

Survey of the Effect of *PRELIEF* on Food-Related Exacerbation  
of Interstitial Cystitis Symptoms

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## SUMMARY

Participants from a large out-patient urology practice were surveyed regarding symptoms of interstitial cystitis, as well as factors that exacerbate symptoms.

### 1) SAMPLE

#### a) Demographic Characteristics

- i) 379 individuals participated in the study. The sample was predominantly female (94%), Caucasian (97%), and above the age of 50 (59%).
- ii) About one-third of participants report having symptoms of IC for less than 5 years, while about one-third report having symptoms for more than 15 years.
- iii) Of these, 203 completed the follow-up survey, while 176 did not, yielding a response rate of 53.6%. Respondents were similar to non-respondents on gross demographic characteristics, symptoms of interstitial cystitis, pre-existing conditions, and food exacerbated symptoms

#### b) Symptom History

- i) About 62% of participants report bladder pain and discomfort as the predominant symptom
- ii) About 38% report urgency to urinate or frequency of urination as the predominant symptom.
- iii) Fully 94% sought treatment for their symptoms.

### 2) SURVEY RESULTS

#### a) Food-exacerbation

- i) Responses suggest that *Preliief* affords substantial reduction in food-related symptom exacerbation. The effect appears particularly pronounced for coffee, tomato-based products, such as pizza, and for acidic fruits and fruit juices.
- ii) *Preliief* reduced the average number of foods per person aggravating symptoms.

#### b) Pain and Urgency

- i) 70.4% (n=126) reported a reduction in pain and discomfort, whereas 8.9 reported an exacerbation of symptoms. Thirty-seven respondents (20.7%) indicated no change in symptoms.
- ii) 61.3% (n=111) reported a reduction in urgency, while 13.8% (n=25) reported an increase in symptoms of urgency. 24.9% (n=45) indicated no change in urgency scores before or after using *Preliief*.

#### c) Quality of Life

- i) Respondents indicated that there was improvement in quality of life measures, including mental attitude, ability to deal with stress, and ability to participate in social, interpersonal, and work-related activities.

3) CONCLUSION. Within the limits of the study design, *Preliief* appeared to reduce symptoms of IC, particularly those symptoms associated aggravated by food.

## Survey of the Effect of *Prelief* on Food-Related Exacerbation of Interstitial Cystitis Symptoms

A survey was conducted among women and men suffering from symptoms of interstitial cystitis that are exacerbated by certain foods. Participants were identified through a large out-patient urology practice. They were queried about symptoms and history of interstitial cystitis, as well as general health and well-being, during the 4-week period prior to taking *Prelief*. Participants were again surveyed after using *Prelief* for 4 weeks. As the survey employed a pre-post design, the appropriate statistical approach is a paired analysis. In a paired analysis, a participant's responses prior to taking *Prelief* are compared to her responses after taking *Prelief*.

### 1. Sample Characteristics

Table 1 shows the demographic characteristics of survey responders. A total of 379 individuals participated in the study. The sample was predominantly female (94%), Caucasian (97%), and above the age of 50 (59%). More than 75% of the sample had at least some college level education and about 70% claimed total household incomes above \$30,000 per year.

Table 2 presents the selected characteristics from the medical histories of study participants. These items were obtained from participant reports rather than from medical charts. About one-third of participants report having symptoms of IC for less than 5 years, while about one-third report having symptoms for more than 15 years.

Table 1. Demographic Characteristics of Survey Sample

Characteristic	N	%
<b>Gender</b>		
Women	355	94.2
Men	22	5.8
<b>Age</b>		
20 – 35	31	8.2
36 – 50	124	32.9
51 – 65	109	28.9
66 – 80	108	28.7
80+	5	1.3
<b>Race</b>		
Caucasian	357	97.3
Non-Caucasian	10	2.7
<b>Education level</b>		
Some High School	90	24.1
Some College	162	43.3
Advanced Degree	122	32.6
<b>Household Income</b>		
≤ \$30,000	105	29.4
> \$30,000	252	70.6
<b>Employment Status</b>		
Employed	154	41.2
Homemaker	127	34.0
Unemployed	92	24.6
Retired	1	0.3

About 62% of participants report bladder pain and discomfort as the predominant symptom of IC, whereas about 38% report urgency to urinate or frequency of urination as the predominant symptom. Fully 94% sought treatment for their symptoms.

Participants were asked about other co-existing conditions. Those conditions that were reported in at least about 30% of participants were allergy-related (such as medication

allergies, allergic rhinitis, and sinusitis) and hysterectomy (about 35% of participants). About 21% of participants reported a history of migraines and about 18% reported a history of fibromyalgia.

Table 2. Medical History of Participants

Characteristic	N	%
Duration of Symptoms, yrs		
< 5	113	30.2
5 - 10	104	27.8
10 - 15	54	14.4
>15	103	27.5
Predominant Symptom		
Bladder Pain	229	62.1
Urge to Urinate	72	19.5
Frequency of Urination	68	18.4
Sought Treatment for IC	351	94.1
Co-existing Conditions		
Medication Allergy	207	55.1
Food Allergy	115	30.6
Allergic Rhinitis	107	28.4
Sinusitis	128	34.0
Migraine	80	21.2
Urticaria	23	6.1
Fibromyalgia	69	18.4
Hysterectomy	132	35.3

## 2. *Analysis of Attrition*

### *Overview.*

Prior to analyzing participants' responses before and after using *Prelief*, it is prudent to examine those who dropped out of the study prior to completing the follow-up survey (i.e., attrition). The purpose of this analysis is to determine whether those who completed both surveys were comparable to those completing just the initial survey. The extent to which these groups are similar will influence how the results are interpreted and how the results may be generalized. A total of 379 individuals were enrolled initially and completed the first survey. Of these, 203 completed the follow-up survey, while 176 did not, yielding a response rate of 53.6%. The analyses in this section will compare the two groups on selected demographic and symptom characteristics obtained from the initial survey.

### *Demographic Characteristics.*

Participants and non-participants were similar on age and gender. Participants were 55.7 ( $\pm 14.3$ ) years old compared to non-participants who were on average 54.3 ( $\pm 14.6$ ) years old ( $p=.35$ ). Of participants, 95.5% were female, whereas among non-participants 92.6% were female ( $p=.23$ ). Both groups were similar on race, being predominantly Caucasian: 97.5% of respondents and 97.1% of non-respondents ( $p=.81$ ). The groups had nearly equal distributions on income (69.6% of respondents and 71.7% of non-respondents claimed incomes over \$30,000,  $p=.67$ ), and education level ( $p=.42$ ).

### *Symptoms of Interstitial Cystitis.*

Participants and non-participants were also comparable on symptoms relating to IC. Approximately 60% of participants and non-participants reported pain as the predominant symptom (61.8% vs. 62.4%). Responders reported urgency or pressure to urinate as the second most common symptom (22.1%), while non-responders reported frequency of urination as the second most common symptom (21.2%). These differences were not large enough to achieve statistical significance ( $p \leq .25$ ).

Examining the IC symptom index and the IC problem index, participants and non-participants did differ on two items. Participants arose more frequently at night to urinate ( $p \leq .03$ ) and also found the need to urinate with little warning to be more problematic ( $p \leq .08$ ) than non-participants.

Participants and non-participants were similar on their age of symptom onset, as well as the duration of symptoms. The average age of symptom onset for responders and non-responders was, respectively, 44.6 ( $\pm 15.6$ ) years vs. 42.3 ( $\pm 14.9$ ) years ( $p = .16$ ).

With regard to duration of symptoms, 62.0% of responders reported having symptoms 10 years or less, whereas 53.5% of non-responders reported symptom duration for a similar period. Both groups claimed to have sought treatment for symptoms at a rate of about 90% of the time (93.0% for participants and 95.4% for non-participants). Both groups had similar reports of pain and discomfort ( $p \leq .49$ ) and for urgency ( $p \leq .81$ ) prior to using *Preliief*. Finally, for pre-existing conditions, such as medication allergies, food allergies, sinusitis, allergic rhinitis, migraines, hysterectomy, and fibromyalgia, participant reports of occurrence were nearly identical to non-participant reports (all p-values were .45 or larger).

### *Food Exacerbation of Interstitial Cystitis.*

Participants and non-participants were compared on their initial reports of symptoms of IC that were exacerbated by food. None of the foods that were considered differed significantly between participants and non-participants. Indeed, the distributions of symptoms exacerbation were nearly identical for both groups (all p-values were greater than .24). The largest difference occurred for chocolate. Among those not responding to the follow-up questionnaire, 58.3% reported IC symptoms exacerbated by chocolate, while among those who continued to participate, 50% reported symptom aggravation by chocolate. This difference, however, was negligible ( $p=.17$ ).

*Section Summary.* Response rate for both initial and follow-up surveys was 53.6%. Although 46.4% of the total participant pool failed to complete the follow-up survey, attrition appears to be independent of the gross demographic characteristics, symptoms of interstitial cystitis, pre-existing conditions, or food exacerbated symptoms. Based on these analyses, it would appear that those completing both surveys are comparable to the total sample initially enrolled. Only two items of those analyzed suggested that participants experienced IC as a greater problem than non-participants.

### *3. Effect of Prelief on Food-Specific Symptoms*

Participants were questioned about exacerbation of IC symptoms when consuming certain foods in the 4 weeks prior to taking *Prelief* and after taking *Prelief* for 4 weeks. The analysis is restricted to those participants who indicated consuming foods



during the specified periods. McNemar's test (a paired chi-square test) is used to compare the proportion of participants reporting symptom reduction versus those reporting symptom exacerbation. The change in risk due to use of *Preliief* is given as an odds ratio (OR) with an associated 95% confidence interval and level of significance. The odd ratio describes the proportional increase or decrease in IC symptoms relating to the use of *Preliief*. It should be noted that, characteristic of McNemar's test, participants reporting no change are ignored. The table accompanying each food analysis shows the proportion of study participants reporting symptoms before and after use of *Preliief*. The number of participants providing usable responses for each food varies substantially.

- a) *Pizza*: Among the 71 participants consuming pizza, 67.6% reported symptoms prior to using *Preliief* compared to 15.5% after using *Preliief*. The odds of symptoms prior to *Preliief* was 15.5 times higher than the odds while using *Preliief* (OR=15.5, 95% CI: 5.0, 166.7). This difference was significant at  $p < .001$ .

Symptoms		N	%
Before	After		
Yes	Yes	9	12.7
Yes	No	39	54.9
No	Yes	2	2.8
No	No	21	29.6
Total		71	100.0

b) *Coffee*: A total of 81 respondents reported drinking coffee before and after using *Preliief*. Among these participants, 84.0% reported symptoms prior to using *Preliief* compared to 37.0% after using *Preliief*. The odds ratio cannot be computed due to missing data. However, symptom reduction when using *Preliief* is significant at  $p < .001$ .

Symptoms		N	%
Before	After		
Yes	Yes	30	37.0
Yes	No	38	46.9
No	Yes	0	0.0
No	No	13	16.1
Total		81	100.0

c) *Carbonated Drinks*: Forty-eight participants reported drinking carbonated beverages. Among these individuals, 77.1% reported symptoms prior to using *Preliief* compared to 47.9% after using *Preliief*. The odds of symptoms prior to *Preliief* was 15 times higher than the odds while using *Preliief* (OR=15, 95% CI: 2.3, 631.4). This difference was significant at  $p < .001$ .

Symptoms		N	%
Before	After		
Yes	Yes	22	45.8
Yes	No	15	31.3
No	Yes	1	2.1
No	No	10	20.8
Total		48	100.0

d. *Alcohol*: Among the 51 participants consuming alcohol, 84.3% reported symptoms prior to using *Prelief* compared to 62.7% after using *Prelief*. The odds ratio of symptom reduction could not be computed because of a zero cell. However, the effect of *Prelief* in reducing symptoms was significant at  $p \leq .001$ .

Symptoms		N	%
Before	After		
Yes	Yes	32	62.7
Yes	No	11	21.6
No	Yes	0	0.0
No	No	8	15.7
Total		51	100.0

e. *Acidic Fruits and Juices*: Forty-six individuals indicated that they had consumed acidic fruits or fruit juices. Among these participants, 89.1% reported symptoms prior to using *Prelief* compared to 37.0% after using *Prelief*. The odds of symptoms prior to *Prelief* was 25 times higher than the odds while using *Prelief* (OR=25, 95% CI: 4.1, 1026.7). This difference was significant at  $p < .001$ .

Symptoms		N	%
Before	After		
Yes	Yes	16	34.8
Yes	No	25	54.3
No	Yes	1	2.2
No	No	4	8.7
Total		46	100.0

f. *Tomato-based Products*: A total of 124 individuals reported using tomato-based products for the survey. Among these participants, 74.2% reported symptoms prior to using *Preliief* compared to 37.9% after using *Preliief*. The odds of symptoms prior to *Preliief* was 5.5 times higher than the odds while using *Preliief* (OR=5.5, 95% CI: 2.8, 12.1). This difference was significant at  $p < .001$ .

Symptoms		N	%
Before	After		
Yes	Yes	37	29.8
Yes	No	55	44.4
No	Yes	10	8.1
No	No	22	17.7
Total		124	100.0

g. *Chocolate*: Among the 109 participants consuming chocolate, 47.7% reported symptoms prior to using *Preliief* compared to 32.1% after using *Preliief*. The odds of symptoms prior to *Preliief* was 2.9 times higher than the odds while using *Preliief* (OR=2.9, 95% CI: 1.3, 7.0). This difference was significant at  $p \leq .006$ .

Symptoms		N	%
Before	After		
Yes	Yes	26	23.9
Yes	No	26	23.9
No	Yes	9	8.2
No	No	48	44.0
Total		109	100.0

h. *Spicy Foods*. Sixty-eight individuals indicated that they had consumed spicy foods. Among these participants, 82.4% reported symptoms prior to using *Preliief* compared to 17.6% after using *Preliief*. The odds of symptoms prior to *Preliief* were 13.5 times higher than the odds while using *Preliief* (OR=13.5, 95% CI: 3.39 to 117.13). This difference was significant at  $p < .001$ .

Symptoms		N	%
Before	After		
Yes	Yes	29	42.7
Yes	No	27	39.7
No	Yes	2	2.9
No	No	10	14.7
Total		68	100.0

*Reduction in the Number of Foods Exacerbating Symptoms*. It is interesting to note that *Preliief* also appeared to reduce the number of foods that aggravated symptoms. Prior to using *Preliief*, participants reported an average of 4.3 foods (of the 8 considered) aggravating IC symptoms. After using *Preliief* for four weeks, the average number of foods reported was 1.7. This difference represents a significant reduction in the number of foods cited as aggravating symptoms ( $p < .001$ ).

*Section Summary*. The survey suggests that *Preliief* affords substantial reduction in IC symptoms among those participants reporting food-related symptom exacerbation. The effect appears particularly pronounced for symptom exacerbation related to coffee, tomato-based products, such as pizza, and for acidic fruits and fruit juices. *Preliief* also appeared to reduce the average number of foods per person cited as aggravating symptoms.

#### 4. General Symptom Evaluation Before and After Use of Prelief

- a) *Pain and Discomfort*. Participants rated bladder pain and discomfort on a 10-point scale (0 to 9), where higher scores indicated more pain. A total of 179 respondents provided pain ratings before and after using *Prelief*. The mean pain rating prior to using *Prelief* was 5.3 ( $\pm 2.2$ ), whereas the mean pain rating after using *Prelief* was 3.6 ( $\pm 2.0$ ). This difference indicates a reduction in pain and discomfort after using *Prelief* and was significant at  $p < .0001$ .

When respondents were classified by their change in ratings (pre – post), 70.4% (n=126) reported a reduction in pain and discomfort, whereas 8.9 report an exacerbation of symptoms. Thirty-seven respondents (20.7%) indicated no change in symptoms. The substantial reduction in pain and discomfort was significant at  $p < .0001$  using the signed-rank test.

- b) *Urgency*. A total of 181 respondents rated urgency before and after the use of *Prelief*. Urgency was defined as the urge or pressure to urinate and was measured on a 10-point scale. The mean rating prior to using *Prelief* was 5.3 ( $\pm 2.2$ ), while the mean rating after using *Prelief* was 4.1 ( $\pm 2.1$ ). The difference in mean scores indicates a reduction in urgency after using *Prelief*. This difference is significant at  $p < .001$ .

When participants were classified by their change in ratings (pre – post), 61.3% (n=111) reported a reduction in urgency, while 13.8% (n=25) reported an

increase in symptoms of urgency. 24.9% (n=45) indicated no change in urgency scores before or after using *Prelief*.

##### 5. Quality of Life Questionnaire

Respondents were asked to indicate the proportion of time that the interstitial cystitis prevented them from participating in or performing various activities. The activities were rated on a 4-point scale with high scores indicating that the condition substantially interrupted with the activity. Results are also summarized in Table 3.

- a) *Full-time work*. A total of 124 individuals rated changes in the intrusiveness of IC into their full-time work. 22 individuals (17.7%) reported a reduction in intrusiveness, while 5 individuals (4.0%) reported an increase in intrusiveness of the condition. 97 individuals (78.2%) reported no change in level of intrusiveness. The reduction in intrusiveness into full-time work was significant at  $p \leq .002$ .
- b) *Social life*. A total of 173 individuals rated the intrusiveness of the condition into social life. 57 individuals (32.9%) reported a reduction in intrusiveness, while 16 individuals (9.2%) reported an increase in intrusiveness. 100 individuals (57.8%) reported no change. The reduction in intrusiveness into social life was significant at  $p < .001$ .
- c) *Travel*. A total of 175 participants rated the level of intrusiveness into travel before and after use of *Prelief*. 64 individuals (36.6%) reported an increase in the level of

their ability to travel, while 15 persons (8.6%) reported a decrease in ability to travel. 96 persons (55.2%) reported no change. The increase in ability to travel because of reduced IC symptoms was significant at  $p < .0001$ .

d) *Uninterrupted Sleep*. A total of 174 participants rated the level of intrusiveness into sleep before and after use of *Prelief*. 71 individuals (40.8%) reported an increase in the level of uninterrupted sleep, while 10 persons (5.7%) reported a decrease in sleep. 93 persons (53.4%) reported no change in the degree of uninterrupted sleep. The increase in degree of uninterrupted sleep was significant at  $p < .0001$ .

e) *Having Sex*. A total of 138 participants rated the intrusiveness of interstitial cystitis into their sex life before and after use of *Prelief*. 47 individuals (34.1%) reported a reduction in intrusiveness, while 13 individuals (8.7%) reported an increase in intrusiveness. 79 individuals (57.2%) reported no change in the level of intrusiveness of IC. The reduction in level of intrusiveness was significant at  $p < .0001$ .

f) *Exercise*. A total of 171 participants rated the intrusiveness of interstitial cystitis into their ability to exercise as they had previously. 69 individuals (40.4%) reported a reduction in intrusiveness, while 13 individuals (7.6%) reported an increase in intrusiveness. 89 individuals (52.1%) reported no change in the level of intrusiveness of IC. The reduction in level of intrusiveness into exercise was significant at  $p < .0001$ .



- g) *Take Care of Responsibilities.* A total of 173 participants rated their their ability to take care of their responsibilities before and after use of *Prelief*. 41 individuals (23.7%) reported an increase in their ability, while 18 individuals (10.4%) reported a reduction. 114 individuals (65.9%) reported no change in their ability. The increase in participants' ability to take care of responsibilities was significant at  $p < .0001$ .
- h) *Positive Mental Attitude.* A total of 180 participants rated their ability to maintain a positive mental attitude before and after use of *Prelief*. 63 individuals (35.0%) reported an increase in positive mental attitude, while 21 individuals (11.7%) reported a decrease. 96 individuals (53.3%) reported no change in their level of mental attitude. The increase in positive mental attitude was significant at  $p < .0001$ .
- i) *Deal with Stress.* A total of 179 participants rated their ability to deal with stress before and after use of *Prelief*. 69 individuals (38.6%) reported a reduction in intrusiveness, while 20 individuals (11.2%) reported an increase in intrusiveness. 90 individuals (50.3%) reported no change in the level of intrusiveness of IC. The increase in participants' ability to deal with stress was significant at  $p < .0001$ .

*Section Summary.* Respondents indicated that there was improvement in quality of life measures, including mental attitude, ability to deal with stress, and ability to participate in social, interpersonal, and work-related activities. Although improvements were substantial, approximately half of those responding reported no change for many of the measures.

Table 3. Quality of Life Questionnaire

Characteristic	Total Number	Positive Change	Negative Change	No Change	p-value
Full-time Work	124	22	5	97	.002
Social Life	173	57	16	100	< .0001
Travel	175	64	15	96	< .0001
Sleep	174	71	10	93	< .0001
Have Sex	138	47	12	79	< .0001
Exercise	171	69	13	89	< .0001
Take Care of Family Responsibilities	173	41	18	114	.004
Positive Mental Attitude	180	63	21	96	< .0001
Deal with Stress	179	69	20	90	< .0001

## Discussion and Comments

This survey employed a pre-post design in which participants responded to questions regarding IC symptoms before and after using *Preliief*. While this design is more rigorous than one obtaining measurements at single point in time, the design as employed here has several limitations that will influence how the results may be interpreted.

First, the survey design is observational. Observational studies, including surveys, lack the rigor of clinical trials because they neither randomize subjects to treatments nor do they employ placebo-controlled comparisons. Thus, participants clearly knew what treatment they received and when they received it. The process of randomization, placebo control, and blinding of subjects and investigators is especially critical when subjective ratings of symptoms, health, and well-being are the primary outcomes. However, an observational study as conducted here is quite appropriate for gathering preliminary data in developing a protocol for controlled clinical trials.

Secondly, as with most studies conducted over time, the attrition rate (drop-out rate) was substantial. Approximately half (53.6%) of those entering the study completed items from both assessments. Notwithstanding the high rate of attrition, there did not appear to be any discernable pattern to withdrawal. Comparisons between those who withdrew and those who participated indicated that the two groups were quite similar on demographic characteristics, symptoms and history of interstitial cystitis, pain and discomfort, and food-related exacerbation of symptoms. The two items where participants and non-participants did differ would suggest that participants perceive IC as

slightly more intrusive than non-participants. Given the degree of comparability of the two groups, one has more confidence that the results of the survey can be generalized to the total sample initially enrolled (n=379). It should be noted that before the results of this study can be extended to patient populations at other out-patient urology clinics, one would have to determine how representative this patient sample is. These data however are not available.

With respect to the limitations stated above, the results suggest that *Prelief* provides relief to symptoms of interstitial cystitis which are exacerbated by certain types of foods. *Prelief* appeared to reduce both pain and discomfort associated with IC, the urgency to urinate, and the average number of foods that were cited as aggravating symptoms. The reduction in symptoms was accompanied by an increase in positive well-being.

From the perspective of future studies, the survey provides much useful information. First, while the relief of symptoms appeared to be substantial, it should be noted that there was also a sizable proportion of participants for whom the treatment did not produce any benefit. It is not clear from the data provided whether longer follow-up (perhaps eight weeks of use) would have reduced the proportion who did not respond to *Prelief*. Other factors may account for the non-response in this context: subjects may not have consumed the "trigger" food, they may not have consumed a sufficient quantity of the "trigger" food, or other aspects of the diet or lifestyle may have changed.

Secondly, given the variable nature of the condition and "triggers", as well as variability in subjects' lifestyles over time, it would be prudent to examine study designs that would minimize the length of follow-up (this would also reduce the drop-out rate).

The survey suggests that for many participants, the effects of *Prelief* were experienced within 4 weeks of use, perhaps sooner. Finally, because of the potential for selection bias and the influences on subjective reporting, any clinical trial designed to evaluate the efficacy of *Prelief* should plan to test for more moderate effects of the treatment than those found in this survey.

## Appendix 1: Demographic Data Analysis

Program: Response\_demo

do response\_demo

```
. /*
> This program was used to generate a file of the IDs of responders to the
> post-Prelief questionnaire and merge it with the prelieif demo file.
> The responders were identified from the food survey file */
.
. run prelieif

. *keep id _merge
. *keep if _merge==1
. sort id

. save id_file
file id_file.dta saved

.
. run predemo

. sort id

. save demo_file
file demo_file.dta saved

.
. use demo_file, clear

. merge id using id_file, _merge(mergevar)

.
. erase id_file.dta

. erase demo_file.dta

.
. label variable response "Responded to follow-up"

. label define noyes 1 no 3 yes

. label values response noyes

.
. for var age age_symp: ttest X, by(response)
```

-> ttest age, by(response)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
no	176	54.34091	1.100111	14.59463	52.16972	56.5121
yes	202	55.67822	1.001601	14.23542	53.70323	57.65321
combined	378	55.05556	.7406614	14.4001	53.59921	56.5119
diff		-1.337309	1.485212		-4.257671	1.583054

Degrees of freedom: 376

Ho: mean(no) - mean(yes) = diff = 0

Ha: diff < 0  
t = -0.9004  
P < t = 0.1842

Ha: diff ~= 0  
t = -0.9004  
P > |t| = 0.3685

Ha: diff > 0  
t = -0.9004  
P > t = 0.8158

-> ttest age\_symp, by(response)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
no	171	42.30409	1.141068	14.9214	40.05161	44.55658
yes	199	44.44221	1.111781	15.6836	42.24976	46.63466
combined	370	43.45405	.7981417	15.35256	41.88458	45.02353
diff		-2.138117	1.599168		-5.282771	1.006536

Degrees of freedom: 368

Ho: mean(no) - mean(yes) = diff = 0

Ha: diff < 0  
t = -1.3370  
P < t = 0.0910

Ha: diff ~= 0  
t = -1.3370  
P > |t| = 0.1820

Ha: diff > 0  
t = -1.3370  
P > t = 0.9090

. for var gender race income treat predsyp: tab response X, row chi2

-> tab response gender, row chi2

Responded to follow-up	gender		Total
	male	female	
no	13 7.39	163 92.61	176 100.00
yes	9 4.46	193 95.54	202 100.00
Total	22 5.82	356 94.18	378 100.00

Pearson chi2(1) = 1.4740 Pr = 0.225

-> tab response race, row chi2

Responded to follow-up	race		Total
	1	2	
no	165 97.06	5 2.94	170 100.00
yes	193 97.47	5 2.53	198 100.00
Total	358 97.28	10 2.72	368 100.00

Pearson chi2(1) = 0.0599 Pr = 0.807

-> tab response income, row chi2

Responded to follow-up	income		Total
	1	2	
no	47 28.31	119 71.69	166 100.00
yes	58 30.21	134 69.79	192 100.00
Total	105 29.33	253 70.67	358 100.00

Pearson chi2(1) = 0.1543 Pr = 0.695



-> tab response treat\_, row chi2

Responded to follow-up	treat_		Total
	1	2	
no	164 95.35	8 4.65	172 100.00
yes	188 93.07	14 6.93	202 100.00
Total	352 94.12	22 5.88	374 100.00

Pearson chi2(1) = 0.8719 Pr = 0.350

-> tab response predsyp, row chi2

Responded to follow-up	predominant symp		freq	Total
	pain	urge		
no	106 62.35	28 16.47	36 21.18	170 100.00
yes	124 62.00	44 22.00	32 16.00	200 100.00
Total	230 62.16	72 19.46	68 18.38	370 100.00

Pearson chi2(2) = 2.7854 Pr = 0.248

. for var dur\_symp edu: ranksum X, by(response)

-> ranksum dur\_symp, by(response)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
no	174	33958	32712
yes	201	36542	37788
combined	375	70500	70500

unadjusted variance 1095852.00  
 adjustment for ties -79999.94

adjusted variance 1015852.06

Ho: dur\_symp(response==no) = dur\_symp(response==yes)  
 z = 1.236  
 Prob > |z| = 0.2164

-> ranksum edu, by(response)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
no	175	33700.5	32900
yes	200	36799.5	37600
combined	375	70500	70500

unadjusted variance 1096666.67  
 adjustment for ties -142978.43

adjusted variance 953688.24

Ho: edu(response==no) = edu(response==yes)  
 z = 0.820  
 Prob > |z| = 0.4124

. for var med food rhin migrane sinus hyster fibro: tab X response, col chi2

-> tab med response, col chi2

med allergy	Responded to follow-up		Total
	no	yes	
yes	95 54.29	112 55.45	207 54.91
no	80 45.71	90 44.55	170 45.09
Total	175 100.00	202 100.00	377 100.00

Pearson chi2(1) = 0.0509 Pr = 0.821

-> tab food response, col chi2

food allergy	Responded to follow-up		Total
	no	yes	
yes	57 32.57	59 29.21	116 30.77
no	118 67.43	143 70.79	261 69.23
Total	175 100.00	202 100.00	377 100.00

Pearson chi2(1) = 0.4980 Pr = 0.480

-> tab rhin response, col chi2

allergic rhinitis	Responded to follow-up		Total
	no	yes	
yes	49 28.00	58 29.00	107 28.53
no	126 72.00	142 71.00	268 71.47
Total	175 100.00	200 100.00	375 100.00

Pearson chi2(1) = 0.0458 Pr = 0.831

-> tab migraine response, col chi2

migraine	Responded to follow-up		Total
	no	yes	
yes	38 21.59	42 20.79	80 21.16
no	138 78.41	160 79.21	298 78.84
Total	176 100.00	202 100.00	378 100.00

Pearson chi2(1) = 0.0360 Pr = 0.850

-> tab sinus response, col chi2

sinus	Responded to follow-up		Total
	no	yes	
yes	58 32.95	70 34.65	128 33.86
no	118 67.05	132 65.35	250 66.14
Total	176 100.00	202 100.00	378 100.00

Pearson chi2(1) = 0.1212 Pr = 0.728

-> tab hyster response, col chi2

hysterecto my	Responded to follow-up		Total
	no	yes	
yes	64 36.78	68 33.83	132 35.20
no	110 63.22	133 66.17	243 64.80
Total	174 100.00	201 100.00	375 100.00

Pearson chi2(1) = 0.3560 Pr = 0.551

-> tab fibro response, col chi2

fibromyalg ia	Responded to follow-up		Total
	no	yes	
1	31 17.71	38 18.91	69 18.35
2	144 82.29	163 81.09	307 81.65
Total	175 100.00	201 100.00	376 100.00

Pearson chi2(1) = 0.0886 Pr = 0.766

end of do-file

Program: An2prelief

do an2prelief

. \*These analyses compare those who responded to the follow-up survey to  
 . \*those who did not. 203 responded, while 176 did not.

.  
 . for var fbp2 fbc2 fbaj2 fbcho2 fbth2 fbsf2 fbcd2 fba2:/\*  
 > \*/tab response X, row chi2

-> tab response fbp2, row chi2

Responded to follow-up	fbp2		Total
	0	1	
yes	43 37.07	73 62.93	116 100.00
no	50 36.23	88 63.77	138 100.00
Total	93 36.61	161 63.39	254 100.00

Pearson chi2(1) = 0.0190 Pr = 0.890

-> tab response fbc2, row chi2

Responded to follow-up	fbc2		Total
	0	1	
yes	31 26.50	86 73.50	117 100.00
no	32 21.19	119 78.81	151 100.00
Total	63 23.51	205 76.49	268 100.00

Pearson chi2(1) = 1.0312 Pr = 0.310

-> tab response fbaj2, row chi2

Responded to follow-up	fbaj2		Total
	0	1	
yes	19 17.12	92 82.88	111 100.00
no	17 11.89	126 88.11	143 100.00
Total	36 14.17	218 85.83	254 100.00

Pearson chi2(1) = 1.4047 Pr = 0.236

-> tab response fbcho2, row chi2

Responded to follow-up	fbcho2		Total
	0	1	
yes	50 41.67	70 58.33	120 100.00
no	81 50.00	81 50.00	162 100.00
Total	131 46.45	151 53.55	282 100.00

Pearson chi2(1) = 1.9246 Pr = 0.165

-> tab response fbtb2, row chi2

Responded to follow-up	fbtb2		Total
	0	1	
yes	36 26.67	99 73.33	135 100.00
no	42 24.28	131 75.72	173 100.00
Total	78 25.32	230 74.68	308 100.00

Pearson chi2(1) = 0.2289 Pr = 0.632

-> tab response fbsf2, row chi2

Responded to follow-up	fbsf2		Total
	0	1	
yes	26 22.81	88 77.19	114 100.00
no	30 21.90	107 78.10	137 100.00
Total	56 22.31	195 77.69	251 100.00

Pearson chi2(1) = 0.0297 Pr = 0.863

-> tab response fbcd2, row chi2

Responded to follow-up	fbcd2		Total
	0	1	
yes	31 26.50	86 73.50	117 100.00
no	34 23.29	112 76.71	146 100.00
Total	65 24.71	198 75.29	263 100.00

Pearson chi2(1) = 0.3593 Pr = 0.549

-> tab response fba2, row chi2

Responded to follow-up	fba2		Total
	0	1	
yes	18 19.35	75 80.65	93 100.00
no	26 20.47	101 79.53	127 100.00
Total	44 20.00	176 80.00	220 100.00

Pearson chi2(1) = 0.0419 Pr = 0.838

```
. for var pd_prior urgprior f_t_w social travel have_sex ex_past uninte_s tcftr
> pos_men: /*
> */ ranksum X, by(response)
```

```
-> ranksum pd_prior, by(response)
```

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	173	31646	32351
no	200	38105	37400
combined	373	69751	69751

```
unadjusted variance 1078366.67
adjustment for ties -26967.63
-----
adjusted variance 1051399.03
```

```
Ho: pd_prior(response==yes) = pd_prior(response==no)
      z = -0.688
      Prob > |z| = .04917
```

```
-> ranksum urgprior, by(response)
```

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	174	32388.5	32625
no	200	37736.5	37500
combined	374	70125	70125

```
unadjusted variance 1087500.00
adjustment for ties -27792.70
-----
adjusted variance 1059707.30
```

```
Ho: urgprior(response==yes) = urgprior(response==no)
      z = -0.230
      Prob > |z| = 0.8183
```

```
-> ranksum f_t_w, by(response)
```

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	131	18809.5	18929.5
no	157	22806.5	22686.5
combined	288	41616	41616



```

unadjusted variance  495321.92
adjustment for ties  -122903.35
-----
adjusted variance    372418.56

```

```

Ho: f_t_w(response==yes) = f_t_w(response==no)
      z = -0.197
      Prob > |z| = 0.8441

```

```
-> ranksum social, by(response)
```

```
Two-sample Wilcoxon rank-sum (Mann-Whitney) test
```

response	obs	rank sum	expected
yes	171	30181.5	31635
no	198	38083.5	36630
combined	369	68265	68265

```

unadjusted variance  1043955.00
adjustment for ties  -134273.33
-----
adjusted variance    909681.67

```

```

Ho: social(response==yes) = social(response==no)
      z = -1.524
      Prob > |z| = 0.1275

```

```
-> ranksum travel, by(response)
```

```
Two-sample Wilcoxon rank-sum (Mann-Whitney) test
```

response	obs	rank sum	expected
yes	169	30662	31180.5
no	199	37234	36715.5
combined	368	67896	67896

```

unadjusted variance  1034153.25
adjustment for ties  -86922.00
-----
adjusted variance    947231.25

```

```

Ho: travel(response==yes) = travel(response==no)
      z = -0.533
      Prob > |z| = 0.5942

```

-> ranksum have\_sex, by(response)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	156	25620	25506
no	170	27681	27795
combined	326	53301	53301

unadjusted variance 722670.00

adjustment for ties -60885.87

adjusted variance 661784.13

Ho: have\_sex(response==yes) = have\_sex(response==no)

z = 0.140

Prob > |z| = 0.8886

-> ranksum ex\_past, by(response)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	170	30097	31280
no	197	37431	36248
combined	367	67528	67528

unadjusted variance 1027026.67

adjustment for ties -82179.68

adjusted variance 944846.99

Ho: ex\_past(response==yes) = ex\_past(response==no)

z = -1.217

Prob > |z| = 0.2236

-> ranksum uninte\_s, by(response)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	175	31563	32987.5
no	201	39313	37888.5
combined	376	70876	70876

unadjusted variance 1105081.25

adjustment for ties -279777.83

adjusted variance 825303.42

Ho: uninte\_s(response==yes) = uninte\_s(response==no)  
 z = -1.568  
 Prob > |z| = 0.1169

-> ranksum tcfr, by(response)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	168	30168.5	30660
no	196	36261.5	35770
combined	364	66430	66430

unadjusted variance 1001560.00  
 adjustment for ties -189690.12  
 adjusted variance 811869.88

Ho: tcfr(response==yes) = tcfr(response==no)  
 z = -0.545  
 Prob > |z| = 0.5854

-> ranksum pos\_men, by(response)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

response	obs	rank sum	expected
yes	169	31214.5	31265
no	200	37050.5	37000
combined	369	68265	68265

unadjusted variance 1042166.67  
 adjustment for ties -80993.73  
 adjusted variance 961172.94

Ho: pos\_men(response==yes) = pos\_men(response==no)  
 z = -0.052  
 Prob > |z| = 0.9589

. for var q1 q2 q3 q4 total: ttest X, by(response)

-> ttest q1, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	173	2.346821	.1295227	1.703606	2.091162	2.60248
no	200	2.495	.1221659	1.727686	2.254094	2.735906
combined	373	2.426273	.0888434	1.715852	2.251575	2.600972
diff		-.1481792	.1782282		-.4986433	.2022849

Degrees of freedom: 371

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0  
t = -0.8314  
P < t = 0.2031

Ha: diff ~= 0  
t = -0.8314  
P > |t| = 0.4063

Ha: diff > 0  
t = -0.8314  
P > t = 0.7969

-> ttest q2, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	175	3.628571	.1067288	1.411889	3.417922	3.839221
no	201	3.751244	.1052789	1.492585	3.543645	3.958843
combined	376	3.694149	.0750332	1.454948	3.54661	3.841687
diff		-.1226724	.1504938		-.4185924	.1732477

Degrees of freedom: 374

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0  
t = -0.8151  
P < t = 0.2078

Ha: diff ~= 0  
t = -0.8151  
P > |t| = 0.4155

Ha: diff > 0  
t = -0.8151  
P > t = 0.7922

-> ttest q3, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	174	2.787356	.1148603	1.515111	2.560648	3.014064
no	201	3.154229	.1137575	1.612791	2.929911	3.378547
combined	375	2.984	.0814268	1.576824	2.823888	3.144112
diff		-.3668725	.1623889		-.686185	-.04756

Degrees of freedom: 373

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff = 0	Ha: diff > 0
t = -2.2592	t = -2.2592	t = -2.2592
P < t = 0.0122	P >  t  = 0.0244	P > t = 0.9878

-> ttest q4, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	175	2.211429	.1001111	1.324346	2.01384	2.409017
no	201	2.243781	.0981235	1.391141	2.050292	2.437271
combined	376	2.228723	.0700724	1.358754	2.090939	2.366507
diff		-.0323525	.1406588		-.3089337	.2442287

Degrees of freedom: 374

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff = 0	Ha: diff > 0
t = -0.2300	t = -0.2300	t = -0.2300
P < t = 0.4091	P >  t  = 0.8182	P > t = 0.5909

-> ttest total, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	175	10.90286	.3119591	4.126832	10.28715	11.51857
no	200	11.64	.3185268	4.504649	11.01188	12.26812
combined	375	11.296	.224238	4.34235	10.85507	11.73693
diff		-.7371429	.4484567		-1.618963	.1446774

Degrees of freedom: 373

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff = 0	Ha: diff > 0
t = -1.6437	t = -1.6437	t = -1.6437
P < t = 0.0505	P >  t  = 0.1011	P > t = 0.9495

. for var q1p q2p q3p q4p total: ttest X, by(response)

-> ttest q1p, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	172	2.872093	.0822938	1.079273	2.70965	3.034536
no	201	2.880597	.0774491	1.098031	2.727875	3.033319
combined	373	2.876676	.0563329	1.087968	2.765905	2.987446
diff		-.008504	.1131591		-.2310177	.2140097

Degrees of freedom: 371

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff = 0	Ha: diff > 0
t = -0.0752	t = -0.0752	t = -0.0752
P < t = 0.4701	P >  t  = 0.9401	P > t = 0.5299

-> ttest q2p, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	172	2.610465	.0963253	1.263295	2.420325	2.800605
no	201	2.825871	.0896241	1.270641	2.649141	3.0026
combined	373	2.726542	.065764	1.270115	2.597226	2.855857
diff		-.2154055	.1316309		-.4742417	.0434307

Degrees of freedom: 371

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff = 0	Ha: diff > 0
t = -1.6364	t = -1.6364	t = -1.6364
P < t = 0.0513	P >  t  = 0.1026	P > t = 0.9487

-> ttest q3p, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	172	1.854651	.1058223	1.387847	1.645765	2.063537
no	201	2.114428	.0977824	1.386305	1.921611	2.307245
combined	373	1.994638	.0720339	1.391206	1.852993	2.136283
diff		-.2597767	.14407		-.5430729	.0235195

Degrees of freedom: 371

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff = 0	Ha: diff > 0
t = -1.8031	t = -1.8031	t = -1.8031
P < t = 0.0361	P >  t  = 0.0722	P > t = 0.9639

-> ttest q4p, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	172	2.906977	.0833867	1.093606	2.742377	3.071577
no	201	2.940299	.0902296	1.279226	2.762375	3.118222
combined	373	2.924933	.0619139	1.195757	2.803188	3.046678
diff		-.0333218	.1243591		-.2778588	.2112152

Degrees of freedom: 371

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff ~= 0	Ha: diff > 0
t = -0.2679	t = -0.2679	t = -0.2679
P < t = 0.3944	P >  t  = 0.7889	P > t = 0.6056

-> ttest totall, by(response)

Two-sample t test with equal variances

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
yes	172	10.27326	.2794078	3.664399	9.721723	10.82479
no	200	10.875	.2789011	3.944257	10.32502	11.42498
combined	372	10.59677	.1982723	3.824138	10.2069	10.98665
diff		-.6017442	.3969791		-1.382362	.1788739

Degrees of freedom: 370

Ho: mean(yes) - mean(no) = diff = 0

Ha: diff < 0	Ha: diff ~= 0	Ha: diff > 0
t = -1.5158	t = -1.5158	t = -1.5158
P < t = 0.0652	P >  t  = 0.1304	P > t = 0.9348

end of do-file



## Appendix 2: Pre-Post Data Analysis of Participants

Program: Anprelief

do anprelief

. ttest pd\_prior=fuses\_a

Paired t test

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
pd_prior	179	5.329609	.1670896	2.235506	4.999878	5.65934
fuses_a	179	3.553073	.1505587	2.014339	3.255963	3.850182
diff	179	1.776536	.1761875	2.357228	1.428851	2.124221

Ho: mean(pd\_prior - fuses\_a) = mean(diff) = 0

Ha: mean(diff) &lt; 0

t = 10.0832

P &lt; t = 1.0000

Ha: mean(diff) ~= 0

t = 10.0832

P &gt; |t| = 0.0000

Ha: mean(diff) &gt; 0

t = 10.0832

P &gt; t = 0.0000

. ttest urgprior=fuses\_c

Paired t test

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
urgprior	181	5.298343	.1622707	2.183129	4.978145	5.61854
fuses_c	181	4.066298	.1556393	2.093912	3.759186	4.373411
diff	181	1.232044	.162116	2.181047	.912152	1.551936

Ho: mean(urgprior - fuses\_c) = mean(diff) = 0

Ha: mean(diff) &lt; 0

t = 7.5998

P &lt; t = 1.0000

Ha: mean(diff) ~= 0

t = 7.5998

P &gt; |t| = 0.0000

Ha: mean(diff) &gt; 0

t = 7.5998

P &gt; t = 0.0000

. signtest pd\_prior=fuses\_a

Sign test

sign	observed	expected
positive	126	71
negative	16	71
zero	37	37
all	179	179

## One-sided tests:

Ho: median of pd\_prior - fuses\_a = 0 vs. Ha: median of pd\_prior - fuses\_a > 0  
 Pr(#positive >= 126)  
 = Binomial(n = 142, x >= 126, p = 0.5) = 0.0000

Ho: median of pd\_prior - fuses\_a = 0 vs. Ha: median of pd\_prior - fuses\_a < 0  
 Pr(#negative >= 16)  
 = Binomial(n = 142, x >= 16, p = 0.5) = 1.0000

## Two-sided test:

Ho: median of pd\_prior - fuses\_a = 0 vs. Ha: median of pd\_prior - fuses\_a  $\neq$  0  
 Pr(#positive >= 126 or #negative >= 16)  
 = min(1, 2\*Binomial(n = 142, x >= 126, p = 0.5)) = 0.0000

. signtest urgprior=fuses\_c

## Sign test

sign	observed	expected
positive	111	68
negative	25	68
zero	45	45
all	181	181

## One-sided tests:

Ho: median of urgprior - fuses\_c = 0 vs. Ha: median of urgprior - fuses\_c > 0  
 Pr(#positive >= 111)  
 = Binomial(n = 136, x >= 111, p = 0.5) = 0.0000

Ho: median of urgprior - fuses\_c = 0 vs. Ha: median of urgprior - fuses\_c < 0  
 Pr(#negative >= 25)  
 = Binomial(n = 136, x >= 25, p = 0.5) = 1.0000

## Two-sided test:

Ho: median of urgprior - fuses\_c = 0 vs. Ha: median of urgprior - fuses\_c  $\neq$  0  
 Pr(#positive >= 111 or #negative >= 111)  
 = min(1, 2\*Binomial(n = 136, x >= 111, p = 0.5)) = 0.0000

. signrank f\_t\_w = af\_t\_w if \_merge==3

## Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	22	2421.5	1498.5
negative	5	575.5	1498.5
zero	97	4753	4753
all	124	7750	7750

unadjusted variance 160812.50  
 adjustment for ties -68.25  
 adjustment for zeros -77236.25  
 -----

adjusted variance        83508.00

Ho:  $f_{t_w} = af_{t_w}$

      z = 3.194

      Prob > |z| = 0.0014

. signrank social = asocial if \_merge==3

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	57	7746	5000.5
negative	16	2255	5000.5
zero	100	5050	5050
all	173	15051	15051

unadjusted variance    435224.75

adjustment for ties    -2559.00

adjustment for zeros   -84587.50

adjusted variance      348078.25

Ho: social = asocial

      z = 4.654

      Prob > |z| = 0.0000

. signrank have\_sex = ahavesex if \_merge==3

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	47	5093	3215.5
negative	12	1338	3215.5
zero	79	3160	3160
all	138	9591	9591

unadjusted variance    221392.25

adjustment for ties    -965.50

adjustment for zeros   -41870.00

adjusted variance      178556.75

Ho: have\_sex = ahavesex

      z = 4.443

      Prob > |z| = 0.0000

. signrank uninte\_s = asleep if \_merge==3

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	71	9596.5	5427

negative	10	1257.5	5427
zero	93	4371	4371
-----			
all	174	15225	15225

unadjusted variance 442793.75  
 adjustment for ties -2148.75  
 adjustment for zeros -68114.75  
 -----  
 adjusted variance 372530.25

Ho: uninte\_s = asleep  
 z = 6.831  
 Prob > |z| = 0.0000

. signrank ex\_past = aex\_past if \_merge==3

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	69	9120.5	5350.5
negative	13	1580.5	5350.5
zero	89	4005	4005
-----			
all	171	14706	14706

unadjusted variance 420346.50  
 adjustment for ties -2583.50  
 adjustment for zeros -59741.25  
 -----  
 adjusted variance 358021.75

Ho: ex\_past = aex\_past  
 z = 6.301  
 Prob > |z| = 0.0000

. signrank tcfr = atcfr if \_merge==3

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	41	5866.5	4248
negative	18	2629.5	4248
zero	114	6555	6555
-----			
all	173	15051	15051

unadjusted variance 435224.75  
 adjustment for ties -1802.50  
 adjustment for zeros -125091.25  
 -----  
 adjusted variance 308331.00

Ho: tcfr = atcfr  
 z = 2.915

Prob > |z| = 0.0036

. signrank pos\_men = apos\_men if \_merge==3

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	63	8762.5	5817
negative	21	2871.5	5817
zero	96	4656	4656
all	180	16290	16290

unadjusted variance 490057.50  
 adjustment for ties -3148.25  
 adjustment for zeros -74884.00  
 -----  
 adjusted variance 412025.25

Ho: pos\_men = apos\_men  
 z = 4.589  
 Prob > |z| = 0.0000

. signrank dws = adws if \_merge==3

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	69	9362.5	6007.5
negative	20	2652.5	6007.5
zero	90	4095	4095
all	179	16110	16110

unadjusted variance 481957.50  
 adjustment for ties -4218.62  
 adjustment for zeros -61766.25  
 -----  
 adjusted variance 415972.62

Ho: dws = adws  
 z = 5.202  
 Prob > |z| = 0.0000

.  
 . \* PIZZA  
 . symmetry fbp2 afbp2 if fbp1==1 & afbp1==1, exact

fbp2	afbp2		Total
	0	1	
0	21	2	23
1	39	9	48

Total	60	11	71
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	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	33.39	1	0.0000
Marginal homogeneity (Stuart-Maxwell)	33.39	1	0.0000
Symmetry (exact significance probability)			0.0000

. \* COFFEE  
. symmetry fbc2 afbc2 if fbc1==1 & afbc1==1, exact

fbc2	afbc2		Total
	0	1	
0	13	0	13
1	38	30	68
Total	51	30	81

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	38.00	1	0.0000
Marginal homogeneity (Stuart-Maxwell)	38.00	1	0.0000
Symmetry (exact significance probability)			0.0000

. \* CARBONATED DRINKS  
. symmetry fbcd2 afbcd2 if fbcd1==1 & afbcd1==1, exact

fbcd2	afbcd2		Total
	0	1	
0	10	1	11
1	15	22	37
Total	25	23	48

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	12.25	1	0.0005
Marginal homogeneity (Stuart-Maxwell)	12.25	1	0.0005
Symmetry (exact significance probability)			0.0005

. \* ALCOHOL  
. symmetry fba2 afba2 if fba1==1 & afba1==1, exact

fba2	afba2		Total
	0	1	
0	8	0	8
1	11	32	43
Total	19	32	51

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	11.00	1	0.0009
Marginal homogeneity (Stuart-Maxwell)	11.00	1	0.0009
Symmetry (exact significance probability)			0.0010

. \* ACIDIC FRIUTS/JUICES

. symmetry fbaj2 afbaj2 if fbajf1==1 & afbaj1==1, exact

fbaj2	afbaj2		Total
	0	1	
0	4	1	5
1	25	16	41
Total	29	17	46

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	22.15	1	0.0000
Marginal homogeneity (Stuart-Maxwell)	22.15	1	0.0000
Symmetry (exact significance probability)			0.0000

. \* TOMATO-BASED PRODUCTS

. symmetry fbtb2 afbtb2 if fbtb1==1 & afbtb1==1, exact

fbtb2	afbtb2		Total
	0	1	
0	22	10	32
1	55	37	92
Total	77	47	124

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	31.15	1	0.0000
Marginal homogeneity (Stuart-Maxwell)	31.15	1	0.0000

Symmetry (exact significance probability) 0.0000

. \* CHOCOLATE  
 . symmetry fbcho2 afbchoc2 if fbhoc1==1 & afbhoc1==1, exact

fbcho2	afbchoc2		Total
	0	1	
0	48	9	57
1	26	26	52
Total	74	35	109

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	8.26	1	0.0041
Marginal homogeneity (Stuart-Maxwell)	8.26	1	0.0041
Symmetry (exact significance probability)			0.0060

. \* SPICY FOODS  
 . symmetry fbsf2 afbsf2 if fbsf1==1 & afbsf1==1, exact

fbsf2	afbsf2		Total
	0	1	
0	10	2	12
1	27	29	56
Total	37	31	68

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	21.55	1	0.0000
Marginal homogeneity (Stuart-Maxwell)	21.55	1	0.0000
Symmetry (exact significance probability)			0.0000

. \*Compares the average number of foods per person cited as a problem  
 . ttest totfood1=totfood2

Paired t test

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
totfood1	203	4.261084	.1797674	2.561291	3.906623	4.615545
totfood2	203	1.674877	.1340217	1.909515	1.410616	1.939138



diff	203	2.586207	.1968662	2.804912	2.198031	2.974383
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Ho: mean(totfood1 - totfood2) = mean(diff) = 0

Ha: mean(diff) < 0

t = 13.1369

P < t = 1.0000

Ha: mean(diff) ~= 0

t = 13.1369

P > |t| = 0.0000

Ha: mean(diff) > 0

t = 13.1369

P > t = 0.0000

. signrank totfood1=totfood2

Wilcoxon signed-rank test

sign	obs	sum ranks	expected
positive	150	18500	10072.5
negative	20	1645	10072.5
zero	33	561	561
all	203	20706	20706

unadjusted variance 702278.50

adjustment for ties -2677.00

adjustment for zeros -3132.25

adjusted variance 696469.25

Ho: totfood1 = totfood2

z = 10.098

Prob > |z| = 0.0000

end of do-file

