FRAMINGHAM STUDY
COHORT EXAM 19

CODING MANUAL

SAS NAME: A0EXAM19
SAS VARIABLE NAMES: FL1 - FL523

RECORDS = 1541

1

- 1 -

CODING MANUAL
FRAMINGHAM STUDY

VARIABLE	INPUT NAME	INFORMATION
+_____	_____	_____

PID RANDOM ID NUMBER
* TO PRESERVE CONFIDENTIALITY

FL002 EXAMDATE (MONTH,DAY,YEAR)
* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL003 * SEX PATIENT SEX
1 MALE
2 FEMALE

FL004   * AGE   PATIENT AGE
           65-96

FL005   * SITE   SITE OF EXAM
        * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL006   * NUR_LVL   NURSING HOME LEVEL OF CARE
        * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL007   * MARITAL   MARITAL STATUS
        1 SINGLE
        2 MARRIED
        3 WIDOWED
        4 DIVORCED
        5 SEPARATED
        . UNKNOWN (4)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL008   * NURSE   NURSE EXAMINER'S NUMBER
        * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL009   * WEIGHT   WEIGHT
        WEIGHT IN LBS, IN GROUPS OF 5 LB INTERVALS
        WEIGHT<100=WEIGHT GRP 0, WEIGHT>275=WEIGHT GRP 36

FL010   * HEIGHT   HEIGHT
        HEIGHT IN INCHES
        HEIGHT<56"=HEIGHT GRP 56, HEIGHT>76"=HEIGHT GRP 76

FL011   * TRICE_L   LEFT SKINFOLD TRICEPS
        * VARIABLE DELETED DUE TO INVALID MEASUREMENT

FL012   * TRICE_R   RIGHT SKINFOLD TRICEPS

* VARIABLE DELETED DUE TO INVALID MEASUREMENT

FL013   * SUBSC_L   LEFT SKINFOLD SUBSCAPULAR
                   * VARIABLE DELETED DUE TO INVALID MEASUREMENT

FL014   * SUBSC_R   RIGHT SKINFOLD SUBSCAPULAR
                   * VARIABLE DELETED DUE TO INVALID MEASUREMENT

FL015   * ABDOM_SK   SKINFOLD ABDOMEN
                   * VARIABLE DELETED DUE TO INVALID MEASUREMENT

FL016   * DELT_GIR   BI-DELTOID GIRTH
                   31.75-53.0
                   . UNKNOWN (104)

FL017   * RARM_GIR   RIGHT ARM GIRTH--UPPER THIRD
                   07-21.5
                   . UNKNOWN (109)

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            - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL018   * WAIS_GIR   WAIST GIRTH
                   23-56
                   . UNKNOWN (113)

 FL019   * HIP_GIR   HIP GIRTH
                   29-58
                   . UNKNOWN (114)

 FL020   * THIG_GIR   THIGH GIRTH

13.5-31
. UNKNOWN (121)

FL021   * SBPNURSE   SYSTOLIC BLOOD PRESSURE-NURSE
            82-230
            . UNKNOWN (34)

FL022   * DBPNURSE   DIASTOLIC BLOOD PRESSURE-NURSE
            20-124
            . UNKNOWN (35)

FL023   * CARBON   CARBON MONOXIDE LEVEL
            01-47
            . UNKNOWN (323)

FL024   * SPIRO   SPIROMETRY DONE
            0 NO
            1 YES
            . UNKNOWN (108)

FL025   R(RESISTANCE FROM BODY COMP ANALYZER)
            341-792
            . UNKNOWN (1158)

FL026   XC(REACTANCE FROM BODY COMP ANALYZER)
            16-85
            . UNKNOWN (1154)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL027   * NURSING   # TIMES ADMIT NURS HOME PAST 2 YRS

FL028   * IN_HOME   MONTHS SPENT IN HOME IN PAST 12 MONTHS

FL029   * NURSADMI   MAIN REASON FOR ADMISSION TO NURSING HOME

FL030   * IN_BED   DID YOU STAY IN BED ALL OR MOST OF TIME
                 0 NO
                 1 YES
                 2 UNSURE
                 . UNKNOWN (53)

FL031   * M_BED   MONTHS IN BED
                 0-7
                  . UNKNOWN (72)

FL032   * Y_BED   YEARS IN BED
                 0-25
                  . UNKNOWN (72)

FL033   * IN_HOME   DID YOU STAY IN HOME ALL OR MOST OF TIME
                 0 NO
                 1 YES
                 2 UNSURE
                 . UNKNOWN (53)

FL034   * M_HOME   MONTHS IN HOME
                 0-14
                  . UNKNOWN (117)

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VARIABLE   INPUT NAME   INFORMATION

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+_____   _____   _____
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FL035   * Y_HOME   YEARS IN HOME
                    0-8
                      . UNKNOWN (117)

FL036   * SP_AID   NEED SPECIAL AID TO GET AROUND
                    0 NO
                    1 YES
                    2 UNSURE
                    . UNKNOWN (52)

FL037   * CANE   USE CANE OR WALKING STICK
                    0 NO
                    1 YES
                    2 MAYBE OR UNSURE
                    . UNKNOWN (56)

FL038   * CRUTCH   USE CRUTCHES
                    0 NO
                    1 YES
                    2 MAYBE OR UNSURE
                    . UNKNOWN (56)

FL039   * WALKER   USE WALKER
                    0 NO
                    1 YES
                    2 MAYBE OR UNSURE
                    . UNKNOWN (56)

FL040   * WH_CHAIR   USE WHEEL CHAIR
                    0 NO
                    1 YES
                    2 MAYBE OR UNSURE
                    . UNKNOWN (56)

FL041   * ART_LIMB   USE ARTIFICIAL LIMB

VARIABLE	INPUT NAME	INFORMATION

FL042 * BRACE   USE BRACE OF ANY KIND
        0 NO
        1 YES
        2 MAYBE OR UNSURE
        . UNKNOWN (57)

FL043 * G_DOG   USE GUIDE DOG
        * VARIABLE DELETED TO
        PRESERVE CONFIDENTIALITY

FL044 * SP_SHOES   USE SPECIAL SHOES
        0 NO
        1 YES
        2 MAYBE OR UNSURE
        . UNKNOWN (57)

FL045 * OTHER   USE OTHER SPECIAL AID
        0 NO
        1 YES
        2 MAYBE OR UNSURE
        . UNKNOWN (59)

FL046 * RESIDEN   WHERE DO YOU LIVE?
        * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL047 *HOME_STA   DOES ANYONE LIVE WITH YOU?
        0 NO
        1 YES

. UNKNOWN (29)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL048   * SPOUSE_LIV   DOES SPOUSE LIVE WITH YOU?
                    0 NO
                    1 YES
                    . UNKNOWN (33)

FL049   * CHILD_LIV   DO CHILDREN LIVE WITH YOU?
                    0 NO
                    1 YES
                    . UNKNOWN (33)

FL050   * FRIEND_LIV   DO FRIENDS LIVE WITH YOU?
                    0 NO
                    1 YES
                    . UNKNOWN (33)

FL051   * RELAT_LIV   DO RELATIVES LIVE WITH YOU?
                    0 NO
                    1 YES
                    . UNKNOWN (33)

FL052   IN GENERAL, HOW IS YOUR HEALTH NOW?
                    1 EXCELLENT
                    2 GOOD
                    3 FAIR
                    4 POOR
                    . UNKNOWN (65)

FL053   COMPARE YOUR HEALTH TO PEOPLE YOUR OWN AGE

1 BETTER
2 ABOUT THE SAME
3 WORSE THAN MOST
. UNKNOWN (90)

FL054   ARE YOUR WORKING NOW (FULL OR PART TIME)?
0 NO
1 YES
. UNKNOWN (38)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL055   DAYS SICK DURING PAST 6 MONTHS (180 DAYS)
SO THAT UNABLE TO DO USUAL ACTIVITIES
0-180
. UNKNOWN (75)

FL056   ARE YOU ABLE TO DO HEAVY HOUSE WORK
(SHOVEL SNOW, WASHING WINDOWS, WALLS,
FLOORS) WITHOUT HELP?
0 NO
1 YES
. UNKNOWN (45)

FL057   ARE YOU ABLE TO WALK UP AND DOWN STAIRS
TO THE SECOND FLOOW WITHOIUT ANY HELP?
0 NO
1 YES
. UNKNOWN (41)

FL058   ARE YOU ABLE TO WALK HALF A MILE
(4-6 BLOCKS) WITHOUT HELP?
0 NO
1 YES

. UNKNOWN (49)

FL059   DO YOU DRIVE?
      0 NO
      1 YES, CURRENTLY
      2 YES, NOT NOW
      . UNKNOWN (45)

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VARIABLE INPUT NAME INFORMATION
+_____ _____   _____

FL060   REASON FOR NOT DRIVING NOW
      1 HEALTH
      2 OTHER, NON-HEALTH
      3 NEVER LICENSED
      8 N/A, CURRENT DRIVER
      . UNKNOWN (85)

FL061   WHO USUALLY DOES: HOUSEKEEPING
      1 SELF
      2 SPOUSE
      3 OTHER HOUSEHOLD MEMBERS
      4 OUTSIDE HELP
      5 NURSING HOME STAFF
      . UNKNOWN (37)

FL062   WHO USUALLY DOES: COOKING
      1 SELF
      2 SPOUSE
      3 OTHER HOUSEHOLD MEMBERS
      4 OUTSIDE HELP
      5 NURSING HOME STAFF
      . UNKNOWN (34)

FL063   WHO USUALLY DOES: GROCERY SHOPPING
                   1 SELF
                   2 SPOUSE
                   3 OTHER HOUSEHOLD MEMBERS
                   4 OUTSIDE HELP
                   5 NURSING HOME STAFF
                   . UNKNOWN (36)

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                        - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL064   WHO USUALLY DOES: OUTSIDE WORK
                   1 SELF
                   2 SPOUSE
                   3 OTHER HOUSEHOLD MEMBERS
                   4 OUTSIDE HELP
                   5 NURSING HOME STAFF
                   . UNKNOWN (184)

FL065   WHO USUALLY DOES: DISPENSE MEDICATIONS
                   1 SELF
                   2 SPOUSE
                   3 OTHER HOUSEHOLD MEMBERS
                   4 OUTSIDE HELP
                   5 NURSING HOME STAFF
                   . UNKNOWN (106)

FL066   FUNCTIONAL PERFORMANCE: DRESSING
                        (UNDRESSING AND REDRESSING)
                   0 NO HELP
                   1 USES DEVICE
                   2 HUMAN ASSIST
                   3 DEPENDENT
                   . UNKNOWN (39)

FL067   FUNCTIONAL PERFORMANCE: GROMING/BATHING

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                        0 NO HELP
                        1 USES DEVICE
                        2 HUMAN ASSIST
                        3 DEPENDENT
                        . UNKNOWN (38)


FL068              FUNCTIONAL PERFORMANCE:
                   FEEDING (POUR AND DRINK GLASS OF WATER)
                        0 NO HELP
                        1 USES DEVICE
                        2 HUMAN ASSIST
                        3 DEPENDENT
                        . UNKNOWN (40)


FL069              FUNCTIONAL PERFORMANCE: TRANSFERRING
                   (GETTING IN AND OUT OF CHAIR)
                        0 NO HELP
                        1 USES DEVICE
                        2 HUMAN ASSIST
                        3 DEPENDENT
                        . UNKNOWN (38)
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 VARIABLE    INPUT NAME      INFORMATION
+_____    _____      _____

   FL070              FUNCTIONAL PERFORMANCE: TOILETING ACTIVITIES
                        0 NO HELP
                        1 USES DEVICE
                        2 HUMAN ASSIST
                        3 DEPENDENT
                        . UNKNOWN (38)


   FL071              FUNCTIONAL PERFORMANCE: CONTINENCE
                   (BOWELL AND BLADDER)
                        0 NO HELP
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1 USES DEVICE
2 HUMAN ASSIST
3 DEPENDENT
. UNKNOWN (40)

FL072   FUNCTIONAL PERFORMANCE: WALKING ON LEVEL
          SURFACE (50 YARDS)
          0 NO HELP
          1 USES DEVICE
          2 HUMAN ASSIST
          3 DEPENDENT
          . UNKNOWN (40)

FL073   FUNCTIONAL PERFORMANCE: UP AND DOWN ONE
          FLIGHT STAIRS (10 STEPS, SELF SUPPORT)
          0 NO HELP
          1 USES DEVICE
          2 HUMAN ASSIST
          3 DEPENDENT
          . UNKNOWN (44)

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                    - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL074   FUNCTIONAL PERFORMANCE: CARRYING BUNDLES
          (10 POUND BUNDLE 10 FEET)
          0 NO HELP
          1 USES DEVICE
          2 HUMAN ASSIST
          3 DEPENDENT
          . UNKNOWN (54)

FL075   FUNCTIONAL PERFORMANCE: DIALING A TELEPHONE
          0 NO HELP
          1 USES DEVICE

2 HUMAN ASSIST
        3 DEPENDENT
        . UNKNOWN (50)

FL076   * FALL   HAD ANY FALLS IN LAST YEAR
                0 NO
                1 YES
                2 UNSURE
                . UNKNOWN (54)

FL077   * FALL_X   HOW MANY TIMES FALL IN LAST YEAR
                0-30
                . UNKNOWN (69)

FL078   * BR_BONE   BROKEN BONES SINCE LAST CLINICAL VISIT
                   * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL079   * L_UP_ARM   BROKE LEFT UPPER ARM (HUMERUS) OR ELBOW
                   * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

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            - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL080   * R_UP_ARM   BROKE RIGHT UPPER (HUMERUS) ARM OR ELBOW
                   * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL081   * L_LO_ARM   BROKE LEFT FOREARM OR WRIST
                   * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL082   * R_LO_ARM   BROKE RIGHT FOREARM OR WRIST
                   * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL083   * BACK   BROKE BACK
                           * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL084   * PELVIS   BROKE PELVIS
                           * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL085   * L_HIP   BROKE LEFT HIP
                           * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

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 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL086   * R_HIP   BROKE RIGHT HIP
                           * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

 FL087   * STAIRS   FLIGHTS OF STAIRS CLIMBED DAILY
                (ONE FLIGHT - 10 STEPS)
                  0-36
                   . UNKNOWN (66)

 FL088   * BLOCKS   CITY BLOCKS WALKED DAILY
                (12 BLOCKS = 1 MILE)
                  0-120
                    . UNKNOWN (71)

 FL089   * SLEEP   ACTIVITIES - HRS SLEEP PER DAY
                   2-24
                  . UNKNOWN (60)

 FL090   * SIT   ACTIVITIES - HRS SEDENTARY ACT. PER DAY
                  0-19
                  . UNKNOWN (90)

FL091   * SL_ACTV   ACTIVITIES - HRS SLIGHT ACTIVITY PER DAY
                    0-14
                    . UNKNOWN (91)

FL092   * MOD_ACTV   ACTIVITIES - HRS OF MODERATE ACTIVITY PER DAY
                    0-10
                    . UNKNOWN (89)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL093   * HEV_ACTV   ACTIVITIES - HRS OF HEAVY ACTIVITY PER DAY
                    0-8
                    . UNKNOWN (89)

FL094   ACTIVITIES - TOTAL HOURS (OF FL89-FL93)
                         SHOULD BE 24
                    22-26
                    . UNKNOWN (91)

FL095   * MENTAL1   MMSE - WHAT IS THE DATE
                    0 SCORE=0
                    1 SCORE=1
                    2 SCORE=2
                    3 SCORE=3
                    6 NO TRY
                    . UNKNOWN (39)

FL096   * MENTAL2   MMSE - WHAT IS THE SEASON
                    0 SCORE=0
                    1 SCORE=1
                    6 NO TRY
                    . UNKNOWN (39)

FL097   * MENTAL3   MMSE - WHAT DAY OF THE WEEK IS IT
               0 SCORE=0
               1 SCORE=1
               6 NO TRY
               . UNKNOWN (41)

FL098   * MENTAL4   MMSE - WHAT TOWN COUNTY AND STATE ARE WE IN
               0 SCORE=0
               1 SCORE=1
               2 SCORE=2
               3 SCORE=3
               6 NO TRY
               . UNKNOWN (40)

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- 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL099   * MENTAL5   MMSE - WHAT IS THE NAME OF THIS PLACE
               0 SCORE=0
               1 SCORE=1
               6 NO TRY
               . UNKNOWN ((39)

FL100   * MENTAL6   MMSE - WHAT FLOOR OF THE BUILDING ARE WE ON
               0 SCORE=0
               1 SCORE=1
               6 NO TRY
               . UNKNOWN (40)

FL101   * MENTAL7   MMSE - NAME THREE OBJECTS REPEAT BACK
               0 SCORE=0
               1 SCORE=1
               2 SCORE=2
               3 SCORE=3
               6 NO TRY

. UNKNOWN (46)

FL102   * WORLD   MMSE - SPELLING OF WORLD BACKWARDS
           CHARECTER VARIABLE, LETTERS ENTERED

FL103   * MENTAL8   MMSE - REMEMBER THREE OBJECTS
           0 SCORE=0
           1 SCORE=1
           2 SCORE=2
           3 SCORE=3
           6 NO TRY
           . UNKNOWN (41)

FL104   * MENTAL9   MMSE - WHAT IS THIS CALLED (WATCH)
           0 SCORE=0
           1 SCORE=1
           6 NO TRY
           . UNKNOWN (41)

FL105   * MENTAL10   MMSE - WHAT IS THIS CALLED (PENCIL)
           0 SCORE=0
           1 SCORE=1
           6 NO TRY
           . UNKNOWN (41)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL106   * MENTAL11   MMSE - REPEAT "NO IFS ANDS OR BUTS"
           0 SCORE=0
           1 SCORE=1
           6 NO TRY

. UNKNOWN (50)

FL107   * MENTAL12   MMSE - READ THE FOLLOWING DO WHAT IT SAYS
                0 SCORE=0
                1 SCORE=1
                6 NO TRY OR LOW VISION
                . UNKNOWN (65)

FL108   * MENTAL13   MMSE - WRITE A SENTENCE
                0 SCORE=0
                1 SCORE=1
                6 NO TRY OR LOW VISION
                . UNKNOWN (54)

FL109   * MENTAL14   MMSE - COPY THIS DRAWING
                0 SCORE=0
                1 SCORE=1
                6 NO TRY OR LOW VISION
                . UNKNOWN (54)

FL110   * MENTAL15   MMSE - FOLDING PIECE OF PAPER
                0 SCORE=0
                1 SCORE=1
                2 SCORE=2
                3 SCORE=3
                6 NO TRY OR LOW VISION
                . UNKNOWN (91)

FL111   * MENTAL16   MMSE - EXAMINER ASSESS SUBJECT MENTAL STATUS
                1 NORMAL
                2 POSSIBLE DEMENTIA
                3 FACTORS SUCH AS ILLITERACY, NOT FLUENT
                 IN ENGLISH, OR DEPRESSION CAUSE POOR
                 TESTING
                4 DEMENTIA PRESENT
                . UNKNOWN (41)

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VARIABLE    INPUT NAME      INFORMATION
+_____    _____      _____

   FL112                HAND USED TO WRITE NOW
                            * VARIABLE DELETED  TO PRESERVE
                            CONFIDENTIALITY


   FL113                DID YOU WRITE WITH YOUR
                    LEFT HAND AS A CHILD
                            * VARIABLE DELETED  TO PRESERVE
                            CONFIDENTIALITY


   FL114                SEX
                    * VARIABLE DELETED, REDUNDANT WITH
                            FL003


   FL115     * EXMER1        1ST EXAMINER ID NUMBER
                        * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY


   FL116     * HOSP        HOSPITALIZATION OR ER VISIT IN INTERIM
                        * VARIABLE DELETED DUE TO MEDICAL REVIEW


   FL117     * ILLNESS      ILLNESS WITH VISIT TO DOCTOR
                        * VARIABLE DELETED DUE TO MEDICAL REVIEW


   FL118     * CHECK_UP     CHECK UP IN INTERIM BY DOCTOR
                        * VARIABLE DELETED DUE TO MEDICAL REVIEW


   FL119     * DRUG1        CARDIAC GLYCOSIDES
                        0 NO
                        1 YES, NOW
                        2 YES, NOT NOW
                        3 MAYBE
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. UNKNOWN (6)

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL120   * DRUG2   NITROGLYCERINE
                     0 NO
                     1 YES, NOW
                     2 YES, NOT NOW
                     3 MAYBE
                     . UNKNOWN (7)

 FL121   * DRUG3   LONGER ACTING NITRATES
                     (ISORDIL, CARDILATE, ETC.)
                      0 NO
                      1 YES, NOW
                      2 YES, NOT NOW
                      3 MAYBE
                      . UNKNOWN (7)

 FL122   * DRUG4   CALCIUM CHANNEL BLOCKERS
                     0 NO
                     1 YES, NOW
                     2 YES, NOT NOW
                     3 MAYBE
                     . UNKNOWN (7)

 FL123   * DRUG5   BETA BLOCKERS
                     0 NO
                     1 YES, NOW
                     2 YES, NOT NOW
                     3 MAYBE
                     . UNKNOWN (7)

FL124   * DRUG6   ANTIARRHYTHMICS
                   (QUINIDINE, PROCAINE, NORPACE, ETC.)
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (8)

FL125   ANTIPLATELET
                   (ANTURANE, PERSANTINE, ETC.)
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (7)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL126   * DRUG8   ANTICOAGULANTS (COUMADIN, ETC.)
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (7)

FL127   * DRUG9   THIAZIDE DIURETICS
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (8)

FL128   * DRUG10   LOOP DIURETICS (LASIX, ETC.)

                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (9)

FL129   * DRUG11   K-SPARING DIURETICS (ALDACTONE, TRIAMTERENE)
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (9)

FL130   * DRUG12   RESERPINE DERIVATIVES
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (8)

FL131   * DRUG13   METHYLDOPA (ALDOMET)
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (8)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL132   * DRUG14   CLONIDINE (CATAPRES)
                0 NO

1 YES, NOW
2 YES, NOT NOW
3 MAYBE
. UNKNOWN (8)

FL133   * DRUG15   WYTENSIN
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (8)

FL134   * DRUG16   GANGLIONIC BLOCKERS
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (8)

FL135   * DRUG17   RENIN-AGIOTENSIN BLOCKING DRUGS
                (CAPTOPRIL)
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (7)

FL136   * DRUG7   PERIPHERAL VASODILATORS
                (HYDRALZINE,MINIPRES,MINOXIDIL,ETC.)
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (8)

FL137   OTHER ANTI-HYPERTENSIVES
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (9)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL138   OTHER CARDIAC MEDICATION
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (9)

FL139   * DRUG21   ANTI CHOLESTEROL DRUGS
                    (RESINS, FIBRATES, ETC.)
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (7)

FL140   * DRUG22   ANTIGOUT - URIC ACID LOWERING
                    (ALLOPURINOL, PROBENECID, ETC.)
                    0 NO
                    1 YES, NOW
                    2 YES, NOT NOW
                    3 MAYBE
                    . UNKNOWN (8)

FL141   * DRUG23   ANTIGOUT - COLCHICINE
               0 NO
               1 YES, NOW
               2 YES, NOT NOW
               3 MAYBE
               . UNKNOWN (7)

FL142   * DRUG24   THYROID EXTRACT (DESSICATED THYROID)
               0 NO
               1 YES, NOW
               2 YES, NOT NOW
               3 MAYBE
               . UNKNOWN (7)

FL143   * DRUG25   THYROXINE (SYNTHROID ETC.)
               0 NO
               1 YES, NOW
               2 YES, NOT NOW
               3 MAYBE
               . UNKNOWN (6)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL144   * DRUG26   INSULIN
               0 NO
               1 YES, NOW
               2 YES, NOT NOW
               3 MAYBE
               . UNKNOWN (7)

FL145   * DOSE26   TOTAL UNITS OF INSULIN PER DAY
               0-81
               . UNKNOWN (8)

FL146   * DRUG27   ORAL HYPOGLYCEMICS
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (7)

FL147   * DRUG28   ORAL ESTROGEN
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (7)

FL148   * DRUG29   ORAL GLUCOCORTICOIDS
                (PREDNISONE, CORTISONE, ETC.)
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (8)

FL149   * DRUG30   NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
                (MOTRIN, IBUPROFEN, NAPROSYN,INDOCIN, CLINORIL)
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (7)

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VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL150   * DRUG31   ANALGESIC - NARCOTICS
                (DEMEROL, CODEINE, DILAUDID, ETC.)

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              0 NO
              1 YES, NOW
              2 YES, NOT NOW
              3 MAYBE
              . UNKNOWN (6)


FL151    * DRUG32      ANALGESIC - NON-NARCOTICS (ACETAMINOPHEN, ETC.)
              0 NO
              1 YES, NOW
              2 YES, NOT NOW
              3 MAYBE
              . UNKNOWN (7)


FL152    * DRUG33      BRONCHODILATOR, AEROSOLS
              0 NO
              1 YES, NOW
              2 YES, NOT NOW
              3 MAYBE
              . UNKNOWN (7)


FL153    * DRUG34      ANTIHISTAMINES
              0 NO
              1 YES, NOW
              2 YES, NOT NOW
              3 MAYBE
              . UNKNOWN (7)


FL154    * DRUG36      ANTIULCER (TAGMET, PROBANTHINE,
           H ION INHIBITORS)
               0 NO
               1 YES, NOW
               2 YES, NOT NOW
               3 MAYBE
               . UNKNOWN (7)


FL155    * DRUG37      ANTI-ANXIETY, SEDATIVE/HYPNOTICS, ETC
           (LIBRIUM, VALIUM, ETC.)
               0 NO
```

1 YES, NOW
2 YES, NOT NOW
3 MAYBE
. UNKNOWN (7)

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL156   * DRUG38   SLEEPING PILLS
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (7)

FL157   * DRUG39   ANTI-DEPRESSANTS
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (6)

FL158   * DRUG40   EYE DROPS
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (7)

FL159   * DRUG41   POTASSIUM SUPPLEMENT
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (7)

FL160   * DRUG42   ANTIBIOTICS
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (8)

FL161   * DRUG43   OTHER DRUG
                0 NO
                1 YES, NOW
                2 YES, NOT NOW
                3 MAYBE
                . UNKNOWN (11)

1
              - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL162   * ASPIRIN   # OF ASPIRIN PER WEEK
                0-84
                  . UNKNOWN (11)

FL163   * M_VITAMN   # OF MULTIVITAMINS PER WEEK
                0-35
                  . UNKNOWN (42)

FL164   * M_VITAMN   # OF VITAMIN C TABS PER WEEK
                0-28
                  . UNKNOWN (54)

FL165   * VITAMN_D   # OF VITAMIN D TABS PER WEEK
                0-25
                  . UNKNOWN (45)

FL166   * CA_DOSE   # OF CALCIUM SUPPLEMENT TABS PER WEEK
               0-56
                . UNKNOWN (46)

FL167   # OF ANTACID TABS PER WEEK
               0-70
                . UNKNOWN (45)

FL168   # OF ANTACID TABLESPOONS PER WEEK
               0-28
                . UNKNOWN (49)

FL169   * SK_MILK   GLASSES OF SKIM/LOW FAT MILK PER WEEK
               0-36
                . UNKNOWN (57)

FL170   * WH_MILK   GLASSES OF WHOLE MILK PER WEEK
               0-56
                . UNKNOWN (56)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL171   * ICECREAM   PORTIONS OF ICE CREAM PER WEEK
               0-64
                 . UNKNOWN (54)

FL172   * YOGURT   PORTIONS OF YOGURT PER WEEK
               0-14
                . UNKNOWN (56)

FL173   * CHEESE   PORTIONS OF CHEESE PER WEEK
               0-25

. UNKNOWN (57)

FL174   * C_ESTRGN   CONJUGATED ESTROGEN USE IN INTERIM
            (E.G. PREMARIN)
            0 NO
            1 YES, NOW
            2 YES, NOT NOW
            . UNKNOWN (8)

FL175   * DOS_PMAR   DOSE/DAY PREMARIN OR CONJ ESTROGEN
            0 NO
            1 0.625 MG
            2 1.250 MG
            3 2.500 MG
            . UNKNOWN (16)

FL176   * DAY_PMAR   DAYS/MONTH TAKING PREMARIN
            0-31
            . UNKNOWN (12)

FL177   * PROGEST   PROGESTERONE USE DURING INTERIM
            0 NO
            1 YES, NOW
            2 YES, NOT NOW
            . UNKNOWN (11)

FL178   * F_URIN1   URINARY DIS IN INTERIM (FEMALE)
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (7)

1

VARIABLE   INPUT NAME   INFORMATION

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+_____    _____       _____
```

FL179   * F_URIN2   KIDNEY DIS IN INTERIM (FEMALE)
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (8)

FL180   * F_URIN3   KIDNEY STONES IN INTERIM (FEMALE)
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (10)

FL181   * M_URIN1   URINARY DISEASE IN INTERIM (MALE)
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (4)

FL182   * M_URIN2   KIDNEY DISEASE IN INTERIM (MALE)
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (5)

FL183   * M_URIN3   KIDNEY STONES IN INTERIM (MALE)
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (5)

FL184   * PROSTAT1   PROSTATE TROUBLE IN INTERIM
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (6)

```
FL185      * PROSTAT2      PROSTATE SURGERY IN INTERIM
                   0 NO
                   1 YES
                   2 MAYBE
                   . UNKNOWN (6)
```

1

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VARIABLE   INPUT NAME      INFORMATION
+_____   _____      _____

FL186      * SMOKER        SMOKE CIGARETTES REGULARLY IN PAST YEAR
                   0 NO
                   1 YES
                   . UNKNOWN (5)


FL187      * CIGARETT      HOW MANY CIGARETTES DO/DID YOU SMOKE PER DAY
                   0-42
                   01 ONE OR LESS
                    . UNKNOWN (7)


FL188      * INHALE        DOES PATIENT INHALE
                   0 NO
                   1 YES
                   . UNKNOWN (8)


FL189      * STRENGTH      STRENGTH OF CIGARETTES SMOKED
                   1 NL
                   2 LITE
                   3 ULTRALITE
                   . UNKNOWN (16)


FL190      * TYPE          TYPE OF CIGARETTES SMOKED
                   1 REGULAR
                   2 MENTHOL
                   . UNKNOWN (12)
```

FL191   * FILTER   FILTER OF CIGARETTES SMOKED
                    1 NONFILTER
                    2 FILTER
                    . UNKNOWN (11)

FL192   * LENGTH   LENGTH OF CIGARETTES SMOKED
                    1 REGULAR
                    2 KING
                    3 100MM
                    . UNKNOWN (12)

FL193   * HOURS   NUMBER OF HOURS SINCE LAST CIGARETTE
                    0-24
                    0 NON-SMOKER
                    1 1 HOUR OR LESS
                    24 24 OR MORE HOURS
                    . UNKNOWN (21)

1

            - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL194   * CIGARS   DOES PATIENT NOW SMOKE CIGARS
                    0 NO
                    1 YES, INHALE
                    2 YES, NO INHALE
                    . UNKNOWN (6)

FL195   * PIPES   DOES PATIENT NOW SMOKE A PIPE
                    0 NO
                    1 YES, INHALE
                    2 YES, NO INHALE
                    . UNKNOWN (6)

FL196   * COFFEE   # CUPS OF CAFFEINATED COFFEE PER DAY
               0-14
                . UNKNOWN (17)

FL197   * COFFED   # CUPS OF DECAF COFFEE PER DAY
               0-25
                . UNKNOWN (17)

FL198   * TEA   # CUPS OF CAFFEINATED TEA PER DAY
               0-21
                . UNKNOWN (17)

FL199   * TEAD   # CUPS OF DECAF TEA PER DAY
               0-4
                . UNKNOWN (18)

FL200   * COLA   # 12 OZ CUPS OF CAFFEINATED COLA / DAY
               0-7
                . UNKNOWN (43)

FL201   * COLAD   # 12 OZ CUPS OF DECAF COLA PER DAY
               0-4
                . UNKNOWN (42)

FL202   * BEERWK   # OF BEERS PER WK
               0-60
               00 NEVER
               01 1 OR LESS
                . UNKNOWN (9)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL203   * BEERDAY   # OF DAYS PER WK DRINKS BEER
                0-7
                 . UNKNOWN (9)

FL204   * BEERSIT   LIMIT OF BEER AT ONE PERIOD OF TIME
                0-12
                 . UNKNOWN (9)

FL205   * WINEWK   # OF GLASSES OF WINE PER WK
                0-21
                00 NEVER
                01 1 OR LESS
                 . UNKNOWN (10)

FL206   * WINEDAY   # OF DAYS PER WK DRINKS WINE
                0-7
                 . UNKNOWN (10)

FL207   * WINESIT   LIMIT OF WINE AT ONE PERIOD OF TIME
                0-6
                 . UNKNOWN (10)

FL208   * DRINKWK   # OF COCKTAILS PER WK
                0-54
                00 NEVER
                01 1 OR LESS
                 . UNKNOWN (10)

FL209   * DRINKDAY   # OF DAYS PER WK DRINKS COCKTAILS
                0-7
                 . UNKNOWN (11)

FL210   * DRINKSIT   LIMIT OF COCKTAILS AT ONE PERIOD OF TIME
                0-12
                 . UNKNOWN (13)

FL211   * CHF1   CHRONIC COUGH DURING INTERIM
           0 NO
           1 YES, PRODUCTIVE
           2 YES, NON-PRODUCTIVE
           . UNKNOWN (13)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL212   * CHF2   WHEEZING OR ASTHMA
           0 NO
           1 YES
           . UNKNOWN (14)

FL213   * CHF3   WHEEZING OF LONG DURATION
           0 NO
           1 YES
           . UNKNOWN (16)

FL214   * CHF4   WHEEZING IS SEASONAL
           0 NO
           1 YES
           . UNKNOWN (17)

FL215   * CHF5   WHEEZING WITH RESPIRATORY INFECTION
           0 NO
           1 YES
           . UNKNOWN (19)

FL216   * CHF6   DYSPNEA ON EXERTION
           0 NO
           1 VIGOROUS EXERTION (CLIMB STAIRS)
           2 MODERATE EXERTION (RAPID WALK)
           3 ANY SLIGHT EXERTION
           . UNKNOWN (27)

FL217   * CHF7   DYSPNEA INCREASED IN PAST TWO YEARS
                0 NO
                1 YES
                . UNKNOWN (29)

FL218   * CHF8   ORTHOPNEA
                0 NO
                1 YES, NEW IN INTERIM
                2 YES, OLD COMPLAINT
                . UNKNOWN (14)

FL219   * CHF9   PAROXYSMAL NOCTURNAL DYSPNEA
                0 NO
                1 YES, NEW IN INTERIM
                2 YES, OLD COMPLAINT
                . UNKNOWN (13)

1

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL220   * CHF10   ANKLE EDEMA BILATERALLY
                0 NO
                1 YES, NEW IN INTERIM
                2 YES, OLD COMPLAINT
                . UNKNOWN (12)

FL221   * CHF11   1ST EXAMINER BELIEVES CHF
                * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL222   * CHF12   1ST EXAMINER BELIEVES PULMONARY DISEASE
                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (11)

FL223   * CHEST1   CHEST DISCOMFORTORT SINCE LAST EXAM
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (11)

FL224   * CHEST2   CHEST DISCOMFORT WITH EXERTION/EXCITEMENT
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (18)

FL225   * CHEST3   CHEST DISCOMFORT WHEN QUIET OR RESTING
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (20)

FL226   * CHEST4   DATE AT ONSET OF CHEST DISCOMFORT (MMYY)
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

1
            - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL227   * CHEST5   USUAL DURATION (MINUTES)
                  1-900
                   . UNKNOWN (1290)

FL228   * CHEST6   LONGEST DURATION (MINUTES)
                  1-900
                   . UNKNOWN (1304)

FL229   * CHEST7   LOCATION OF CHEST DISCOMFORT
                 0 NO
                 1 CENTRAL STERNUM / UPPER CHEST
                 2 L UP QUADRANT
                 3 L LOWER RIB CAGE
                 4 R CHEST
                 5 OTHER
                 . UNKNOWN (17)

FL230   * CHEST8   RADIATION OF CHEST DISCOMFORT
                 0 NO
                 1 L SHOULDER / L ARM
                 2 NECK
                 3 R SHOULDER OR R ARM
                 4 BACK
                 5 ABDOMEN
                 6 OTHER
                 7 COMBINATION
                 . UNKNOWN (16)

FL231   * CHEST9   FREQUENCY OF DISCOMFORT (# TIMES / YR)
                0-365
                  UNKNWON (36)

FL232   * CHEST10   TYPE OF CHEST DISCOMFORT
                 1 PRESSURE, HEAVY, VICE
                 2 SHARP
                 3 DULL
                 4 OTHER
                 . UNKNOWN (1287)

1

- 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL233   * CHEST11   DISCOMFORT RELIEVED BY NITRO IN <15 MINUTES
                 0 NO

1 YES
. UNKNOWN (87)

FL234 * CHEST12 DISCOMFORT RELIEVED BY REST IN <15 MINUTES
    0 NO
    1 YES
    . UNKNOWN (40)

FL235 * CHEST13 DISCOMFORT RELIEVED SPONTANEOUSLY <15 MINUTES
    0 NO
    1 YES
    . UNKNOWN (35)

FL236 * CHEST14 DISCOMFORT RELIEVED BY OTHER MEANS <15 MINUTES
    0 NO
    1 YES
    . UNKNOWN (54)

FL237 * CHEST15 1ST EXAMINER- AP IN INTERIM
    * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL238 * CHEST16 1ST EXAMINER- CI IN INTERIM
    * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL239 * CHEST17 1ST EXAMINER- MI IN INTERIM
    * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL240 * PALPIT1 PALPITATIONS IN PAST YEAR
    0 NO
    1 YES
    2 MAYBE
    . UNKNOWN (57)

1

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VARIABLE    INPUT NAME      INFORMATION
+_____    _____      _____


FL241      * PALPIT2      NUMBER OF EPISODES IN PAST YEAR
                  0-365
                    . UNKNOWN (78)


FL242      * PALPIT3      LONGEST EPISODE IN PAST YEAR
                  0-998
                  000 NO
                  001 1 MINUTE OR LESS
                  998 EXCEDED 3 COLUMNS (ALLOWED ON FORM)
                  . UNKNOWN (81)


FL243      * FAINT1      FAINTED IN PAST YEAR
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (48)


FL244      * FAINT2      NUMBER OF FAINT EPISODES
                  0-120
                    . UNKNOWN (50)


FL245               EVER HAD A HEAD INJURY CAUSING LOSS
                OF CONSCIOUSNESS (KNOCKED OUT)?
                 0 NO
                 1 YES
                 2 MAYBE
                 . UNKNOWN (71)


FL246               IF FL245 YES, NUMBER OF EPISODES LESS
                THAN 5 MINUTES DURATION.
                 0-3
                 . UNKNOWN (88)
```

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL247   IF FL245 YES, NUMBER OF EPISODES GREATER
                    THAN 5 MINUTES DURATION.
                     0-3
                     . UNKNOWN (88)

FL248   * CVA1   SUDDEN MUSCULAR WEAKNESS
                     0 NO
                     1 YES
                     2 MAYBE
                     . UNKNOWN (14)

FL249   * CVA2   SUDDEN SPEECH DIFFICULTY
                     0 NO
                     1 YES
                     2 MAYBE
                     . UNKNOWN (16)

FL250   * CVA3   SUDDEN VISUAL DEFECT
                     0 NO
                     1 YES
                     2 MAYBE
                     . UNKNOWN (17)

FL251   * CVA4   UNCONSCIOUSNESS
                     0 NO
                     1 YES
                     2 MAYBE
                     . UNKNOWN (12)

FL252   * CVA5   SUDDEN DOUBLE VISION

0 NO
                              1 YES
                              2 MAYBE
                              . UNKNOWN (17)

1
                    - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL253   * CVA6   LOSS OF VISION IN ONE EYE
                              0 NO
                              1 YES
                              2 MAYBE
                              . UNKNOWN (17)

 FL254   * CVA7   NUMBNESS, TINGLING
                              0 NO
                              1 YES
                              2 MAYBE
                              . UNKNOWN (21)

 FL255   * CVA8   NUMBNESS AND TINGLING IS POSITIONAL
                              0 NO
                              1 YES
                              2 MAYBE
                              . UNKNOWN (25)

 FL256   * CVA9   DATE OF CEREBROVASCULAR SYMPTOM (mmyy)
                              * V A R I A B L E   D E L E T E D   T O   P R E S E R V E
CONFIDENTIALITY

 FL257   * CVA10   ONSET TIME OF CEREBROVASCULAR SYMPTOM
                              * V A R I A B L E   D E L E T E D   T O   P R E S E R V E
CONFIDENTIALITY

FL258   * CVA11   DURATION OF CEREBROVASCULAR SYMPTOM
                    * V A R I A B L E   D E L E T E D   T O   P R E S E R V E
CONFIDENTIALITY

FL259   * CVA12   HOSPITALIZED OR SAW M.D. FOR CEREBROVASCULAR
              SYMPTOM
                    * V A R I A B L E   D E L E T E D   T O   P R E S E R V E
CONFIDENTIALITY

FL260   * CVA13   # OF DAYS STAYED   (FOR CEREBROVASCULAR
              SYMPTOM)
                    * V A R I A B L E   D E L E T E D   T O   P R E S E R V E
CONFIDENTIALITY

1
              - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL261   * CVA14   1ST EXAMINER CEREBROVASCULAR DISEASE
              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL262   * CVA15   1ST EXAMINER STROKE
              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL263   * CVA16   1ST EXAMINER BRAIN INFARCTION
              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL264   * CVA17   1ST EXAMINER CEREBRAL EMBOLUS
              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL265   * CVA18   1ST EXAMINER INTRACEREBRAL HEMORRHAGE
              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL266   * CVA19   1ST EXAMINER SUBARACHNOID HEMORRHAGE
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL267   * CVA20   1ST EXAMINER OTHER STROKE
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

1

- 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL268   * CVA21   1ST EXAMINER TRANSIENT ISCHEMIC ATTACK
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL269   * CVA22   1ST EXAMINER TIA ALONE
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL270   * CVA23   1ST EXAMINER STROKE PRECEDED BY TIA
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL271   * CVA24   1ST EXAMINER STROKE FOLLOWED BY TIA
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL272   * PVD1   PHLEBITIS IN INTERIM (LEFT)
                 0 NO
                 1 YES
                 2 MAYBE
                 . UNKNOWN (8)

FL273   * PVD2   PHLEBITIS IN INTERIM (RIGHT)
                 0 NO
                 1 YES
                 2 MAYBE
                 . UNKNOWN (8)

FL274   * PVD3   LEG ULCERS (LEFT)

                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (8)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL275   * PVD4   LEG ULCERS (RIGHT)

                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (9)

FL276   * PVD5   TREATMENT FOR VARICOSE VEINS (LEFT)

                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (12)

FL277   * PVD6   TREATMENT FOR VARICOSE VEINS (RIGHT)

                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (12)

FL278   * ARTDIS1   DISCOMFORT IN CALF WHILE WALKING (LEFT)

                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (22)

FL279 * ARTDIS2 DISCOMFORT IN CALF WHILE WALKING (RIGHT)
      0 NO
      1 YES
      2 MAYBE
      . UNKNOWN (23)

FL280 * ARTDIS3 DISCOMFORT IN LOWER EXTREMITIES
     (NOT CALF) WHILE WALKING (L)
      0 NO
      1 YES
      2 MAYBE
      . UNKNOWN (24)

1

VARIABLE INPUT NAME INFORMATION
+_____ _____ _____

FL281 * ARTDIS4 DISCOMFORT IN LOWER EXTREMITIES
     (NOT CALF) WHILE WALKING (R)
      0 NO
      1 YES
      2 MAYBE
      . UNKNOWN (25)

FL282 * ARTDIS5 LOWER LIMB DISCOMFORT OCCURS WITH FIRST STEPS
      0 NO
      1 YES
      . UNKNOWN (24)

FL283 * ARTDIS6 LOWER LIMB DISCOMFORT OCCURS AFTER WALKING A
     WHILE
      0 NO
      1 YES
      . UNKNOWN (21)

FL284   * ARTDIS7   LOWER LIMB DISCOMFORT RELATED TO RAPIDITY
                       OF WALKING OR STEEPNESS
                        0 NO
                        1 YES
                        . UNKNOWN (25)

FL285   * ARTDIS8   FORCED TO STOP WALKING DUE TO LOWER LIMB
                       DISCOMFORT
                        0 NO
                        1 YES
                        . UNKNOWN (22)

FL286   * ARTDIS9   TIME FOR LOWER LIMB DISCOMFORT TO BE RELIEVED
                       BY STOPPING (IN MINUTES)
                        0-60
                        00 NO RELIEF WITH STOPPING
                         . UNKNOWN (26)

FL287   * ARTDIS10   # OF DAYS/MONTH OF LOWER LIMB DISCOMFORT
                        0-30
                        00 NO
                         . UNKNOWN (37)

FL288   * ARTDIS11   ONE FOOT COLDER THAN OTHER
                         0 NO
                         1 YES
                         . UNKNOWN (27)

1

                   - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL289   * ARTDIS12   1ST EXAMINER OPINION: INTERMITTENT CLAUDICATION
                       * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL290   * ARTDIS13   1ST EXAMINER OPINION: VENOUS INSUFFICIENCY
                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (14)

FL291   * SBPPHY   PHYSICIAN SYSTOLIC PRESSURE 1ST READ
                86-230
                  . UNKNOWN (2)

FL292   * DBPPHY   PHYSICIAN DIASTOLIC PRESSURE 1ST READ
                40-120
                  . UNKNOWN (5)

FL293   * EYE1   CORNEAL ARCUS
                0 NO
                1 SLIGHT
                2 MODERATE
                3 MARKED
                . UNKNOWN (16)

FL294   * EYE2   XANTHELASMA
                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (8)

FL295   * XANTH1   XANTHOMATA
                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (7)

FL296   * XANTH2   ACHILLES TENDON XANTHOMATA
                0 NO
                1 YES
                . UNKNOWN (7)

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL297   * XANTH3   PALMAR XANTHOMATA
                0 NO
                1 YES
                . UNKNOWN (7)

FL298   * XANTH4   TUBEROUS XANTHOMATA
                0 NO
                1 YES
                . UNKNOWN (7)

FL299   * THY1   THYROID ABNORMALITY
                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (8)

FL300   * THY2   THYROID SCAR
                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (9)

FL301   * THY4   THYROID SINGLE NODULE
                0 NO
                1 YES
                2 MAYBE
                . UNKNOWN (9)

FL302   * THY6   THYROID OTHER
                0 NO

1 YES
2 MAYBE
. UNKNOWN (8)

FL303 * THY3 THYROID DIFFUSE ENLARGEMENT
     0 NO
     1 YES
     2 MAYBE
     . UNKNOWN (9)

1

- 1 -

VARIABLE INPUT NAME INFORMATION
+_____ _____ _____

FL304 * THY5 THYROID MULTIPLE NODULES
     0 NO
     1 YES
     2 MAYBE
     . UNKNOWN (10)

FL305 * RESP1 INCREASED ANTERO-POSTERIOR DIAMETER

     0 NO
     1 YES
     2 MAYBE
     . UNKNOWN (8)

FL306 * RESP2 FIXED THORAX
     0 NO
     1 YES
     2 MAYBE
     . UNKNOWN (9)

FL307 * RESP3 WHEEZING ON AUSCULTATION
     0 NO

1 YES
                    2 MAYBE
                    . UNKNOWN (10)

FL308   * RESP4   RALES
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (10)

FL309   * RESP5   OTHER ABNORMAL BREATH SOUNDS
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (12)

1
                    - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL310   * HRT1   HEART ENLARGEMENT
                    0 NO
                    1 LEFT ONLY
                    2 RIGHT ONLY
                    3 BOTH
                    . UNKNOWN (20)

FL311   * HRT2   HEART GALLOP
                    0 NO
                    1 S3 ONLY
                    2 S4 ONLY
                    3 BOTH
                    . UNKNOWN (9)

FL312   * HRT3   HEART ABNORMAL SOUNDS CLICK

0 NO
       1 YES
       . UNKNOWN (10)

 FL313   * HRT4   HEART ABNORMAL SOUNDS SPLIT S2
             0 NO
             1 YES
             . UNKNOWN (10)

 FL314   * HRT5   HEART ABNORMAL SOUNDS DIM A2
             0 NO
             1 YES
             . UNKNOWN (12)

 FL315   * HRT6   HEART ABNORMAL SOUNDS OTHER
             0 NO
             1 YES
             . UNKNOWN (12)

 FL316   * HRT7   SYSTOLIC MURMURS
             0 NO
             1 YES
             2 MAYBE
             . UNKNOWN (10)

1
                 - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL317   * HRT8   APEX GRADE
             0 NO SOUND HEARD
             1 GRADE 1
             2 GRADE 2
             3 GRADE 3
             4 GRADE 4
             5 GRADE 5
             6 GRADE 6

. UNKNOWN (12)

FL318   * HRT9   APEX TYPE
      0 NONE
      1 EJECTION
      2 REGURGITANT
      3 OTHER
      . UNKNOWN (18)

FL319   * HRT10   APEX RADIATION
      0 NONE
      1 AXILLA
      2 NECK
      3 BACK
      4 RIGHT CHEST
      . UNKNOWN (19)

FL320   * HRT11   APEX VALSALVA
      0 NO CHANGE
      1 INCREASE
      2 DECREASE
      . UNKNOWN (68)

FL321   * HRT12   APEX ORIGIN
      0 NONE, INDET.
      1 MITRAL
      2 AORTIC
      3 TRICUSPID
      4 PULMONIC
      . UNKNOWN (40)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL322   * HRT13   LEFT STERNUM GRADE
                    0 NO SOUND HEARD
                    1 GRADE 1
                    2 GRADE 2
                    3 GRADE 3
                    4 GRADE 4
                    5 GRADE 5
                    6 GRADE 6
                    . UNKNOWN (12)

FL323   * HRT14   LEFT STERNUM TYPE
                    0 NONE
                    1 EJECTION
                    2 REGURGITANT
                    3 OTHER
                    . UNKNOWN (15)

FL324   * HRT15   LEFT STERNUM RADIATION
                    0 NONE
                    1 AXILLA
                    2 NECK
                    3 BACK
                    4 RIGHT CHEST
                    . UNKNOWN (20)

FL325   * HRT16   LEFT STERNUM VALSALVA
                    0 NO CHANGE
                    1 INCREASE
                    2 DECREASE
                    . UNKNOWN (56)

FL326   * HRT17   LEFT STERNUM ORIGIN
                    0 NONE, INDET.
                    1 MITRAL
                    2 AORTIC
                    3 TRICUSPID
                    4 PULMONIC
                    . UNKNOWN (43)

VARIABLE	INPUT NAME	INFORMATION

FL327   * HRT18   BASE GRADE
           0 NO SOUND HEARD
           1 GRADE 1
           2 GRADE 2
           3 GRADE 3
           4 GRADE 4
           5 GRADE 5
           6 GRADE 6
           . UNKNOWN (12)

FL328   * HRT19   BASE TYPE
           0 NONE
           1 EJECTION
           2 REGURGITANT
           3 OTHER
           . UNKNOWN (16)

FL329   * HRT20   BASE RADIATION
           0 NONE
           1 AXILLA
           2 NECK
           3 BACK
           4 RIGHT CHEST
           . UNKNOWN (20)

FL330   * HRT21   BASE VALSALVA
           0 NO CHANGE
           1 INCREASE
           2 DECREASE
           . UNKNOWN (83)

FL331   * HRT22   BASE ORIGIN

0 NONE, INDET.
1 MITRAL
2 AORTIC
3 TRICUSPID
4 PULMONIC
. UNKNOWN (30)

FL332   * HRT23   DIASTOLIC MURMURS
0 NO
1 YES
2 MAYBE
. UNKNOWN (11)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL333   * HRT24   VALVE OF ORIGIN FOR DIASTOLIC MURMURS
0 NO
1 MITRAL
2 AORTIC
3 BOTH
4 OTHER
. UNKNOWN (12)

FL334   * HRT25   NECK VEIN DISTENTION AT 45 DEGREES
0 NO
1 YES
2 MAYBE
. UNKNOWN (33)

FL335   * BREAST1   BREAST ABNORMALITY
0 NO
1 YES
2 MAYBE
. UNKNOWN (44)

FL336   * BREAST2   BREAST HAS LOCALIZED MASS
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (48)

FL337   * BREAST3   BREAST HAS AXILLARY NODES
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (28)

FL338   * BREAST4   BREAST SURGERY (LEFT)
                  0 NO
                  1 RADICAL MASTECTOMY
                  2 SIMPLE MASTECTOMY
                  3 BIOPSY
                  . UNKNOWN (41)

1

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL339   * BREAST5   BREAST SURGERY (RIGHT)
                  0 NO
                  1 RADICAL MASTECTOMY
                  2 SIMPLE MASTECTOMY
                  3 BIOPSY
                  . UNKNOWN (39)

 FL340   * ABDOM1   LIVER ENLARGED
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (22)

```
FL341      * ABDOM2        ABDOMINAL SURGICAL SCAR
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (17)


FL342      * ABDOM3        ABDOMINAL ANEURYSM
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (19)


FL343      * ABDOM4        ABDOMINAL BRUIT

                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (26)


FL344      * ABDOM5        SURGICAL GALLBLADDER SCAR
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (20)


FL345      * ABDOM6        OTHER ABDOMINAL ABNORMALITY
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (24)
```

1

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VARIABLE    INPUT NAME       INFORMATION
+_____    _____       _____
```

FL346   * PERV1   LEFT STEM VARICOSITIES
                    0 NO ABNORMALITY
                    1 UNCOMPLICATED
                    2 WITH SKIN CHANGES
                    3 WITH ULCERS
                    . UNKNOWN (21)

FL347   * PERV2   RIGHT STEM VARICOSITIES
                    0 NO ABNORMALITY
                    1 UNCOMPLICATED
                    2 WITH SKIN CHANGES
                    3 WITH ULCERS
                    . UNKNOWN (20)

FL348   * PERV3   LEFT RETICULAR VARICOSITIES
                    0 NO ABNORMALITY
                    1 UNCOMPLICATED
                    2 WITH SKIN CHANGES
                    3 WITH ULCERS
                    . UNKNOWN (28)

FL349   * PERV4   RIGHT RETICULAR VARICOSITIES
                    0 NO ABNORMALITY
                    1 UNCOMPLICATED
                    2 WITH SKIN CHANGES
                    3 WITH ULCERS
                    . UNKNOWN (26)

FL350   * PERV5   LEFT SPIDER VARICOSITIES
                    0 NO ABNORMALITY
                    1 UNCOMPLICATED
                    2 WITH SKIN CHANGES
                    3 WITH ULCERS
                    . UNKNOWN (26)

FL351   * PERV6   RIGHT SPIDER VARICOSITIES
                    0 NO ABNORMALITY
                    1 UNCOMPLICATED

2 WITH SKIN CHANGES
3 WITH ULCERS
. UNKNOWN (24)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL352   * PERV7   LEFT ANKLE EDEMA
0 NO
1 GRADE 1
2 GRADE 2
3 GRADE 3
4 GRADE 4
. UNKNOWN (9)

FL353   * PERV8   RIGHT ANKLE EDEMA
0 NO
1 GRADE 1
2 GRADE 2
3 GRADE 3
4 GRADE 4
. UNKNOWN (8)

FL354   * PERV9   LEFT FOOT IS COLD
0 NO
1 YES
2 MAYBE
. UNKNOWN (12)

FL355   * PERV10   RIGHT FOOT IS COLD
0 NO
1 YES
2 MAYBE
. UNKNOWN (11)

FL356   * PERV11   LEFT AMPUTATION
                     * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL357   * PERV12   RIGHT AMPUTATION
                     * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

1
                     - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL358   * PERV13   LEFT AMPUTATION LEVEL
                     * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

 FL359   * PERV14   RIGHT AMPUTATION LEVEL
                     * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

 FL360   * PERV15   LEFT RADIAL PULSE
                 0 NORMAL
                 1 ABNORMAL
                 . UNKNOWN (6)

 FL361   * PERV16   RIGHT RADIAL PULSE
                 0 NORMAL
                 1 ABNORMAL
                 . UNKNOWN (8)

 FL362   * PERV17   LEFT FEMORAL PULSE
                 0 NORMAL
                 1 ABNORMAL
                 . UNKNOWN (29)

 FL363   * PERV18   RIGHT FEMORAL PULSE
                 0 NORMAL

1 ABNORMAL
. UNKNOWN (30)

FL364 * PERV19 LEFT FEMORAL BRUIT
  0 NORMAL
  1 ABNORMAL
  . UNKNOWN (38)

1

   - 1 -

VARIABLE INPUT NAME INFORMATION
+_____ _____ _____

FL365 * PERV20 RIGHT FEMORAL BRUIT
  0 NORMAL
  1 ABNORMAL
  . UNKNOWN (37)

FL366 * PERV21 LEFT MID-THIGH BRUIT
  0 NORMAL
  1 ABNORMAL
  . UNKNOWN (44)

FL367 * PERV22 RIGHT MID-THIGH BRUIT
  0 NORMAL
  1 ABNORMAL
  . UNKNOWN (42)

FL368 * PERV23 LEFT POPLITEAL BRUIT
  0 NORMAL
  1 ABNORMAL
  . UNKNOWN (43)

FL369 * PERV24 RIGHT POPLITEAL BRUIT
  0 NORMAL

1 ABNORMAL
                    . UNKNOWN (42)

  FL370   * PERV25   LEFT POST TIBIAL PULSE
                    0 NORMAL
                    1 ABNORMAL
                    . UNKNOWN (40)

  FL371   * PERV26   RIGHT POST TIBIAL PULSE
                    0 NORMAL
                    1 ABNORMAL
                    . UNKNOWN (39)

  FL372   * PERV27   LEFT DORSALIS PEDIS PULSE
                    0 NORMAL
                    1 ABNORMAL
                    . UNKNOWN (30)

1
                    - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

  FL373   * PERV28   RIGHT DORSALIS PEDIS PULSE
                    0 NORMAL
                    1 ABNORMAL
                    . UNKNOWN (28)

  FL374   * PERV29   1ST EXAMINER OPINION
                    ARTERIAL PERIPHERAL VASCULAR DISEASE
                     0 NO
                     1 YES
                     2 MAYBE
                     . UNKNOWN (23)

FL375   * PERV30   1ST EXAMINER OPINION
                 STEM VARICOSE VEINS
           0 NO
           1 YES
           2 MAYBE
           . UNKNOWN (25)

FL376   * NEURO1   LEFT CAROTID BRUIT
              0 NO
              1 YES
              2 MAYBE
              . UNKNOWN (8)

FL377   * NEURO2   RIGHT CAROTID BRUIT
              0 NO
              1 YES
              2 MAYBE
              . UNKNOWN (8)

FL378   * NEURO3   SPEECH DISTURBANCE
              0 NO
              1 YES
              2 MAYBE
              . UNKNOWN (11)

FL379   * NEURO4   DISTURBANCE IN GAIT
              0 NO
              1 YES
              2 MAYBE
              . UNKNOWN (33)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL380   * NEURO5   LOCALIZED MUSCLE WEAKNESS
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (143)

FL381   * NEURO6   VISUAL DISTURBANCE
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (221)

FL382   * NEURO7   ABNORMAL REFLEXES
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (121)

FL383   * NEURO8   CRANIAL NERVE ABNORMALITY
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (129)

FL384   * NEURO9   CEREBELLAR SIGNS
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (209)

FL385   * NEURO10   SENSORY IMPAIRMENT
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (228)

FL386   OBSERVED GAIT

0 NORMAL
1 UNABLE TO WALK
2 WIDE BASED
3 SHUFFLING
4 ABNORMAL FROM ORTHOPEDIC PROBLEM
5 HEMIPARETIC
6 OTHER
. UNKNOWN (33)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL387   * NEURO11   1ST EXAMINER BELIEVES RESIDUAL OF STROKE
                 * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL388   * SBP2ND   PHYSICIAN SYSTOLIC BP 2ND READING
                 84-240
                  UNKNOWN (13)

FL389   * DBP2ND   PHYSICIAN DIASTOLIC BP 2ND READING
                 38-130
                  UNKNOWN (15)

FL390   * ECG1   ECG DONE
                 0 NO
                 1 YES

FL391   * ECG2   PACEMAKER
                  * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FL392   * ECG3   ECG: VENTRICULAR RATE PER MINUTE
                 36-140
                  . UNKNOWN (6)

FL393   * ECG4   ECG: P-R INTERVAL (HUNDREDTHS OF SECOND)

10-43
. UNKNOWN OR ATRIAL FIB (75)

FL394   * ECG5   ECG: QRS INTERVAL (HUNDREDTHS OF SECOND)
4-18
. UNKNOWN (20)

FL395   * ECG6   ECG: Q-T INTERVAL (HUNDREDTHS OF SECOND)
28-63
. UNKNOWN (20)

FL396   * ECG7   ECG: QRS ANGLE
-90-180
. UNKNOWN (20)

1

- 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL397   * ECG8   ECG: LEFT IV BLOCK
0 NO
1 INCOMPLETE
2 COMPLETE
. UNKNOWN (20)

FL398   * ECG9   ECG: RIGHT IV BLOCK
0 NO
1 INCOMPLETE
2 COMPLETE
. UNKNOWN (20)

FL399   * ECG10   ECG: INDETERMINATE IV BLOCK
0 NO
1 YES

2 MAYBE
                    . UNKNOWN (20)

FL400   * ECG11   ECG: HEMIBLOCK
                    0 NO
                    1 LEFT ANT
                    2 LEFT POST
                    . UNKNOWN (20)

FL401   * ECG12   ECG: FASCICULAR BLOCK
                    0 NO
                    1 BI
                    2 TRI
                    . UNKNOWN (21)

FL402   * ECG13   ECG: 1ST DEGREE A-V BLOCK
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (22)

FL403   * ECG14   ECG: 2ND DEGREE A-V BLOCK
                    0 NO
                    1 MOBTZ1
                    2 MOBTZ2
                    3 MAYBE
                    . UNKNOWN (20)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL404   * ECG15   ECG: A-V DISSOCIATION
                    0 NO
                    1 YES

2 MAYBE
. UNKNOWN (19)

FL405　　* ECG16　　　ECG: WOLFF-PARKINSON-WHITE SYNDROME
0 NO
1 YES
2 MAYBE
. UNKNOWN (20)

FL406　　* ECG17　　　ECG: ATRIAL FIBRILLATION
0 NO
1 YES
. UNKNOWN (20)

FL407　　* ECG18　　　ECG: ATRIAL FLUTTER
0 NO
1 YES
. UNKNOWN (19)

FL408　　* ECG19　　　ECG: RIGHT ATRIAL ENLARGEMENT
0 NO
1 YES
. UNKNOWN (72)

FL409　　* ECG20　　　ECG: ATRIAL PREMATURE BEATS
0 NO
1 ATR
2 ATR ABER
. UNKNOWN (22)

FL410　　* ECG21　　　ECG: NODAL PREMATURE BEATS
0 NO
1 YES
. UNKNOWN (23)

1

VARIABLE	INPUT NAME	INFORMATION

FL411   * ECG22   ECG: VENTRICULAR PREMATURE BEATS
      0 NO OR UNIFORM
      1 MULTIFOC
      2 PAIRS
      3 RUN
      4 R ON T
      . UNKNOWN (20)

FL412   * ECG23   ECG: NUMBER OF VENTRICULAR PREMATURE
      BEATS ON TRACING
      0-8
       . UNKNOWN (20)

FL413   * ECG24   ECG: ANTERIOR MYOCARDIAL INFARCTION
      0 NO
      1 YES
      2 MAYBE
      . UNKNOWN (68)

FL414   * ECG25   ECG: INFERIOR MYOCARDIAL INFARCTION
      0 NO
      1 YES
      2 MAYBE
      . UNKNOWN (71)

FL415   * ECG26   ECG: TRUE POSTERIOR MYOCARDIAL INFARCTION
      0 NO
      1 YES
      2 MAYBE
      . UNKNOWN (71)

FL416   * ECG27   ECG: R > 20 MM STD LEAD
                 0 NO
                 1 YES
                 . UNKNOWN (21)

FL417   * ECG33   ECG: R OR S >= 20 MM IN AV LEAD
                 0 NO
                 1 YES
                 . UNKNOWN (21)

1
                    - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL418   * ECG28   ECG: R > 11 MM AV LEAD
                 0 NO
                 1 YES
                 . UNKNOWN (21)

FL419   * ECG34   ECG: QRS DUR >= .09, <= .11
                 0 NO
                 1 YES
                 . UNKNOWN (21)

FL420   * ECG29   ECG: R >= 25 MM PRECOR LEAD
                 0 NO
                 1 YES
                 . UNKNOWN (22)

FL421   * ECG35   ECG: S >= 25 IN PRECOR LEAD
                 0 NO
                 1 YES
                 . UNKNOWN (22)

FL422   * ECG30   ECG:

R OR S >= 30 (R IN V5 OR V6, S IN V1 OR V2)
   0 NO
   1 YES
   . UNKNOWN (22)

FL423   * ECG36   ECG: MORRIS P (DEPTH, DUR>=.04 MM-SEC)
      0 NO
      1 YES
      . UNKNOWN (72)

FL424   * ECG31   ECG: R+S >= 35 MM PRECOR LEADS
      0 NO
      1 YES
      . UNKNOWN (22)

FL425   * ECG37   ECG: INTRINS >= .05 SEC (R IN V5 OR 6)
      0 NO
      1 YES
      . UNKNOWN (22)

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL426   * ECG32   ECG: R+S >= 25 MM STD LEADS
      0 NO
      1 YES
      . UNKNOWN (21)

FL427   * ECG38   ECG: LAD <= -30 DEGREES
      0 NO
      1 YES
      . UNKNOWN (21)

FL428   * ECG39   ECG: ST DEPRESSION
                    0 NO
                    1 YES
                    . UNKNOWN (22)

FL429   * ECG40   ECG: NON-SPECIFIC S-T SEGMENT ABNORMALITY
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (20)

FL430   * ECG41   ECG: NON-SPECIFIC T-WAVE ABNORMALITY
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (20)

FL431   * ECG42   ECG: MAX T-WAVE AMPLITUDE >= 5 MM
                      (DISREGARD AVR)
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (20)

FL432   * ECG43   ECG: U-WAVE PRESENT
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (21)

FL433   * ECG44   ECG: RIGHT VENTRICULAR HYPERTROPHY
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (101)
1

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VARIABLE    INPUT NAME      INFORMATION
+_____    _____      _____


  FL434      * ECG45        ECG: LEFT VENTRICULAR HYPERTROPHY
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (151)


  FL435      * ECG46        ECG: ECG CLINICAL READING
                    0 NORMAL
                    1 ABNORMAL
                    2 DOUBTFUL
                    . UNKNOWN (6)


  FL436      * CDI1         CDI: HYPERTENSION
                    0 NO
                    1 DEFINITE
                    2 BORDERLINE
                    . UNKNOWN (4)


  FL437      * CDI2         CDI: ON HYPERTENSIVE THERAPY
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (9)


  FL438      * CDI3         CDI: HYPERTENSIVE HEART DISEASE
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (18)


  FL439      * CDI4         CDI: HYPERTENSIVE HEART DISEASE
                  (DX OUTSIDE CRITERIA)
                    0 NO
                    1 YES
                    2 MAYBE
```

. UNKNOWN (37)

FL440   * CDI5   CDI: ANGINA PECTORIS
               * VARIABLE DELETED DUE TO MEDICAL REVIEW

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL441   * CDI6   CDI: CORONARY INSUFFICIENCY
               * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL442   * CDI7   CDI: MYOCARDIAL INFARCTION
               * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL443   * CDI8   CDI: RHEUMATIC HEART DISEASE
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (25)

FL444   * CDI9   CDI: AORTIC VALUE DISEASE
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (10)

FL445   * CDI10   CDI: MITRAL VALVE DISEASE
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (10)

FL446   * CDI11   CDI: OTHER HEART DISEASE (INCLUDES CONGENITAL)
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (10)

FL447   * CDI12   CDI: CONGESTIVE HEART FAILURE
                  * VARIABLE DELETED DUE TO MEDICAL REVIEW

1
               - 1 -

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL448   * CDI13   CDI: ATRIAL OR NODAL ARRHYTHMIA
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (10)

FL449   * CDI14   CDI: VENTRICULAR ARRHYTHMIA
                  0 NO
                    1 YES
                  2 MAYBE
                  . UNKNOWN (11)

FL450   * CDI15   CDI: FUNCTIONAL CLASS
                  0 NONE
                  1 NYHA CLASS 1
                  2 NYHA CLASS 2
                  3 NYHA CLASS 3
                  4 NYHA CLASS 4
                   UNKNOWN (19)

FL451   * CDI16   CDI: PVD WITH INTERMITTENT CLAUDICATION
                  * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL452   * CDI17   CDI: OTHER PERIPHERAL VASCULAR DISEASE
                  0 NO

```
                    1 YES
                    2 MAYBE
                    . UNKNOWN (10)



  FL453     * CDI18      CDI: STEM VARICOSE VEINS
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (11)



  FL454     * CDI19      CDI: PHLEBITIS
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (7)
```

1

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 VARIABLE    INPUT NAME      INFORMATION
+_____    _____      _____

  FL455     * CDI20      CDI: OTHER VASCULAR DIAGNOSIS
                    0 NO
                    1 YES
                    2 MAYBE
                    . UNKNOWN (7)



  FL456     * CDI21       CDI: CEREBROVASCULAR DISEASE: STROKE
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW



  FL457     * CDI22       CDI: BRAIN INFARCTION (ABI)
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW



  FL458     * CDI23       CDI: CEREBRAL EMBOLUS (CE)
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

FL459   * CDI24   CDI: INTRACEREBRAL HEMORRHAGE (IH)
               * VARIABLE DELETED DUE TO MEDICAL REVIEW

1
                    - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL460   * CDI25   CDI: SUBARACHNOID HEMORRHAGE (SH)
                   * VARIABLE DELETED DUE TO MEDICAL REVIEW

 FL461   * CDI26   CDI: OTHER STROKE
                   * VARIABLE DELETED DUE TO MEDICAL REVIEW

 FL462   * CDI27   CDI: TRANSIENT ISCHEMIC ATTACK (TIA)
                   * VARIABLE DELETED DUE TO MEDICAL REVIEW

 FL465   * CDI30   CDI: STROKE FOLLOWED BY TIA
                   * VARIABLE DELETED DUE TO MEDICAL REVIEW
1
                    - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL466   * CDI31   CDI: CAROTID BRUIT (LEFT)
                 0 NO
                 1 YES
                 2 MAYBE
                 . UNKNOWN (5)

 FL467   * CDI32   CDI: CAROTID BRUIT (RIGHT)
                 0 NO
                 1 YES

2 MAYBE
        . UNKNOWN (5)

   FL468   * CDI33   CDI: DIABETES MELLITUS
                  * VARIABLE DELETED DUE TO MEDICAL REVIEW

   FL469   * CDI45   CDI: URINARY TRACT DISEASE
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (4)

   FL470   * CDI34   CDI: PROSTATE DISEASE
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (13)

   FL471   * CDI46   CDI: RENAL DISEASE
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (4)

   FL472   * CDI35   CDI: EMPHYSEMA
                  0 NO
                  1 YES
                  2 MAYBE
                  . UNKNOWN (6)

1
                  - 1 -

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

   FL473   * CDI47   CDI: CHRONIC BRONCHITIS

0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (5)

FL474   * CDI36   CDI: PNEUMONIA
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (6)

FL475   * CDI37   CDI: ASTHMA
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (6)

FL476   * CDI38   CDI: OTHER PULMONARY DISEASE
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (7)

FL477   * CDI48   CDI: GOUT
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (5)

FL478   * CDI39   CDI: DEGENERATIVE JOINT DISEASE
        0 NO
        1 YES
        2 MAYBE
        . UNKNOWN (5)

FL479   * CDI40   CDI: RHEUMATOID ARTHRITIS
        0 NO

1 YES
        2 MAYBE
        . UNKNOWN (7)

1

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

 FL480   * CDI41   CDI: GALLBLADDER DISEASE
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (9)

 FL481   * CDI42   CDI: OBESITY
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (11)

 FL482   * CDI43   CDI: CANCER
                        * VARIABLE DELETED DUE TO
                         MEDICAL REVIEW

 FL483   * CDI44   CDI: OTHER NON-C V DIAGNOSIS
            0 NO
            1 YES
            2 MAYBE
            . UNKNOWN (9)

 FL484   * CDI49   CANCER: LUNG
                        * VARIABLE DELETED DUE TO MEDICAL REVIEW

 FL485   * CDI50   CANCER: BREAST
                        * VARIABLE DELETED DUE TO MEDICAL REVIEW

```
    FL486      * CDI51        CANCER: SKIN
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

1

```
 VARIABLE    INPUT NAME       INFORMATION
+_____    _____       _____
```

```
    FL487      * CDI52        CANCER: STOMACH
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

```
    FL488      * CDI53        CANCER: PANCREAS
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

```
    FL489      * CDI54        CANCER: COLON
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

```
    FL490      * CDI55        CANCER: LIVER
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

```
    FL491      * CDI56        CANCER: PROSTATE
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

```
    FL492      * CDI57        CANCER: BLADDER
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

1

```
 VARIABLE    INPUT NAME       INFORMATION
+_____    _____       _____
```

```
    FL493      * CDI58        CANCER: LEUKEMIA
                                  * VARIABLE DELETED DUE TO MEDICAL REVIEW
```

FL494   * CDI59   CANCER: LYMPHOMAS
                              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL495   * CDI60   CANCER: CERVIX
                              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL496   * CDI61   CANCER: UTERUS
                              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL497   * CDI62   CANCER: OVARY
                              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL498   * CDI63   CANCER: OTHER
                              * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL499   2ND EXAMINER ID NUMBER
                  * VARIABLE DELETED DUE TO MEDICAL REVIEW

1

 VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____
U
 FL500   * CHFEXMR2   2ND EXAMINER OPINION: CONGESTIVE HEART FAILURE
                       * VARIABLE DELETED DUE TO MEDICAL REVIEW

 FL501   * APEXMR2   2ND EXAMINER OPINION: ANGINA PECTORIS
                       * VARIABLE DELETED DUE TO MEDICAL REVIEW

 FL502   * PVCEXMR2   2ND EXAMINER OPINION: PULMONARY DISEASE
                   0 NO
                   1 YES, NEW
                   2 YES, OLD
                   3 YES, RECURRENT

```
                    4 MAYBE
                    . UNKNOWN OR NOT REVIEWED (56)



   FL503      * CIEXMR2      2ND EXAMINER OPINION: CORONARY INSUFFICIENCY
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW



   FL504      * MIEXMR2      2ND EXAMINER OPINION: MYOCARDIAL INFARCTION
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW



1
                    - 1 -



 VARIABLE    INPUT NAME      INFORMATION
+_____    _____      _____


   FL505      * ICEXMR2      2ND EXAMINER OPINION: INTERMITTENT CLAUDICATION
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW



   FL506      * PVDEXMR2      2ND EXAMINER OPINION: ARTERIAL PERIPHERAL
                    VASCULAR DISEASE
                    0 NO
                    1 YES, NEW
                    2 YES, OLD
                    3 YES, RECURRENT
                    4 MAYBE
                    . UNKNOWN OR NOT REVIEWED (69)



   FL507      * CVIEXMR2      2ND EXAMINER OPINION:
                    CHRONIC VENOUS INSUFFICIENCY
                    0 NO
                    1 YES, NEW
                    2 YES, OLD
                    3 YES, RECURRENT
                    4 MAYBE
                    . UNKNOWN OR NOT REVIEWED (70)
```

FL508   * SVVEXMR2   2ND EXAMINER OPINION: STEM VARICOSE VEINS
             0 NO

             1 YES, NEW
             2 YES, OLD
             3 YES, RECURRENT
             4 MAYBE
             . UNKNOWN OR NOT REVIEWED (71)

FL509   * BIEXMR2   2ND EXAMINER OPINION: BRAIN INFARCTION
             * VARIABLE DELETED DUE TO MEDICAL REVIEW

1

VARIABLE   INPUT NAME   INFORMATION
+_____   _____   _____

FL510   * OSEXMR2   2ND EXAMINER OPINION: OTHER STROKE
             * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL511   * CEEXMR2   2ND EXAMINER OPINION: CEREBRAL EMBOLUS
             * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL512   * TIAEXMR2   2ND EXAMINER OPINION: TIA ALONE
             * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL513   * IHEXMR2   2ND EXAMINER OPINION: INTRACEREBRAL HEMORRHAGE
             * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL514   * SPTEXMR2   2ND EXAMINER OPINION: STROKE PRECEDED BY TIA
             * VARIABLE DELETED DUE TO MEDICAL REVIEW

1

VARIABLE	INPUT NAME	INFORMATION

FL515   * SHEXMR2   2ND EXAMINER OPINION: SUBARACHNOID HEMORRHAGE
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL516   * SFTEXMR2   2ND EXAMINER OPINION: STROKE FOLLOWED BY TIA
                    * VARIABLE DELETED DUE TO MEDICAL REVIEW

FL517   BODY MASS INDEX,EXAM19
          15.41-51.47
          . UNKNOWN (86)

FL518   ELEVATED BLOOD PRESSURE,EXAM19
          0 NO
          1 YES (by (SBP1 OR DBP1) AND (SBP2 OR DBP2))
          . UNKNOWN (17)

FL519   TREATMENT FOR BLOOD PRESSURE,EXAM19
          0 NO
          1 YES (BY MEDS AND PHYSICIAN OPINION)
          . UNKNOWN (10)

FL520   HYPERTENSION,EXAM19
          0 NO
          1 YES (BY EBP OR TREATMENT FOR BP)
          . UNKNOWN (25)

FL521   TOTAL ALCOHOL CONSUMPTION - OUNCES PER WEEK
          0-58
          . UNKNOWN (10)

FL522   BLOOD ANALYSIS-HEMATOCRIT
          25-56

. UNKNOWN (146)

FL523   BLOOD ANALYSIS-GLUCOSE
                41-439
            . UNKNOWN (104)

==
            Spirometry Manual
         Exam 19

            n = 1315

        Dataset: /fram/data/spir19

        Collected on Eagle II with 5(a-e) Trials and
            1 Summary per Record

        STUDY   Framingham Study Number
                         0 = Original Cohort
                         1 = Offspring Cohort

        ID   Identification Number
                          Range 22 - 6447

        SP_DATE   Date of Test

        EXAM   Exam Cycle of Test
                         Range 19

        TECH   Technician Number
                          Range 12 - 27

        STAND   Test Position
                          0 = Stand
                          1 = Sit
                          Range   0-1

        BP   Barometric Pressure
                            in centimeters
                          Range 740 - 789

. (2)

FVC_A   Forced Vital Capacity - Trial 1
                       Range 0.64 - 5.38
                        . (16)

FEV1_A   Forced Expiratory Volume - Trial 1
                       in 1.0 Seconds
                       Range 0.04 - 4.0
                        . (16)

FEV3_A   Forced Expiratory Volume - Trial 1
                       in 3.0 Seconds
                       Range 0.04 - 4.65
                        . (21)

PEFR_A   Peak Expiratory Flow Rate - Trial 1
                 (maximum rate of flow attainable
                 at any time during an FEV)
                   Range 0.93 - 12.8
                        . (21)

MMEF_A   Maximum Mid Expiratory Flow Rate - Trial 1
                 (average rate of flow during middle
                 half of an FEV - in milliliters
                 expired per second)
                   Range 0.03 - 5.13
                        . (23)

FEF25_A   Forced Expiratory Flow after 25% of the FVC
                       has been expired - Trial 1
                       Range 0.12 - 95.37
                        . (22)

FEF50_A   Forced Expiratory Flow after 50% of the FEV
                       has been expired - Trial 1
                       Range 0.06 - 9.39
                        . (21)

FEF75_A   Forced Expiratory Flow after 75% of the FEV
                       has been expired - Trial 1
                       Range 0.06 - 3.04
                        . (22)

EXT_A   Number of Seconds that Elapsed between
the Back-Extrapolated Origin of the Tracing
and the FVC - Trial 1
Range 0.75 - 26.5
. (0)

RAT1_A   Ratio: fev1 to fvc - Trial 1
Range 2.0 - 97.0
. (22)

RAT2_A   Ratio: fev3 to fvc - Trial 1
Range 2.0 - 100.0
. (22)

ASTA_A   Extrapolated Volume Exceeds 10% of the FVC -
Trial 1
0 = No
1 = Yes - and no back extrapolation
    performed before determining
    FEV1
. (17)

TECH_A   Quality of Blow - Trial 1
0 = Good
1 = Unacceptable
. (1)

FVC_B   Forced Vital Capacity - Trial 1
Range 0.53 - 5.27
. (55)

FEV1_B   Forced Expiratory Volume - Trial 1
in 1.0 Seconds
Range 0.08 - 4.09
. (54)

FEV3_B   Forced Expiratory Volume - Trial 1
in 3.0 Seconds
Range 0.21 - 4.69
. (58)

PEFR_B   Peak Expiratory Flow Rate - Trial 1

(maximum rate of flow attainable
at any time during an FEV)
Range 0.47 - 12.8
. (60)

MMEF_B   Maximum Mid Expiratory Flow Rate - Trial 1
(average rate of flow during middle
half of an FEV - in milliliters
expired per second)
Range 0.05 - 5.41
. (60)

FEF25_B   Forced Expiratory Flow after 25% of the FVC
has been expired - Trial 1
Range 0.18 - 11.9
. (59)

FEF50_B   Forced Expiratory Flow after 50% of the FEV
has been expired - Trial 2
Range 0.06 - 8.8
. (59)

FEF75_B   Forced Expiratory Flow after 75% of the FEV
has been expired - Trial 2
Range 0.06 - 2.92
. (59)

EXT_B   Number of Seconds that Elapsed between
the Back-Extrapolated Origin of the Tracing
and the FVC - Trial 2
Range 0.75 - 23.0
. (41)

RAT1_B   Ratio: fev1 to fvc - Trial 2
Range 7.0 - 98.0
. (58)

RAT2_B   Ratio: fev3 to fvc - Trial 2
Range 13.0 - 100.0
. (60)

ASTA_B   Extrapolated Volume Exceeds 10% of the FVC -
Trial 2

0 = No
1 = Yes - and no back extrapolation
   performed before determining
   FEV1
. (55)

TECH_B   Quality of Blow - Trial 2
0 = Good
1 = Unacceptable
. (43)

FVC_C   Forced Vital Capacity - Trial 3
Range 0.59 - 5.35
. (126)

FEV1_C   Forced Expiratory Volume - Trial 3
in 1.0 Seconds
Range 0.13 - 4.09
. (126)

FEV3_C   Forced Expiratory Volume - Trial 3
in 3.0 Seconds
Range 0.17 - 4.68
. (129)

PEFR_C   Peak Expiratory Flow Rate - Trial 3
(maximum rate of flow attainable
at any time during an FEV)
Range 0.83 - 12.6
. (129)

MMEF_C   Maximum Mid Expiratory Flow Rate - Trial 3
(average rate of flow during middle
half of an FEV - in milliliters
expired per second)
Range 0.19 - 6.3
. (130)

FEF25_C   Forced Expiratory Flow after 25% of the FVC
has been expired - Trial 3
Range 0.3 - 11.6
. (129)

FEF50_C   Forced Expiratory Flow after 50% of the FEV
            has been expired - Trial 3
       Range 0.18 - 8.92
         . (129)

FEF75_C   Forced Expiratory Flow after 75% of the FEV
            has been expired - Trial 3
       Range 0.06 - 2.6
         . (129)

EXT_C   Number of Seconds that Elapsed between
the Back-Extrapolated Origin of the Tracing
and the FVC - Trial 3
       Range 1.0 - 25.50
         . (127)

RAT1_C   Ratio: fev1 to fvc - Trial 3
       Range 6.0 - 96.0
         . (130)

RAT2_C   Ratio: fev3 to fvc - Trial 3
       Range 8.0 - 99.0
         . (130)

ASTA_C   Extrapolated Volume Exceeds 10% of the FVC -
     Trial 3
         0 = No
         1 = Yes - and no back extrapolation
           performed before determining
           FEV1
         . (127)

TECH_C   Quality of Blow - Trial 3
         0 = Good
         1 = Unacceptable
         . (127)

FVC_D   Forced Vital Capacity - Trial 4
       Range 1.0 - 5.34
         . (352)

FEV1_D   Forced Expiratory Volume - Trial 4

in 1.0 Seconds
Range 0.04 - 4.09
. (352)

FEV3_D   Forced Expiratory Volume - Trial 4
in 3.0 Seconds
Range 0.08 - 4.72
. (354)

PEFR_D   Peak Expiratory Flow Rate - Trial 4
(maximum rate of flow attainable
at any time during an FEV)
Range 0.84 - 12.6
. (354)

MMEF_D   Maximum Mid Expiratory Flow Rate - Trial 4
(average rate of flow during middle
half of an FEV - in milliliters
expired per second)
Range 0.20 - 5.71
. (354)

FEF25_D   Forced Expiratory Flow after 25% of the FVC
has been expired - Trial 4
Range 0.41 - 11.9
. (354)

FEF50_D   Forced Expiratory Flow after 50% of the FEV
has been expired - Trial 4
Range 0.18 - 9.1
. (354)

FEF75_D   Forced Expiratory Flow after 75% of the FEV
has been expired - Trial 4
Range 0.06 - 2.29
. (354)

EXT_D   Number of Seconds that Elapsed between
the Back-Extrapolated Origin of the Tracing
and the FVC - Trial 4
Range 1.0 - 25.5
. (346)

RAT1_D   Ratio: fev1 to fvc - Trial 4
                  Range 1.0 - 95.0
                    . (354)

RAT2_D   Ratio: fev3 to fvc - Trial 4
                  Range 6.0 - 99.0
                    . (354)

ASTA_D   Extrapolated Volume Exceeds 10% of the FVC -
                  Trial 4
                    0 = No
                    1 = Yes - and no back extrapolation
                       performed before determining
                       FEV1
                    . (352)

TECH_D   Quality of Blow - Trial 4
                  0 = Good
                  1 = Unacceptable
                    . (347)

FVC_E   Forced Vital Capacity - Trial 5
                  Range 0.57 - 5.38
                    . (556)

FEV1_E   Forced Expiratory Volume - Trial 5
                    in 1.0 Seconds
                  Range 0.42 - 4.04
                    . (559)

FEV3_E   Forced Expiratory Volume - Trial 5
                    in 3.0 Seconds
                  Range 0.5 - 4.72
                    . (563)

PEFR_E   Peak Expiratory Flow Rate - Trial 5
                  (maximum rate of flow attainable
                   at any time during an FEV)
                    Range 1.0 - 12.3
                       . (563)

MMEF_E   Maximum Mid Expiratory Flow Rate - Trial 5
                  (average rate of flow during middle

half of an FEV - in milliliters
expired per second)
Range 0.23 - 5.57
. (563)

FEF25_E   Forced Expiratory Flow after 25% of the FVC
has been expired - Trial 5
Range 0.30 - 11.8
. (564)

FEF50_E   Forced Expiratory Flow after 50% of the FEV
has been expired - Trial 5
Range 0.18 - 8.62
. (564)

FEF75_E   Forced Expiratory Flow after 75% of the FEV
has been expired - Trial 5
Range 0.06 - 3.36
. (564)

EXT_E   Number of Seconds that Elapsed between
the Back-Extrapolated Origin of the Tracing
and the FVC - Trial 5
Range 1.25 - 24.75
. (550)

RAT1_E   Ratio: fev1 to fvc - Trial 5
Range 31.0 - 95.0
. (563)

RAT2_E   Ratio: fev3 to fvc - Trial 5
Range 58.0 - 99.0
. (563)

ASTA_E   Extrapolated Volume Exceeds 10% of the FVC -
Trial 5
0 = No
1 = Yes - and no back extrapolation
performed before determining
FEV1
. (559)

TECH_E   Quality of Blow - Trial 5

0 = Good
1 = Unacceptable
. (551)

The Summary blow may include values from several blows. The values were
choosen on the following basis:

FVC	-	Highest independent of blow
FEV1	-	Highest independent of blow
FEV3	-	Highest independent of blow
PEFR	-	From best blow (highest fvc+fev1)*
PEFR	-	From best blow (highest fvc+fev1)
FEF25	-	From best blow (highest fvc+fev1)
FEF50	-	From best blow (highest fvc+fev1)
FEF75	-	From best blow (highest fvc+fev1)
RAT1	-	From best blow (highest fvc+fev1)**
RAT2	-	From best blow (highest fvc+fev1)**

* Should be using highest independent of blow

** Inconsistencies found

B_FVC   Forced Vital Capacity - Summary
                                    Range 0.67 - 5.38
                                        . (132)

B_FEV1   Forced Expiratory Volume - Summary
                                    in 1.0 Seconds
                                    Range 0.39 - 4.09
                                        . (131)

B_FEV3   Forced Expiratory Volume - Summary
                                    in 3.0 Seconds
                                    Range 0.46 - 4.72
                                        . (133)

B_PEFR   Peak Expiratory Flow Rate - Summary
                                  (maximum rate of flow attainable
                                   at any time during an FEV)
                                     Range 0.97 - 12.6
                                        . (132)

B_MMEF   Maximum Mid Expiratory Flow Rate - Summary
                                  (average rate of flow during middle
                                   half of an FEV - in milliliters
                                   expired per second)

Range 0.03 - 5.57
 . (133)

B_FEF25   Forced Expiratory Flow after 25% of the FVC
                        has been expired - Summary
                        Range 0.24 - 91.71
                         . (133)

B_FEF50   Forced Expiratory Flow after 50% of the FEV
                        has been expired - Summary
                        Range 0.12 - 8.62
                         . (132)

B_FEF75   Forced Expiratory Flow after 75% of the FEV
                        has been expired - Summary
                        Range 0.06 - 2.15
                         . (132)

B_RAT1   Ratio: fev1 to fvc - Summary
                        Range 25.0 - 96.0
                         . (132)

B_RAT2   Ratio: fev3 to fvc - Summary
                        Range 47.0 - 99.0
                         . (132)

B_AST   Extrapolated Volume Exceeds 10% of the FVC -
                Summary
                        0 = No
                        1 = Yes - and no back extrapolation
                           performed before determining
                           FEV1
                         . (131)

B_TECH   Quality of Blow - Summary
                        0 = Good
                        1 = Unacceptable
                         . (133)