

____/____/____

Framingham Heart Study Cohort Exam 28

Summary Sheet to Personal Physician

Blood Pressure	First Reading	Second Reading
Systolic		
Diastolic		

ECG Diagnosis _____

Summary of Findings _____

Examining Physician

The Heart Study examination is not comprehensive and does not take the place of a routine physical examination.

Medical History--Hospitalizations

COHORT EXAM 28

DATE _____

FORM #28_25

OMB No=0925-0216

(SCREEN 1)

Health Care	
FU001	Examiner prefix (0=MD, 1=Tech)
FU002	Examiner ID _____ Examiner Name
FU003	Hospitalization (not just E.R.) since last medical history update (0=No; 1=yes, hospitalization, 2=yes, more than 1 hospitalization, 9=Unknown)
FU004	E.R. Visit since last medical history update (0=No; 1=Yes, 1 or more Emergency Room visit, 9=Unknown)
FU005	Day Surgery (0=No, 1=Yes, 9=Unknown)
FU006	Illness with visit to doctor (0=No, 1=Yes, 1 visit; 2=Yes, more than 1 visit; 9=Unk)
FU007	Check up in interim by doctor (0=No, 1=Yes, 9=Unknown)
FU008	Date of this FHS exam (Today's date - See above)

Medical Encounter	Month/Year (of last visit)	Site of Hospital or Office	Doctor

MD01

Medical History—Medications

FORM #28_26


OMB No=0925-0216

(SCREEN 2)

Hypertention

FU009	Since your last exam have you taken medication for the treatment of hypertension? (high blood pressure) (0=No, 1=Yes, now, 2=Yes, not now, 9=Unk)
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Aspirin

FU010	Take aspirin regularly? (0=No, 1=Yes, 9=Unk)						
If yes, fill 	<table border="1"> <tr> <td style="background-color: #e0e0e0;">FU011</td> <td>Number aspirins taken regularly (99=Unknown)</td> </tr> <tr> <td style="background-color: #e0e0e0;">FU012</td> <td>Aspirin frequency- number taken regularly (0=Never, 1=Day, 2=Week 3=Month, 4=Year, 9=Unk)</td> </tr> <tr> <td style="background-color: #e0e0e0;">FU013</td> <td>Usual aspirin dose for above 081=baby,160=half dose, 325=nl, 500=extra or larger,999=unk</td> </tr> </table>	FU011	Number aspirins taken regularly (99=Unknown)	FU012	Aspirin frequency- number taken regularly (0=Never, 1=Day, 2=Week 3=Month, 4=Year, 9=Unk)	FU013	Usual aspirin dose for above 081=baby,160=half dose, 325=nl, 500=extra or larger,999=unk
FU011	Number aspirins taken regularly (99=Unknown)						
FU012	Aspirin frequency- number taken regularly (0=Never, 1=Day, 2=Week 3=Month, 4=Year, 9=Unk)						
FU013	Usual aspirin dose for above 081=baby,160=half dose, 325=nl, 500=extra or larger,999=unk						

MD02

Medical History – Prescription and Non-Prescription Medications

FORM #28_27 OMB NO=0925-0216

(SCREEN 3)

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. Include herbal alternative, and soy-based preparations.

Medication Name <small>(Print first 20 letters)</small>	Strength <small>(include mg, IU, etc)</small>	Number per <small>(day/week/month)</small> <small>(circle one)</small>	Prn <small>(0=no, 1=yes, 9=unkn)</small>
EXAMPLE: S A M P L E D R U G N A M E	100 mg	1	D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M
			D W M

To continue with more medications, please use next page.
MD03

Continue from screen 3 Medical History— Prescription and Non-Prescription Medications

FORM #28_28 OMB NO=0925-0216

(SCREEN 4)

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. Include herbal, alternative, and soy-based preparations.

Medication Name (Print first 20 letters)	Strength (include mg, IU, etc)	Number per (day/week/month) (circle one)		Prn (0=no, 1=yes, 9=unkn)
EXAMPLE: S A M P L E D R U G N A M E	100 mg	1	D W M	0
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	

Blood Pressure (first reading)

For clinic and offsite visits Examiner ID# equals Examiner ID# in Health Care section.

Systolic	Diastolic	BP cuff size	Protocol modification
FU019	FU020	FU021	FU022
to nearest 2 mm Hg 999=Unknown	to nearest 2 mm Hg 999=Unknown	0=pedi, 1=reg. adult, 2=large adult, 3= thigh, 9=unknown	0=No, 1=Yes, 9=Unknown write in _____

MD04

Medical History—Genitourinary and Thyroid Disease



FORM #28_29|

OMB No=0925-0216

(Screen 5)

Instructions: If taking combination pill, i.e. Prempro or Premphase, be sure to code both estrogen and progesterone dose below. If participant is male, leave questions blank or fill in with man code.

Female Hormone Replacement

FU023 If yes, fill 	Estrogen use since your last exam? (0=no, 1=yes, now, 2=yes, not now, 8=man, 9=unknown)	
	FU024	Name of most recent estrogen preparation
	FU025	Strength
	FU026	Number of days per month taken
FU027	Estrogen Cream use since your last exam (0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)	
FU028 If yes, fill 	Progesterone use since your last exam? (0=no, 1=yes, now, 2=yes, not now, 8=man, 9=unknown)	
	FU029	Name of most recent estrogen preparation
	FU030	Strength
	FU031	Number of days per month taken

Prostate Disease

FU032	Prostate trouble since your last exam	Code 0=No, 1=Yes, 2=Maybe, 8=Woman, 9=Unknown
FU033	Prostate surgery since your last exam	

Thyroid

FU034	Since your last exam have you had a diagnosis of a thyroid condition? (0=No, 1=Yes, 9=Unknown)
Comments _____	

MD05

Medical History –Alcohol Consumption.

FORM #28_30 OMB NO=0925-0216

(SCREEN 6)

Do you drink any of the following beverages at least once a month? (0=no, 1=yes, 9=unknown)																				
FU035	Beer																			
FU036	White wine																			
FU037	Red wine																			
FU038	Liquor/spirits																			
FU039	other																			
<p>What is your average number of servings in a typical week or month since your last exam ? (999=Unknown) <i>Code alcohol intake as EITHER weekly OR monthly as appropriate.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beverage</th> <th style="width: 25%;">Per week</th> <th style="width: 25%;">Per month</th> </tr> </thead> <tbody> <tr> <td>Beer (12oz bottle, glass, can)</td> <td style="text-align: center;">FU040</td> <td style="text-align: center;">FU041</td> </tr> <tr> <td>White wine (4oz glass)</td> <td style="text-align: center;">FU042</td> <td style="text-align: center;">FU043</td> </tr> <tr> <td>Red wine (4oz glass)</td> <td style="text-align: center;">FU044</td> <td style="text-align: center;">FU045</td> </tr> <tr> <td>Liquor/spirits (1oz cocktail/highball)</td> <td style="text-align: center;">FU046</td> <td style="text-align: center;">FU047</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">FU048</td> <td style="text-align: center;">FU049</td> </tr> </tbody> </table>			Beverage	Per week	Per month	Beer (12oz bottle, glass, can)	FU040	FU041	White wine (4oz glass)	FU042	FU043	Red wine (4oz glass)	FU044	FU045	Liquor/spirits (1oz cocktail/highball)	FU046	FU047	Other	FU048	FU049
Beverage	Per week	Per month																		
Beer (12oz bottle, glass, can)	FU040	FU041																		
White wine (4oz glass)	FU042	FU043																		
Red wine (4oz glass)	FU044	FU045																		
Liquor/spirits (1oz cocktail/highball)	FU046	FU047																		
Other	FU048	FU049																		

Medical History--Smoking

<p>FU050 if yes fill ☞</p>	<p>Smoked cigarettes regularly since your last exam? (0=No, 1=Yes, now, 2=Yes, not now, 9=Unknown)</p>
<p style="text-align: center;">FU051</p>	<p>How many cigarettes do/did you smoke a day? (01=one or less, 99=unknown)</p>

Medical History—Respiratory Symptoms. Part I

FORM #28_31

OMB No=0925-0216

(SCREEN 7)

Cough		
FU052	During the past 12 months, have you had a cough apart from colds? (Count a cough when you first go outdoors or first smoke. Exclude clearing of throat)	0=No 1=Yes
FU053	During the past 12 months, have you had a cough upon getting up or first thing in the morning?	9=Don't know
If YES to either question above answer the following:		
FU054	Do you cough on most days (4 or more days/week) for three months or more during the past 12 months?	0=No 1=Yes 9=Don't know
FU055	How many years have you had this cough? (99=Unk.)	# of years
Phlegm		
FU056	During the past 12 months, have you brought up phlegm from your chest apart from colds? (Exclude phlegm from the nose)	0=No 1=Yes
FU057	During the past 12 months, have you brought up phlegm from your chest upon getting up or first thing in the morning?	9=Don't know
If YES to either question above answer the following:		
FU058	Do you bring up phlegm from your chest on most days (4 or more days/week) for three months or more during the past 12 months?	0=No 1=Yes 9=Don't know
FU059	How many years have you brought phlegm up from your chest on most days? (99=Unk.)	# of years
Wheeze		
FU060	In the last 12 months, have you had wheezing or whistling in your chest at any time?	0=No 1=Yes 9=Don't know
if yes, fill all ☞	FU061 In the last 12 months, how often have you had this wheezing or whistling?	0=Not at all 1=Most days or nights 2=A few days or nights a week 3=A few days or nights a month 4=A few days or nights a year 9=Unknown
FU062	In the past 12 months, have you had this wheezing or whistling in the chest when you did NOT HAVE A COLD?	0=No 1=Yes
FU063	In the last 12 months, have you had an attack of wheezing or whistling in the chest that had made you feel short of breath?	9=Don't know

MD07

Medical History—Respiratory Symptoms. Part II

FORM #28_32

OMB No=0925-0216

(SCREEN 8)

Sleep Related Symptoms (days/nights)		
FU064	In the past 12 months, on average how many nights a week did you snore?	0=Never 1=Rarely(1-2 nights/week) 2=Occasionally(3-4 nights/week) 3=Frequently(5 or more nights/week) 9=Unknown Use coding for nights OR days.
FU065	In the past 12 months, on average how many nights a week do you snort, gasp, or stop breathing while you are asleep?	
FU066	In the past 12 months, on average how many days a week have you had excessive (too much) daytime sleepiness?	
Nocturnal chest symptoms		
FU067	In the last 12 months, have you been awakened by shortness of breath?	0=No 1=Yes 9=Don't know
FU068	In the last 12 months, have you been awakened by a wheezing/whistling in your chest?	
FU069	In the last 12 months, have you been awakened by coughing?	
if yes, fill all ☞	FU070 In the last 12 months, how often have you been awakened by coughing?	0=Not at all 9=Unknown 1=Most days or nights 2=A few days or nights a week 3=A few days or nights a month 4=A few days or nights a year
Shortness of breath		
FU071	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	
if yes, fill all ☞	FU072 Do you have to walk slower than people of your age on level ground because of shortness of breath?	
	FU073 Do you ever have to stop for breath when walking at your own pace on level ground?	
	FU074 Do you ever have to stop for breath after walking 100 yards (or after a few minutes) on level ground?	0=No 1=Yes 9=Don't know
FU075	Do you/have you needed to sleep on two or more pillows to help you breath? (Orthopnea)	
FU076	Have you since your last exam had swelling in both your ankles (ankle edema)?	
FU077	Have you since your last exam been told you had heart failure or congestive heart failure?	
FU078	Have you since your last exam been hospitalized for heart failure?	
Examiner's opinion:		
FU079	First examiner believes CHF	0=No,1=Yes 2=Maybe,9=Unkn

Comments _____

Medical History-- Heart Part I

FORM #28_33

OMB No=0925-0216

(SCREEN 9)

FU080	Any chest discomfort since last exam or medical history update? (0=No, 1=Yes, 2=Maybe, 9=Unknown) (please provide narrative comments in addition to checking the appropriate boxes)	
if yes, fill and below	FU081	Chest discomfort with exertion or excitement (0=No, 1=Yes, 2=Maybe, 9=Unknown)
	FU082	Chest discomfort when quiet or resting
Chest Discomfort Characteristics (must have checked box at top of table)		
	____/____	Date of onset mo/yr, 99/9999=Unknown
	FU083/FU084	
	FU085	Usual duration (minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
	FU086	Longest duration (minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
	FU087	Location (0=No, 1=Central sternum and upper chest, 2=L up per Quadrant, 3=L lower ribcage, 4=R chest, 5=Other, 6=Combination, 9=Unknown)
	FU088	Radiation (0=No, 1=Left shoulder or L arm, 2=Neck, 3=R shoulder or arm, 4=Back, 5=Abdomen, 6=Other, 7=Combination, 9=Unknown)
	FU089	Frequency (number in past month) 999=Unknown
	FU090	Frequency (number in past year) 999=Unknown
	FU091	Type (1=Pressure, heavy, vise, 2=Sharp, 3=Dull, 4=Other, 9=Unk)
	FU092	Relief by Nitroglycerine in <15 minutes 0=No
	FU093	Relief by Rest in <15 minutes 1=Yes,
	FU094	Relief Spontaneously in <15 minutes 8=Not tried
	FU095	Relief by Other cause in <15 minutes 9=Unknown

CHD First Opinions	
FU096	Angina pectoris in interim
FU097	Angina pectoris since revascularization procedure
FU098	Coronary insufficiency in interim
FU099	Myocardial infarct in interim

(0=No,
1=Yes,
2=Maybe,
9=Unknown)

Comments _____

Medical History-- Syncope and Neurology

FORM #28_341

OMB No=0925-0216

(SCREEN 10)

FU100	Have you fainted or lost consciousness since your last exam? (If due to stroke skip to screen 11) If event immediately preceded by head injury, or accident code 0=No	Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown
if yes, fill all ☞	FU101 Number of episodes in the past two years (999=Unknown)	
	FU102* FU103 Date of first episode (use 4 digits for year, i.e. 1998) (mo/yr, 99/9999=Unknown)	
	FU104 Usual duration of loss of consciousness (minutes, 999=Unkn)	
	FU105 Did you have any injury caused by the event? (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
if yes, fill ☞	FU106 ER/hospitalized or saw M.D. (0=No, 1=ER/Hosp., 2=Saw M.D., 9=Unkn) Hospitalized at: _____ M.D. seen: _____	

Syncope First Opinions		
FU107	Syncope (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown)	
	FU108 Cardiac syncope	0=No,
	FU109 Vasovagal syncope	1=Yes,
	FU110 Other-Specify: _____	2=Maybe,
		9=Unknown
FU111	Seizure Disorder (0=No, 1=Yes, 2=Maybe, 9=Unknown)	

Comments

MD10

Medical History--Cerebrovascular

FORM #28_35

OMB No=0925-0216

(SCREEN 11)

Cerebrovascular Episodes in Interim							
FU112	Sudden muscular weakness						
FU113	Sudden speech difficulty						
FU114	Sudden visual defect						
FU115	Double vision						
FU116	Loss of vision in one eye						
FU117	Unconsciousness						
FU118	Numbness, tingling						
if yes, fill ☞	FU119 Numbness and tingling is positional						
FU120	Head CT or MRI scan since last exam (date/place _____) (0=No, 1=CT, 2=MRI, 3=both, 9=Unknown)						
FU121	Seen by neurologist since last exam (write in who and when below) _____						
Details for "Serious" Cerebrovascular Event in Interim							
FU122	Examiner's opinion that TIA or stroke took place in interim (0=No, 1=Yes, 2=Maybe, 9=Unknown)						
if yes or maybe fill all to ☞	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FU123* FU124</td> <td>Date (mo/yr, 99/9999=Unkn) Observed by _____</td> </tr> <tr> <td>FU125* FU126* FU127</td> <td>Duration (use format days/hours/mins, 99/99/99=Unknown)</td> </tr> <tr> <td>FU128</td> <td>Hospitalized or saw M.D. (0=No, 1=Hosp.2=Saw M.D, 9=Unk) Name _____ Address _____</td> </tr> </table>	FU123* FU124	Date (mo/yr, 99/9999=Unkn) Observed by _____	FU125* FU126* FU127	Duration (use format days/hours/mins, 99/99/99=Unknown)	FU128	Hospitalized or saw M.D. (0=No, 1=Hosp.2=Saw M.D, 9=Unk) Name _____ Address _____
FU123* FU124	Date (mo/yr, 99/9999=Unkn) Observed by _____						
FU125* FU126* FU127	Duration (use format days/hours/mins, 99/99/99=Unknown)						
FU128	Hospitalized or saw M.D. (0=No, 1=Hosp.2=Saw M.D, 9=Unk) Name _____ Address _____						

Neurology First Opinions	
FU129	Stroke in Interim
FU130	TIA
FU131	Dementia
FU132	Parkinson's Disease
FU133	Other-- Specify: _____

Neurology
Comments _____

Medical History--Peripheral Arterial and Venous

FORM #28_36

OMB No=0925-0216

(SCREEN 12)

FU134	Can you walk 50 feet without help? (0=Able to walk 50 feet without help, 1=Needs help, 2=Can't walk, 9=Unknown)		
FU135	Do you have lower limb discomfort while walking? (0=No, 1=Yes, 2=Can't walk, 9=Unknown)		
if yes fill	FU136	If walking on level ground, how many city blocks until symptoms develop (00=no, 99=unknown) where 10 blocks=1 mile, code as no if more than 98 blocks required to develop symptoms	
	FU137	Year symptoms started (00=no, 9999=unknown)	
if yes fill in below	Left	Right	Vascular symptoms (0=No, 1=Yes, 9=Unkn)
	FU138	FU139	Discomfort in calf while walking
	FU140	FU141	Discomfort in lower extremity (not calf) while walking
	FU142		Occurs with first steps (code worse leg)
	FU143		After walking a while (code worse leg)
	FU144		Related to rapidity of walking or steepness
	FU145		Forced to stop walking
	FU146		Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable, 99=Unknown)
	FU147		Number of days/month of lower limb discomfort (00=No, 88=N/A, 99=Unknown)
	PAD First Opinions		
FU148	Intermittent Claudication		0=No, 1=Yes, 2=Maybe, 9=Unknown

Venous Disease		
FU149	Since your last exam have you had a Deep Vein Thrombosis (blood clots in legs or arms)	0=No, 1=Yes,
FU150	Since your last exam have you had a Pulmonary Embolus (blood clots in lungs)	9=Unknown

Comments Peripheral Vascular Disease _____

MD12

Medical History-- CVD Procedures

FORM #28_37

OMB No=0925-0216

(SCREEN 13)

Coding: 0=No, 1=Yes 2=Maybe, 9=Unkn	Cardiovascular Procedures in Interim (if procedure was repeated code only first in interim and provide narrative) (write 4 digits for year, i.e. 1998, 1999, 2000)
FU151 if yes fill ☞	Heart Valvular Surgery (most recent only) FU152 Year done (9999=Unk) Location and description _____
FU153 if yes fill ☞	Exercise Tolerance Test (most recent only) FU154 Year done (9999=Unk) Location _____
FU155 if yes fill ☞	Coronary arteriogram (most recent only) FU156 Year done (9999=Unk)
FU157 if yes fill ☞	Coronary artery angioplasty FU158 Year done (9999=Unk) FU159 Type of procedure (0=none, 1=balloon, 2=stent, 3=other, 9=unkn)
FU160 if yes fill ☞	Coronary bypass surgery FU161 Year done (9999=Unk)
FU162 if yes fill ☞	Permanent pacemaker insertion FU163 Year done (9999=Unk)
FU164 if yes fill ☞	Carotid artery surgery FU165 Year done (9999=Unk)
FU166 if yes fill ☞	Thoracic aorta surgery FU167 Year done (9999=Unk)
FU168 if yes fill ☞	Abdominal aorta surgery FU169 Year done (9999=Unk)
FU170 if yes fill ☞	Femoral or lower extremity surgery FU171 Year done (9999=Unk)
FU172 if yes fill ☞	Lower extremity amputation FU173 Year done (9999=Unk)
FU174 if yes fill ☞	Other Cardiovascular Procedure (write in below) FU175 Year done (9999=Unk) Description _____

Comments: _____

Cancer Site or Type

FORM #28_38

OMB No=0925-0216

(SCREEN 14)

FU176

Have you, since your last clinic visit or medical history update, had a cancer or a tumor?

0=No - skip to next screen

1=Yes, fill in table below, using the following code:

Code each "site", putting "0" for all sites having no interim tumor.

1= Definite cancer

2=Tumor, nature unknown

3=Definitely benign

9=Unknown

Code	Site of Cancer or Tumor	Year First Diagnosed	Name Diagnosing M.D.	City of M.D.
FU177	Esophagus			
FU178	Stomach			
FU179	Colon			
FU180	Rectum			
FU181	Pancreas			
FU182	Larynx			
FU183	Trachea/Bronchus/Lung			
FU184	Leukemia			
FU185	Skin			
FU186	Breast			
FU187	Cervix/Uterus			
FU188	Ovary			
FU189	Prostate			
FU190	Bladder			
FU191	Kidney			
FU192	Brain			
FU193	Lymphoma			
FU194	Other/Unknown			

Comment (If participant has more details concerning tissue diagnosis, other hospitalization, procedures, treatments)

MD14

Second Blood Pressure

FORM #28_39

OMB No=0925-0216

(SCREEN 15)

Blood Pressure (second reading)			
<i>For clinic and offsite visits Examiner ID# equals Examiner ID# in Health Care section</i>			
Systolic	Diastolic	BP cuff size	Protocol modification
<b style="color: red;">FU195 to nearest 2 mm Hg 999=Unknown	<b style="color: red;">FU196 to nearest 2 mm Hg 999=Unknown	<b style="color: red;">FU197 0=pedi,1=reg.adult, 2=large adult, 3= thigh, 9=unknown	<b style="color: red;">FU198 0=No, 1=Yes, 9=Unknown

Comments on Protocol modification

MD15

Electrocardiograph--Part I

FORM #28_40

OMB No=0925-0216

(SCREEN 16)

FU199	Examiner ID Number _____ Examiner Last Name _____
FU200 if Yes, fill out rest of form	ECG done (0=No, 1=Yes)
Rates and Intervals	
FU201	Ventricular rate per minute (99=Unknown)
FU202	P-R Interval (hundredths of a second) (99=Fully Paced, Atrial Fib, or Unknown)
FU203	QRS interval (hundredths of second) (99=Fully Paced, Unknown)
FU204	Q-T interval (hundredths of second) (99=Fully Paced, Unknown)
FU205	QRS angle (put plus or minus as needed) (e.g. -045 for minus 45 degrees, +090 for plus 90, 9999=Fully paced or Unknown)
Rhythm--predominant	
FU206	<p>0 or 1 = Normal sinus, (including s.tach, s.brady, s arrhy, 1 degree AV block) 3 = 2nd degree AV block, Mobitz I (Wenckebach) 4 = 2nd degree AV block, Mobitz II 5 = 3rd degree AV block / AV dissociation 6 = Atrial fibrillation / atrial flutter 7 = Nodal 8 = Paced 9 = Other or combination of above (list) _____</p>
Ventricular conduction abnormalities	
FU207 if yes, fill ☞	IV Block (0=No, 1=Yes, 9=Fully paced or Unknown)
	FU208 Pattern (1=Left, 2=Right, 3=Indeterminate, 9=Unknown)
	FU209 Complete (QRS interval=.12 sec or greater)(0=No, 1=Yes, 9=Unknown)
	FU210 Incomplete (QRS interval = .10 or .11 sec) (0=No, 1=Yes, 9=Unknown)
FU211	Hemiblock (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)
FU212	WPW Syndrome (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
Arrhythmias	
FU213	Atrial premature beats (0=No, 1=Atr, 2=Atr Aber, 9=Unknown)
FU214	Ventricular premature beats (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)
FU215	Number of ventricular premature beats in 10 seconds (see 10 second rhythm strip, 99=Unknown)

MD16

Electrocardiograph-Part II

FORM #28 41

OMB No=0925-0216

(SCREEN 17)

Myocardial Infarction Location	
FU216	Anterior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
FU217	Inferior
FU218	True Posterior
Left Ventricular Hypertrophy Criteria	
FU219	R > 20mm in any limb lead (0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)
FU220	R > 11mm in AVL
FU221	R in lead I plus S ≥ 25mm in lead III
Measured Voltage	
FU222	R AVL in mm (at 1 mv = 10 mm standard) Be sure to code these voltages
FU223	S V3 in mm (at 1 mv = 10 mm standard) Be sure to code these voltages
R in V5 or V6-----S in V1 or V2	
FU224	R ≥ 25mm
FU225	S ≥ 25mm
FU226	R or S ≥ 30mm (0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)
FU227	R + S ≥ 35mm
FU228	Intrinsicoid deflection ≥ .05 sec
FU229	S-T depression (strain pattern)
Hypertrophy, enlargement, and other ECG Diagnoses	
FU230	Nonspecific S-T segment abnormality (0=No, 1=S-T depression, 2=S-T flattening, 3=Other, 9=Fully paced or unknown)
FU231	Nonspecific T-wave abnormality (0=No, 1=T inversion, 2=T flattening, 3=Other, 9=Fully paced or unknown)
FU232	U-wave present (0=No, 1=Yes, 2=Maybe, 9=Paced or Unknown)
FU233	Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown)
FU234	RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete RBBB present, RVH=9)
FU235	LVH (0=No, 1=LVH with strain, 2=LVH with mild S-T Segment Abn, 3=LVH by voltage only, 9=Fully paced or Unkn, If complete LBBB present, LVH=9)

Comments and
Diagnosis _____

MD17

Clinical Diagnostic Impression--Part III

FORM #28_42

OMB No=0925-0216

(SCREEN 18)

Non Cardiovascular Diagnoses First Examiner Opinions	
FU236	Diabetes Mellitus
FU237	Prostate disease
FU238	Renal disease (specify)_____
FU239	Emphysema
FU240	Chronic bronchitis
FU241	Pneumonia
FU242	Asthma
FU243	Other pulmonary disease
FU244	Gout
FU245	Degenerative joint disease
FU246	Rheumatoid arthritis
FU247	Gallbladder disease
FU248	Other non C-V diagnosis (for cancer, see special screen)

0=No,
1=Yes,
2=Maybe,
9=Unknown

Comments CDI Other Diagnoses _____

MD18

Version #5	07-06-04 GM
------------	-------------

Numerical Data--Part I

FORM #28_01

OMB No=0925-0216

Basic Information			
FU249	Site of Exam (0=Heart Study, 1=Nursing home, 2=Residence, 3=Other, 9=Unknown)		
FU250	Marital Status (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)		
FU251	Examiner's Number for weight and height		
FU252	Weight (to nearest pound, 999=Unknown)	FU253	Protocol modification 0=No,1=Yes 9=Unk/ND
FU254	Method used to obtain weight (0=FHS protocol, clinic or field visit with portable scale, 1=recorded in NH chart, 2=Other write in _____)		
FU255* FU256* FU257	Date weight obtained (mm/dd/yyyy)		
FU258	Height (inches, to next lower 1/4 inch, 999=Unknown) 88/88=field visit	FU259	Protocol modification 0=No,1=Yes 9=Unk/ND
FU260 if yes, fill ☞	Proxy used to complete this exam (0=No, 1=Yes, 1 proxy, 2=Yes, more than 1 proxy, 9=Unk)		
	Proxy Name _____		
	FU261	Relationship (1=1 st Degree Relative(spouse, child), 2=Other Relative, 3=Friend, 4=Health Care Professional, 5=Other, 9=Unknown)	
	FU262A* FU262B	How long have you known the participant? (Years, months; 99.99=Unk) example: 3m=00*03	
	FU263	Are you currently living in the same household with the participant? (0=No, 1=Yes, 9=Unk)	
	FU264	How often did you talk with the participant during the prior 11 months? (1=Almost every day, 2=Several times a week, 3=Once a week, 4=1 to 3 times per month, 5=Less than once a month, 9=Unknown)	
	Proxy Name _____		
	FU265	Relationship (1=1 st Degree Relative(spouse, child), 2=Other Relative, 3=Friend, 4=Health Care Professional, 5=Other, 9=Unknown)	
	FU266A* FU266B	How long have you known the participant? (Years, months; 99.99=Unk) example: 3 m=00*03	
	FU267	Are you currently living in the same household with the participant? (0=No, 1=Yes, 9=Unk)	
FU268	How often did you talk with the participant during the prior 11 months? (1=Almost every day, 2=Several times a week, 3=Once a week, 4=1 to 3 times per month, 5=Less than once a month, 9=Unknown)		

Technician's Blood Pressure to nearest 2 mm Hg Examiner's Number			Clinic only (not done at off-site visits)	
FU269	Systolic FU270 999=Unk/ND	Diastolic FU271 999=Unk/ND	BP cuff size FU272 0=pediatric, 1=regular, 2=large adult, 3=thigh, 9=Unk/ND	Protocol modification FU273 0=No, 1=Yes 9=Unk/ND

Comments on **all** protocol modifications:

EXAM 28 Procedures Sheet		
FU274	Informed Consent	2=Consent signed, may qualify for Waiver, 3=waiver used, 4=Other_____
FU275	ECG	
FU276	Blood Drawn	8=not drawn due to offsite visit
FU278	Physician Medical History (Tech. Medical History, off-site)	
FU279	Observed Physical Performance	
FU280	CES-D	
FU281	MMSE	
FU282	Berkman Social Network	
FU283	NAGI	
FU284	Leisure Time Cognitive and Physical Activities	
FU285	Healthcare Preference Questions	8=not eligible due to cognitive status
FU286	Height	8=not done due to offsite visit
FU287	Weight	
FU288	ADLs, Socio-demographic, Nursing (Community) Services Use	
FU289	Foot study	8=ineligible due to cognitive status
FU290	Vascular Testing	8=not done due to offsite visit

0=No
1=Yes
9=Unknown

Exit Interview		
FU291	Examiner ID	
FU292	Procedure Sheet Review	
FU293	Referral Sheet Review	
FU294	Left Clinic with all belongings	8=n/a, offsite
FU295	Feedback	0=No feedback, 1=Positive feedback, 2=Negative feedback, 3=Other
	Comments _____ _____ _____ _____	

0=No

1=Yes

Health Care Preferences Questionnaire.

FORM #28_03

OMB No=0925-0216

FU296	Examiner's Number for Health Care Preferences
--------------	------------------------------------------------------

***Intro:** People have many ideas about health and health care. Understanding these ideas is crucial to improving care. We are interested in learning what you believe to be the most important considerations at this point in your life. There are no right or wrong answers. We are simply interested in your opinions. We understand that this is a sensitive topic. Your participation is voluntary and you may choose to stop answering questions at any time.*

FU297	Would you like to proceed? (0=No, 1=Yes, 9=not done due to cognitive status)
--------------	-------------------------------------------------------------------------------------

I would like to ask about the kinds of preparation you may have made in case you become too sick to make your own medical decisions.

FU298 if yes, ☞	<p>1. Have you ever talked with anyone about your wishes for medical care toward the end of your life? (0=no, 1=yes, 8= prefer not to answer, 9=don't know)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px 5px;">FU299</td><td style="padding: 2px 5px;">Family member</td></tr> <tr><td style="padding: 2px 5px;">FU300</td><td style="padding: 2px 5px;">Physician, other health care provider</td></tr> <tr><td style="padding: 2px 5px;">FU301</td><td style="padding: 2px 5px;">Clergy</td></tr> <tr><td style="padding: 2px 5px;">FU302</td><td style="padding: 2px 5px;">Attorney</td></tr> <tr><td style="padding: 2px 5px;">FU303</td><td style="padding: 2px 5px;">Friends</td></tr> <tr><td style="padding: 2px 5px;">FU304</td><td style="padding: 2px 5px;">Other, write in _____</td></tr> </table>	FU299	Family member	FU300	Physician, other health care provider	FU301	Clergy	FU302	Attorney	FU303	Friends	FU304	Other, write in _____
FU299	Family member												
FU300	Physician, other health care provider												
FU301	Clergy												
FU302	Attorney												
FU303	Friends												
FU304	Other, write in _____												
FU305 if yes, ☞	<p>2. Have you filled out a Health Care Proxy form naming someone who could make decisions about your medical treatment if you could not speak for yourself? (0=no, 1=yes, 2=completed advanced directive not sure which form (i.e. HCP form vs. living will) , 8= prefer not to answer, 9=don't know)</p> <p>FU306 Who is your health care proxy? (1=spouse, 2=child, 3=sibling, 4=other relative, 5=friend, 6=attorney, 7=other, write in _____, 9=don't know)</p>												
FU307	<p>3. Have you filled out a living will giving directions for the kind of medical treatment you would want if ever you could not speak for yourself? (0=no, 1=yes, 2=completed advanced directive not sure which form (i.e. HCP form vs. living will) , 8= prefer not to answer, 9=don't know)</p>												
FU308	<p>4. If you were to become seriously ill and had to choose between the following two treatment plans, which would you choose? A course of treatment that focuses on extending life as much as possible, even if it means having more pain and discomfort, or would you want a plan of care that focuses on relieving pain and discomfort as much as possible, even if that means not living as long. Would you choose to:</p> <p>0= Extend life as much as possible, 1= Relieve pain or discomfort as much as possible 8= prefer not to answer 9=Don't know</p>												

TECH03

Health Care Preferences Questionnaire.

FORM #28_04

OMB No=0925-0216

I'm going to read some statements that describe situations that sometimes happen to people particularly at the end of their life. We are asking these questions of everyone regardless of how well or sick they are now. For each statement please tell me if you would be very willing, somewhat willing, somewhat unwilling, very unwilling or would rather die than put up with the situation. Please think about the situation as if you would be living this way for the rest of your life.

	Very willing	Some what willing	Some what unwilling	Very unwilling	Rather die	Prefer not to answer	Don't know
5. Being in a great deal of pain unrelieved by medicines? FU309	1	2	3	4	5	8	9
6. Being attached to a ventilator or respirator all the time? FU310	1	2	3	4	5	8	9
7. Being fed through a tube all the time? FU311	1	2	3	4	5	8	9
8. Being unconscious or in coma all the time? FU312	1	2	3	4	5	8	9
9. Forgetting or being confused all the time? FU313	1	2	3	4	5	8	9

FU314 10. Where would you prefer to die?

1=home, 2=hospital, 3=nursing home 4=hospice, 5= other, 8= prefer not to answer 9=don't know

FU315 11. What are the chances that you will be able to take care of yourself 12 months from now?

1= 90% or better, 2= about 75% 3= about 50-50, 4= about 25% 5= 10% or less, 8= prefer not to answer 9=don't know

FU316 12. What do you think the chances are that you would live 12 months or more?

1= 90% or better, 2= about 75% 3= about 50-50, 4= about 25% 5= 10% or less, 8= prefer not to answer 9=don't know

Now I am going to ask a question about how your religious/spiritual beliefs might influence your medical care.

FU317 13. Do you think your religious or spiritual beliefs would influence your medical decisions if you become very sick?

0=not at all, 1=a little bit, 2=moderately, 3=quite a bit, 4=extremely, 8= prefer not to answer 9=don't know

Thank you very much for you willingness to share this information. This form has been completed for research purposes and does not serve as a legal document. For more information on how to obtain legal forms please speak to your physician.

TECH04

Interviewer Feedback: Health Care Preferences Questionnaire

FORM #28_05

OMB No=0925-0216

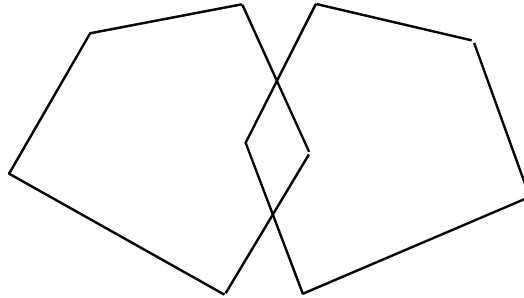
FU318	Examiner's Number						
FU319	1. Did the participant choose to stop before completing all 13 questions? (0=No, 1=Yes, 9=Unknown)						
if yes, 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">FU320</td> <td>Why did they stop? (0=no reason given, 1=refused to continue, 2=too upsetting, 3=other: _____)</td> </tr> <tr> <td>FU321</td> <td>What question did they stop at? (write in number)</td> </tr> </table>	FU320	Why did they stop? (0=no reason given, 1=refused to continue, 2=too upsetting, 3=other: _____)	FU321	What question did they stop at? (write in number)		
FU320	Why did they stop? (0=no reason given, 1=refused to continue, 2=too upsetting, 3=other: _____)						
FU321	What question did they stop at? (write in number)						
Additional Comments:	<hr/> <hr/> <hr/> <hr/>						
FU322	2. Did the participant seem upset or bothered by any of the questions that were asked? (0=No, 1=Yes, 9=Unknown)						
if yes, 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">FU323</td> <td rowspan="5">Which questions? (write in number(s))</td> </tr> <tr> <td>FU324</td> </tr> <tr> <td>FU325</td> </tr> <tr> <td>FU326</td> </tr> <tr> <td>FU327</td> </tr> </table>	FU323	Which questions? (write in number(s))	FU324	FU325	FU326	FU327
FU323	Which questions? (write in number(s))						
FU324							
FU325							
FU326							
FU327							
Additional Comments:	<hr/> <hr/> <hr/> <hr/>						
FU328	3. Where there any questions that the participant had particular difficulty understanding? (0=No, 1=Yes, 9=Unknown)						
if yes, 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">FU329</td> <td rowspan="5">Which questions? (write in number(s))</td> </tr> <tr> <td>FU330</td> </tr> <tr> <td>FU331</td> </tr> <tr> <td>FU332</td> </tr> <tr> <td>FU333</td> </tr> </table>	FU329	Which questions? (write in number(s))	FU330	FU331	FU332	FU333
FU329	Which questions? (write in number(s))						
FU330							
FU331							
FU332							
FU333							
Additional Comments:	<hr/> <hr/> <hr/> <hr/>						

OMB No=0925-0216

Sentence and Design Handout for Participant

PLEASE WRITE A SENTENCE

PLEASE COPY THIS DESIGN



Cognitive Function--Part I

I'm going to start by asking questions that require concentration and memory. Some questions are more difficult than others and some will be asked more than one time.

FORM #28_06

OMB No=0925-0216

FU334	Examiner's Number for Cognitive Function -- Part I+II
--------------	--------------------------------------------------------------

SCORE CORRECT No Try=6 Unknown=9	Write all responses on exam form (score 1 point for each correct response)
--------------------------------------------	--------------------------------------------------------------------------------------

0 1 2 3 6 9	What Is the Date Today? (Month, day, year, correct score=3) FU335
0 1 6 9	What Is the Season? FU336
0 1 6 9	What Day of the Week Is it? FU337
0 1 2 3 6 9	What Town, County and State Are We in? FU338
0 1 6 9	What Is the Name of this Place? FU339 (any appropriate answer all right, for instance my home, nursing home, street address, heart study...max score=1)
0 1 6 9	What Floor of the Building Are We on? FU340
0 1 2 3 6 9	I am going to name 3 objects. After I have said them I want you to repeat them back to me. Remember what they are because I will ask you to name them again in a few minutes: Apple, Table, Penny FU341
_ _ _ _ _	Now I am going to spell a word forward and I want you to spell it backwards. The word is world. W-O-R-L-D. FU342 Please Spell it in Reverse Order. Write in Letters, _____ (Letters Are Entered and Scored Later) Score as: 66666=Not administered for reason unrelated to cognitive status 00000=Administered, but couldn't do 99999=Unknown
0 1 2 3 6 9	What are the 3 objects I asked you to remember a few moments ago? FU343

Cognitive Function --Part II

FORM #28_07

OMB No=0925-0216

SCORE CORRECT No Try=6 Unknown=9	Write all responses on exam form. (score 1 point for each correct answer)
0 1 6 9	What Is this Called? (Watch) FU344
0 1 6 9	What Is this Called? (Pencil) FU345
0 1 6 9	Please Repeat the Following: "No Ifs, Ands, or Buts." (Perfect=1) FU346
0 1 6 9	Please Read the Following & Do What it Says (performed=1, code 6 if low vision) FU347
0 1 6 9	Please Write a Sentence (code 6 if low vision) FU348
0 1 6 9	Please Copy this Drawing (code 6 if low vision) FU349
0 1 2 3 6 9	Take this piece of paper in your right hand, fold it in half with both hands, and put in your lap (score 1 for each correctly performed act, code 6 if low vision) FU350

No Yes Maybe Unk (coding below)	Factor Potentially Affecting Mental Status Testing
0 1 2 9	Illiterate or low education FU351
0 1 2 9	Not fluent in English FU352
0 1 2 9	Poor eyesight FU353
0 1 2 9	Poor hearing FU354
0 1 2 9	Depression / possible depression FU355
0 1 2 9	Aphasia FU356
0 1 2 9	Coma FU357
0 1 2 9	Parkinsonism or neurologically impaired FU358
0 1 2 9	Other FU359

TECH07

CES-D Scale

FORM #28_08

OMB No=0925-0216

FU360

Examiner's Number for CES-D Scale

The questions below ask about your feelings. For each of the following statements, please say if you felt that way during the past week.

Questions to be answered Circle best answer for each question	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	Unknown
1. I was bothered by things that usually don't bother me. FU361	0	1	2	3	9
2. I did not feel like eating, my appetite was poor. FU362	0	1	2	3	9
3. I felt that I could not shake off the blues, even with help from my family and friends. FU363	0	1	2	3	9
4. I felt that I was just as good as other people. FU364	0	1	2	3	9
5. I had trouble keeping my mind on what I was doing. FU365	0	1	2	3	9
6. I felt depressed. FU366	0	1	2	3	9
7. I felt that everything I did was an effort. FU367	0	1	2	3	9
8. I felt hopeful about the future. FU368	0	1	2	3	9
9. I thought my life had been a failure. FU369	0	1	2	3	9
10. I felt fearful. FU370	0	1	2	3	9
11. My sleep was restless. FU371	0	1	2	3	9
12. I was happy. FU372	0	1	2	3	9
13. I talked less than usual. FU373	0	1	2	3	9
14. I felt lonely. FU374	0	1	2	3	9
15. People were unfriendly. FU375	0	1	2	3	9
16. I enjoyed life. FU376	0	1	2	3	9
17. I had crying spells. FU377	0	1	2	3	9
18. I felt sad. FU378	0	1	2	3	9
19. I felt that people disliked me FU379	0	1	2	3	9
20. I could not "get going" FU380	0	1	2	3	9

TECH08

Self-Reported Performance -- Part I

FORM #28_09

OMB No=0925-0216

FU381	Examiner's Number for Socio-demographics
--------------	-------------------------------------------------

Socio-demographics																			
FU382	Where do you live? (0=Private residence, 1=Nursing home, 2=Other institution, such as: assisted living or retirement community, 9=Unknown)																		
FU383	Does anyone live with you? (0=No, 1=Yes, 9=Unknown) Code Nursing Home Residents as NO to these questions																		
If Yes ☞ If 0 or 9, skip down	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">FU384</td> <td style="padding: 2px;">Spouse</td> <td style="padding: 2px;">0=No</td> </tr> <tr> <td style="padding: 2px;">FU385</td> <td style="padding: 2px;">Significant Other</td> <td style="padding: 2px;">1=Yes, less than 3 months per year</td> </tr> <tr> <td style="padding: 2px;">FU386</td> <td style="padding: 2px;">Children</td> <td style="padding: 2px;">2=Yes, at least 3 months per year</td> </tr> <tr> <td style="padding: 2px;">FU387</td> <td style="padding: 2px;">Friends</td> <td style="padding: 2px;">9=Unknown</td> </tr> <tr> <td style="padding: 2px;">FU388</td> <td style="padding: 2px;">Relatives</td> <td></td> </tr> <tr> <td style="padding: 2px;">FU389</td> <td style="padding: 2px;">Pets</td> <td></td> </tr> </table>	FU384	Spouse	0=No	FU385	Significant Other	1=Yes, less than 3 months per year	FU386	Children	2=Yes, at least 3 months per year	FU387	Friends	9=Unknown	FU388	Relatives		FU389	Pets	
FU384	Spouse	0=No																	
FU385	Significant Other	1=Yes, less than 3 months per year																	
FU386	Children	2=Yes, at least 3 months per year																	
FU387	Friends	9=Unknown																	
FU388	Relatives																		
FU389	Pets																		
FU390	Are you Currently working at a paying job or doing unpaid volunteer or community work? (0=No,1=Yes, full time(>=32 hrs/week), 2=Yes, part time (<32 hrs/week), 9 =Unknown)																		
FU391	During the past 6 months (180 days) how many days were you so sick that you were unable to carry out your usual activities? (999=Unknown)																		

** Proxy may NOT be used to help complete this section **	
FU392	In general, how is your health now: (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9=Unkn)
FU393	Compare your health to most people your own age: (1=Better, 2=About the same, 3=Worse than most people your own age, 9=Unknown)

TECH09

Self-Reported Performance--Part 2

FORM #28_10

OMB No=0925-0216

Activities of Daily Living

FU394	Examiner's Number for Activities of Daily Living
During the Course of a Normal Day, Can you do the following activities independently or do you need human assistance or the use of a device? Coding: 0=No help needed, independent, 1=Uses device, independent, 2=Human assistance needed, minimally dependent, 3=Dependent, 4=Do not do during a normal day, 9=Unknown	
FU395	Dressing (undressing and redressing) Devices such as: velcro, elastic laces;
FU396	Bathing (including getting in and out of tub or shower) Devices such as: bath chair, long handled sponge, hand held shower, safety bars;
FU397	Eating Devices such as: rocking knife, spork, long straw, plate guard.
FU398	Transferring (getting in and out of a chair) Devices such as: sliding board, grab bars, special seat;
FU399	Toileting Activities (using bathroom facilities and handle clothing) Devices such as: special toilet seat, commode;
FU400	Bladder Continence (ask if person has "accidents") (code=5 if use special products) Devices such as: external catheter, drainage bags, ileal appliance, protective devices;
FU401	Bowel Continence (ask if person has "accidents") (code=5 if use special products) Devices such as: suppositories, bedpan, regular enemas, colostomy;
FU402	Walking on Level Surface about 50 Yards Devices such as: cane, crutches, or walker;
FU403	Walking up and down One Flight Stairs Devices such as: handrail, cane.
FU404	Using a Telephone Devices such as: large numbers, voice activation, amplication;
FU405	Preparing and Taking Own Medications (code=8 if takes no medications regularly) Specify device (write in)_____

TECH010

Activities Questions- Part A

FORM #28_11

OMB No=0925-0216

FU406	Examiner's Number for Activities-Part A Questions		
Use of Nursing and Community Services			
FU407	Have you been admitted to a nursing home (or skilled facility) since your last exam or medical history update? (0=No, 1=Yes, 9=Unknown)		
FU408	Since your last exam, have you been visited by a nursing service, or used home, community, or outpatient programs? (0=No, 1=Yes, 9=Unknown)		
if yes, continue ☞ and below	Currently	Since last exam	# months used
	0=No At least once per: 1=Day 2=Week 3=Month 4=Other(write in) _____ 9=Unknown		0=None 1=One month or less 2-98=Put in actual number of months used 99=Unknown
	Currently	Since Last Exam	# Months Used Since Last Exam
	FU409	FU410	FU411
	Home health aides		
	FU412	FU413	FU414
	Homemaker visits		
	FU415	FU416	FU417
	Visiting Nurses		
	FU418	FU419	FU420
Personal Care Attendant (PCA)			
FU421	FU422	FU423	
Rehabilitation services (such as physical therapy, occupational therapy, speech therapy)			
FU424	FU425	FU426	
Cardiac rehabilitation			
FU427	FU428	FU429	
Meals on Wheels			
FU430	FU431	FU432	
Community Day Programs			
FU433	FU434	FU435	
Other (specify _____)			

TECH011

Activities Questions- Part B

FORM #28_12

OMB No=0925-0216

FU436	Examiner's Number for Activities and Rosow-Breslau Questions
--------------	---------------------------------------------------------------------

FU437	Are you in bed or a chair for most or all of the day (on the average)? Note: this is a lifestyle question, not related to poor health. (0=No, 1=Yes, 9=Unknown)
FU438	Do you need a special aid (wheelchair, cane, walker) to get around? (0=No, 1=Yes, 9=Unknown)
if yes then ☞	If yes, which of the following equipment do you use?
FU439	Cane or walking stick 0=No
FU440	Wheelchair 1=Yes, always
FU441	Walker 2=Yes, sometimes
FU442	Other (Write in) _____ 9=Unknown

Rosow-Breslau Questions	
FU443	Are you able to do heavy work around the house, like shoveling snow or washing windows, walls, or floors without help? 0=No, unable to do
FU444	Are you able to walk half a mile without help? (About 4-6 blocks) 1=Yes, independent
FU445	If you had to, could you do all the housekeeping yourself? (like washing clothes and cleaning) 2=Does not do
FU446	If you had to, could you do all the cooking yourself? 9=Unknown
FU447	If you had to, could you do all the grocery shopping yourself?
FU448	Do you drive now? 0=No
	1=Yes, currently
	2=Yes, not now
	9=Unknown
if no then ☞	FU449 Reason for <u>not</u> driving now (1=Health, 2=Other non-health reason, 3=never licensed, 8=N/A, current driver, 9=Unknown)

Activities Questions - Part C

FORM #28_13

OMB No=0925-0216

FU450	Examiner's Number for Activities - Part C
Nagi Questions	
<p>For each thing tell me whether you have</p> <p>(0) No Difficulty (1) A Little Difficulty (2) Some Difficulty (3) A Lot Of Difficulty (4) Unable To Do (5) Don't Do On MD Orders or Institutional Orders (6) Unable to Assess Difficulty Because Not Done as Part of Daily Activities (9) Unknown</p>	
FU451	Pulling or pushing large objects like a living room chair
FU452	Either stooping, crouching, or kneeling
FU453	Reaching or extending arms below shoulder level
FU454	Reaching or extending arms above shoulder level
FU455	Either writing, or handling or fingering small objects
FU456	Standing in one place for long periods, say 15 minutes
FU457	Sitting for long periods, say 1 hour
FU458	Lifting or carrying weights under 10 pounds (like a bag of potatoes)
FU459	Lifting or carrying weights over 10 pounds (like a very heavy bag of groceries)
FU460	Getting in and out of car
FU461	Putting on socks or stockings

TECH013

Activities Questions -- Part D

FORM #28_14

OMB No=0925-0216

FU462	Examiner's Number for Activities - Part D
FU463	Since your last exam have you accidentally fallen and hit the floor or ground?
if yes, fill ☞	(code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unk)
	FU464 How many times did you fall in the past year? (99=Unknown)

Fractures			
FU465	Since your last exam or medical history update have you broken any bones? (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)		
If 1,2 fill ☞	Code year of fracture, example: If fracture occurred in 1999, code 1999 9999=Unknown		
	Left	Right	Location
	FU466	FU467	Clavicle (collar bone)
	FU468	FU469	Upper arm (humerus) or elbow
	FU470	FU471	Forearm or wrist
	FU472	FU473	Hand
		FU474	Back (If disc disease only, code as no)
		FU475	Pelvis
	FU476	FU477	Hip
	FU478	FU479	Leg
	FU480	FU481	Foot
	FU482	FU483	Toe
	FU484	Other (specify) _____	

TECH014

Berkman Social Network Questionnaire. Tech-administered

FORM #28_15

OMB No=0925-0216

The next questions ask about your social support. Please tell me the response that most closely describes your current situation.

FU485	Examiner's Number for Berkman Questionnaire.					
For each question please circle one answer						
Coding scheme	(Code=0)	(Code=1)	(Code=2)	(Code=3)	(Code=4)	(Code=9)
1. How many <i>close friends</i> do you have, people that you feel at ease with, can talk to about private matters? FU486	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
2. How many of these <i>close friends</i> do you see at least once a month? FU487	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
3. How many <i>relatives</i> do you have, people, that you feel at ease with, can talk to about private matters? FU488	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
4. How many of these <i>relatives</i> do you see at least once a month? FU489	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown

5. Do you participate in any groups such as a senior center, social or work group, religious connected group, self-help group, or charity, public service or community group? FU490		
Circle one answer		
No (Code=0)	Yes (Code=1)	Unknown (Code=9)

6. About how often do you go to religious meetings or services? FU491						
Circle one answer						
Never or almost never (Code=0)	Once or twice a year (Code=1)	Every few months (Code=2)	Once or twice a month (Code=3)	Once a week (Code=4)	More than once a week (Code=5)	Unknown (Code=9)

TECH015

Berkman Social Network Questionnaire. Tech- Administered

FORM #28_16

OMB No=0925-0216

7. Do you have health insurance other than Medicare or Medicaid? FU492		
Circle one answer		
No (Code=0)	Yes (Code=1)	Unknown (Code=9)

For each question please circle one answer						
Coding Scheme	(Code=0)	(Code=1)	(Code=2)	(Code=3)	(Code=4)	(Code=9)
8. Is there someone available to you whom you can count on to listen to you when you need to talk? FU493	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Unknown
9. Is there someone available to give you good advice about a problem? FU494	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Unknown
10. Is there someone available to you who shows you love and affection? FU495	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Unknown
11. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)? FU496	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Unknown
12. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide? FU497	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Unknown

TECH016

Leisure time cognitive and physical activities.

FORM #28_17

OMB No=0925-0216

FU498	Examiner's Number for Leisure time activities.
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During the past year, how often have you participated in the following leisure time activities?

Questions to be answered Circle best answer for each question	Never	Daily (7 days per week)	Several days per week (2-6 days per week)	Once weekly (1 day per week)	Monthly (once a month)	Occa- sionally (less than once a month)
1. Reading books/newspapers FU499	0	1	2	3	4	5
2. Writing for pleasure FU500	0	1	2	3	4	5
3. Doing crossword puzzles FU501	0	1	2	3	4	5
4. Playing board games or cards FU502	0	1	2	3	4	5
5. Participating in organized group discussions FU503	0	1	2	3	4	5
6. Playing musical instruments FU504	0	1	2	3	4	5
7. Playing tennis or golf FU505	0	1	2	3	4	5
8. Swimming FU506	0	1	2	3	4	5
9. Bicycling FU507	0	1	2	3	4	5
10. Dancing FU508	0	1	2	3	4	5
11. Group exercises FU509	0	1	2	3	4	5
12. Team games such as bowling FU510	0	1	2	3	4	5
13. Walking for exercise FU511	0	1	2	3	4	5
14. Climbing 2 flights of stairs FU512	0	1	2	3	4	5
15. Housework FU513	0	1	2	3	4	5
16. Babysitting FU514	0	1	2	3	4	5

TECH017

Observed performance. Part 1

FORM #28_18

OMB No=0925-0216

FU515	Examiner's Number
HAND GRIP TEST Measured to the nearest kilogram	
Right hand	
Trial 1	99=Unknown FU516
Trial 2	99=Unknown FU517
Trial 3	99=Unknown FU518
Left hand	
Trial 1	99=Unknown FU519
Trial 2	99=Unknown FU520
Trial 3	99=Unknown FU521
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)	FU522
If not attempted or completed, why not?	
1=Physical limitation	3=Other _____ write in FU523
2=Refused	9=Unknown

PHYSICAL FUNCTION TEST 10 seconds stand	
Side by Side	
Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown)	FU524
If not attempted or completed, why not?	FU525
1=Physical limitation	3=Other _____ write in
2=Refused	9=Unknown
Number of seconds held if less than 10 99.99=Unknown	FU526
Semi-Tandem	
Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown)	FU527
If not attempted or completed, why not?	FU528
1=Physical limitation	3=Other _____ write in
2=Refused	9=Unknown
Number of seconds held if less than 10 99.99=Unknown	FU529
Tandem	
Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown)	FU530
If not attempted or completed, why not?	FU531
1=Physical limitation	3=Other _____ write in
2=Refused	9=Unknown
Number of seconds held if less than 10 99.99=Unknown	FU532

TECH018

Observed performance. Part 2

FORM #28_19

OMB No=0925-0216

FU533	Examiner's Number
REPEATED CHAIR STANDS	
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)	FU534
If not attempted or completed, why not? 1=Physical limitation 3=Other _____ write in 2=Refused 4=Test stopped at 60 sec 9=Unknown	FU535
IF OFFSITE visit, Chair height (in inches, 99.99=Unknown)	FU536
Time to complete five stands in seconds (If not completed in 60 sec – STOP)(99.99=Unk)	FU537
If less than five stands, enter the number (9=Unk)	FU538
Post-Repeated chair stand 30 second heart rate (999=Unknown)	FU538A
MEASURED WALKS	
Walking aid used: 0=No aid, 1=Cane, 2=Walker, 3=Wheelchair, 4=Other, 9=Unknown	FU539
First Walk	
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)	FU540
If not attempted or completed, why not? 1=Physical limitation 3=Other _____ write in 2=Refused 9=Unknown	FU541
Walk time (in seconds, 99.99=Unknown)	FU542
Second Walk	
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)	FU543
If not attempted or completed, why not? 1=Physical limitation 3=Other _____ write in 2=Refused 9=Unknown	FU544
Walk time (in seconds, 99.99=Unknown)	FU545
Quick Walk	
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)	FU546
If not attempted or completed, why not? 1=Physical limitation 3=Other _____ write in 2=Refused 9=Unknown	FU547
Walk time (in seconds, 99.99=Unknown)	FU548

TECH019

Referral Tracking

FORM #28_20
FU549

OMB No=0925-0216

<input type="text"/>	Physician ID#
FU550 <input type="text"/> if yes fill below	Was further medical evaluation recommended for this participant? 0=No, 1=Yes, 9=Unknown
RESULT	Reason for further evaluation: 0=No, 1=Yes, 9=Unknown
FU551 <input type="text"/>	Blood Pressure result <input type="text"/> / <input type="text"/> mmHg Phone call > 200/110 Expedite ≥ 180/100 Elevated > 140/90
<i>Write in abnormality</i>	
FU554 <input type="text"/>	ECG abnormality _____
FU555 <input type="text"/>	Clinic Physician _____ identified medical problem
FU556 <input type="text"/>	Other _____

<input type="text"/>	Technician ID#
FU558	Was there an adverse event in clinic/offsite exam that does not require further medical evaluation? (0=No, 1=Yes, 9=Unknown) Comments: _____ _____ _____

<input type="text"/>	Technician ID# (for offsite visit only)
FU560	Was a FHS physician contacted during the examination due to adverse exam findings? (0=No, 1=Yes, 9=Unknown) Comments: _____ _____ _____

TECH020

FORM #28_21

OMB No=0925-0216

Method used to inform participant of need for further medical evaluation (circle ALL that apply)	
FU561 1	Face-to-face in clinic
FU562 2	Phone call
FU563 3	Result letter
FU564 4	Other

Method used to inform participant's personal physician of need for further medical evaluation (circle ALL that apply)	
FU565 1	Phone call
FU566 2	Result letter mailed
FU567 3	Result letter FAX'd
FU568 4	Other

FU569 FU570 FU571

Date referral made: ___-__-____ Use 4 digits for year

FU572

ID number of person completing the referral: _____

Notes documenting conversation with participant or participant's personal physician: _____

TECH021

FU573 FU574