

FRAMINGHAM STUDY  
COHORT EXAM 20

CODING MANUAL

SAS NAME: A0EXAM20  
SAS VARIABLE NAMES: FM2-FM545

# RECORDS = 1401

DIETARY - SUPPLEMENTAL DATA

VARIABLE    INPUT NAME    INFORMATION

VARIABLE	INPUT NAME	INFORMATION
PID		RANDOM ID NUMBER * TO PRESERVE CONFIDENTIALITY
FM2		DIETARY-QUESTIONNAIRE FILLED OUT 0 NO 1 YES . UNKNOWN (179)
FM3		DIETARY-AMOUNT OF HELP WITH QUESTIONNAIRE 0 QUESTIONNAIRE NOT DONE 1 NO HELP, DID IT MYSELF 2 HELP WITH A FEW QUESTIONS 3 HELP WITH AT LEAST HALF OF THE QUESTIONS 4 HELP WITH ALMOST ALL OF THE QUESTIONS . UNKNOWN (220)
FM4		DIETARY- WHO PROVIDED THE MOST HELP 0 QUESTIONNAIRE NOT DONE 1 SPOUSE 2 SOMEONE WHO LIVES IN HOME 3 SOMEONE WHO DOES NOT LIVE IN HOME

4 HEART STUDY INTERVIEWER  
. UNKNOWN (879)

FM5

DIETARY- HOW WELL DOES THE QUESTIONNAIRE  
DESCRIBE YOUR DIET?  
0 QUESTIONNAIRE NOT DONE  
1 VERY WELL  
2 MODERATELY WELL  
3 NOT TOO WELL  
4 POORLY  
. UNKNOWN (195)

## PROCEDURES SHEET

VARIABLE	INPUT NAME	INFORMATION
----------	------------	-------------

FM6	PROCEDURE-HOLTER MONITOR	0 NO 1 CLINIC ONLY 2 WORN HOME . UNKNOWN (196)
-----	--------------------------	---

FM7	PROCEDURE-ECHOCARDIORGRAM	0 NO 1 YES . UNKNOWN (198)
-----	---------------------------	----------------------------------

FM8	PROCEDURE-ECHO DOPPLER	0 NO 1 YES . UNKNOWN (199)
-----	------------------------	----------------------------------

FM9	PROCEDURE-CAROTID DOPPLER	0 NO 1 YES . UNKNOWN (188)
-----	---------------------------	----------------------------------

FM10	PROCEDURE-DUAL PHOTON ABSORPTIOMETRY	0 NO 1 YES . UNKNOWN (197)
------	--------------------------------------	----------------------------------

FM11	PROCEDURE-EXERCISE QUESTIONNAIRE	0 NO 1 YES . UNKNOWN (185)
------	----------------------------------	----------------------------------

FM12	PROCEDURE-SPIROMETRY DONE	
------	---------------------------	--

0 NO  
1 YES  
. UNKNOWN (187)

NURSE 1

VARIABLE	INPUT NAME	INFORMATION
FM13	* SEX	PATIENT SEX (CODED BY NURSE) 1 MALE 2 FEMALE . UNKNOWN (0)
FM14	* AGE	PATIENT AGE 67-97 . UNKNOWN (0)
FM15	* SITE	SITE OF EXAM * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM16	* NUR_LVL	NURSING HOME LEVEL OF CARE * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM17	* MARITAL	MARITAL STATUS 1 SINGLE 2 MARRIED 3 WIDOWED 4 DIVORCED 5 SEPARATED . UNKNOWN (26)
FM18	* NURSE	NURSE EXAMINER'S NUMBER * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM19	* WEIGHT	WEIGHT (TO NEAREST POUND) WEIGHT IN LBS, IN GROUPS OF 5 LB INTERVALS WEIGHT<100=WEIGHT GRP 0, WEIGHT>275=WEIGHT GROUP 36
FM20	* HEIGHT	HEIGHT (IN INCHES TO NEXT LOWER 1/4 INCH)

HEIGHT IN INCHES  
HEIGHT < 57" = HEIGHT GRP 57,  
HEIGHT > 76"=HEIGHT GRP 76

- FM21 \* TRICE\_L LEFT SKINFOLD TRICEPS (MM)  
\* VARIABLE DELETED DUE TO INVALID MEASUREMENT
- FM22 \* TRICE\_R RIGHT SKINFOLD TRICEPS (MM)  
\* VARIABLE DELETED DUE TO INVALID MEASUREMENT
- FM23 \* SUBSC\_L LEFT SKINFOLD SUBSCAPULAR (MM)  
\* VARIABLE DELETED DUE TO INVALID MEASUREMENT
- FM24 \* SUBSC\_R RIGHT SKINFOLD SUBSCAPULAR (MM)  
\* VARIABLE DELETED DUE TO INVALID MEASUREMENT
- FM25 \* ABDOM\_SK SKINFOLD ABDOMEN (MM)  
\* VARIABLE DELETED DUE TO INVALID MEASUREMENT
- FM26 \* DELT\_GIR BI-DELTOID GIRTH (INCHES WITH 2 DECIMALS)  
32.00-54.00  
. UNKNOWN (142)
- FM27 \* RARM\_GIR RIGHT ARM GIRTH--UPPER THIRD  
6.50-20.50 (INCHES WITH 2 DECIMALS)  
. UNKNOWN (141)
- FM28 \* WAIS\_GIR WAIST GIRTH (INCHES WITH 2 DECIMALS)  
21.50-60.00  
. UNKNOWN (141)
- FM29 \* HIP\_GIR HIP GIRTH (INCHES WITH 2 DECIMALS)  
30.50-60.00  
. UNKNOWN (143)
- FM30 \* THIG\_GIR THIGH GIRTH (INCHES WITH 2 DECIMALS)  
14.00-33.75

. UNKNOWN (146)

FM31 \* SBPNURSE SYSTOLIC BLOOD PRESSURE-NURSE  
90-250  
. UNKNOWN (98)

FM32 \* DBPNURSE DIASTOLIC BLOOD PRESSURE-NURSE  
20-118  
. UNKNOWN (99)

## COGNITIVE FUNCTION

VARIABLE	INPUT NAME	INFORMATION
----------	------------	-------------

FM33	* MENTAL1	MMSE: WHAT IS THE DATE TODAY (MONTH DAY YEAR) 0 INCORRECT 1 POINT FOR EACH CORRECT ANSWER 6 NOT TRIED . UNKNOWN (45)
------	-----------	--

FM34	* MENTAL2	MMSE: WHAT IS THE SEASON 0 INCORRECT 1 POINT IF CORRECT ANSWER 6 NOT TRIED . UNKNOWN (47)
------	-----------	---

FM35	* MENTAL3	MMSE: WHAT DAY OF THE WEEK IS IT 0 INCORRECT 1 POINT IF CORRECT ANSWER 6 NOT TRIED . UNKNOWN (47)
------	-----------	---

FM36	* MENTAL4	MMSE: WHAT TOWN COUNTY AND STATE ARE WE IN 0 INCORRECT 1 POINT FOR EACH CORRECT ANSWER 6 NOT TRIED . UNKNOWN (49)
------	-----------	---

FM37	* MENTAL5	MMSE: WHAT IS THE NAME OF THIS PLACE 0 INCORRECT 1 POINT IF CORRECT ANSWER 6 NOT TRIED . UNKNOWN (48)
------	-----------	---

FM38	* MENTAL6	MMSE: WHAT FLOOR OF THE BUILDING ARE WE ON 0 INCORRECT 1 POINT IF CORRECT ANSWER
------	-----------	--

6 NOT TRIED  
. UNKNOWN (44)

FM39 \* MENTAL7 MMSE: REPEAT AND REMEMBER THE NAMES OF 3 OBJECTS  
0 INCORRECT  
1 POINT FOR EACH CORRECT WORD REPEATED  
6 NOT TRIED  
. UNKNOWN (55)

COGNITIVE FUNCTION

VARIABLE    INPUT NAME    INFORMATION

---

FM40    \* WORLD    MMSE: SPELLING OF WORLD BACKWARDS  
         \*\* DO NOT USE THIS VARIABLE \*\*  
         0-5 CODED BY ALGORITHM  
         6 NOT TRIED  
         . UNKNOWN (96)

FM41    \* MENTAL8    MMSE: REMEMBER THE PREVIOUS THREE OBJECTS  
         0 INCORRECT  
         1 POINT FOR EACH CORRECT WORD REMEMBERED  
         6 NOT TRIED  
         . UNKNOWN (49)

FM42    \* MENTAL9    MMSE: WHAT IS THIS CALLED (WATCH)  
         0 INCORRECT  
         1 POINT IF CORRECT ANSWER  
         6 NOT TRIED  
         . UNKNOWN (45)

FM43    \* MENTAL10    MMSE: WHAT IS THIS CALLED (PENCIL)  
         0 INCORRECT  
         1 POINT IF CORRECT ANSWER  
         6 NOT TRIED  
         . UNKNOWN (44)

FM44    \* MENTAL11    MMSE: REPEAT "NO IFS, ANDS, OR BUTS"  
         0 INCORRECT  
         1 PERFECT  
         6 NOT TRIED  
         . UNKNOWN (55)

FM45    \* MENTAL12    MMSE: READ THE FOLLOWING DO WHAT IT SAYS  
         0 INCORRECT

1 PERFORMED  
6 NOT TRIED OR LOW VISION  
. UNKNOWN (50)

FM46 \* MENTAL13 MMSE: WRITE A SENTENCE  
0 INCORRECT  
1 PERFORMED  
6 NOT TRIED OR LOW VISION  
. UNKNOWN (60)

## COGNITIVE FUNCTION

VARIABLE	INPUT NAME	INFORMATION
----------	------------	-------------

FM47	* MENTAL14	MMSE: COPY THIS DRAWING 0 INCORRECT 1 PERFORMED 6 NOT TRIED OR LOW VISION . UNKNOWN (87)
------	------------	--

FM48	* MENTAL15	MMSE: FOLDING PIECE OF PAPER (IN 3 STEPS) 0 INCORRECT 1 POINT FOR EACH CORRECTLY PERFORMED ACT 6 NOT TRIED OR LOW VISION . UNKNOWN (81)
------	------------	---

FM49	* MENTAL16	MMSE: EXAMINER ASSESSMENT OF SUBJECT'S MENTAL STATUS 1 NORMAL 2 POSSIBLE DEMENTIA 3 FACTORS SUCH AS ILLITERACY, NOT FLUENT IN ENGLISH, OR DEPRESSION THAT CAUSES POOR TESTING 4 DEMENTIA PRESENT . UNKNOWN (43)
------	------------	---



2 NEEDS HUMAN ASSISTANCE  
3 DEPENDENT  
. UNKNOWN (80)

FM55

FUNCTIONAL PERFORMANCE: CONTINENCE  
(BOWEL AND BLADDER CONTINENCE)  
0 NO HELP OR INDEPENDENT  
1 USES A DEVICE  
2 NEEDS HUMAN ASSISTANCE  
3 DEPENDENT  
. UNKNOWN (85)

- FM56                    FUNCTIONAL PERFORMANCE: WALKING ON LEVEL SURFACE (50 YARDS = 3 hall length)  
0 NO HELP OR INDEPENDENT  
1 USES A DEVICE  
2 NEEDS HUMAN ASSISTANCE  
3 DEPENDENT  
. UNKNOWN (85)
- FM57                    FUNCTIONAL PERFORMANCE: UP AND DOWN ONE FLIGHT STAIRS (5 STEPS)  
0 NO HELP OR INDEPENDENT  
1 USES A DEVICE  
2 NEEDS HUMAN ASSISTANCE  
3 DEPENDENT  
. UNKNOWN (89)
- FM58                    FUNCTIONAL PERFORMANCE: CARRYING BUNDLES (10 POUND BUNDLE 10 FEET)  
0 NO HELP OR INDEPENDENT  
1 USES A DEVICE  
2 NEEDS HUMAN ASSISTANCE  
3 DEPENDENT  
. UNKNOWN (84)
- FM59                    FUNCTIONAL PERFORMANCE: DIALING A TELEPHONE  
0 NO HELP OR INDEPENDENT  
1 USES A DEVICE  
2 NEEDS HUMAN ASSISTANCE  
3 DEPENDENT  
. UNKNOWN (85)
- FM60                    FUNCTIONAL PERFORMANCE: TAKES OWN MEDICATION  
0 NO HELP OR INDEPENDENT  
1 USES A DEVICE  
2 NEEDS HUMAN ASSISTANCE  
3 DEPENDENT  
. UNKNOWN (90)



ACTIVITIES QUESTIONS - PART A

VARIABLE	INPUT NAME	INFORMATION
FM61	WHERE DO YOU LIVE?	* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM62	DOES ANYONE LIVE WITH YOU?	0 NO 1 YES . UNKNOWN (76)
FM63	DOES SPOUSE LIVE WITH YOU?	0 NO 1 YES . UNKNOWN (114)
FM64	DO CHILDREN LIVE WITH YOU?	0 NO 1 YES . UNKNOWN (210)
FM65	DO FRIENDS LIVE WITH YOU?	0 NO 1 YES . UNKNOWN (242)
FM66	DO RELATIVES LIVE WITH YOU?	0 NO 1 YES . UNKNOWN (232)
FM67	IN GENERAL, HOW IS YOUR HEALTH NOW?	1 EXCELLENT 2 GOOD 3 FAIR 4 POOR

. UNKNOWN (105)

FM68

COMPARE YOUR HEALTH TO PEOPLE YOUR OWN AGE

1 BETTER

2 ABOUT THE SAME

3 WORSE THAN MOST

. UNKNOWN (120)

FM69            ARE YOU WORKING NOW (FULL OR PART TIME)?  
0 NO  
1 YES  
. UNKNOWN (100)

FM70            DAYS SICK DURING PAST 6 MONTHS (180 DAYS)  
SO THAT UNABLE TO DO USUAL ACTIVITIES  
0-180  
. UNKNOWN (118)

FM71            ARE YOU ABLE TO DO HEAVY HOUSE WORK  
(SHOVEL SNOW, WASHING WINDOWS, WALLS,  
FLOORS) WITHOUT HELP?  
0 NO  
1 YES  
. UNKNOWN (114)

FM72            ARE YOU ABLE TO WALK UP AND DOWN STAIRS  
TO THE SECOND FLOOR WITHOUT ANY HELP?  
0 NO  
1 YES  
. UNKNOWN (102)

FM73            ARE YOU ABLE TO WALK HALF A MILE  
(4-6 BLOCKS) WITHOUT HELP?  
0 NO  
1 YES  
. UNKNOWN (122)

FM74            DO YOU DRIVE?  
0 NO  
1 YES, CURRENTLY  
2 YES, NOT NOW  
. UNKNOWN (98)

FM75            REASON FOR NOT DRIVING NOW  
1 HEALTH

2 OTHER, NON-HEALTH  
3 NEVER LICENSED  
8 DOES NOT APPLY, CURRENT DRIVER  
. UNKNOWN (183)

ACTIVITIES QUESTIONS - PART B

VARIABLE	INPUT NAME	INFORMATION
FM76	* IN_BED	DO YOU STAY IN BED ALL OR MOST OF TIME 0 NO 1 YES 2 UNSURE . UNKNOWN (90)
FM77	* M_BED	# MONTHS - STAYED IN BED ALL OR MOST OF THE TIME 0-12 . UNKNOWN (116)
FM78	* Y_BED	# YEARS - STAYED IN BED ALL OR MOST OF THE TIME 0-10 . UNKNOWN (116)
FM79	* IN_HOME	DO YOU STAY IN HOUSE ALL OR MOST OF TIME 0 NO 1 YES 2 UNSURE . UNKNOWN (94)
FM80	* M_HOME	# MONTHS - STAYED IN HOUSE ALL OR MOST OF TIME 0-12 . UNKNOWN (171)
FM81	* Y_HOME	# YEARS - STAYED IN HOUSE ALL OR MOST OF TIME 0-13 . UNKNOWN (171)
FM82	* SP_AID	NEED SPECIAL AID TO GET AROUND 0 NO 1 YES 2 UNSURE

. UNKNOWN (137)

FM83 \* CANE USE CANE OR WALKING STICK

0 NO

1 YES

2 MAYBE OR UNSURE

. UNKNOWN (101)

FM84 \* CRUTCH USE CRUTCHES  
0 NO  
1 YES  
2 MAYBE OR UNSURE  
. UNKNOWN (110)

FM85 \* WALKER USE WALKER  
0 NO  
1 YES  
2 MAYBE OR UNSURE  
. UNKNOWN (104)

FM86 \* WH\_CHAIR USE WHEELCHAIR  
0 NO  
1 YES  
2 MAYBE OR UNSURE  
. UNKNOWN (107)

FM87 \* ART\_LIMB USE ARTIFICIAL LIMB  
\* VARIABLE DELETED DUE TO CONFIDENTIALITY

FM88 \* BRACE USE BRACE OF ANY KIND  
0 NO  
1 YES  
2 MAYBE OR UNSURE  
. UNKNOWN (110)

FM89 \* G\_DOG USE GUIDE DOG  
\* VARIABLE DELETED DUE TO CONFIDENTIALITY

FM90 \* SP\_SHOES USE SPECIAL SHOES  
0 NO  
1 YES  
2 MAYBE OR UNSURE  
. UNKNOWN (110)

FM91 \* OTHER USE OTHER SPECIAL AID  
0 NO  
1 YES  
2 MAYBE OR UNSURE  
. UNKNOWN (253)



. UNKNOWN (95)

FM98 \* HEV\_ACTV HOURS OF HEAVY ACTIVITY  
0-8  
. UNKNOWN (93)

FM99 SUM OF ACTIVITY HOURS, FM94-FM98  
22-26  
(SHOULD BE 24 - SEE NOTE ABOVE)  
. UNKNOWN (114)

ACTIVITIES QUESTIONS - PART D

VARIABLE    INPUT NAME    INFORMATION

---

FM100            AMOUNT OF DIFFICULTY PULLING OR PUSHING LARGE  
OBJECTS

- 0 NO DIFFICULTY
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON M.D. ORDERS
- . UNKNOWN (132)

FM101            AMOUNT OF DIFFICULTY STOOPING, CROUCHING OR  
KNEELING

- 0 NO DIFFICULTY
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON M.D. ORDERS
- . UNKNOWN (124)

FM102            AMOUNT OF DIFFICULTY REACHING OR EXTENDING  
YOUR ARMS BELOW SHOULDER LEVEL

- 0 NO DIFFICULTY
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON M.D. ORDERS
- . UNKNOWN (124)

FM103            AMOUNT OF DIFFICULTY REACHING OR EXTENDING  
YOUR ARMS ABOVE SHOULDER LEVEL

- 0 NO DIFFICULTY
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY

3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON M.D. ORDERS  
. UNKNOWN (129)

FM104                    AMOUNT OF DIFFICULTY WRITING OR HANDLING OR  
FINGERING SMALL OBJECTS  
0 NO DIFFICULTY  
1 A LITTLE DIFFICULTY  
2 SOME DIFFICULTY  
3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON M.D. ORDERS  
. UNKNOWN (126)

FM105                    AMOUNT OF DIFFICULTY STANDING IN ONE PLACE  
FOR AT LEAST 15 MINUTES  
0 NO DIFFICULTY  
1 A LITTLE DIFFICULTY  
2 SOME DIFFICULTY  
3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON M.D. ORDERS  
. UNKNOWN (131)

FM106                    AMOUNT OF DIFFICULTY SITTING FOR LONG  
PERIODS, SAY 1 HOUR  
0 NO DIFFICULTY  
1 A LITTLE DIFFICULTY  
2 SOME DIFFICULTY  
3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON M.D. ORDERS  
. UNKNOWN (125)



FM114

\* BACK

YEAR BROKE BACK (IF DISC ONLY, CODED AS NO)

\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM115	* PELVIS	YEAR BROKE PELVIS * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM116	* L_HIP	YEAR BROKE LEFT HIP * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM117	* R_HIP	YEAR BROKE RIGHT HIP * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM118		YEAR BROKE OTHER BONE * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

ACTIVITIES QUESTIONS - PART F

VARIABLE    INPUT NAME    INFORMATION

---

FM119	HAVE YOU EVER HAD PAIN FOR AT LEAST A MONTH, IN OR AROUND KNEE, INCLUDING THE BACK OF THE KNEE
	0 NO
	1 YES, LEFT
	2 YES, RIGHT
	3 BOTH
	. UNKNOWN (141)
FM120	YEAR THE PAIN STARTED ON THE LEFT KNEE
	0 NO
	31-90
	. UNKNOWN (171)
FM121	YEAR THE PAIN STARTED ON THE RIGHT KNEE
	0 NO
	26-89
	. UNKNOWN (169)
FM122	LAST TIME YOU HAD THE PAIN ON THE LEFT KNEE
	0 NO
	40-90
	. UNKNOWN (170)
FM123	LAST TIME YOU HAD THE PAIN ON THE RIGHT KNEE
	0 NO
	38-90
	. UNKNOWN (174)
FM124	HOW SEVERE WAS THE PAIN ON THE LEFT KNEE
	0 MILD
	1 MODERATE
	2 SEVERE

. UNKNOWN (1215)

FM125

HOW SEVERE WAS THE PAIN ON THE RIGHT KNEE

0 MILD

1 MODERATE

2 SEVERE

. UNKNOWN (1189)

FM126

DURING THE PAST YEAR, HAVE YOU HAD  
PAIN OR STIFFNESS IN THE JOINTS?

0 NO

1 YES

. UNKNOWN (163)

FM127                   HAD PAIN IN THE SHOULDERS IN PAST YEAR  
0 NO  
1 YES, LEFT  
2 YES, RIGHT  
3 YES, BOTH  
. UNKNOWN (186)

FM128                   HAD PAIN IN THE ELBOWS IN PAST YEAR  
0 NO  
1 YES, LEFT  
2 YES, RIGHT  
3 YES, BOTH  
. UNKNOWN (199)

FM129                   HAD PAIN IN THE WRISTS IN PAST YEAR  
0 NO  
1 YES, LEFT  
2 YES, RIGHT  
3 YES, BOTH  
. UNKNOWN (200)

FM130                   HAD PAIN IN THE HANDS IN PAST YEAR  
0 NO  
1 YES, LEFT  
2 YES, RIGHT  
3 YES, BOTH  
. UNKNOWN (188)

FM131                   HAD PAIN IN THE HIPS IN PAST YEAR  
0 NO  
1 YES, LEFT  
2 YES, RIGHT  
3 YES, BOTH  
. UNKNOWN (204)

FM132                   HAD PAIN IN THE ANKLES IN PAST YEAR  
0 NO

1 YES, LEFT  
2 YES, RIGHT  
3 YES, BOTH  
. UNKNOWN (208)

FM133

HAD PAIN IN THE FEET IN PAST YEAR  
0 NO  
1 YES, LEFT  
2 YES, RIGHT  
3 YES, BOTH  
. UNKNOWN (200)

FM134

HAVE YOU EVER BEEN TOLD YOU HAD  
HAD RHEUMATOID ARTHRISIS?

0 NO

1 YES

. UNKNOWN (173)

FM135

ARE YOU PRESENTLY UNDER TREATMENT FOR  
RHEUMATOID ARTHRISIS?

0 NO

1 YES

. UNKNOWN (187)

BONE DENSITY DATA

VARIABLE    INPUT NAME    INFORMATION

FM136                    WHAT CITY OR TOWN DO YOU CURRENTLY LIVE IN?  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM137                    HOW MANY MONTHS OF THE YEAR DO YOU  
LIVE THERE? (THERE=RESPONSE TO FM136)  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM138                    WHAT OTHER AREA DO YOU LIVE IN  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM139                    HOW MANY MONTHS OF THE YEAR DO YOU  
LIVE THERE. (THERE=RESPONSE TO FM138)  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM140                    WHAT OTHER AREA DO YOU LIVE IN  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM141                    HOW MANY MONTHS OF THE YEAR DO YOU  
LIVE THERE. (THERE=RESPONSE TO FM140)  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM142 FOR MAJORITY OF ACTIVITIES DONE (NOT JUST WRITING), WHICH HAND IS USED?

- 1 ALWAYS RIGHT
- 2 USUALLY RIGHT
- 3 NO PREFERENCE
- 4 USUALLY LEFT
- 5 ALWAYS LEFT
- 8 UNABLE TO USE HANDS
- . NOT SURE OR UNKNOWN (173)

FM143 IN THE SUMMER, ON AVERAGE, ARE YOU OUTSIDE IN THE SUNLIGHT FOR AT LEAST ONE HALF-HOUR A DAY OR AT LEAST 3-4 HRS A WEEK?

- 0 NO
- 1 YES
- . NOT SURE OR UNKNOWN (183)

FM144 DURING CHILDHOOD AND ADOLESCENCE DID YOU DRINK MILK?

- 1 WITH EVERY MEAL
- 2 FREQUENTLY, BUT NOT EVERY MEAL
- 3 SOMETIMES
- 4 RARELY OR NEVER
- . UNKNOWN (194)

FM145 WOMEN ONLY: HOW MANY BABIES DID YOU GIVE BIRTH TO? (INCLUDE WHETHER LIVE OR STILLBORN)

- 0-8
- 8=8 OR MORE
- . UNKNOWN OR MEN (665)

FM146 WOMEN WITH CHILDREN ONLY: ON AVERAGE, DURING YOUR PREGNANCIES OR WHILE BREAST FEEDING, DID YOU DRINK MILK?

- 1 WITH EVERY MEAL
- 2 FREQUENTLY, BUT NOT EVERY MEAL
- 3 SOMETIMES

4 RARELY OR NEVER  
8 MEN OR WOMEN WITH NO CHILDREN  
. UNKNOWN (145)

FM147            DO YOU STAY INDOORS MOST OR ALL OF THE DAY  
(ON AVERAGE)?  
0 NO  
1 YES  
. NOT SURE OR UNKNOWN (174)

FM148            ARE YOU IN BED OR IN A CHAIR FOR MOST OR  
ALL OF THE DAY (ON AVERAGE)?  
0 NO  
1 YES  
. NOT SURE OR UNKNOWN (175)



SCREEN 2: MEDICAL HISTORY, CARDIOVASCULAR MEDICATIONS

VARIABLE    INPUT NAME    INFORMATION

FM155    \* ASPIRIN    # OF ASPIRIN PER WEEK  
          0-84  
          . UNKNOWN (91)

FM156                    ANY CARDIOVASCULAR MEDICATIONS?  
          0 NO  
          1 YES  
          . UNKNOWN (7)

FM157    \* DRUG1    MEDICINE USE: CARDIAC GLYCOSIDES  
          0 NO  
          1 YES, NOW  
          2 YES, NOT NOW  
          3 MAYBE  
          . UNKNOWN (3)

FM158    \* DRUG2    MEDICINE USE: NITROGLYCERINE  
          0 NO  
          1 YES, NOW  
          2 YES, NOT NOW  
          3 MAYBE  
          . UNKNOWN (5)

FM159    \* DRUG3    MEDICINE USE: LONGER ACTING NITRATES  
          (ISORDIL, CARDILATE, ETC.)  
          0 NO  
          1 YES, NOW  
          2 YES, NOT NOW  
          3 MAYBE  
          . UNKNOWN (5)

FM160    \* DRUG4    MEDICINE USE: CALCIUM CHANNEL BLOCKERS  
          0 NO

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

FM161 \* DRUG5 MEDICINE USE: BETA BLOCKERS

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

- FM162 \* DRUG6 MEDICINE USE: ANTIARRHYTHMICS  
(QUINIDINE, PROCAINE, NORPACE, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (9)
- FM163 MEDICINE USE: ANTIPLATELET  
(ANTURANE, PERSANTINE, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (5)
- FM164 \* DRUG8 MEDICINE USE: ANTICOAGULANTS (COUMADIN, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (7)
- FM165 \* DRUG9 MEDICINE USE: THIAZIDE DIURETICS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (5)
- FM166 \* DRUG10 MEDICINE USE: LOOP DIURETICS (LASIX, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (5)

FM167 \* DRUG11 MEDICINE USE: K-SPARING DIURETICS (ALDACTONE,  
TRIAMTERENE)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (6)

FM168 \* DRUG12 MEDICINE USE: RESERPINE DERIVATIVES  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (7)

- FM169 \* DRUG13 MEDICINE USE: METHYLDOPA (ALDOMET)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (8)
- FM170 \* DRUG14 MEDICINE USE: CLONIDINE (CATAPRES)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (7)
- FM171 \* DRUG15 MEDICINE USE: WYTENSIN  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (7)
- FM172 \* DRUG16 MEDICINE USE: GANGLIONIC BLOCKERS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (7)
- FM173 \* DRUG17 MEDICINE USE: RENIN-AGIOTENSIN BLOCKING DRUGS  
(CAPTOPRIL)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (7)
- FM174 \* DRUG7 MEDICINE USE: PERIPHERAL VASODILATORS  
(HYDRALAZINE,MINIPRES,MINOXIDIL,ETC.)

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

FM175

MEDICINE USE: OTHER ANTI-HYPERTENSIVES

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (10)

FM176

MEDICINE USE: OTHER CARDIAC MEDICATION

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (9)

SCREEN 3: MEDICAL HISTORY, NON CARDIOVASCULAR MEDICATIONS

VARIABLE    INPUT NAME    INFORMATION

---

- FM177    \* DRUG21    MEDICINE USE: ANTI CHOLESTEROL DRUGS  
(RESINS, FIBRATES, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FM178    \* DRUG22    MEDICINE USE: ANTIGOUT - URIC ACID LOWERING  
(ALLOPURINOL, PROBENECID, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FM179    \* DRUG23    MEDICINE USE: ANTIGOUT - (COLCHICINE)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FM180    \* DRUG24    MEDICINE USE: THYROID EXTRACT (DESSICATED  
THYROID)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FM181    \* DRUG25    MEDICINE USE: THYROXINE (SYNTHROID ETC.)  
0 NO  
1 YES, NOW

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

FM182 \* DRUG26 MEDICINE USE: INSULIN  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)

FM183 \* DOSE26 MEDICINE USE: TOTAL UNITS OF INSULIN PER DAY  
0-70  
. UNKNOWN (9)

- FM184 \* DRUG27 MEDICINE USE: ORAL HYPOGLYCEMICS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)
- FM185 \* DRUG28 MEDICINE USE: ORAL ESTROGEN  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)
- FM186 \* DRUG29 MEDICINE USE: ORAL GLUCOCORTICOIDS  
(PREDNISONE, CORTISONE, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)
- FM187 \* DRUG30 MEDICINE USE: NON-STEROIDAL ANTI-INFLAMMATORY  
AGENTS (MOTRIN, IBUPROFEN, NAPROSYN, INDOCIN,  
CLINORIL)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FM188 \* DRUG31 MEDICINE USE: ANALGESIC - NARCOTICS  
(DEMEROL, CODEINE, DILAUDID, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)

FM189 \* DRUG32 MEDICINE USE: ANALGESIC - NON-NARCOTICS  
(ACETAMINOPHEN, ETC.)

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (1)

FM190 \* DRUG33 MEDICINE USE: BRONCHODILATOR, AEROSOLS

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (1)

- FM191 \* DRUG34 MEDICINE USE: ANTIHISTAMINES  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)
- FM192 \* DRUG36 MEDICINE USE: ANTIULCER (TAGAMET, RANITIDINE,  
PROBANTHINE, H ION INHIBITORS)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FM193 \* DRUG37 MEDICINE USE: ANTI-ANXIETY, SEDATIVE/HYPNOTICS,  
ETC. (LIBRIUM, VALIUM, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FM194 \* DRUG38 MEDICINE USE: SLEEPING PILLS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)
- FM195 \* DRUG39 MEDICINE USE: ANTI-DEPRESSANTS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)

FM196 \* DRUG40 MEDICINE USE: EYEDROPS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)

FM197 \* DRUG41 MEDICINE USE: POTASSIUM SUPPLEMENTS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)

FM198 \* DRUG42 MEDICINE USE: ANTIBIOTICS

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (2)

FM199 \* DRUG43 MEDICINE USE: OTHER DRUG

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (4)

SCREEN 4: MEDICAL HISTORY, FEMALE GENITOURINARY DISEASE

VARIABLE	INPUT NAME	INFORMATION
FM200		AGE AT HYSTERECTOMY 0 NO HYSTERECTOMY 22-79 88 MALE . UNKNOWN (42)
FM201		OVARY OR OVARIES REMOVED 0 NO 1 YES, ONE 2 YES, TWO 8 MALE . UNKNOWN (52)
FM202	* C_ESTRGN	CONJUGATED ESTROGEN USE IN INTERIM (E.G. PREMARIN) 0 NO 1 YES, NOW 2 YES, NOT NOW 8 MALE . UNKNOWN (2)
FM203	* DOS_PMAR	DOSE/DAY PREMARIN OR CONJ. ESTROGENS 0 NO 1 0.325 MG 2 0.625 MG 3 1.25 MG 4 2.5 MG 8 MALE . UNKNOWN (15)
FM204	* DAY_PMAR	DAYS PER MONTH TAKING PREMARIN 0-31 88 MALE . UNKNOWN (6)

FM205

ESTROGEN CREAM USE DURING INTERIM

0 NO

1 YES, NOW

2 YES, NOT NOW

8 MALE

. UNKNOWN (14)

FM206 \* PROGEST      PROGESTERONE USE DURING INTERIM

0 NO  
1 YES, NOW  
2 YES, NOT NOW  
8 MALE  
. UNKNOWN (7)

FM207 \* F\_URIN1      URINARY DISEASE IN INTERIM

0 NO  
1 YES  
2 MAYBE  
8 MALE  
. UNKNOWN (3)

FM208 \* F\_URIN2      KIDNEY DISEASE IN INTERIM

0 NO  
1 YES  
2 MAYBE  
8 MALE  
. UNKNOWN (2)

FM209 \* F\_URIN3      KIDNEY STONES IN INTERIM

0 NO  
1 YES  
2 MAYBE  
8 MALE  
. UNKNOWN (3)

SCREEN 5: MEDICAL HISTORY, MALE GENITOURINARY DISEASE

VARIABLE	INPUT NAME	INFORMATION
FM210	* M_URIN1	URINARY DISEASE IN INTERIM 0 NO 1 YES 2 MAYBE 8 FEMALE . UNKNOWN (2)
FM211	* M_URIN2	KIDNEY DISEASE IN INTERIM 0 NO 1 YES 2 MAYBE 8 FEMALE . UNKNOWN (2)
FM212	* M_URIN3	KIDNEY STONES IN INTERIM 0 NO 1 YES 2 MAYBE 8 FEMALE . UNKNOWN (2)
FM213	* PROSTAT1	PROSTATE TROUBLE IN INTERIM 0 NO 1 YES 2 MAYBE 8 FEMALE . UNKNOWN (2)
FM214	* PROSTAT2	PROSTATE SURGERY IN INTERIM 0 NO 1 YES 2 MAYBE 8 FEMALE . UNKNOWN (3)



SCREEN 6: MEDICAL HISTORY -- BEVERAGES AND THYROID

VARIABLE	INPUT NAME	INFORMATION
FM215	* COFFEE	# CUPS OF CAFFEINATED COFFEE PER DAY 0-10 . UNKNOWN (8)
FM216	* COFFED	# CUPS OF DECAF COFFEE PER DAY 0-24 . UNKNOWN (18)
FM217	* TEA	# CUPS OF CAFFEINATED TEA PER DAY 0-8 . UNKNOWN (6)
FM218	* TEAD	# CUPS OF DECAF TEA PER DAY 0-6 . UNKNOWN (21)
FM219	* COLA	# 12 OZ CUPS OF CAFFEINATED COLA / DAY 0-6 . UNKNOWN (9)
FM220	* COLAD	# 12 OZ CUPS OF DECAF COLA PER DAY 0-9 . UNKNOWN (22)
FM221	* BEERWK	# OF BEERS PER WEEK 0-60 00 NEVER 01 ONE OR LESS . UNKNOWN (5)
FM222	* BEERDAY	# OF DAYS PER WEEK DRINKS BEER

0-7  
. UNKNOWN (6)

FM223 \* BEERSIT      LIMIT OF BEER AT ONE PERIOD OF TIME  
0-12  
. UNKNOWN (8)

FM224 \* WINEWK # OF GLASSES OF WINE PER WEEK  
0-28  
00 NEVER  
01 ONE OR LESS  
. UNKNOWN (5)

FM225 \* WINEDAY # OF DAYS PER WEEK DRINKS WINE  
0-7  
. UNKNOWN (9)

FM226 \* WINESIT LIMIT OF WINE AT ONE PERIOD OF TIME  
0-7  
. UNKNOWN (9)

FM227 \* DRINKWK # OF COCKTAILS PER WEEK  
0-72  
00 NEVER  
01 ONE OR LESS  
. UNKNOWN (6)

FM228 \* DRINKDAY # OF DAYS PER WEEK DRINKS COCKTAILS  
0-7  
. UNKNOWN (8)

FM229 \* DRINKSIT LIMIT OF COCKTAILS AT ONE PERIOD OF TIME  
0-12  
. UNKNOWN (7)

FM230 HAVE YOU EVER HAD THYROID SURGERY?  
0 NO  
1 YES  
. UNKNOWN (31)

FM231 HAVE YOU EVER HAD ANY OTHER THYROID DISEASE?  
0 NO

1 YES  
. UNKNOWN (36)

SCREEN 7: MEDICAL HISTORY -- SMOKING

VARIABLE	INPUT NAME	INFORMATION
FM232	* SMOKER	SMOKED CIGARETTES REGULARLY IN LAST YEAR 0 NO 1 YES . UNKNOWN (0)
FM233	* CIGARETT	HOW MANY CIGARETTES DO/DID YOU SMOKE PER DAY? 0-50 01 ONE OR LESS . UNKNOWN (1)
FM234	* INHALE	DOES PATIENT INHALE 0 NO 1 YES . UNKNOWN (3)
FM235		BRAND OF CIGARETTE * CHARECTER VARIABLE * . UNKNOWN
FM236	* STRENGTH	STRENGTH OF CIGARETTES SMOKED 0 NONSMOKER 1 NL 2 LITE 3 ULTRALITE . UNKNOWN (8)
FM237	* TYPE	TYPE OF CIGARETTES SMOKED 0 NONSMOKER 1 REGULAR 2 MENTHOL . UNKNOWN (4)
FM238	* FILTER	FILTER OF CIGARETTES SMOKED

0 NONSMOKER  
1 NONFILTER  
2 FILTER  
. UNKNOWN (3)

FM239 \* LENGTH      LENGTH OF CIGARETTES SMOKED  
0 NONSMOKER  
1 REGULAR  
2 KING  
3 100MM  
. UNKNOWN (3)

FM240 \* HOURS NUMBER OF HOURS SINCE LAST CIGARETTE  
0-24  
00 NON-SMOKER  
01 ONE HOUR OR LESS  
24 24 OR MORE HOURS  
. UNKNOWN (9)

FM241 \* CIGARS DOES PATIENT NOW SMOKE CIGARS  
0 NO  
1 YES, INHALE  
2 YES, NO INHALE  
. UNKNOWN (12)

FM242 \* PIPES DOES PATIENT NOW SMOKE A PIPE  
0 NO  
1 YES, INHALE  
2 YES, NO INHALE  
. UNKNOWN (14)

FM243 DOES YOUR SPOUSE SMOKE NOW?  
0 NO  
1 YES  
2 NOT MARRIED  
. UNKNOWN (41)

FM244 IF SPOUSE SMOKES, HOW MANY CIGARETTES A  
DAY (TOTAL)  
0-60  
. UNKNOWN (39)

FM245 IF SPOUSE SMOKES, HOW MANY PIPES A DAY (TOTAL)  
0-15  
. UNKNOWN (37)

FM246 IF SPOUSE SMOKES, HOW MANY CIGARS A DAY (TOTAL)  
0-3

. UNKNOWN (35)

FM247

IF SPOUSE SMOKES, HOW MANY CIGARETTES A  
DAY (AT HOME)

0-50

. UNKNOWN (39)

FM248

IF SPOUSE SMOKES, HOW MANY PIPES A  
DAY (AT HOME)

0-15

. UNKNOWN (36)

- FM249                    IF SPOUSE SMOKES, HOW MANY CIGARS A  
DAY (AT HOME)  
0-5  
. UNKNOWN (35)
- FM250                    EXCLUDING YOU AND YOUR SPOUSE, HOW MANY OTHER  
SMOKERS LIVE IN YOUR HOUSEHOLD  
0-98  
98 NURSING HOME RESIDENT  
. UNKNOWN (79)
- FM251                    HOURS PER WEEK EXPOSED TO THE  
SMOKING OF OTHERS AT HOME  
0-168  
. UNKNOWN (85)
- FM252                    HOURS PER WEEK EXPOSED TO THE  
SMOKING OF OTHERS AT WORK  
0-50  
. UNKNOWN (98)
- FM253                    HOURS PER WEEK EXPOSED TO THE  
SMOKING OF OTHERS IN A CAR  
0-20  
. UNKNOWN (84)
- FM254                    HOURS PER WEEK EXPOSED TO THE  
SMOKING OF OTHERS IN OTHER PLACES  
0-54  
. UNKNOWN (96)

SCREEN 8: MEDICAL HISTORY -- RESPIRATORY

VARIABLE    INPUT NAME    INFORMATION

FM255    \* CHF1    CHRONIC COUGH IN INTERIM (AT LEASE  
3 MONTHS/YEAR)  
0 NO  
1 YES, PRODUCTIVE  
2 YES, NON-PRODUCTIVE  
. UNKNOWN (4)

FM256    \* CHF2    WHEEZING OR ASTHMA  
0 NO  
1 YES  
. UNKNOWN (4)

FM257    \* CHF3    WHEEZING OR ASTHMA IS OF LONG DURATION?  
0 NO  
1 YES  
. UNKNOWN (5)

FM258    \* CHF4    WHEEZING OR ASTHMA IS SEASONAL?  
0 NO  
1 YES  
. UNKNOWN (9)

FM259    \* CHF5    WHEEZING OR ASTHMA WITH RESPIRATORY INFECTION?  
0 NO  
1 YES  
. UNKNOWN (7)

FM260    \* CHF6    DYSPNEA ON EXERTION  
0 NO  
1 VIGOROUS EXERTION (CLIMB STAIRS)  
2 MODERATE EXERTION (RAPID WALK)  
3 ANY SLIGHT EXERTION  
. UNKNOWN (24)

FM261 \* CHF7 DYSPNEA HAS INCREASED OVER PAST TWO YEARS  
0 NO  
1 YES  
. UNKNOWN (26)

FM262 \* CHF8 ORTHOPNEA  
0 NO  
1 YES, NEW IN INTERIM  
2 YES, OLD COMPLAINT  
. UNKNOWN (10)

- FM263 \* CHF9 PAROXYSMAL NOCTURNAL DYSPNEA  
0 NO  
1 YES, NEW IN INTERIM  
2 YES, OLD COMPLAINT  
. UNKNOWN (9)
- FM264 \* CHF10 ANKLE EDEMA BILATERALLY  
0 NO  
1 YES, NEW IN INTERIM  
2 YES, OLD COMPLAINT  
. UNKNOWN (8)
- FM265 \* CHF11 1ST EXAMINER BELIEVES CHF  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW
- FM266 \* CHF12 1ST EXAMINER BELIEVES PULMONARY DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (10)

SCREEN 9: MEDICAL HISTORY -- HEART PART I

VARIABLE	INPUT NAME	INFORMATION
FM267	* CHEST1	CHEST DISCOMFORT SINCE LAST EXAM 0 NO 1 YES 2 MAYBE . UNKNOWN (11)
FM268	* CHEST2	CHEST DISCOMFORT WITH EXERTION/EXCITEMENT 0 NO 1 YES 2 MAYBE . UNKNOWN (16)
FM269	* CHEST3	CHEST DISCOMFORT WHEN QUIET OR RESTING 0 NO 1 YES 2 MAYBE . UNKNOWN (16)
FM270A		MONTH OF DATE-OF-ONSET OF CHEST DISCOMFORT: * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM270B	* CHEST4	YEAR OF DATE-OF-ONSET OF CHEST DISCOMFORT: * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM271	* CHEST5	USUAL DURATION (MINUTES) OF CHEST DISCOMFORT 0-900 . UNKNOWN (36)
FM272	* CHEST6	LONGEST DURATION (MINUTES) OF CHEST DISCOMFORT 0-998 * RESPONSES EXCEEDING 3* . UNKNOWN (42) * DIGITS WERE TRUNCATED* * TO 998 *



- FM273 \* CHEST7 LOCATION OF CHEST DISCOMFORT  
 0 NO  
 1 CENTRAL STERNUM OR UPPER CHEST  
 2 L UP QUADRANT  
 3 L LOWER RIBCAGE  
 4 R CHEST  
 5 OTHER  
 . UNKNOWN (13)
- FM274 \* CHEST8 RADIATION OF CHEST DISCOMFORT  
 0 NO  
 1 L SHOULDER OR L ARM  
 2 NECK  
 3 R SHOULDER OR ARM  
 4 BACK  
 5 ABDOMEN  
 6 OTHER  
 7 COMBINATION  
 . UNKNOWN (14)
- FM275 \* CHEST9 FREQUENCY OF CHEST DISCOMFORT (# TIMES/YEAR  
 ON AVERAGE)  
 0-998 \* RESPONSES EXCEEDING 3 \*  
 . UNKNOWN (42) \* DIGITS WERE TRUNCATED \*  
 \* TO 998 \*
- FM276 \* CHEST10 TYPE OF CHEST DISCOMFORT  
 0 NO CHEST DISCOMFORT  
 1 PRESSURE, HEAVY, VICE  
 2 SHARP  
 3 DULL  
 4 OTHER  
 . UNKNOWN (30)
- FM277 \* CHEST11 CHEST DISCOMFORT RELIEF WITH NITRO IN  
 <15 MINUTES  
 0 NO  
 1 YES  
 . UNKNOWN (94)

FM278 \* CHEST12 CHEST DISCOMFORT RELIEF WITH REST IN  
<15 MINUTES  
0 NO  
1 YES  
. UNKNOWN (36)

FM279 \* CHEST13 CHEST DISCOMFORT RELIEF SPONTANEOUSLY IN  
<15 MINUTES  
0 NO  
1 YES  
. UNKNOWN (33)

- FM280 \* CHEST14 CHEST DISCOMFORT RELIEF BY OTHER CAUSE IN  
<15 MINUTES  
0 NO  
1 YES  
. UNKNOWN (46)
- FM281 \* CHEST15 1ST EXAMINER BELIEVES ANGINA PECTORIS IN INTERIM  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW
- FM282 \* CHEST16 1ST EXAMINER BELIEVES CORONARY INSUFF. IN  
INTERIM  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW
- FM283 \* CHEST17 1ST EXAMINER BELIEVES MYOCARDIAL INFARCT IN  
INTERIM  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

SCREEN 10: MEDICAL HISTORY -- HEART PART II

VARIABLE	INPUT NAME	INFORMATION
FM284	* PALPIT1	PALPITATIONS IN PAST YEAR 0 NO 1 YES 2 MAYBE . UNKNOWN (10)
FM285	* PALPIT2	NUMBER OF EPISODES OF PALPITATIONS IN PAST YEAR 0-998 * RESPONSES EXCEEDING * . UNKNOWN (39) * 3 DIGITS WERE * * TRUNCATED TO 998 *
FM286	* PALPIT3	LONGEST EPISODE OF PALPITATIONS IN PAST YEAR 0-998 * RESPONSES EXCEEDING * 000 NO * 3 DIGITS WERE * 001 ONE MINUTE OR LESS * TRUNCATED * . UNKNOWN (36) * TO 998 *
FM287	* FAINT1	FAINTED IN PAST YEAR 0 NO 1 YES 2 MAYBE . UNKNOWN (10)
FM288	* FAINT2	NUMBER OF FAINT EPISODES IN PAST YEAR 0-50 . UNKNOWN (27)
FM289		ARE FINGERTIPS OR TOES UNUSUALLY SENSITIVE TO COLD 0 NO 1 YES . UNKNOWN (24)

FM290

IF FINGERTIPS OR TOES ARE SENSITIVE TO COLD,  
DO THEY EVER SHOW UNUSUAL COLOR CHANGES

0 NO

1 YES

. UNKNOWN (26)

FM291                    IF THE COLOR OF FINGERTIPS OR TOES CHANGE,  
DUE TO SENSITIVITY TO COLD, DO THEY BECOME WHITE  
0 NO  
1 YES  
. UNKNOWN (26)

FM292                    IF THE COLOR OF FINGERTIPS OR TOES CHANGE,  
DUE TO SENSITIVITY TO COLD, DO THEY BECOME BLUE  
0 NO  
1 YES  
. UNKNOWN (27)

FM293                    IF THE COLOR OF FINGERTIPS OR TOES CHANGE,  
DUE TO SENSITIVITY TO COLD, DO THEY BECOME RED  
0 NO  
1 YES  
. UNKNOWN (27)

FM294                    IF FINGERTIPS OR TOES ARE UNUSUALLY SENSITIVE  
TO COLD, HAVE YOU CONSULTED A DOCTOR FOR  
THIS PROBLEM  
0 NO  
1 YES  
. UNKNOWN (28)

FM295                    IF FINGERTIPS OR TOES ARE UNUSUALLY SENSITIVE  
TO COLD, HAVE YOU EVER USED VIBRATING POWER  
TOOLS IN YOUR EMPLOYMENT  
0 NO  
1 YES  
. UNKNOWN (27)

SCREEN 11: MEDICAL HISTORY -- CEREBROVASCULAR IN INTERIM

VARIABLE	INPUT NAME	INFORMATION
FM296	* CVA1	SUDDEN MUSCULAR WEAKNESS 0 NO 1 YES 2 MAYBE . UNKNOWN (2)
FM297	* CVA2	SUDDEN SPEECH DIFFICULTY 0 NO 1 YES 2 MAYBE . UNKNOWN (2)
FM298	* CVA3	SUDDEN VISUAL DEFECT 0 NO 1 YES 2 MAYBE . UNKNOWN (3)
FM299	* CVA4	UNCONSCIOUSNESS 0 NO 1 YES 2 MAYBE . UNKNOWN (8)
FM300	* CVA5	DOUBLE VISION 0 NO 1 YES 2 MAYBE . UNKNOWN (2)
FM301	* CVA6	LOSS OF VISION IN ONE EYE 0 NO 1 YES 2 MAYBE

. UNKNOWN (2)

FM302 \* CVA7 NUMBNESS, TINGLING

0 NO

1 YES

2 MAYBE

. UNKNOWN (4)

FM303 \* CVA8 NUMBNESS AND TINGLING IS POSITIONAL

0 NO

1 YES

2 MAYBE

. UNKNOWN (15)



FM310 \* CVA15 1ST EXAMINER OPINION - STROKE IN INTERIM  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM311 1ST EXAMINER OPINION - TRANSIENT ISCHEMIC  
ATTACK IN INTERIM  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

SCREEN 13: MEDICAL HISTORY -- PERIPH ARTERIAL AND VENOUS

VARIABLE    INPUT NAME    INFORMATION

---

FM312    \* PVD1    PHLEBITIS IN INTERIM (LEFT)  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (11)

FM313    \* PVD2    PHLEBITIS IN INTERIM (RIGHT)  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (13)

FM314    \* PVD3    LEG ULCERS (LEFT)  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (8)

FM315    \* PVD4    LEG ULCERS (RIGHT)  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (11)

FM316    \* PVD5    TREATMENT FOR VARICOSE VEINS (LEFT)  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (11)

FM317    \* PVD6    TREATMENT FOR VARICOSE VEINS (RIGHT)  
          0 NO  
          1 YES

2 MAYBE  
. UNKNOWN (11)

FM318 \* ARTDIS1 DISCOMFORT IN CALF WHILE WALKING (LEFT)  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (20)

- FM319 \* ARTDIS2 DISCOMFORT IN CALF WHILE WALKING (RIGHT)  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (20)
- FM320 \* ARTDIS3 DISCOMFORT IN LOWER EXTREMITIES  
(NOT CALF) WHILE WALKING (LEFT)  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (18)
- FM321 \* ARTDIS4 DISCOMFORT IN LOWER EXTREMITIES  
(NOT CALF) WHILE WALKING (RIGHT)  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (20)
- FM322 \* ARTDIS5 LOWER LIMB DISCOMFORT OCCURS WITH FIRST STEPS  
0 NO  
1 YES  
. UNKNOWN (24)
- FM323 \* ARTDIS6 LOWER LIMB DISCOMFORT OCCURS AFTER WALKING A  
WHILE  
0 NO  
1 YES  
. UNKNOWN (27)
- FM324 \* ARTDIS7 LOWER LIMB DISCOMFORT RELATED TO RAPIDITY  
OF WALKING OR STEEPNESS  
0 NO  
1 YES  
. UNKNOWN (33)

FM325 \* ARTDIS8 FORCED TO STOP WALKING DUE TO LOWER LIMB  
DISCOMFORT  
0 NO  
1 YES  
. UNKNOWN (29)

FM326 \* ARTDIS9 TIME FOR LOWER LIMB DISCOMFORT TO BE RELIEVED  
BY STOPPING  
0-60  
00 NO LOWER LIMB DISCOMFORT OR  
NO RELIEF WITH STOPPING  
. UNKNOWN (31)

FM327 \* ARTDIS10 # OF DAYS/MONTH OF LOWER LIMB DISCOMFORT  
0-31  
00 NO  
. UNKNOWN (38)

FM328 \* ARTDIS11 ONE FOOT COLDER THAN OTHER  
0 NO  
1 YES  
. UNKNOWN (31)

FM329 \* ARTDIS12 1ST EXAMINER OPINION-INTERMITTENT CLAUDICATION  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM330 \* ARTDIS13 1ST EXAMINER OPINION - VENOUS INSUFFICIENCY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (12)

SCREEN 14: PHYSICAL EXAM -- HEAD, NECK AND RESPIRATORY

VARIABLE	INPUT NAME	INFORMATION
FM331	* SBPPHY	PHYSICIAN SYSTOLIC PRESSURE 1ST READ 76-240 . UNKNOWN (1) * UNEQUAL # OF UNKNOWN SBP'S AND DBP'S *
FM332	* DBPPHY	PHYSICIAN DIASTOLIC PRESSURE 1ST READ 40-118 . UNKNOWN (2) * UNEQUAL # OF UNKNOWN SBP'S AND DBP'S *
FM333	* EYE1	CORNEAL ARCUS 0 NO 1 SLIGHT 2 MODERATE 3 MARKED . UNKNOWN (6)
FM334	* EYE2	XANTHELASMA 0 NO 1 YES 2 MAYBE . UNKNOWN (3)
FM335	* XANTH1	XANTHOMATA 0 NO 1 YES 2 MAYBE . UNKNOWN (3)
FM336	* XANTH2	ACHILLES TENDON XANTHOMATA 0 NO 1 YES . UNKNOWN (3)

FM337 \* XANTH3 PALMAR XANTHOMATA  
0 NO  
1 YES  
. UNKNOWN (2)

FM338 \* XANTH4 TUBEROUS XANTHOMATA  
0 NO  
1 YES  
. UNKNOWN (2)

FM339 \* THY1 THYROID ABNORMALITY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)

FM340 \* THY2 THYROID ABNORMALITY - SCAR  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (4)

FM341 \* THY4 THYROID ABNORMALITY - DIFFUSE ENLARGEMENT  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)

FM342 \* THY4 THYROID ABNORMALITY - SINGLE NODULE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (6)

FM343 \* THY5 THYROID ABNORMALITY - MULTIPLE NODULES  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (6)

FM344 \* THY6 THYROID ABNORMALITY - OTHER  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (22)

FM345 \* RESP1 INCREASED ANTERO-POSTERIOR DIAMETER  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (1)

FM346 \* RESP2 FIXED THORAX  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)

FM347 \* RESP3 WHEEZING ON AUSCULTATION  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)

FM348 \* RESP4 RALES  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (4)

FM349 \* RESP5 OTHER ABNORMAL BREATH SOUNDS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (2)

SCREEN 15: PHYSICAL EXAM -- HEART

VARIABLE    INPUT NAME    INFORMATION

---

FM350    \* HRT1    HEART - ENLARGEMENT

0 NO  
1 LEFT ONLY  
2 RIGHT ONLY  
3 BOTH  
. UNKNOWN (46)

FM351    \* HRT2    HEART - GALLOP

0 NO  
1 S3 ONLY  
2 S4 ONLY  
3 BOTH  
. UNKNOWN (4)

FM352    \* HRT3    HEART - ABNORMAL SOUNDS - CLICK

0 NO  
1 YES  
. UNKNOWN (211)

FM353    \* HRT4    HEART - ABNORMAL SOUNDS - SPLIT S2

0 NO  
1 YES  
. UNKNOWN (225)

FM354    \* HRT5    HEART - ABNORMAL SOUNDS - DIM A2

0 NO  
1 YES  
. UNKNOWN (227)

FM355    \* HRT6    HEART - ABNORMAL SOUNDS - OTHER

0 NO  
1 YES  
. UNKNWON (228)

FM356 \* HRT7 SYSTOLIC MURMURS

0 NO

1 YES

2 MAYBE

. UNKNOWN (4)

FM357 \* 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 (31)

FM358 \* HRT9 APEX TYPE  
0 NONE  
1 EJECTION  
2 REGURGITANT  
3 OTHER  
. UNKNOWN (48)

FM359 \* HRT10 APEX RADIATION  
0 NONE  
1 AXILLA  
2 NECK  
3 BACK  
4 RIGHT CHEST  
. UNKNOWN (42)

FM360 \* HRT11 APEX VALSALVA  
0 NO CHANGE  
1 INCREASE  
2 DECREASE  
. UNKNOWN (112)

FM361 \* HRT12 APEX ORIGIN  
0 NONE, INDET.  
1 MITRAL  
2 AORTIC  
3 TRICUSPID  
4 PULMONIC  
. UNKNOWN (52)

FM362 \* 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 (38)

FM363 \* HRT14 LEFT STERNUM TYPE  
0 NONE  
1 EJECTION  
2 REGURGITANT  
3 OTHER  
. UNKNOWN (56)

FM364 \* HRT15 LEFT STERNUM RADIATION  
0 NONE  
1 AXILLA  
2 NECK  
3 BACK  
4 RIGHT CHEST  
. UNKNOWN (53)

FM365 \* HRT16 LEFT STERNUM VALSALVA  
0 NO CHANGE  
1 INCREASE  
2 DECREASE  
. UNKNOWN (94)

FM366 \* HRT17 LEFT STERNUM ORIGIN  
0 NONE, INDET.  
1 MITRAL  
2 AORTIC  
3 TRICUSPID  
4 PULMONIC  
. UNKNOWN (68)

FM367 \* 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 (35)

FM368      \* HRT19      BASE TYPE  
                 0 NONE  
                 1 EJECTION  
                 2 REGURGITANT  
                 3 OTHER  
                 . UNKNOWN (46)

- FM369 \* HRT20 BASE RADIATION  
0 NONE  
1 AXILLA  
2 NECK  
3 BACK  
4 RIGHT CHEST  
. UNKNOWN (51)
- FM370 \* HRT21 BASE VALSALVA  
0 NO CHANGE  
1 INCREASE  
2 DECREASE  
. UNKNOWN (146)
- FM371 \* HRT22 BASE ORIGIN  
0 NONE, INDET.  
1 MITRAL  
2 AORTIC  
3 TRICUSPID  
4 PULMONIC  
. UNKNOWN (53)
- FM372 \* HRT23 DIASTOLIC MURMUR(S)  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)
- FM373 \* HRT24 VALVE OF ORIGIN FOR DIASTOLIC MURMURS  
0 NO  
1 MITRAL  
2 AORTIC  
3 BOTH  
4 OTHER  
. UNKNOWN (5)
- FM374 \* HRT25 NECK VEIN DISTENTION AT 45 DEGREES

0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (11)

SCREEN 16: PHYSICAL EXAM -- BREASTS AND ABDOMEN

VARIABLE    INPUT NAME    INFORMATION

FM375    \* BREAST1    BREAST ABNORMALITY  
           0 NO  
           1 YES  
           2 MAYBE  
           . UNKNOWN (21)

FM376    \* BREAST2    BREAST ABNORMALITY - LOCALIZED MASS  
           0 NO  
           1 YES  
           2 MAYBE  
           . UNKNOWN (27)

FM377    \* BREAST3    BREAST ABNORMALITY - AXILLARY NODES  
           0 NO  
           1 YES  
           2 MAYBE  
           . UNKNOWN (34)

FM378    \* BREAST4    BREAST SURGERY (LEFT)  
           0 NO  
           1 RADICAL MASTECTOMY  
           2 SIMPLE MASTECTOMY  
           3 BIOPSY  
           4 LUMP REMOVAL  
           . UNKNOWN (176)

FM379    \* BREAST5    BREAST SURGERY (RIGHT)  
           0 NO  
           1 RADICAL MASTECTOMY  
           2 SIMPLE MASTECTOMY  
           3 BIOPSY  
           4 LUMP REMOVAL  
           . UNKNOWN (172)



FM380 \* ABDOM1 LIVER ENLARGED  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (7)

FM381 \* ABDOM2 ABDOMEN - SURGICAL SCAR  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (9)

FM382 \* ABDOM3 ABDOMINAL ANEURYSM  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (5)

FM383 \* ABDOM4 ABDOMEN - BRUIT  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (18)

FM384 \* ABDOM5 SURGICAL GALLBLADDER SCAR  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (5)

FM385 \* ABDOM6 OTHER ABDOMINAL ABNORMALITY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (8)



SCREEN 17: PHYSICAL EXAM -- PERIPHERAL VESSELS - PART I

VARIABLE	INPUT NAME	INFORMATION
FM386	* PERV1	LEFT STEM VARICOSITIES 0 NO ABNORMALITY 1 UNCOMPLICATED 2 WITH SKIN CHANGES 3 WITH ULCERS . UNKNOWN (8)
FM387	* PERV2	RIGHT STEM VARICOSITIES 0 NO ABNORMALITY 1 UNCOMPLICATED 2 WITH SKIN CHANGES 3 WITH ULCERS . UNKNOWN (12)
FM388	* PERV3	LEFT RETICULAR VARICOSITIES 0 NO ABNORMALITY 1 UNCOMPLICATED 2 WITH SKIN CHANGES 3 WITH ULCERS . UNKNOWN (7)
FM389	* PERV4	RIGHT RETICULAR VARICOSITIES 0 NO ABNORMALITY 1 UNCOMPLICATED 2 WITH SKIN CHANGES 3 WITH ULCERS . UNKNOWN (10)
FM390	* PERV5	LEFT SPIDER VARICOSITIES 0 NO ABNORMALITY 1 UNCOMPLICATED 2 WITH SKIN CHANGES 3 WITH ULCERS . UNKNOWN (6)
FM391	* PERV6	RIGHT SPIDER VARICOSITIES

0 NO ABNORMALITY  
1 UNCOMPLICATED  
2 WITH SKIN CHANGES  
3 WITH ULCERS  
. UNKNOWN (9)

FM392 \* PERV7 LEFT ANKLE EDEMA

0 NO  
1 GRADE 1  
2 GRADE 2  
3 GRADE 3  
4 GRADE 4  
. UNKNOWN (9)

FM393 \* PERV8 RIGHT ANKLE EDEMA  
0 NO  
1 GRADE 1  
2 GRADE 2  
3 GRADE 3  
4 GRADE 4  
. UNKNOWN (11)

FM394 \* PERV9 LEFT FOOT IS COLD  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (5)

FM395 \* PERV10 RIGHT FOOT IS COLD  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (8)

FM396 \* PERV11 LEFT AMPUTATION  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM397 \* PERV12 RIGHT AMPUTATION  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM398 \* PERV13 LEFT AMPUTATION LEVEL  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

FM399 \* PERV14 RIGHT AMPUTATION LEVEL  
\* VARIABLE DELETED TO PRESERVE CONFIDENTIALITY

SCREEN 18: PHYSICAL EXAM -- PERIPHERAL VESSELS - PART II

VARIABLE	INPUT NAME	INFORMATION
FM400	* PERV15	LEFT RADIAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (3)
FM401	* PERV16	RIGHT RADIAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (7)
FM402	* PERV17	LEFT FEMORAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (7)
FM403	* PERV18	RIGHT FEMORAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (10)
FM404	* PERV19	LEFT FEMORAL BRUIT 0 NORMAL 1 ABNORMAL . UNKNOWN (25)
FM405	* PERV20	RIGHT FEMORAL BRUIT 0 NORMAL 1 ABNORMAL . UNKNOWN (24)
FM406	* PERV21	LEFT MID-THIGH BRUIT 0 NORMAL

1 ABNORMAL  
. UNKNOWN (98)

FM407 \* PERV22 RIGHT MID-THIGH BRUIT  
0 NORMAL  
1 ABNORMAL  
. UNKNOWN (97)

FM408 \* PERV23 LEFT POPLITEAL BRUIT  
0 NORMAL  
1 ABNORMAL  
. UNKNOWN (98)

FM409 \* PERV24 RIGHT POPLITEAL BRUIT  
0 NORMAL  
1 ABNORMAL  
. UNKNOWN (101)

FM410 \* PERV25 LEFT POST TIBIAL PULSE  
0 NORMAL  
1 ABNORMAL  
. UNKNOWN (17)

FM411 \* PERV26 RIGHT POST TIBIAL PULSE  
0 NORMAL  
1 ABNORMAL  
. UNKNOWN (19)

FM412 \* PERV27 LEFT DORSALIS PEDIS PULSE  
0 NORMAL  
1 ABNORMAL  
. UNKNOWN (16)

FM413 \* PERV28 RIGHT DORSALIS PEDIS PULSE  
0 NORMAL  
1 ABNORMAL  
. UNKNOWN (18)

FM414 \* PERV29 1ST EXAMINER OPINION -  
ARTERIAL PERIPHERAL VASCULAR DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (13)

FM415 \* PERV30 1ST EXAMINER OPINION - STEM VARICOSE VEINS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (20)

SCREEN 19: PHYSICAL EXAM -- NEUROLOGICAL AND FINAL BP

VARIABLE    INPUT NAME    INFORMATION

FM416    \* NEURO1    LEFT CAROTID BRUIT  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (5)

FM417    \* NEURO2    RIGHT CAROTID BRUIT  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (5)

FM418    \* NEURO3    SPEECH DISTURBANCE  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (3)

FM419    \* NEURO4    DISTURBANCE IN GAIT  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (5)

FM420    \* NEURO5    LOCALIZED MUSCLE WEAKNESS  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (41)

FM421    \* NEURO6    VISUAL DISTURBANCE  
          0 NO  
          1 YES

2 MAYBE  
. UNKNOWN (131)

FM422 \* NEURO7 ABNORMAL REFLEXES  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (116)

FM423 \* NEURO8 CRANIAL NERVE ABNORMALITY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (85)

FM424 \* NEURO9 CEREBELLAR SIGNS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (109)

FM425 \* NEURO10 SENSORY IMPAIRMENT  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (156)

FM426 \* NEURO11 1ST EXAMINER BELIEVES RESIDUAL OF STROKE  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM427 \* SBP2ND PHYSICIAN SYSTOLIC BP 2ND READING  
80-240  
. UNKNOWN (3)  
\* UNEQUAL # OF UNKNOWN SBP'S AND DBP'S \*

FM428 \* DBP2ND PHYSICIAN DIASTOLIC BP 2ND READING  
38-120  
. UNKNOWN (4)  
\* UNEQUAL # OF UNKNOWN SBP'S AND DBP'S \*

SCREEN 20: ELECTROCARDIOGRAPH - PART I

VARIABLE	INPUT NAME	INFORMATION
FM429	* ECG1	ECG DONE 0 NO 1 YES
FM430	* ECG2	ECG: PACEMAKER * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM431	* ECG3	ECG: VENTRICULAR RATE PER MINUTE 40-150 . UNKNOWN (4)
FM432	* ECG4	ECG: P-R INTERVAL (HUNDREDTHS OF SECOND) 10-50 . UNKNOWN OR ATRIAL FIB (79)
FM433	* ECG5	ECG: QRS INTERVAL (HUNDREDTHS OF SECOND) 4-18 . UNKNOWN (19)
FM434	* ECG6	ECG: Q-T INTERVAL (HUNDREDTHS OF SECOND) 26-56 . UNKNOWN (20)
FM435	* ECG7	ECG: QRS ANGLE -90 - +150 (Positive or Negative) . UNKNOWN (21)
FM436	* ECG8	ECG: LEFT IV BLOCK 0 NO 1 INCOMPLETE 2 COMPLETE

. UNKNOWN (19)

FM437 \* ECG9 ECG: RIGHT IV BLOCK

0 NO

1 INCOMPLETE

2 COMPLETE

. UNKNOWN (19)

FM438 \* ECG10 ECG: INDETERMINATE IV BLOCK  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (19)

FM439 \* ECG11 ECG: HEMIBLOCK  
0 NO  
1 LEFT ANT  
2 LEFT POST  
. UNKNOWN (19)

FM440 \* ECG12 ECG: FASCICULAR BLOCK  
0 NO  
1 BI  
2 TRI  
. UNKNOWN (19)

FM441 \* ECG13 ECG: 1ST DEGREE A-V BLOCK  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (19)

FM442 \* ECG14 ECG: 2ND DEGREE A-V BLOCK  
0 NO  
1 MOBTZ1  
2 MOBTZ2  
3 MAYBE  
. UNKNOWN (19)

FM443 \* ECG15 ECG: A-V DISSOCIATION  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (18)

FM444 \* ECG16 ECG: WOLFF-PARKINSON-WHITE SYNDROME  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (19)

FM445 \* ECG17 ECG: ATRIAL FIBRILLATION  
0 NO  
1 YES  
. UNKNOWN (14)

FM446 \* ECG18 ECG: ATRIAL FLUTTER  
0 NO  
1 YES  
. UNKNOWN (14)

FM447 \* ECG19 ECG: RIGHT ATRIAL ENLARGEMENT  
0 NO  
1 YES  
. UNKNOWN (28)

FM448 \* ECG20 ECG: ATRIAL PREMATURE BEATS  
0 NO  
1 ATR  
2 ATR ABER  
. UNKNOWN (19)

FM449 \* ECG21 ECG: NODAL PREMATURE BEATS  
0 NO  
1 YES  
. UNKNOWN (18)

FM450 \* ECG22 ECG: VENTRICULAR PREMATURE BEATS  
0 NO  
1 SIMPLE  
2 MULTIFOC  
3 PAIRS  
4 RUN  
5 R ON T  
. UNKNOWN (17)

FM451 \* ECG23 ECG: NUMBER OF VENTRICULAR PREMATURE  
BEATS ON TRACING  
0-8  
. UNKNOWN (17)

SCREEN 21: ELECTROCARDIOGRAPH - PART II

VARIABLE    INPUT NAME    INFORMATION

---

FM452    \* ECG24    ECG: ANTERIOR MYOCARDIAL INFARCTION  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (72)

FM453    \* ECG25    ECG: INFERIOR MYOCARDIAL INFARCTION  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (76)

FM454    \* ECG26    ECG: TRUE POSTERIOR MYOCARDIAL INFARCTION  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (75)

FM455    \* ECG27    ECG: R > 20 MM STD LEAD  
          0 NO  
          1 YES  
          . UNKNOWN (24)

FM456    \* ECG28    ECG: R > 11 MM AV LEAD  
          0 NO  
          1 YES  
          . UNKNOWN (25)

FM457    \* ECG29    ECG: R >= 25 MM PRECOR LEADS  
          0 NO  
          1 YES  
          . UNKNOWN (27)

FM458 \* ECG30 ECG:  
R OR S  $\geq$  30 (R IN V5 OR V6, S IN V1 OR V2)  
0 NO  
1 YES  
. UNKNOWN (27)

FM459 \* ECG31 ECG: R+S  $\geq$  35 MM PRECOR LEADS  
0 NO  
1 YES  
. UNKNOWN (27)

FM460 \* ECG32 ECG: R+S >= 25 MM STD LEADS  
0 NO  
1 YES  
. UNKNOWN (26)

FM461 \* ECG39 ECG: ST DEPRESSION  
0 NO  
1 YES  
. UNKNOWN (28)

FM462 \* ECG33 ECG: R OR S >= 20 MM IN AV LEAD  
0 NO  
1 YES  
. UNKNOWN (28)

FM463 \* ECG34 ECG: QRS DUR >= .09, <= .11  
0 NO  
1 YES  
. UNKNOWN (20)

FM464 \* ECG35 ECG: S >= 25 MM IN PRECOR LEAD  
0 NO  
1 YES  
. UNKNOWN (27)

FM465 \* ECG36 ECG: MORRIS P (DEPTH, DUR>=.04 MM-SEC)  
0 NO  
1 YES  
. UNKNOWN (31)

FM466 \* ECG37 ECG: INTRINS >= .05 SEC (R -- V5 OR V6)  
0 NO  
1 YES  
. UNKNOWN (25)

FM467 \* ECG38 ECG: LAD <= -30 DEGREES  
0 NO  
1 YES  
. UNKNOWN (21)

FM468 \* ECG40 ECG: NON-SPECIFIC S-T SEGMENT ABNORMALITY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (21)

- FM469 \* ECG41 ECG: NON-SPECIFIC T-WAVE ABNORMALITY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (21)
- FM470 \* ECG42 ECG:  
MAX T-WAVE AMPLITUDE < -5 MM (DISREGARD AVR)  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (19)
- FM471 \* ECG43 ECG: U-WAVE PRESENT  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (19)
- FM472 \* ECG44 ECG: RIGHT VENTRICULAR HYPERTROPHY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (56)
- FM473 \* ECG45 ECG: LEFT VENTRICULAR HYPERTROPHY  
0 NO  
1 LVH WITH STRAIN  
2 LVH WITH MILD S-T SEGMENT ABNORMALITY  
3 LVH BY VOLTAGE ONLY  
. UNKNOWN (57)
- FM474 \* ECG46 ECG: ECG CLINICAL READING  
0 NORMAL  
1 ABNORMAL  
2 DOUBTFUL  
. UNKNOWN (12)



SCREEN 22: CLINICAL DIAGNOSTIC IMPRESSION - PART I

VARIABLE	INPUT NAME	INFORMATION
FM474A		** CLINICAL DIAGNOSTIC IMPRESSION: UNDER TREATMENT FOR HYPERTENSION 0 NOT ON THERAPY 1 ON THERAPY . UNKNOWN (2)
FM475	* CDI5	** CLINICAL DIAGNOSTIC IMPRESSION: ANGINA PECTORIS * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM476	* CDI6	** CLINICAL DIAGNOSTIC IMPRESSION: CORONARY INSUFFICIENCY * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM477	* CDI7	** CLINICAL DIAGNOSTIC IMPRESSION: MYOCARDIAL INFARCTION * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM478	* CDI8	** CLINICAL DIAGNOSTIC IMPRESSION: RHEUMATIC HEART DISEASE 0 NO 1 YES 2 MAYBE . UNKNOWN (5)
FM479	* CDI9	** CLINICAL DIAGNOSTIC IMPRESSION: AORTIC VALVE DISEASE 0 NO 1 YES 2 MAYBE . UNKNOWN (2)

\*\* DIAGNOSTIC IMPRESSIONS - NOT HARD DATA - USE WITH CAUTION

- FM480 \* CDI10 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
MITRAL VALVE DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (2)
- FM481 \* CDI11 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
OTHER HEART DISEASE (INCLUDES CONGENITAL)  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (2)
- FM482 \* CDI12 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
CONGESTIVE HEART FAILURE  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW
- FM483 \* CDI13 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
ARRHYTHMIA  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (1)
- FM484 \* CDI15 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
FUNCTIONAL CLASS  
0 NONE  
1 NYHA CLASS 1  
2 NYHA CLASS 2  
3 NYHA CLASS 3  
4 NYHA CLASS 4  
. UNKNOWN (1)

\*\* DIAGNOSTIC IMPRESSIONS - NOT HARD DATA - USE WITH CAUTION

SCREEN 23: CLINICAL DIAGNOSTIC IMPRESSION - PART II

VARIABLE    INPUT NAME    INFORMATION

---

FM485    \* CDI16    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
INTERMITTENT CLAUDICATION  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM486    \* CDI17    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
OTHER PERIPHERAL VASCULAR DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (1)

FM487    \* CDI18    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
STEM VARICOSE VEINS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)

FM488    \* CDI19    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
PHLEBITIS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)

FM489    \* CDI20    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
OTHER VASCULAR DIAGNOSIS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (3)

FM490    \* CDI21    \*\* CLINICAL DIAGNOSTIC IMPRESSION:

STROKE

\* VARIABLE DELETED DUE TO MEDICAL REVIEW

\*\* DIAGNOSTIC IMPRESSIONS - NOT HARD DATA - USE WITH CAUTION

FM491 \* CDI27 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
TRANSIENT ISCHEMIC ATTACK (TIA)  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM492 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
OTHER CEREBROVASCULAR DISEASE  
(THIS QUESTION IS A FLAG FOR THE NEXT  
2 QUESTIONS - FM493 AND FM494)  
0 NO  
1 YES, NEW  
2 YES, OLD  
3 YES, RECURRENT  
4 MAYBE  
. UNKNOWN (35)

FM493 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
DEMENTIA  
0 NO  
1 YES, NEW  
2 YES, OLD  
3 YES, RECURRENT  
4 MAYBE  
. UNKNOWN (48)

FM494 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
OTHER CEREBROVASCULAR DISEASE  
0 NO  
1 YES, NEW  
2 YES, OLD  
3 YES, RECURRENT  
4 MAYBE  
. UNKNOWN (54)

\*\* DIAGNOSTIC IMPRESSIONS - NOT HARD DATA - USE WITH CAUTION

SCREEN 24: CLINICAL DIAGNOSTIC IMPRESSION - PART III

VARIABLE    INPUT NAME    INFORMATION

---

FM495    \* CDI33    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
          DIABETES MELLITUS  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM496    \* CDI45    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
          URINARY TRACT DISEASE  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (7)

FM497    \* CDI34    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
          PROSTATE DISEASE  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (30)

FM498    \* CDI46    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
          RENAL DISEASE  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (7)

FM499    \* CDI35    \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
          EMPHYSEMA  
          0 NO  
          1 YES  
          2 MAYBE  
          . UNKNOWN (6)

FM500    \* CDI47    \*\* CLINICAL DIAGNOSTIC IMPRESSION:

CHRONIC BRONCHITIS

0 NO

1 YES

2 MAYBE

. UNKNOWN (8)

\*\* DIAGNOSTIC IMPRESSIONS - NOT HARD DATA - USE WITH CAUTION

FM501 \* CDI36 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
PNEUMONIA  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (9)

FM502 \* CDI37 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
ASTHMA  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (12)

FM503 \* CDI38 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
OTHER PULMONARY DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (9)

FM504 \* CDI48 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
GOUT  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (8)

FM505 \* CDI39 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
DEGENERATIVE JOINT DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (9)

FM506 \* CDI40 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
RHEUMATOID ARTHRITIS

0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (11)

\*\* DIAGNOSTIC IMPRESSIONS - NOT HARD DATA - USE WITH CAUTION

FM507 \* CDI41 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
GALLBLADDER DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (16)

FM508 \* CDI43 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
CANCER  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM509 \* CDI44 \*\* CLINICAL DIAGNOSTIC IMPRESSION:  
OTHER NON C-V DIAGNOSIS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (15)

\*\* DIAGNOSTIC IMPRESSIONS - NOT HARD DATA - USE WITH CAUTION

SCREEN 25: CANCER SITE OR TYPE

VARIABLE	INPUT NAME	INFORMATION
FM510	* CDI49	CANCER: LUNG * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM511	* CDI50	CANCER: BREAST * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM512	* CDI51	CANCER: SKIN * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM513	* CDI52	CANCER: STOMACH * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM514	* CDI53	CANCER: PANCREAS * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM515	* CDI54	CANCER: COLON * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM516	* CDI55	CANCER: LIVER * VARIABLE DELETED DUE TO MEDICAL REVIEW

FM517 \* CDI56       CANCER: PROSTATE  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM518 \* CDI57       CANCER: BLADDER  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM519 \* CDI58       CANCER: LEUKEMIA  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM520 \* CDI59       CANCER: LYMPHOMAS  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM521 \* CDI60       CANCER: CERVIX  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM522 \* CDI61       CANCER: UTERUS  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM523 \* CDI62       CANCER: OVARY  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM524 \* CDI63       CANCER: OTHER  
          \* VARIABLE DELETED DUE TO MEDICAL REVIEW

SCREEN 26: SECOND EXAMINER OPINIONS IN INTERIM

VARIABLE	INPUT NAME	INFORMATION
FM525		2ND EXAMINER ID NUMBER * VARIABLE DELETED TO PRESERVE CONFIDENTIALITY
FM526	* CHFEXMR2	2ND EXAMINER OPINIONS IN INTERIM CONGESTIVE HEART FAILURE * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM527	* PVCEXMR2	2ND EXAMINER OPINIONS IN INTERIM PULMONARY DISEASE 0 NO 1 YES 2 MAYBE . UNKNOWN (1168)
FM528	* APEXMR2	2ND EXAMINER OPINIONS IN INTERIM ANGINA PECTORIS * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM529	* CIEXMR2	2ND EXAMINER OPINIONS IN INTERIM CORONARY INSUFFICIENCY * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM530	* MIEXMR2	2ND EXAMINER OPINIONS IN INTERIM MYOCARDIAL INFARCTION * VARIABLE DELETED DUE TO MEDICAL REVIEW
FM531	* ICEXMR2	2ND EXAMINER OPINIONS IN INTERIM INTERMITTENT CLAUDICATION * VARIABLE DELETED DUE TO MEDICAL REVIEW

FM532 \* PVDEXMR2 2ND EXAMINER OPINIONS IN INTERIM  
ARTERIAL PERIPHERAL VASCULAR DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (1198)

FM533 \* CVIEXMR2 2ND EXAMINER OPINIONS IN INTERIM  
CHRONIC VENOUS INSUFFICIENCY  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (1199)

FM534 \* SVVEXMR2 2ND EXAMINER OPINIONS IN INTERIM  
STEM VARICOSE VEINS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (1199)

FM535 2ND EXAMINER OPINIONS IN INTERIM  
STROKE  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

FM536 \* TIAEXMR2 2ND EXAMINER OPINIONS IN INTERIM  
TIA  
\* VARIABLE DELETED DUE TO MEDICAL REVIEW

- FM537                    BODY MASS INDEX  
12.7-56.2  
. UNKNOWN (146)
- FM538                    ELEVATED BLOOD PRESSURE  
0 NO  
1 YES (BY (SBP1 $\geq$ 160 OR DBP1 $\geq$ 95) AND  
    (SBP2 $\geq$ 160 OR DBP2 $\geq$ 95)  
. UNKNOWN (5)
- FM539                    TREATMENT FOR BLOOD PRESSURE  
0 NO  
1 YES (BY MEDS AND PHYSICIAN OPINION)  
. UNKNOWN (2)
- FM540                    HYPERTENSION  
0 NO  
1 YES (BY ELEVATED BP OR TREATMENT FOR BP)  
. UNKNOWN (7)
- FM541                    TOTAL ALCOHOL CONSUMPTION (OUNCES PER WEEK)  
0-47  
. UNKNOWN (8)

FM542                    BLOOD ANALYSIS - HEMATOCRIT  
34-54  
. UNKNOWN (1239)

FM543                    BLOOD ANALYSIS - GLUCOSE  
52-455  
. UNKNOWN (96)

FM544                    BLOOD ANALYSIS - HDL CHOLESTEROL  
17-126  
. UNKNOWN (146)

FM545                    BLOOD ANALYSIS - TOTAL CHOLESTEROL  
87-378  
. UNKNOWN (137)

