V5 (uV)	ECPPTA11	557-560

Description			Variable Name	Positions
Positive T	amplitude,	lead V6 (uV)	ECPPTA12	561-564
	NHANES	III Electrocare	diography Data File	2
FILENAME=NH		VERSI		N=8,561
		DEMOGRAPH		
Positions	I	tem description and code		Notes
1-5 SEQN		Sample person : 00009-53616	identification numb	per
6 ECPSNUM	8561	NHANES III Sura 3 NHANES I		
7 HSSEX		Sex 1 Male 2 Female		
8 DMARACER		Race 1 White 2 Black 3 Other		
9-10 HSAGEIR	8494 67	Age at interview 40-89 90 90+	ew (Screener) in ye	ears
11 SDPPSU	8561	Pseudo-PSU 1-2		
12-13 SDPSTRA	8561	Pseudo-stratum 01-49		

MEC-examined sample final weight

14-22 MEC-examined sample WTPFEX 8561 000227.87-129993.17

INTRODUCTORY INFORMATION					
Positions SAS name		Item description and code	Notes		
23-27 ECPTECH1	8560	Technician number 01001-09018 88888 Blank but applicable			
28-29 ECPLEADS	2 12 3 45 19 8426 54	07 09 10 11 12			
30-32 ECPWIDTH	8528 33	Chest half-width (mm) 100-275 888 Blank but applicable			
33-35 ECPDEPTH	85 4 1 20	050-250			
36 ECPG1		Major ECG abnormalities 0 Absent 1 Present 8 Blank but applicable	See note		
37 ECPG2	6671 1870 20		See note		
38 ECPG3	8511 30 20	Probable myocardial infarction (MI) 0 Absent 1 Present 8 Blank but applicable	See note		

		INTR	ODUCTORY INFORMATION		
Positions	 I	tem de	scription		
SAS name	Counts		-	Note	es
39		Possi	ble MI	See	note
ECPG4	8277	0	Absent		
	264	1	Present		
	20	8	Blank but applicable		
40		Proba	ble left ventricular hypertrophy	See	note
ECPG5		(LVH)	by Minnesota Code (MC)		
	8370	0	Absent		
	171	1	Present		
	20	8	Blank but applicable		
41		Possi	ble LVH by MC	See	note
ECPG6	7861	0	Absent		
	680	1	Present		

20 8 Blank but applicable

NHANES III Electrocardiography Data File

			MINNESOTA		
Positions SAS name	Counts	Item d	lescription d code		Notes
42-43 ECPL1	8399 6 2 2 10 1 53 9	00 11 12	1.0.0 1.1.1 1.1.2 1.1.3 1.2.1 1.2.2 1.3.1 1.3.3	L(I, aVL, V6)	
44-45 ECPF1	8094 16 1 12 1 27 1 20 43 1 103 39 53 3 81 66	00 11 12 14 15 21 22 23 24 25 26 31 34	1.0.0 1.1.1 1.1.2 1.1.4 1.1.5 1.2.1 1.2.2 1.2.3 1.2.4 1.2.5 1.2.6 1.3.1 1.3.4 1.3.5 1.3.6	F(II, III, aVF)	

NHANES III Electrocardiography Data File

			MINNESOTA	A CODES	
Positions SAS name	Counts		description nd code	n	 Notes
46-47		MC :	Leadgroup	o V(V1-V5)	
ECPV1	8208 18 10	11	1.0.0 1.1.1 1.1.2		
	27	16	116		

	18 10 37 7 7	12 16 17	1.1.1 1.1.2 1.1.6 1.1.7 1.2.1
	4	22	
	23		1.2.7
	39		1.2.8
			1.3.1
			1.3.2
	110	88	Blank but applicable
48-49		MC	4 Leadgroup L
ECPL4	8145	00	4.0.0
	22	12	4.1.2
			1.1.2
	166	20	4.2.0
	166 141		
		30	4.2.0
	141	30 40	4.2.0 4.3.0
50-51	141 9	30 40 88	4.2.0 4.3.0 4.4.0
50-51 ECPF4	141 9 78	30 40 88 MC	4.2.0 4.3.0 4.4.0 Blank but applicable
	141 9 78	30 40 88 MC 00	4.2.0 4.3.0 4.4.0 Blank but applicable 4 Leadgroup F

65 20 4.2.0

42 30 4.3.0 7 40 4.4.0 67 88 Blank but applicable

NHANES III Electrocardiography Data File

				TA CODES	
Positions					
SAS name	Counts	an	d code		Notes
52-53		MC A	Leadgro	un V	
ECPV4		MC 4	1 0 0	up v	
ECPV4	2		4.0.0		
			4.1.2		
	145	20	4.2.0		
			4.3.0		
			4.4.0		
				out applicable	
	110	00	DIAIR I	out applicable	
54		MC 5	Leadgro	up L	
ECPL5	7244	0			
	2	1	5.1		
	309	2	5.2		
	653	3	5.3		
	280	4	5.4		
	73	8	Blank 1	out applicable	
55		MC 5	Leadgro	up F	
ECPF5	8125			-	
	108	2	5.2		
	184	3	5.3		
	77	4	5.4		
	67	8	Blank 1	out applicable	
56		MC 5	Leadgro	up V	
ECPV5	7441	0		-	
		1			
		2			
		3			
		4			
	104			out applicable	
				= =	

		MINNESOTA CODES	
Positions SAS name	It Counts	em description and code	Notes
57 ECPL9	8475 7	MC 9.2 Leadgroup L 0 9.2.0 2 9.2.2 8 Blank but applicable	
58 ECPF9	8484 10	MC 9.2 Leadgroup F 0 9.2.0 2 9.2.2 8 Blank but applicable	
59 ECPV9	8331 119		
60-61 ECPMC2	6417 1201 456 283 86 49	MC 2 (QRS axis code) 00	See note
62-63 ECPMC3	7575 195 34 260 11 92 270	MC 3 (High-amplitude R waves) 00	

			MINNESOTA	A CODES	
Positions SAS name			d code		Notes
64-65 ECPMC6		00 30 50 80	6.3 6.5 6.8	luction) ut applicable	
66 ECPMC7	178	0 1 2	7.0 7.1 7.2 7.3 7.4 7.5 7.6	alar conduction)	
67 ECPMC91	8310 124 127	0	9.1.0 9.1.1	aplitude QRS) at applicable	
68 ECPMC93	8438 18 105	0 3	9.3.0 9.3.3	mplitude P) it applicable	
69 ECPMC94		0 1 2	9.4.0 9.4.1 9.4.2	ransition zone) at applicable	

NHANES III Electrocardiography Data File

		MINNESC	TA CODES	
Positions SAS name	Counts	Item descripti and code	on	Notes
70 ECPMC95	8371	MC 9.5 (High	-amplitude T)	
ECPMC95		5 9.5.5	but applicable	

CARDIAC/INFARCTION INJURY SCORE Positions Item description SAS name Counts and code ______ 71-73 Cardiac infarction/injury score for See note ECPCIIS 12-lead ECG multiplied by 10 8422 000-489 139 888 Blank but applicable Probable infarction/injury 74 See note ECPCIIS2 7664 0 Absent 760 1 Present 137 8 Blank but applicable 75 Possible infarction/injury See note 7749 0 Absent ECPCIIS3 675 1 Present 137 8 Blank but applicable 76 Consider infarction/injury See note ECPCIIS4 7387 0 Absent 1037 1 Present 137 8 Blank but applicable

		LEFT VENTRICULAR MASS	
Positions		 Item description	
		and code	Notes
77-79		ECG estimate of LV mass	See note
ECPLVM	8440	070-326	
	121	888 Blank but applicable	
80-82		ECG estimate of LV mass index	See note
ECPLVMI	8451	040-276	
	110	888 Blank but applicable	
83		Probable LVH	See note
ECPLVM3	7448	0 Absent	
	1003	1 Present	
	110	8 Blank but applicable	

HEART RATE, BASIC ECG INTERVALS, AND MEAN AXIS DATA Item description SAS name Counts and code ______ 84-86 Heart rate (beats per minute) ECPRATE 8517 035-156 44 888 Blank but applicable 87-89 PR interval (msec) ECPPR 8444 021-421 117 888 Blank but applicable 90-92 QRS interval (msec) ECPQRS 8531 061-209 30 888 Blank but applicable 93-95 QT interval (msec) 8381 191-540 ECPOT 180 888 Blank but applicable 96-99 P axis, frontal plane (degrees) ECPAXIS1 8504 -155-0176 57 8888 Blank but applicable 100-103 QRS axis, ECPAXIS2 8504 -178-0177 QRS axis, frontal plane (degrees) 57 8888 Blank but applicable

T axis, frontal plane (degrees)

58 8888 Blank but applicable

104-107

8503 -180-0178

ECPAXIS3

	HEART RATE	E, BASIC	C ECG INTERVALS, AND MEAN AXIS DATA	
Positions SAS name	Counts		lescription nd code	Notes
10)8	Rhyt	hm code	See note
ECPBEAT	8263	3 1	Sinus rhythm	
	2	2 2	Atrial fibrillation/flutter	
	20	3	Pacemaker	
	149	9 4	Ventricular ectopic complexes	
	6	5 5	Wandering atrial pacemaker	
	1	L 6	Supraventricular tachycardia	
	110	7	Supraventricular ectopic complexes	
	10	9	Other rhythm abnormality	

		ECG WAVE MEASUREMENTS	
		tem description and code	Notes
109-111 ECPP1	8499	P amplitude, positive phase, lead II (microvolt (uV)) 000-491 888 Blank but applicable	
112-114 ECPP2		P duration, lead II (msec) 000-207 888 Blank but applicable	
115-117 ECPP3		P amplitude, positive phase, lead V1 (uV) 000-311 888 Blank but applicable	
118-121 ECPP4	8487 74	P amplitude, negative phase, lead V1 (uV) -316-0000 8888 Blank but applicable	
122-125 ECPQA1		Q or QS amplitude, lead I (uV) 0000-0504 8888 Blank but applicable	
126-129 ECPQA2	8499 62	Q or QS amplitude, lead II (uV) 0000-1899 8888 Blank but applicable	
130-133 ECPQA3	8500 61		
134-137 ECPQA4		Q or QS amplitude, lead aVL (uV) 0000-0632 8888 Blank but applicable	

		ECG WAVE MEASUREMENTS	
Positions SAS name	I Counts	tem description and code	Notes
138-141 ECPQA5		Q or QS amplitude, lead AVF (uV) 0000-2026 8888 Blank but applicable	
142-145 ECPQA6			
146-149 ECPQA7		Q or QS amplitude, lead V2 (uV) 0000-3179 8888 Blank but applicable	
150-153 ECPQA8		Q or QS amplitude, lead V3 (uV) 0000-2921 8888 Blank but applicable	
154-157 ECPQA9	8497 64	Q or QS amplitude, lead V4 (uV) 0000-2108 8888 Blank but applicable	
158-161 ECPQA10		Q or QS amplitude, lead V5 (uV) 0000-1264 8888 Blank but applicable	
162-165 ECPQA11			
166-168 ECPQD1	8516 45	Q or QS duration, lead I (msec) 000-056 888 Blank but applicable	
169-171 ECPQD2	8499 62	Q or QS duration, lead II (msec) 000-148 888 Blank but applicable	

NHANES III Electrocardiography Data File

		ECG WAVE MEASUREMENTS	
SAS name	Counts	tem description and code	Notes
172-174 ECPQD3	8500	Q or QS duration, lead III (msec) 000-176 888 Blank but applicable	
175-177 ECPQD4	8501	Q or QS duration, lead aVL (msec) 000-200 888 Blank but applicable	
178-180 ECPQD5	8502	Q or QS duration, lead aVF (msec) 000-152 888 Blank but applicable	
181-183 ECPQD6	8487	Q or QS duration, lead V1 (msec) 000-148 888 Blank but applicable	
184-186 ECPQD7	8487	Q or QS duration, lead V2 (msec) 000-136 888 Blank but applicable	
187-189 ECPQD8	8467	Q or QS duration, lead V3 (msec) 000-128 888 Blank but applicable	
190-192 ECPQD9	8497 64		
193-195 ECPQD10	8497	Q or QS duration, lead V5 (msec) 000-120 888 Blank but applicable	
196-198 ECPQD11	8498	Q or QS duration, lead V6 (msec) 000-120 888 Blank but applicable	

		ECG WAVE MEASUREMENTS	
Positions SAS name		Item description and code	Notes
199-202 ECPRA1		R amplitude, lead I (uV) 0027-2913 8888 Blank but applicable	
203-206 ECPRA2	8499 62	R amplitude, lead II (uV) 0000-2476 8888 Blank but applicable	
207-210 ECPRA3	8500 61		
211-214 ECPRA4	8503 58		
215-218 ECPRA5	8501 60	R amplitude, lead aVL (uV) 0000-2458 8888 Blank but applicable	
219-222 ECPRA6	8502 59	R amplitude, lead aVF (uV) 0000-2165 8888 Blank but applicable	
223-226 ECPRA7	8487 74	R amplitude, lead V1 (uV) 0000-2101 8888 Blank but applicable	
227-230 ECPRA8	8487 74		
231-234 ECPRA9		R amplitude, lead V3 (uV) 0000-3937 8888 Blank but applicable	

		ECG WAVE MEASUREMENTS	
	Counts	Item description and code	Notes
235-238 ECPRA10	8497	R amplitude, lead V4 (uV) 0000-3999 8888 Blank but applicable	
239-242 ECPRA11	8497	R amplitude, lead V5 (uV) 0000-3947 8888 Blank but applicable	
243-246 ECPRA12	8498	R amplitude, lead V6 (uV) 0000-3817 8888 Blank but applicable	
247-249 ECPRD1		R duration, lead I (msec) 008-188 888 Blank but applicable	
250-252 ECPRD2		R duration, lead II (msec) 000-208 888 Blank but applicable	
253-255 ECPRD3		R duration, lead III (msec) 000-204 888 Blank but applicable	
256-258 ECPRD4	8503 58		
259-261 ECPRD5		R duration, lead aVL (msec) 000-188 888 Blank but applicable	
262-264 ECPRD6		R duration, lead aVF (msec) 000-208	

59 888 Blank but applicable

		ECG WAVE MEASUREMENTS	
Positions SAS name	Counts	Item description and code	Notes
265-267 ECPRD7		R duration, lead V1 (msec) 000-196	
268-270 ECPRD8	8487	, , , , ,	
271-273 ECPRD9	8467	10 441401011, 1044 10 (11500)	
274-276 ECPRD10			
277-279 ECPRD11		000-196	
280-282 ECPRD12		000-200	
283-286 ECPSA1		S amplitude, lead I (uV) 0000-1084 8888 Blank but applicable	
287-290 ECPSA2	8499	S amplitude, lead II (uV) 0000-1669 8888 Blank but applicable	
291-294 ECPSA3	8500	S amplitude, lead III (uV) 0000-2878	

61 8888 Blank but applicable

NHANES III Electrocardiography Data File

		ECG WAVE MEASUREMENTS	
Positions SAS name		Item description and code	Notes
295-298 ECPSA4		S amplitude, lead aVR (uV) 0000-2037 8888 Blank but applicable	
299-302 ECPSA5		S amplitude, lead aVL (uV) 0000-1195 8888 Blank but applicable	
303-306 ECPSA6	8502 59		
307-310 ECPSA7	8487 74		
311-314 ECPSA8	8487 74	S amplitude, lead V2 (uV) 0000-2984 8888 Blank but applicable	
315-318 ECPSA9	8467 94	S amplitude, lead V3 (uV) 0000-2993 8888 Blank but applicable	
319-322 ECPSA10	8497 64	S amplitude, lead V4 (uV) 0000-2783 8888 Blank but applicable	
323-326 ECPSA11	8497 64	S amplitude, lead V5 (uV) 0000-2228 8888 Blank but applicable	
327-330 ECPSA12	8498 63	S amplitude, lead V6 (uV) 0000-1481 8888 Blank but applicable	

ECG WAVE MEASUREMENTS				
		Item descripti and code	Lon	Notes
331-333 ECPSD1	8516	000-124	<pre>lead I (msec) but applicable</pre>	
334-336 ECPSD2	8499	000-160	<pre>lead II (msec) but applicable</pre>	
337-339 ECPSD3	8500	000-148	<pre>lead III (msec) but applicable</pre>	
340-342 ECPSD4		000-128	<pre>lead aVR (msec) but applicable</pre>	
343-345 ECPSD5	8501	000-152	<pre>lead aVL (msec) but applicable</pre>	
346-348 ECPSD6	8502	000-164	<pre>lead aVF (msec) but applicable</pre>	
349-351 ECPSD7		000-152	<pre>lead V1 (msec) but applicable</pre>	
352-354 ECPSD8	8487 74	000-140	<pre>lead V2 (msec) but applicable</pre>	
355-357 ECPSD9	8467	·	lead V3 (msec)	

94 888 Blank but applicable

		ECG WAVE MEASUREMENTS	
Positions SAS name		Item description and code	Notes
358-360 ECPSD10		S duration, lead V4 (msec) 000-156 888 Blank but applicable	
361-363 ECPSD11	8497 64	S duration, lead V5 (msec) 000-156 888 Blank but applicable	
364-366 ECPSD12		S duration, lead V6 (msec) 000-152 888 Blank but applicable	
367-370 ECPRPA1		R' amplitude, lead I (uV) 0000-1527 8888 Blank but applicable	
371-374 ECPRPA2	8499 62	R' amplitude, lead II (uV) 0000-2145 8888 Blank but applicable	
375-378 ECPRPA3	8500 61	R' amplitude, lead III (uV) 0000-1394 8888 Blank but applicable	
379-382 ECPRPA4	8503 58	R' amplitude, lead aVR (uV) 0000-0480 8888 Blank but applicable	
383-386 ECPRPA5	8501 60		
387-390 ECPRPA6	8502 59	R' amplitude, lead aVF (uV) 0000-1762 8888 Blank but applicable	

		ECG WAVE MEASUREMENTS	
		Item description and code	Notes
391-394 ECPRPA7	8487	R' amplitude, lead V1 (uV) 0000-1817 8888 Blank but applicable	
395-398 ECPRPA8	8487 74	R' amplitude, lead V2 (uV) 0000-2891 8888 Blank but applicable	
399-402 ECPRPA9	8467 94	R' amplitude, lead V3 (uV) 0000-2059 8888 Blank but applicable	
403-406 ECPRPA10	8497 64	R' amplitude, lead V4 (uV) 0000-2095 8888 Blank but applicable	
407-410 ECPRPA11		R' amplitude, lead V5 (uV) 0000-2321 8888 Blank but applicable	
411-414 ECPRPA12		R' amplitude, lead V6 (uV) 0000-1662 8888 Blank but applicable	
415-418 ECPJ1	8516 45	J amplitude, lead I (uV) -321-0197 8888 Blank but applicable	
419-422 ECPJ2	8499 62	J amplitude, lead II (uV) -231-0300 8888 Blank but applicable	
423-426 ECPJ3	8500 61	J amplitude, lead III (uV) -170-0306 8888 Blank but applicable	

		ECG WAVE MEASUREMENTS	
Positions SAS name		Item description and code	Notes
427-430 ECPJ4		J amplitude, lead aVR (uV) -202-0202 8888 Blank but applicable	
431-434 ECPJ5	8501 60	J amplitude, lead aVL (uV) -294-0116 8888 Blank but applicable	
435-438 ECPJ6		J amplitude, lead aVF (uV) -197-0270 8888 Blank but applicable	
439-442 ECPJ7	8487 74		
443-446 ECPJ8	8487 74	J amplitude, lead V2 (uV) -211-0487 8888 Blank but applicable	
447-450 ECPJ9	8467 94	J amplitude, lead V3 (uV) -243-0409 8888 Blank but applicable	
451-454 ECPJ10	8497 64	J amplitude, lead V4 (uV) -358-0354 8888 Blank but applicable	
455-458 ECPJ11		J amplitude, lead V5 (uV) -336-0456 8888 Blank but applicable	
459-462 ECPJ12	8498 63	J amplitude, lead V6 (uV) -322-0224 8888 Blank but applicable	

		ECG WAVE MEASUREMENTS	
		Item description and code	Notes
	8516 45	-0405-00000	
468-471 ECPNTA2	8499 62		
472-475 ECPNTA3		Negative T amplitude, lead III (uV) -576-0000 8888 Blank but applicable	
476-479 ECPNTA4	8503 58		
480-483 ECPNTA5	8501 60	Negative T amplitude, lead aVL (uV) -478-0000 8888 Blank but applicable	
484-487 ECPNTA6	8502 59		
488-491 ECPNTA7			
492-496 ECPNTA8		Negative T amplitude, lead V2 (uV) -0847-00000 88888 Blank but applicable	
497-501 ECPNTA9		Negative T amplitude, lead V3 (uV) -1000-00000 88888 Blank but applicable	

		ECG WAVE MEASUREMENTS	
		Item description and code	Notes
	8497 64	-1025-00000	
507-511 ECPNTA11	8497	Negative T amplitude, lead V5 (uV) -0904-00000 88888 Blank but applicable	
512-516 ECPNTA12		Negative T amplitude, lead V6 (uV) -0700-00000 88888 Blank but applicable	
517-520 ECPPTA1	8516 45		
521-524 ECPPTA2	8499 62	Positive T amplitude, lead II (uV) 0000-0786 8888 Blank but applicable	
525-528 ECPPTA3			
529-532 ECPPTA4			
533-536 ECPPTA5	8501 60		
537-540 ECPPTA6	8502 59	Positive T amplitude, lead aVF (uV) 0000-0820 8888 Blank but applicable	

ECG WAVE MEASUREMENTS

		ECG WAVE MEASUREMENTS	
SAS name	Counts	Item description and code	Notes
	9497	Positive T amplitude, lead V1 (uV) 0000-0968	
ECFF1A7		8888 Blank but applicable	
	8487	Positive T amplitude, lead V2 (uV) 0000-1792	
	74	8888 Blank but applicable	
	8467	Positive T amplitude, lead V3 (uV) 0000-1607	
	94	8888 Blank but applicable	
553-556 ECPPTA10	8497	Positive T amplitude, lead V4 (uV) 0000-1784 8888 Blank but applicable	
557-560 ECPPTA11	8497	0000-1328	
	64	8888 Blank but applicable	
561-564 ECPPTA12	8498	Positive T amplitude, lead V6 (uV) 0000-0911 8888 Blank but applicable	

ECPWIDTH: Chest half-width(mm)

Two anthropometric measurements related to the chest dimensions and chest electrode locations were obtained in NHANES III using an electrode locator (Heartsquare) used to position the V4 electrode at a 45 degree angle between the midsternal line and the left midaxillary line (location of V6) (Rautaharju et al, 1976). The half-width of the chest is the distance (cm) from the midsternal line to the left lateral chest wall at the level of V6. The half-depth of the chest is the distance from the frontal plane at lower sternum to the frontal plane which transsects the thorax at the level of the midaxillary levels. Both of these measurements were obtained to the nearest 0.5 cm and reported as three digit numbers without a decimal (mm) for NHANES III only.

ECPDEPTH: Chest half-depth (mm)

See note for ECPWIDTH.

ECPG1: Major ECG abnormalities

Minnesota Code Comments

Major Q, QS waves	1.1 or 1.2 except 1.2.8	Highest code in any leadgroup
ST depression	4.1 or 4.2	
Negative T waves	5.1 or 5.2	
Complete AV block	6.1	Coded visually, not coded in NHANES I
WPW pattern	6.4	
Artificial pacemaker	6.8	Coded visually, not coded in NHANES I
Ventricular conduction	7.1 or 7.2 or	7.4
defect		
Atrial fibrillation /flutter	8.3	Coded visually
ST elevation	9.2	

ECPG2: Minor ECG abnormalities

Minnesota Code Comments

Minor Q waves	1.2.8 or 1.3				
High R waves	3.1 or 3.3	Any 3.1 or 3.3 code			
Minor ST codes	4.3 or 4.4				
Minor T wave codes	5.3 or 5.4				
Prolonged PR interval	6.3				
RR' in V1 or V2	7.3 or 7.5				
Left anterior fascicular	7.7				
block					

ECPG3: Probable myocardial infarction by the Minnesota Code

Major Q/QS waves (Code 1.1.1 through 1.1.7), or Moderate Q/QS waves with ST depression or T wave inversion (Code 1.2.1 through 1.2.7 and code 4.1, 4.2, 5.1 or 5.2)

ECPG4: Possible myocardial infarction by the Minnesota Code

Moderate Q/QS waves without ST depression or T wave inversion (Code 1.2.1 through 1.2.7 without Code 4.1, 4.2, 5.1 and 5.2),or minor Q/QS waves with ST depression or T wave inversion (Code 1.2.8 or 1.3.1 through 1.3.6 and Code 4.1, 4.2, 5.1 or 5.2)

ECPG5: Probable LVH by the Minnesota Code

Code 3.1 with code 5.1 or 5.2 or 5.3

ECPG6: Possible LVH by the Minnesota Code

Code 3.1 without code 5.1 and 5.2 and 5.3, OR Any code 3.3

ECPMC2 MC 2 (QRS axis code)

The algorithm used for QRS axis determination provides a more accurate estimation of the mean frontal plane axis than the approximation used in Minnesota Code 2 according to the conventional visual measurement.

The algorithm used for the QRS axis determination is also used for ${\tt P}$ and ${\tt T}$ axis calculation.

Values of QRS integrals (net QRS 'areas', A) determined from the six limb leads are used for the mean frontal plane QRS axis calculation.

Three separate axis angle (ANG) values are calculated from three pairs of limb leads. The lead vectors of these three pairs of leads are assumed to be orthogonal according to the Einthoven's equilateral triangle approximation, and the relative strength of the lead vectors of leads aVR, aVL and aVF are assumed to be 3/2 times the lead vector strengths of leads I, II and III. Consequently, the augmented unipolar limb leads are scaled by factor 1.16 in these pairwise calculations of the three angles ANG(1), ANG(2) and ANG(3).

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ANG(1) = ARCTG (1.16 \times A(aVF), A(I)),

ANG(2) = ARCTG (A(II), 1.16 \times A(aVF)),

ANG(3) = ARCTG (1.16 \times A(aVR), A(III)) + 120
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In case the three values are reasonably consistent, the final mean frontal plane axis is taken as the mean value of these three separate angle determinations. Several inconsistency checks are performed, and if abnormally large discrepancies are found, the angle is termed 'undetermined'.

QRS axis values are used to identify abnormal axis deviations, with the following categories for the QRS axis code (code 2):

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2.0.0 from 0 to 90 degrees Normal QRS axis
2.1.1 from -29 to -1 degrees Borderline left axis deviation
(LAD)
2.1.2 from -89 to -30 degrees LAD
2.2.1 from 91 to 119 degrees Borderline right axis deviation
(RAD)
2.2.2 from 120 to 150 degrees RAD
3.3 from 149 to 90 degrees Extreme axis deviation
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ECPCIIS, ECPCIIS2, ECPCIIS3, ECPCIIS4: Cardiac Infarction/Injury Score for 12 lead ECG multiplied by 10

This ECG coding scheme was developed as a measure of the likelihood of myocardial infarction on a continuous scale. The following thresholds for the score define the likelihood of infarction in a decreasing order:

Probable infarction CIIS >= 20 Possible infarction 15 <= CIIS < 20 Consider infarction 10 <= CIIS < 15

These thresholds correspond to the estimated specificity levels of 98%, 95% and 90% (Rautaharju et al., 1981.).

ECPCIIS2: Infarction/Injury probable

See note for ECPCIIS.

ECPCIIS3: Infarction/Injury possible

See note for ECPCIIS.

ECPCIIS4: Consider Infarction/Injury probable

See note for ECPCIIS.

ECPLVM, ECPLVMI, ECPLVM3: Estimate LV Mass and LV Mass Index

Coefficients for the regression equation used for ECG estimation of left ventricular mass (LVM) and left ventricular mass index (LVMI) (Rautaharju et al, 1990).

White and Black Men

Variables	LVM	LVMI
R amplitude in V5 (æV) Q or S amplitude in V1 (æV)* Q or S amplitude in III (æV)* Negative T amplitude in V6 (æV) Positive T amplitude in aVR (æV) ORS duration (msec.)	0.0217 0.0338 0.0600 0.3158 -0.2958 1.8204	0.0100 0.0203 0.0287 0.1819 -0.1482
Intercept	-58.5098	-36.4290

White Women

Variables	LVM	LVMI
R amplitude on aVL (æV)	0.0320	
R amplitude in V5 (æV)	0.0233	0.0178
Q or S amplitude in V5 (æV)*	0.0693	0.0528
Q or S amplitude in I (æV)*	-0.1545	-0.1128
Positive T amplitude in V1 (æV)	0.1122	0.1075
Negative T amplitude in aVF (æV)		0.1701

Positive T a	amplitude	in V	<i>1</i> 6 ((æV)	-0.1236	-0.0939
Intercept					134.7722	88.4357

Black Women

Variables	LVM	LVMI
R amplitude in aVL (æV)		0.0216
R amplitude in I (æV)	0.0498	
(R amplitude in V6 +		
S amplitude in V2) (æV)	0.0235	0.0184
R amplitude in V1	-0.0507	
R amplitude in V2 (æV)		-0.0143
Q or S amplitude in V6 (æV)*	-0.0980	-0.0693
Negative T amplitude in aVL (æV)		0.199
Negative T amplitude in I (æV)	0.5225	
QRS duration (msec.)	1.8478	0.7460
Intercept	-90.7136	-22.3064

^{*} whichever is larger

The following limits for LVMI are taken to indicate the presence of probable left ventricular hypertrophy to correspond upper normal limits for echocardiographic LVMI by the conventions of the American Society for Echocardiography (Levy et al. 1987). These LVH criteria have been evaluated recently in an independent study population (Rautaharju et al, 1996).

Males> 150 g/m2 Females> 120 g/m2

ECPLVMI: ECG estimate LV Mass Index

See note for ECPLVM.

ECPLVM3: Probable LVH

See note for ECPLVM.

ECPAXIS2: QRS axis, frontal plane (degrees)

See note for ECPMC2

ECPBEAT: Rhythm Code

Arrhythmias were not coded in NHANES I except that ECGs with no P waves detected or with P wave detection uncertain were coded visually for the presence of atrial fibrillation. Arrhythmic codes were determined visually by a senior electrocardiographer (PMR) for NHANES II and III. Note that the history of atrial fibrillation was an exclusion criterion for ECG recording in NHANES III. Pacemaker enhancement circuits were not used in ECG recorders of any of these surveys which makes coding uncertain.

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