

Framingham Heart Study

Original Cohort Exam 2

08/01/1950-05/02/1955
N=4792

Exam Form Versions

- 8-50 Personal History & Summary of Heart disease findings
- 9-52 Interval Medical History, Cardiovascular examination, Re-examination X-ray Report & Evaluation of the Ballistocardiograph
- 10-52 Exam II Code Sheets: Card No. 1 & 2
- 4-53 Summary of Findings

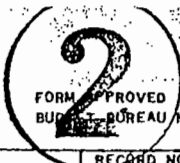
Notes on Framingham Heart Study Main Exam Data Collection Forms

Multiple versions of each exam form were used at the time of data collection. However, only one version of each exam form has been provided in the samples below. The other versions, which can be found in the participants' charts, have the same variables as the sample exam forms, but may be placed in a different format.

On some of the sample exam forms, the same variable may be found on two different data sheets. An example of this would be variable "FA159" on original cohort exam 8, which is "Signs of CVA: Aphasia." This variable appears both in the physical examination and Exam VIII Code Sheet Card No. 4. The reason for the reappearance of variables is that one data sheet was used for collection of the data, while the other was used to enter the data into the computer. Variables appearing more than once on an exam form should hold the same value in both places for that particular participant.

RE-EXAM

PERSONAL HISTORY



PHS-1448-2(NIH) 8-50
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

NAME (Last)	(Middle)	(First)	DATE	RECORD NO.
ADDRESS			PHONE	FAMILY NO.

RACE	SEX	AGE	BIRTHDATE	MARITAL STATUS	EDUCATION
	MF3		MF81/MF82	S ___ M ___ W ___ D ___ SEP. ___	MF5
PLACE OF BIRTH	SELF	FATHER	FATHER'S FATHER		FATHER'S MOTHER
	NATIONAL ORIGIN	MOTHER	MOTHER'S FATHER		MOTHER'S MOTHER

CHILDREN						
NAME	SEX	LIV.	DEC.	AGE	CV DISEASE*	CAUSE OF DEATH

FAMILY HISTORY								
RELATION	LIV.	DEC.	AGE	CV DISEASE*	AGE ONSET	CAUSE OF DEATH	YEAR	PLACE
SPOUSE								
FATHER								
MOTHER								
BROTHERS	1							
	2							
	3							
	4							
SISTERS	1							
	2							
	3							
	4							

CONTACTS			
FAMILY PHYSICIAN	NAME	ADDRESS	DATE LAST VISIT
EMPLOYER	NAME	ADDRESS	JOB TITLE
RELATIVE (Diff. house)	NAME	ADDRESS	
CLOSE FRIEND	NAME	ADDRESS	

*Include Angina pectoris (AP), Coronary Dis. (CAD), Apoplexy (CVA), Rheum. Ht. Dis. (RHD), Rheumatic Fever (RF), Hypertension (HBP), Other Heart Disease (specify), Diabetes (DM), Nephritis (NEPH).

SUMMARY OF FINDINGS

Record No. ID

Exam
2

Name _____

Sex MF3 Height _____ In.

Exam Number and Date		I	II	III	IV	V	VI	VII	VIII	IX	X
LABP	Admission	/	/	/	/	/	/	/	/	/	/
	1st Examiner	/	/	/	/	/	/	/	/	/	/
	2nd Examiner	/	/	/	/	/	/	/	/	/	/
PE	Weight in lbs.		MF166								
	Vital Capacity		MF153								
X-RAY*	Doubtful										
	Abnormal										
ECG**	Doubtful										
	Abnormal										
BCG (Grade)											

MF93

(*) If Doubtful or Abnormal, indicate:
 Gr.V.—great vessels MF89
 -GCE—generalized cardiac enlargement MF84
 LVH—left ventricular hypertrophy MF85
 Oth Cont—other contour MF87
 Non CV—non CV disease MF92

(**) If Doubtful or Abnormal, indicate:
 Myo Inf—myocardial infarct MF101
 LVH—left ventricular hypertrophy MF97
 IVB—IV block MF95
 AVB—AV block MF94
 NS T-wave—nonspecific T-wave
 Arr—arrhythmia MF104

Name _____

DIAGNOSTIC IMPRESSION AT TIME

Record No. ID

		I	II	III	IV	V	VI
		///	///	///	///	///	///
CARDIOVASCULAR IMPRESSION	CARDIAC	NO CVD					
		Arteriosclerotic HD					
		Angina pectoris					
		Myocardial infarct, by history					
		Myocardial infarct, by ECG					
		Rheumatic HD					
		RF or chorea					
		Systolic murmur(s): Mitral					
		(enter grade) Aortic					
		Diastolic murmur(s): Mitral					
		(enter grade) Aortic					
		X-Ray evidence ^{1/}					
		Hypertensive HD					
		High blood pressure					
		LVH or GCE on X-Ray					
		LVH by ECG					
		Other HD ^{2/}					
		NCA					
	Functional and Physiologic Dx						
	Functional class ^{3/}						
	Congestive heart failure		MFIB				
	VASCULAR	Other Vascular Disease					
		Cerebrovascular accident					
		Peripheral arterial insufficiency					
	NON-CV DIAGNOSIS ^{4/}						
	Type letter sent to patient ^{5/}						
	Reviewer's initials						

Record No. _____

LABORATORY FINDINGS

Exam. Number and Date		I	II	III	IV	V	VI	VII	VIII	IX	X
MF160 MF161 MF162 MF164 MF165	STS										
	Cholesterol										
	Hemoglobin										
	Phospholipid										
	Sugar										
	Uric Acid										
BLOOD ANALYSIS											
URINALYSIS	Specific Gravity										
	Sugar										
	Albumin										

PHS-EXAM

PHS-1170(NIH)
REV. 8-50

SUMMARY OF HEART DISEASE FINDINGS

2

RECORD NO. **2** ID

NAME (Last)	(First)	(Middle)	AGE	SEX	
TIME OF LAST MEAL		AMOUNT	BLOOD TAKEN		

DETERMINATION	CARDIOVASCULAR SYSTEM			OTHER ABNORMALITIES. MF105
	NORMAL	ABNORMAL FINDINGS	QUESTIONABLE FINDINGS	
1st B.P.				
V.C. MF153				
Last B.P.				
Hist. and Exam.				
X-ray (Small)				
X-ray (Large)				
ECG				
EKY				
BLOOD Cholesterol . MF160				
Hinton				
Hemoglobin MF161				
Phospholipid MF162				
Sugar MF164				
Uric Acid MF165				
Sf. 10-20				
URINE Sp. Gravity				
Sugar MF106				
Albumin MF107				

FINAL DIAGNOSTIC IMPRESSION

CARDIOVASCULAR	OTHER
1.	1.
2.	2.
3.	3.
4.	4.

INTERVAL MEDICAL HISTORY

NAME (Last)	(First)	(Middle)	DATE LAST EXAM	DATE THIS EXAM	RECORD NO.
					11
1. ACUTE INFECTIONS			Number		
A. - + Head Colds and other U.R.I. per year			MF108		
B. - + Sore throats, severe			MF109		
C. - + La Grippe			MF110		
D. - + Gastro-enteritis			MF111		
E. - + Other (specify)			MF112		
2. RHEUMATIC HISTORY					
A. - + Rheumatic fever or inflammatory rheumatism					
B. - + Acute swollen joints <input type="checkbox"/> Single <input type="checkbox"/> Multiple Location:					
C. - + Chronic joint pain or swelling <input type="checkbox"/> Single <input type="checkbox"/> Multiple Location:					
D. - + Muscular rheumatism or arthritis Location:					
E. - + Bursitis <input type="checkbox"/> Acute <input type="checkbox"/> Chronic Location:					
F. - + Does examiner believe patient had active rheumatic fever? <input type="checkbox"/> Original <input type="checkbox"/> Recurrent			MF114		
G. - + Does examiner believe patient had arthritis <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Hypertrophic <input type="checkbox"/> Other (specify)			MF115		
3. OPERATIONS (specify)			At Age		
A. - +					
B. - +					
MF116					
4. THYROID DISEASE					
A. Type diagnosed					
B. Treatment					
C. Present status					
5. HYPERTENSION					
A. No. times blood pressure taken since exam here					
B. Readings					
6. ANGINA PECTORIS					
- + Date of onset					
7. CORONARY THROMBOSIS					
- + Does patient report coronary attack? Date					
- + Does examiner believe that patient had a myocardial infarction? (If yes, fill out special form)					
Comment					
					2
8. ROUTINE HEALTH EXAMS			Date		
A. - + Insurance					
B. - + Place of employment					
C. - + Armed forces					
D. - + Private physician					
E. - + Other (specify)					
F. Abnormalities found (specify)					
9. OTHER CV DISEASE					
- + A. <input type="checkbox"/> CHF B. <input type="checkbox"/> CVA C. <input type="checkbox"/> Enlarged heart					
MF117 D. <input type="checkbox"/> Nervous heart E. <input type="checkbox"/> Peri-carditis F. <input type="checkbox"/> Sub-acute endocarditis					
G. <input type="checkbox"/> Other (specify)					
10. PEPTIC ULCER					
- + <input type="checkbox"/> New dx <input type="checkbox"/> Recurrence			MF118		
11. KIDNEY DISEASE			MF119		
- + <input type="checkbox"/> New dx <input type="checkbox"/> Recurrence			Type:		
			Basis for dx:		
12. PREGNANCIES (since last exam)			MF120		
No. <input type="checkbox"/> Miscarriages: No. _____					
<input type="checkbox"/> Albuminuria					
<input type="checkbox"/> Severe edema					
<input type="checkbox"/> Hypertension <input type="checkbox"/> Convulsions					
Examiner believes patient had					
- + toxemia of pregnancy at age _____					
13. MENOPAUSE			MF121		
- + Age at onset _____					
- + Artificial					
NOTES (specify section)					

14. WEIGHT DURING INTERVAL

A. Maximum _____ Minimum _____

B. Reason for change _____

C. Do you eat as much as you want
If no, how much do you restrict?

MPI 22

15. SLEEP

Avg. no. hours in bed _____ Avg. no. hrs. sleep _____

16. PERSISTENT COUGH

- + Duration _____ Timing _____
Productive _____ Amt. _____

17. HEMOPTYSIS

- + Amount: _____

18. DYSPNEA ON EXERTION

- Grade 1 2 3 4
Increase in past year 0 1 2 3

19. ORTHOPNEA

- + No. of pillows used _____

20. PAROXYSMAL NOCTURNAL DYSPNEA

- + Frequency _____

21. INCREASING FATIGABILITY

- Patient believes it is due to: _____

22. BOTHERED BY HEADACHES

- + Location _____ Frequency _____

- + Associated with nausea

Patient believes they are due to: _____

23. DIZZY OR NERVOUS SPELLS

- Examiner believes they are: Dizzy Nervous

24. PALPITATION (Patient is aware of heartbeat)

- + Frequency: _____

Examiner believes this occurs:
Only with excitement or exertion
 At rest With extrasystoles With paroxysmal tachycardia

- + patient is bothered by symptom

25. CHOKING OR SMOTHERING

When - + occurs: _____

26. SIGHING RESPIRATION

When - + occurs: _____

27. UNCOMFORTABLE IN CROWDED PLACES

Explain: - + _____

28. FREQUENTLY NERVOUS OR UPSET

- + Mild Moderate Marked

29. ANGINA OR CHEST DISCOMFORT

- + Do you ever have chest pain or discomfort?

- + Do you get any pain or discomfort when you exert yourself, or when you are excited?

Date of onset _____

- + occurs at rest

Location _____

Type _____

Duration _____

Radiation _____

Precipitated by _____

Relieved by _____

Frequency _____

- + Examiner believes chest pain represents angina pectoris

Description of other discomfort _____

NOTES (specify section)

30. ABDOMINAL PAIN OR INDIGESTION

- + Pain Indigestion

Location _____

Examiners interpretation _____

35. STIMULANTS USED

- + Coffee **MF131** cups/day

- + Tea cups/day

MF77 + Tobacco (per day)
Cigarettes **MF74** Cigars **MF75** Pipes **MF76**

31. CALF PAIN OR CRAMP WHILE WALKING

- + Distance: _____

- + Examiner believes this is claudication

- + Alcohol **MF78**
Highballs or cocktails None
_____ day _____ days/mo. < 1/mo.

Beer None
_____ day _____ days/mo. < 1/mo.

Wine None
_____ day _____ days/mo. < 1/mo.

MF124

32. PHLEBITIS

- + Acute Chronic

Precipitating factors _____

36. HAS PATIENT SEEN A DOCTOR DURING INTERVAL FOR ANY OTHER REASON?

- + Specify: _____

33. ANKLE EDEMA

- + When occurs: _____

34. DRUGS TAKEN

- + Digitalis: amt. **MF129**

+ Nitroglycerin: amt. _____

Other (check boxes)

Amphetamine Aspirin Laxatives

Antacids Hormones Sedatives

Antibiotics Injections Sulfa

Antihistamine Iron Vitamins

Other (specify) _____

37. NEUROCIRCULATORY ASTHENIA **MF132**

+ Does examiner think patient has NCA?

Comment: _____

38. SUPPLEMENTAL LIFETIME DISEASE HISTORY

- + a. Influenza - 1918 pandemic **MF133**

- + b. Poliomyelitis: Date of occurrence: **MF134**

c. Allergies: Age at onset _____ Present status: _____

- + **MF135** Hay fever **MF135** Asthma Other (specify) _____

MF135 Hives **MF136** Drug reaction (specify) _____

- + d. Pernicious anemia: Age at onset _____ Present status: **MF137**

- + e. Diabetes Age dx _____ Insulin amt. req'd. _____ Insulin shock No. times _____ Coma No. times _____ **MF138**

- + f. Gallbladder disease Age at onset _____ Basis for dx _____ **MF139**

- + g. Chronic pulmonary disease (specify) _____ Age at onset _____ Present status: **MF140**

- + h. Other (specify) _____

SUPPLEMENTAL LIFETIME HISTORY

<p>39. MURMURS</p> <p>- + First heard:</p> <p><input type="checkbox"/> Before exam at Fram. Ht. Prog. At Age _____ by _____</p> <p><input type="checkbox"/> At Fram. Ht. Prog. exam.</p> <p><input type="checkbox"/> Since last Fram. Ht. Prog. exam. Date _____ by _____</p>	<p>42. HOSPITALIZATION OTHER THAN OPERATION</p> <p>- + At age _____ for: _____</p> <p>At age _____ for: _____</p> <p>At age _____ for: _____</p> <p>At age _____ for: _____</p> <p>At age _____ for: _____</p>
<p>40. HEART AUSCULTATION (other than F.H.P.)</p> <p>- + At age _____ by _____</p> <p>At age _____ by _____</p> <p>At age _____ by _____</p>	<p>43. SYNCOPE</p> <p>- + No. times _____ At ages _____</p> <p>Patient believes this is due to: _____</p>
<p>41. RAYNAUD'S PHENOMENON</p> <p>- + Age at onset _____</p>	<p>- + Convulsions _____</p>

OTHER CONTRIBUTORY HISTORY (Interval or lifetime)

<p>Communication Rating</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Reason: _____</p>	<p>Examiner's Signature _____</p>
<p>CONSULTANT'S NOTES AND DIAGNOSIS</p>	<p>Left Arm B.P. Sys _____ Dias _____</p>

Date _____ Consultant's Signature _____

CARDIOVASCULAR EXAMINATION

2

NAME (Last)		(First)		(Middle)		DATE	RECORD NO. ID		
1. ORAL TEMPERATURE		2. RADIAL PULSE		3. RESPIRATION		4a. HEIGHT			
4b. WEIGHT MF166		5. AP DIAM CHEST		6. CHEST CIRCUM.		7. WAIST CIRCUM.			
8. BODY MASS		a. Resp.		b. Insp.					
9. HAIR				BALD PATTERN		10. VITAL CAPACITY MF153			
COLOR		% GRAY		<input type="checkbox"/> FRONT <input type="checkbox"/> BACK <input type="checkbox"/> SIDES		a. Actual b. Ideal			
S K I N	11. COLOR		<input type="checkbox"/> NORMAL	<input type="checkbox"/> PALE	<input checked="" type="checkbox"/> OTHER (Specify)				
	12. CYANOSIS		-	+	Describe				
	13. SKIN LESIONS		-	+	Type	Location			
	14. BLUSH		-	+	Location				
	15. HYPERHIDROSIS		-	+	Location				
H & A N D M S S	16. CLUBBING		-	+	Fingers	0	1	2	3
	17. RADIAL ARTERIES		<input type="checkbox"/> NORMAL	<input type="checkbox"/> THICKENED	<input type="checkbox"/> TORTUOUS				
	18. RADIAL PULSE		<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> OTHER (Specify)					
E Y E S	19. EXOPHTHALMOS		0	1	2	3	4		
	20. ARCUS SENILIS		0	1	2				
	21. XANTHELASMA		+	L.	R.	Size _____ mm.			
	22. MF142 RETINA		<input type="checkbox"/> VIEWED		<input type="checkbox"/> NOT VIEWED				
		a. Tortuous	0	1	2	3	4		
		b. Narrowing	0	1	2	3	4		
		c. Wide Light Reflex	0	1	2	3	4		
		d. AV Nicking	0	1	2	3	4		
		e. Silver Wire	0	1	2	3	4		
		f. Hemorrhages	0	1	2	3	4		
		g. Exudate	0	1	2	3	4		
		<input type="checkbox"/> NORMAL		h. OTHER (Specify)					
		<input type="checkbox"/> ABNORMAL							
		i. Abnormal Group		I	II	III	IV		
N E C K	23. MF143 THYROID ABNORM.		<input type="checkbox"/> SINGLE NODULE		<input type="checkbox"/> MULTIPLE NODULE				
			Size of Nodule _____ mm.		Location				
			DIFFUSE:		<input type="checkbox"/> SLIGHT	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MARKED		
24. VEIN ENGORGEMENT		0	1	2	Location				
25. LYMPHATICS:		ABNORMAL LYMPH NODES		-	+	Location			

SECOND OBSERVER'S COMMENTS

C H E S T	26. MF143 DEFORMITY	a. DEPRESSED STERNUM MF144 0 1 2 3 4	b. INCREASED AP. DIAM MF145 0 1 2 3 4	SECOND OBSERVER'S COMMENTS
	- +	c. KYPHOSIS MF146 0 1 2 3 4	d. SCOLIOSIS 0 1 2 3 4	
		e. OTHER (Specify) MF147		
L U N G S	27. LUNGS	a. BREATH SOUNDS: MF148 <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	Type Location	
		b. RALES MF149 +		
		c. OTHER ABNORMALITY (Specify) MF150		
H E A R T	28. CARDIAC RHYTHM	<input type="checkbox"/> REGULAR <input type="checkbox"/> MARKED SA <input type="checkbox"/> PREMATURE BEATS NO./MIN. _____	Specify	
		<input type="checkbox"/> AF <input type="checkbox"/> OTHER: _____		
		29. APICAL RATE (Full minute) MF151		
	30. THRILL MF152 ⊖ +	Location <input type="checkbox"/> SYSTOLIC <input type="checkbox"/> DIASTOLIC		
H E A R T S I Z E	31. HEART SIZE	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ENLARGED		
	APEX IMPULSE	<input type="checkbox"/> NOT FELT <input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER		
	LBD	<input type="checkbox"/> NOT MADE OUT <input checked="" type="checkbox"/> INSIDE MCL <input type="checkbox"/> OUTSIDE MCL		
H E A R T S O U N D S	32. a. MITRAL FIRST	GRADE: 0 1 2 3 4 N	<input type="checkbox"/> BOOMING <input type="checkbox"/> SNAPPING <input type="checkbox"/> SLIGHTLY SPLIT <input checked="" type="checkbox"/> BROADLY SPLIT	
	b. MITRAL SECOND	0 1 2 3 N	<input type="checkbox"/> SPLIT	
	c. PULMONIC FIRST	0 1 2 3 4 N	<input type="checkbox"/> SPLIT	
	d. PULMONIC SECOND	0 1 2 3 4 N	<input type="checkbox"/> SNAPPING SPLIT <input type="checkbox"/> SPLIT	
	e. AORTIC FIRST	0 1 2 3 N	<input type="checkbox"/> SPLIT	
	f. AORTIC SECOND	0 1 2 3 4 N	<input type="checkbox"/> TAMBOUR <input type="checkbox"/> SPLIT	
	33. PULMONIC SECOND SOUND	<input checked="" type="checkbox"/> > A ₂ <input type="checkbox"/> = A ₂ <input type="checkbox"/> < A ₂		
H E A R T S O U N D S	34. THIRD HEART SOUND	<input type="checkbox"/> NONE HEARD <input type="checkbox"/> NORMAL	<input type="checkbox"/> OPENING SNAP MITRAL VALVE <input type="checkbox"/> SYSTOLIC CLICK	
	35. GALLOP RHYTHM	<input type="checkbox"/> PRESYSTOLIC <input type="checkbox"/> PROTO DIASTOLIC		

COMMENTS

HEART (CONT.)	36. SYSTOLIC MURMURS	AREA	TIMING	QUALITY				GRADE						PITCH			
	(Recumbent)	a. APEX	E M L	BL	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
	<input type="checkbox"/> NONE HEARD	b. MID PRECORDIUM	E M L	BL	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
		c. LEFT BASE	E M L	BL	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
		d. RIGHT BASE	E M L	BL	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
		TRANSMISSION <input type="checkbox"/> NONE A B C D to <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D						<input type="checkbox"/> AAL <input type="checkbox"/> MAL <input type="checkbox"/> BACK <input type="checkbox"/> NECK									
37. SIGNIFICANT CHANGE IN SYSTOLIC MURMURS WHEN SITTING <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT																	
SPECIFY																	
HEART	38. DIASTOLIC MURMURS	a. MITRAL	AREA	TIMING	QUALITY		GRADE										
	<input type="checkbox"/> NONE HEARD	- +	A MP AAL	E M L	Ru	Cr	Before Exercise	0	1	2	3	4					
		b. AORTIC	A MP	E M L	BL	Dcr	After Exercise	0	1	2	3	4					
39. PATIENT WAS EXERCISED: <input type="checkbox"/> YES <input type="checkbox"/> NO																	
40. OTHER BRUITS - + Describe																	

FIRST OBSERVER'S COMMENTS ON MURMURS

SECOND OBSERVER'S COMMENTS ON MURMURS

ABDOM	41. LIVER	PALPABLE ON FULL INSPIRATION (CMS in MCL) 0 1 2 3 4 5										TENDER - +	SECOND OBSERVER'S COMMENTS
	42. SPLEEN PALPABLE	- +											
LEGS	43. FEMORAL PULSE	<input checked="" type="checkbox"/> NORMAL		<input type="checkbox"/> DIMINISHED		<input type="checkbox"/> ABSENT		<input type="checkbox"/> CORRIGAN					
	44. ANKLE EDEMA	- +	0	1	2	3	4	0	1	2	3	4	
	45. VARICES	- +	0	1	2	3	4	0	1	2	3	4	

46. EMOTIONAL STATE TENSE

RELAXED

47. OTHER SIGNIFICANT FINDINGS

C H F

MF154/MF155

MF156/
MF157

MF158/
MF159

48. BLOOD PRESSURE (Patient Sitting)	ADMISSION		EXAM #1	EXAM #2	CONSULTANT	FINAL
	LEFT ARM	RIGHT ARM	LEFT ARM	LEFT ARM	LEFT ARM	LEFT ARM
49. CLINICAL CARDIOVASCULAR DIAGNOSTIC IMPRESSION					SECOND OBSERVER'S OPINION	
ETIOLOGICAL	1.	2.	3.			
ANATOMICAL	1.	2.	3.			
PHYSIOLOGICAL	1.	2.	3.			
FUNCTIONAL CLASS	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>		
50. NON-CARDIAC DIAGNOSTIC IMPRESSION						
a.						
b.						
c.						
SIGNATURE OF EXAMINER			DATE	SIGNATURE OF OBSERVER		

CODED BY _____ DATE _____

VERIFIED BY _____ DATE _____

EXAM. II CODE SHEET
 Framingham Heart Study

NAME _____

IDENTIFICATION:

1 - 4	5	6 - 7	8
Record No.	Exam. No.	Age	Interim

WHOLE COLUMNS

9	10	11	12	13	14
X-Ray			ECG		
15	16	17	18	19	20
		HHD		Hyp.	
Non CV	Card. Dis.	Vas. Dis.	CVD Final Diagnosis		Other

("b" Nos.): LOWER HALF COLUMNS

21	22	23	24	25	26	27
Angina Pectoris						
Claud	Acute Chronic Phlebitis			Ankle Edema		
28	29	30	31	32		
MF129						
Digit.	Nitro.					
Drugs						

("a" Nos.): UPPER HALF COLUMNS

21	22	23	24	25		
MF106	MF107					
Sugar	Albumin	Sex	Type Pt.	Form		
Urinalysis						
26	27	28	29	30	31	
MF108	MF109	MF110	MF111	MF112	MF113	
URI	Sore Th.	La Gr.	Gastro-Ent.	Other	Insig.	
32	33	34	35	36	37	
	MF114			MF116		
Rheumatic Fever		Operations		Thy. Dis.	Cor. Throm.	
38	39	40	41	42	43	44
			MF117			
CHF	CVA	En. Ht.	Nerv. Rt. Pericard.	Sub. End.	Other	
45	46	47	48	49	50	51
MF118	MF119	MF120	MF121		MF122	
Pep. Ulc.	Kid. Dis.	Preg.	Menopause	Wt. Change	Diet	Sleep
52	53	54	55	56	57	58
Incr. F	Headache	Dizzy Spells	Nervous Spells	Palpitation		
59	60	61	62	63		
Pt. Both.		Choking	Sighing	Uncomf.	Freq. Crowds Nervous	

33	34	35	36			
			MF130			
Coffee-Tea	Tobacco	Alcohol	NCA			
37	38	39	40	41		
Influenza	Polio			Ray's Phen.		
Chronic Diseases						
42	43	44	45	46		
		MF141				
Syncope	Convul.	Xanth.	Retina	Thyroid		
47	48	49	50	51	52	53
MF144	MF145	MF146	MF147	MF148	MF149	MF150
Dep. St.	AP D.	Ky./Sc.	Other	Breath	Rates	Other
54	55	56	57	58	59	
P.B's	AF	Other	Ap. Rate	Thril	Enlarg.	
60	61	62	63	64		
Systolic Murmurs			Diast. Murmurs			

EXAM. III Numerical Data Code Sheet

NAME _____

IDENTIFICATION:

1 - 4	5
Record No.	Exam. No.

BODY MEASUREMENTS

6 - 7	8 - 10
Height	Weight

11 - 13	14 - 16	17 - 18
Chest Circum. Resp.	Chest Circum. Insp.	Vital Capacity

ADMISSION BP

19 - 21	22 - 24	
MF154	MF155	Field 1
Systolic.	Diastolic	

FIRST EXAM BP

25 - 27	28 - 30	
MF156	MF157	Field 2
Systolic	Diastolic	

SECOND EXAM BP (or Consultant)

31 - 33	34 - 36	
MF158	MF158	Field 3
Systolic	Diastolic	

37	38	39	40
High S	Low S	High D	Low D

BLOOD ANALYSIS

41 - 43	44 - 46	47 - 49
MF160	MF161	MF162
Cholesterol	Hemoglobin	Phospholipid

50 - 52	53 - 55
MF164	MF165
Blood Sugar	Uric Acid

S _f 12 - 20	S _f 20 - 100

2

<p>NAME _____</p> <p>READING OF PRESENT FILM</p> <p>A. CARDIAC FINDINGS</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Doubtful: specify nos. _____</p> <p><input type="checkbox"/> Abnormal: specify nos. _____</p> <hr/> <p>B. CARDIAC ABNORMALITIES</p> <p>1. Size</p> <p>MF84/ MF85</p> <p><input type="checkbox"/> a. Generalized enlargement C/T Ratio _____</p> <p><input type="checkbox"/> b. LVH</p> <p><input type="checkbox"/> c. AH</p> <p>MF102 <input type="checkbox"/> d. RVH</p> <hr/> <p>2. Contour (other than enlargement) MF87</p> <p><input type="checkbox"/> Specify _____</p> <hr/> <p>3. Great Vessels</p> <p><input type="checkbox"/> a. Aorta tortuous (1) <input type="checkbox"/> Asc. (2) <input type="checkbox"/> Desc. (3) <input type="checkbox"/> Arch</p> <p><input type="checkbox"/> b. Aorta calcified MF88</p> <p><input type="checkbox"/> c. Other abnormality of aorta _____</p> <p><input type="checkbox"/> d. Pulmonary artery abnormal</p> <hr/> <p>4. Position of heart</p> <p><input type="checkbox"/> MF90</p> <hr/> <p>5. Calcification (other than aortic)</p> <p><input type="checkbox"/> MF91</p> <hr/> <p>C. NON-CARDIAC ABNORMALITIES MF92</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Abnormalities: _____</p> <hr/> <p>_____</p> <hr/> <p>_____</p> <hr/> <p>_____</p>	<p>SEX MF3 AGE _____ HEIGHT _____ WEIGHT MF166 RECORD NO. ID</p> <p>INTERPRETATION OF PRESENT FILM IN LIGHT OF CLINICAL DATA</p> <p>A. CARDIAC FINDINGS</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Doubtful: specify nos. _____</p> <p><input type="checkbox"/> Abnormal: specify nos. _____</p> <hr/> <p>B. NON-CARDIAC ABNORMALITIES</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Abnormalities: _____</p> <p>_____</p> <p>_____</p> <hr/> <p>CHANGE FROM PREVIOUS X-RAY</p> <p><input type="checkbox"/> No change</p> <p><input type="checkbox"/> Changes (specify): _____</p> <hr/> <p>CHANGE IN INTERPRETATION OF PRESENT FILM AFTER COMPARISON WITH PREVIOUS FILM</p> <p><input type="checkbox"/> No change</p> <p><input type="checkbox"/> Changes (specify): _____</p> <hr/> <p>INTERPRETED BY: _____</p>
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Record No. ID Name _____ Date _____
Age _____ Sex _____ Height _____ Weight _____

SIGNIFICANT FINDINGS FROM:

1. Medical History (Encircle): None

- a. RF b. Diabetes c. HBP d. Murmur e. Coronary occlusion
- f. Palpitation g. AP h. Claudication i. Other _____

2. Physical Examination (Encircle): None

- Abnormal Irregular
- a. retinal b. cardiac (Specify) _____
- arteries rhythm
- c. Sys. Mur.(s) M A P d. Dias. Mur.(s) M A e. 1st BP _____

2

3. X-Ray (Encircle): None

- MF97 a. LVH b. AH c. Gen. CH d. AT e. AC
- f. Other (specify): _____

4. ECG - 12 Leads (Encircle): None

- a. Arrythmia (Specify): _____ b. AV Block MF94
- MF95 c. IV Block: R L d. LVH MF97 e. Non-specific abnormality MF100 f. Myo. infarct. MF101
- g. Electrical position: _____

5. ECG -- Lead I (Encircle): a. Normal b. Doubtful c. Abnormal

Specify if b. or c. _____

6. Ballistocardiogram (Encircle): a. Normal b. Doubtful c. Abnormal

d. Grade: 0 I II III IV e. H-K time variation ⊖ + _____ sec.

f. Check if abnormal and describe: H I J K L M N O Waves

g. Respiratory Variation - + $\frac{I-J(E)}{I-J(I)}$ = _____

Comments: _____

FINAL DIAGNOSTIC IMPRESSION: