

COHORT EXAM25  
CODING MANUAL

SAS NAME = XEX25V1

SAS VARIABLE NAMES : IDTYPE ID SEX FR001-FR440

CODING MANUAL  
FRAMINGHAM STUDY

# RECORDS 703

NUMERICAL DATA - PART 1

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VARIABLE      INFORMATION  
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IDTYPE        STUDY  
              *DELETED, REDUNDANT  
  
ID            PATIENT ID NUMBER  
              *DELETED AND REPLACED WITH RANDOM ID (PID)  
  
SEX           GENDER  
              1 MALE  
              2 FEMALE  
  
FR001        SITE OF EXAM  
              *DELETED TO PRESERVE CONFIDENTIALITY  
  
FR002        NURSING HOME OR RESIDENCE LEVEL OF CARE  
              *DELETED TO PRESERVE CONFIDENTIALITY  
  
FR003        MARITAL STATUS  
              1 SINGLE  
              2 MARRIED  
              3 WIDOWED  
              4 DIVORCED  
              5 SEPERATED  
              . UNKNOWN (10)  
  
FR004        EXAMINER'S ID NUMBER  
              *DELETED TO PRESERVE CONFIDENTIALITY  
  
FR005        WEIGHT (TO NEAREST POUND)  
              *GROUPED IN 5 LB INTERVALS  
              WEIGHT <100=WEIGHT GRP 0, WEIGHT>225=WEIGHT GRP 26  
  
FR006        HEIGHT (INCHES, TO NEXT LOWER 1/4 INCH)  
              *HEIGHT IN INCHES  
              HEIGHT<57"=HEIGHT GRP 57, HEIGHT>72"=HEIGHT GRP 72
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FR007        PROXY USED TO COMPLETE THIS EXAM  
              0 NO  
              1 YES  
              . UNKNOWN (13)

FR008        PROXY - RELATIONSHIP  
              \*DELETED TO PRESERVE CONFIDENTIALITY

FR009        PROXY - HOW LONG HAVE YOU KNOWN THE PARTICIPANT (YEARS)  
              \*DELETED TO PRESERVE CONFIDENTIALITY

FR010        PROXY - HOW LONG HAVE YOU KNOWN THE PARTICIPANT (MONTHS)  
              \*DELETED TO PRESERVE CONFIDENTIALITY

FR011        PROXY - ARE YOU CURRENTLY LIVING IN THE SAME HOUSEHOLD WITH  
              THE PARTICIPANT  
              0 NO OR NO PROXY USED TO COMPLETE THIS EXAM  
              1 YES  
              . UNKNOWN (14)

FR012        PROXY - HOW OFTEN DID YOU TALK WITH THE PARTICIPANT DURING  
              THE PRIOR 11 MONTHS  
              \*DELETED TO PRESERVE CONFIDENTIALITY

FR013        TECHNICIAN SYSTOLIC BLOOD PRESSURE (TO NEAREST 2MM HG)  
              NOTE: ON OFFSITE VISITS (FR001 = 1, 2, 3) TECH BLOOD PRESSURES  
              WERE NOT DONE  
              84-230  
              . UNKNOWN (206)

FR014        TECHNICIAN DIASTOLIC BLOOD PRESSURE (TO NEAREST 2MM HG)  
              NOTE: ON OFFSITE VISITS (FR001 = 1, 2, 3) TECH BLOOD PRESSURES  
              WERE NOT DONE  
              20-110  
              . UNKNOWN (211)

FR015        TECHNICIAN ID NUMBER  
              NOTE: ON OFFSITE VISITS (FR001 = 1, 2, 3) TECH BLOOD PRESSURES  
              WERE NOT DONE  
              \*DELETED TO PRESERVE CONFIDENTIALITY

EXAM 25 PROCEDURES SHEET:

FR016 EXAM 25 PROCEDURES - BLOOD LIPIDS  
\*DELETED, REDUNDANT SEE FR437-FR440

FR017 EXAM 25 PROCEDURES - ECG DONE  
\*DELETED, REDUNDANT SEE FR383

COGNITIVE FUNCTION - PART 1

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VARIABLE      INFORMATION  
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FR018 EXAMINER'S ID NUMBER  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR019 MMSE - TODAY'S DATE (MONTH, DAY, YEAR)  
0 MONTH, DAY AND YEAR INCORRECT  
1 1 OF 3 CORRECT  
2 2 OF 3 CORRECT  
3 3 OF 3 CORRECT  
6 NO TRY  
. UNKNOWN (4)

FR020 MMSE - SEASON  
0 INCORRECT  
1 CORRECT  
6 NO TRY  
. UNKNOWN (5)

FR021 MMSE - DAY OF THE WEEK  
0 INCORRECT  
1 CORRECT  
6 NO TRY  
. UNKNOWN (5)

FR022 MMSE - TOWN, COUNTY, & STATE WE ARE IN  
0 TOWN, COUNTY AND STATE INCORRECT  
1 1 OF 3 CORRECT  
2 2 OF 3 CORRECT  
3 3 OF 3 CORRECT  
6 NO TRY  
. UNKNOWN (5)

FR023           MMSE - NAME OF THIS PLACE  
                  0 INCORRECT  
                  1 CORRECT  
                  6 NO TRY  
                  . UNKNOWN (5)

FR024           MMSE - FLOOR OF THE BUILDING WE ARE ON  
                  0 INCORRECT  
                  1 CORRECT  
                  6 NO TRY  
                  . UNKNOWN (7)

FR025           MMSE - REPEAT THE THREE OBJECTS  
                  0 3 OF 3 OBJECTS INCORRECT  
                  1 1 OF 3 CORRECT  
                  2 2 OF 3 CORRECT  
                  3 3 OF 3 CORRECT  
                  6 NO TRY  
                  . UNKNOWN (7)

FR026           MMSE - SPELL 'WORLD' IN REVERSE ORDER  
                  XXXXXXX - CHARACTER VARIABLE  
                  . UNKNOWN (56)

FR027           MMSE - REMEMBER THE THREE OBJECTS  
                  0 3 OF 3 OBJECTS INCORRECT  
                  1 1 OF 3 CORRECT  
                  2 2 OF 3 CORRECT  
                  3 3 OF 3 CORRECT  
                  6 NO TRY  
                  . UNKNOWN (8)



FR035 MMSE - FOLD PAPER AND PUT IN YOUR LAP (3 STEPS)  
0 INCORRECT  
1 1 OF 3 CORRECT  
2 2 OF 3 CORRECT  
3 3 OF 3 CORRECT  
6 NO TRY OR LOW VISION  
. UNKNOWN (17)

FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:

FR036 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
ILLITERACY OR LOW EDUCATION  
\*DELETED TO PRESERVE CONFIDENTIALITY DUE TO  
LOW POSITIVE COUNTS LESS THEN 20

FR037 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
NOT FLUENT IN ENGLISH  
\*DELETED TO PRESERVE CONFIDENTIALITY DUE TO  
LOW POSITIVE COUNTS LESS THEN 20

FR038 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
POOR EYESIGHT  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (16)

FR039 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
POOR HEARING  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (16)

FR040 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
DEPRESSION  
\*DELETED TO PRESERVE CONFIDENTIALITY DUE TO  
LOW POSITIVE COUNTS LESS THEN 20

FR041 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
APHASIA  
\*DELETED TO PRESERVE CONFIDENTIALITY DUE TO  
LOW POSITIVE COUNTS LESS THEN 20

FR042 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
COMA

- 0 NO
- 1 YES
- 2 MAYBE
- . UNKNOWN (20)

FR043 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
PARKINSONISM

\*DELETED TO PRESERVE CONFIDENTIALITY DUE TO  
LOW POSITIVE COUNTS LESS THEN 20

FR044 FACTORS POTENTIALLY AFFECTING MENTAL STATUS TESTING:  
OTHER

- 0 NO
- 1 YES
- 2 MAYBE
- . UNKNOWN (15)

FUNCTIONAL PERFORMANCE

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VARIABLE      INFORMATION  
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FR045          EXAMINER'S ID NUMBER  
                  \*DELETED TO PRESERVE CONFIDENTIALITY

FR046          WHERE DO YOU LIVE NOW  
                  \*DELETED TO PRESERVE CONFIDENTIALITY

FR047          DOES ANYONE LIVE WITH YOU  
                  0 NO  
                  1 YES  
                  . UNKNOWN (5)

FR048          SPOUSE LIVES WITH YOU  
                  0 NO  
                  1 YES, LESS THAN 3 MONTHS PER YEAR  
                  2 YES, MORE THAN 3 MONTHS PER YEAR  
                  . UNKNOWN (6)

FR049          SIGNIFICANT OTHER LIVES WITH YOU  
                  0 NO  
                  1 YES, LESS THAN 3 MONTHS PER YEAR  
                  2 YES, MORE THAN 3 MONTHS PER YEAR  
                  . UNKNOWN (7)

FR050          CHILDREN LIVE WITH YOU  
                  0 NO OR NO ONE LIVE WITH YOU  
                  1 YES, LESS THAN 3 MONTHS PER YEAR  
                  2 YES, MORE THAN 3 MONTHS PER YEAR  
                  . UNKNOWN (6)

FR051          FRIENDS LIVE WITH YOU  
                  0 NO  
                  1 YES, LESS THAN 3 MONTHS PER YEAR  
                  2 YES, MORE THAN 3 MONTHS PER YEAR  
                  . UNKNOWN (7)

FR052                   RELATIVES LIVE WITH YOU  
0 NO  
1 YES, LESS THAN 3 MONTHS PER YEAR  
2 YES, MORE THAN 3 MONTHS PER YEAR  
. UNKNOWN (7)

FR053                   PETS LIVE WITH YOU  
0 NO  
1 YES, LESS THAN 3 MONTHS PER YEAR  
2 YES, MORE THAN 3 MONTHS PER YEAR  
. UNKNOWN (8)

FR054                   ARE YOU EMPLOYED NOW  
0 NO  
1 YES, FULL TIME  
2 YES, PART TIME  
. UNKNOWN (3)

FR055                   DURING THE PAST 6 MONTHS (180 DAYS) WERE YOU SO SICK THAT  
YOU WERE UNABLE TO CARRY OUT YOUR USUAL ACTIVITIES  
0-180  
. UNKNOWN (69)

FR056                   IN GENERAL, HOW IS YOUR HEALTH NOW  
1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR  
. UNKNOWN (36)

FR057                   COMPARE YOUR HEALTH TO MOST PEOPLE YOUR OWN AGE  
1 BETTER  
2 ABOUT THE SAME  
3 WORSE, THAN PEOPLE OWN AGE  
. UNKNOWN (61)

ACTIVITIES OF DAILY LIVING - PART 1

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VARIABLE      INFORMATION  
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FR058            EXAMINER'S ID NUMBER  
                  \*DELETED TO PRESERVE CONFIDENTIALITY

FOR VARIABLES FR059-FR069

NOTE: DURING THE COURSE OF A NORMAL DAY, CAN YOU DO THE FOLLOWING ACTIVITIES  
INDEPENDENTLY OR DO YOU NEED HUMAN ASSISTANCE OR THE USE OF A DEVICE

FR059            ACTIVITIES 1 - DRESSING (UNDRESSING AND REDRESSING)  
                  \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  . UNKNOWN (4)

FR060            ACTIVITIES 1 - BATHING (INCLUDING GETTING IN AND OUT OF  
                  TUB AND SHOWER) \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  . UNKNOWN (4)

FR061            ACTIVITIES 1 - EATING \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  . UNKNOWN (4)

FR062            ACTIVITIES 1 - TRANSFERRING (GETTING IN AND OUT OF A CHAIR)  
                  \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  . UNKNOWN (4)

FR063           ACTIVITIES 1 - TOILETING ACTIVITIES (USING BATHROOM  
                  FACILITIES AND HANDLE CLOTHING) \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  . UNKNOWN (8)

FR064           ACTIVITIES 1 - BLADDER CONTINENCE  
                  \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  5 USES SPECIAL PRODUCTS  
                  . UNKNOWN (6)

FR065           ACTIVITIES 1 - BOWEL CONTINENCE  
                  \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  5 USES SPECIAL PRODUCTS  
                  . UNKNOWN (6)

FR066           ACTIVITIES 1 - WALKING ON LEVEL SURFACE ABOUT 50 YARDS  
                  \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  . UNKNOWN (9)

FR067           ACTIVITIES 1 - WALKING UP AND DOWN ONE FLIGHT STAIRS  
                  \*SEE NOTE ABOVE  
                  0 NO HELP NEEDED, INDEPENDENT  
                  1 USES DEVICE, INDEPENDENT  
                  2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT  
                  3 DEPENDENT  
                  4 DO NOT DO DURING A NORMAL DAY  
                  . UNKNOWN (9)

FR068

ACTIVITIES 1 - USING A TELEPHONE

\*SEE NOTE ABOVE

- 0 NO HELP NEEDED, INDEPENDENT
- 1 USES DEVICE, INDEPENDENT
- 2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT
- 3 DEPENDENT
- 4 DO NOT DO DURING A NORMAL DAY
- . UNKNOWN (5)

FR069

ACTIVITIES 1 - PREPARING AND TAKING OWN MEDICATIONS

\*SEE NOTE ABOVE

- 0 NO HELP NEEDED, INDEPENDENT
- 1 USES DEVICE, INDEPENDENT
- 2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT
- 3 DEPENDENT
- 4 DO NOT DO DURING A NORMAL DAY
- 8 TAKES NO MEDICATIONS REGULARLY
- . UNKNOWN (4)

ACTIVITIES - PART II

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VARIABLE      INFORMATION  
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FR070            ACTIVITIES II - EXAMINER'S ID NUMBER  
                  \*DELETED TO PRESERVE CONFIDENTIALITY

FR071            ACTIVITIES II - ARE YOU IN BED OR IN A CHAIR FOR MOST OR  
                  ALL OF THE DAY (ON THE AVERAGE)?  
                  (NOTE: LIFESTYLE QUESTION, NOT DUE TO HEALTH)  
                  0 NO  
                  1 YES  
                  . UNKNOWN OR NOT SURE (18)

FR072            ACTIVITIES II - DO YOU NEED A SPECIAL AID (WHEELCHAIR, CANE,  
                  WALKER) TO GET AROUND?  
                  0 NO  
                  1 YES, ALWAYS  
                  2 YES, SOMETIMES  
                  . UNKNOWN (4)

FR073            SPECIAL AID - DO YOU USE A CANE OR WALKING STICK  
                  0 NO  
                  1 YES, ALWAYS  
                  2 YES, SOMETIMES  
                  . UNKNOWN (7)

FR074            SPECIAL AID - DO YOU USE A WHEELCHAIR  
                  0 NO  
                  1 YES, ALWAYS  
                  2 YES, SOMETIMES  
                  . UNKNOWN (12)

FR075            SPECIAL AID - DO YOU USE A WALKER  
                  0 NO  
                  1 YES, ALWAYS  
                  2 YES, SOMETIMES  
                  . UNKNOWN (12)

FR076            SPECIAL AID - OTHER (WRITE IN)  
                  0 NO  
                  1 YES, ALWAYS  
                  2 YES, SOMETIMES  
                  . UNKNOWN (14)

USE OF NURSING AND COMMUNITY SERVICES:

FR077            HAVE YOU BEEN ADMITTED TO A NURSING HOME (OR SKILLED FACILITY)  
IN THE PAST TWO YEARS

- 0 NO
- 1 YES
- . UNKNOWN (17)

FR078            IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS

- 0 NO
- 1 YES
- . UNKNOWN (17)

FR079            IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
VISITED BY HOME HEALTH AIDES IN THE PAST MONTH ONLY

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (19)

FR080            IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
VISITED BY HOME HEALTH AIDES IN THE PAST TWO YEARS

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (21)

FR081            IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
RECEIVED HOMEMAKER VISITS IN THE PAST MONTH ONLY

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (20)

- FR082 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
RECEIVED HOMEMAKER VISITS IN THE PAST TWO YEARS
- 0 NONE
  - 1 LESS THAN 1 PER MONTH
  - 2 1 TO 5 TIMES PER MONTH
  - 3 6 TO 15 TIMES PER MONTH
  - 4 15 TO 30 TIMES PER MONTH
  - . UNKNOWN (19)
- FR083 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED VISITING NURSES IN THE PAST MONTH ONLY
- 0 NONE
  - 1 LESS THAN 1 PER MONTH
  - 2 1 TO 5 TIMES PER MONTH
  - 3 6 TO 15 TIMES PER MONTH
  - 4 15 TO 30 TIMES PER MONTH
  - . UNKNOWN (19)
- FR084 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED VISITING NURSES IN THE PAST TWO YEARS
- 0 NONE
  - 1 LESS THAN 1 PER MONTH
  - 2 1 TO 5 TIMES PER MONTH
  - 3 6 TO 15 TIMES PER MONTH
  - 4 15 TO 30 TIMES PER MONTH
  - . UNKNOWN (21)
- FR085 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED REHABILITATION SERVICES (SUCH AS PHYSICAL THERAPY,  
OCCUPATIONAL THERAPY, SPEECH THERAPY) IN THE PAST MONTH ONLY
- 0 NONE
  - 1 LESS THAN 1 PER MONTH
  - 2 1 TO 5 TIMES PER MONTH
  - 3 6 TO 15 TIMES PER MONTH
  - 4 15 TO 30 TIMES PER MONTH
  - . UNKNOWN (19)

FR086 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED REHABILITATION SERVICES SUCH AS (PHYSICAL THERAPY,  
OCCUPATIONAL THERAPY, SPEECH THERAPY)IN PAST TWO YEARS

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (21)

FR087 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED CARDIAC REHABILITATION IN PAST MONTH ONLY

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (18)

FR088 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED CARDIAC REHABILITATION IN PAST TWO YEARS

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (19)

FR089 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED MEALS ON WHEELS IN PAST MONTH ONLY

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (19)

FR090 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED MEALS ON WHEELS IN PAST TWO YEARS

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (20)

FR091 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED COMMUNITY DAY PROGRAMS IN PAST MONTH ONLY

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (18)

FR092 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED COMMUNITY DAY PROGRAMS IN PAST TWO YEARS

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (20)

FR093 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED OTHER NURSING OR COMMUNITY IN THE PAST MONTH ONLY

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1 TO 5 TIMES PER MONTH
- 3 6 TO 15 TIMES PER MONTH
- 4 15 TO 30 TIMES PER MONTH
- . UNKNOWN (18)

FR094 IN PAST TWO YEARS HAVE YOU BEEN VISITED BY A NURSING SERVICE,  
OR USED HOME, COMMUNITY, OR OUTPATIENT PROGRAMS -  
USED OTHER NURSING OR COMMUNITY IN THE PAST TWO YEARS  
0 NONE  
1 LESS THAN 1 PER MONTH  
2 1 TO 5 TIMES PER MONTH  
3 6 TO 15 TIMES PER MONTH  
4 15 TO 30 TIMES PER MONTH  
. UNKNOWN (20)

ACTIVITIES II - CONTINUED

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VARIABLE INFORMATION  
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FR095 ACTIVITIES II - EXAMINER'S ID NUMBER  
\*DELETED TO PRESERVE CONFIDENTIALITY

ROSOW-BRESLAU QUESTIONS:

FR096 ROSOW-BRESLAU - ABLE TO DO HEAVY WORK AROUND THE HOUSE  
LIKE SHOVEL SNOW, OR WASH WINDOWS, WALLS OR FLOORS  
WITHOUT HELP  
0 NO, UNABLE TO DO  
1 YES, INDEPENDENT  
2 DOES, NOT DO  
. UNKNOWN (7)

FR097 ROSOW-BRESLAU - ABLE TO WALK A HALF MILE WITHOUT HELP  
(4-6 BLOCKS)  
0 NO, UNABLE TO DO  
1 YES, INDEPENDENT  
2 DOES, NOT DO  
. UNKNOWN (14)

FR098 ROSOW-BRESLAU - IF YOU HAD TO COULD YOU DO ALL THE  
HOUSEKEEPING YOURSELF (LIKE WASHING CLOTHS AND CLEANING)  
0 NO, UNABLE TO DO  
1 YES, INDEPENDENT  
2 DOES, NOT DO  
. UNKNOWN ((6)

FR099 ROSOW-BRESLAU - IF YOU HAD TO, COULD YOU DO ALL THE COOKING YOURSELF  
0 NO, UNABLE TO DO  
1 YES, INDEPENDENT  
2 DOES, NOT DO  
. UNKNOWN (7)

FR100 ROSOW-BRESLAU - IF YOU HAD TO, COULD YOU DO ALL THE GROCERY SHOPPING YOURSELF  
0 NO, UNABLE TO DO  
1 YES, INDEPENDENT  
2 DOES, NOT DO  
. UNKNOWN (8)

FR101 ROSOW-BRESLAU - DO YOU DRIVE  
0 NO  
1 YES, CURRENTLY  
2 YES, NOT NOW  
. UNKNOWN (6)

FR102 ROSOW-BRESLAU - REASON FOR NOT DRIVING NOW  
1 HEALTH  
2 OTHER NON-HEALTH REASON  
3 NEVER LICENSED  
8 N/A, CURRENT DRIVER  
. UNKNOWN (48)

ACTIVITIES - PART III

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VARIABLE      INFORMATION  
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FR103            EXAMINER ID NUMBER  
                  \*DELETED TO PRESERVE CONFIDENTIALITY

NAGI QUESTIONS -

FR104            NAGI QUESTIONS -  
                  FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
                  OR WAS UNABLE TO DO (CODES 3 OR 4) ASK FOR REASON(S) -  
                  PULLING OR PUSHING LARGE OBJECTS LIKE A LIVING ROOM CHAIR  
                  0 NO DIFFICULTY  
                  1 A LITTLE DIFFICULTY  
                  2 SOME DIFFICULTY  
                  3 A LOT OF DIFFICULTY  
                  4 UNABLE TO DO  
                  5 DON'T DO ON MD ORDERS  
                  . UNKNOWN (40)

FR105            NAGI QUESTIONS -  
                  FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
                  OR WAS UNABLE TO DO (CODES 3 OR 4) ASK FOR REASON(S) -  
                  EITHER 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 MD ORDERS  
                  . UNKNOWN (18)

FR106            NAGI QUESTIONS -  
                  FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
                  OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
                  REACHING OR EXTENDING 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 MD ORDERS  
                  . UNKNOWN (10)

- FR107           NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
REACHING OR EXTENDING 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 MD ORDERS
  - . UNKNOWN (18)
- FR108           NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
EITHER WRITING, 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 MD ORDERS
  - . UNKNOWN (10)
- FR109           NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
STANDING IN ONE PLACE FOR LONG PERIODS, SAY 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 MD ORDERS
  - . UNKNOWN (41)
- FR110           NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
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 MD ORDERS
  - . UNKNOWN (11)

- FR111 NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
LIFTING OR CARRYING WEIGHTS UNDER 10 POUNDS  
(LIKE A BAG OF POTATOES)  
0 NO DIFFICULTY  
1 A LITTLE DIFFICULTY  
2 SOME DIFFICULTY  
3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON MD ORDERS  
. UNKNOWN (73)
- FR112 NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
LIFTING OR CARRYING WEIGHTS OVER 10 POUNDS  
(LIKE A VERY HEAVY BAG OF GROCERIES)  
0 NO DIFFICULTY  
1 A LITTLE DIFFICULTY  
2 SOME DIFFICULTY  
3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON MD ORDERS  
. UNKNOWN (107)
- FR113 NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
GETTING IN AND OUT OF CAR  
0 NO DIFFICULTY  
1 A LITTLE DIFFICULTY  
2 SOME DIFFICULTY  
3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON MD ORDERS  
. UNKNOWN (59)
- FR114 NAGI QUESTIONS -  
FOR EACH ACTIVITY THAT SUBJECT HAD A LOT OF DIFFICULTY DOING  
OR WAS UNABLE TO DO (CODES 3 OR 4), ASK FOR REASON(S) -  
PUTTING ON SOCKS OR STOCKINGS  
0 NO DIFFICULTY  
1 A LITTLE DIFFICULTY  
2 SOME DIFFICULTY  
3 A LOT OF DIFFICULTY  
4 UNABLE TO DO  
5 DON'T DO ON MD ORDERS

. UNKNOWN (35)

FALLS AND FRACTURES

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VARIABLE      INFORMATION  
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FR115            EXAMINER'S ID NUMBER

                 \*DELETED TO PRESERVE CONFIDENTIALITY

FR116            IN THE PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND HIT  
THE FLOOR OR GROUND?

(NOTE: CODE AS NO IF DURING SPORTS ACTIVITY)

0 NO

1 YES

2 MAYBE

. UNKNOWN (9)

FR117            (IF YES OR MAYBE TO FR116)

HOW MANY TIMES DID YOU FALL IN THE PAST YEAR?

0 - 9

. UNKNOWN (17)

FR1180B            FRACTURES - SINCE YOUR LAST CLINIC VISIT HAVE YOU  
BROKEN ANY BONES?

                 \*DELETED TO PRESERVE CONFIDENTIALITY

FR119            FRACTURES - IF YES TO FR118, YEAR BROKE LEFT CLAVICLE  
(COLLAR BONE)

                 \*DELETED TO PRESERVE CONFIDENTIALITY

FR120            FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT CLAVICLE  
(COLLAR BONE)

                 \*DELETED TO PRESERVE CONFIDENTIALITY

FR121            FRACTURES - IF YES TO FR118, YEAR BROKE LEFT UPPER ARM  
(HUMERUS) OR ELBOW

                 \*DELETED TO PRESERVE CONFIDENTIALITY

FR122            FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT UPPER ARM  
(HUMERUS) OR ELBOW

                 \*DELETED TO PRESERVE CONFIDENTIALITY

FR123 FRACTURES - IF YES TO FR118, YEAR BROKE LEFT FOREARM OR WRIST  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR124 FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT FOREARM OR WRIST  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR125 FRACTURES - IF YES TO FR118, YEAR BROKE LEFT HAND  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR126 FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT HAND  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR127 FRACTURES - IF YES TO FR118, YEAR BROKE BACK (IF DISC DISEASE ONLY CODE AS NO)  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR128 FRACTURES - IF YES TO FR118, YEAR BROKE PELVIS  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR129 FRACTURES - IF YES TO FR118, YEAR BROKE LEFT HIP  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR130 FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT HIP  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR131 FRACTURES - IF YES TO FR118, YEAR BROKE LEFT LEG  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR132 FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT LEG  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR133 FRACTURES - IF YES TO FR118, YEAR BROKE LEFT FOOT  
\*DELETED TO PRESERVE CONFIDENTIALITY

- FR134            FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT FOOT  
                  \*DELETED TO PRESERVE CONFIDENTIALITY
- FR135            FRACTURES - IF YES TO FR118, YEAR BROKE LEFT TOE  
                  \*DELETED TO PRESERVE CONFIDENTIALITY
- FR136            FRACTURES - IF YES TO FR118, YEAR BROKE RIGHT TOE  
                  \*DELETED TO PRESERVE CONFIDENTIALITY
- FR137            FRACTURES - IF YES TO FR118, YEAR BROKE OTHER  
                  \*DELETED TO PRESERVE CONFIDENTIALITY
- FR138            FRACTURES - SPECIFY OTHER LOCATION  
                  \*DELETED TO PRESERVE CONFIDENTIALITY

CES-D SCALE

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NOTE FOR VARIABLES FR140-FR159:  
THE QUESTIONS BELOW ASK ABOUT YOUR FEELINGS. FOR EACH OF THE FOLLOWING  
STATEMENTS, PLEASE SAY IF YOU FELT THAT WAY DURING THE PAST WEEK.

VARIABLE      INFORMATION

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- FR139            EXAMINER'S ID NUMBER  
                  \*DELETED TO PRESERVE CONFIDENTIALITY
- FR140            CESD - I WAS BOTHERED BY THINGS THAT USUALLY DON'T BOTHER ME  
                  \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (75)
- FR141            CESD - I DID NOT FEEL LIKE EATING; MY APPETITE WAS POOR  
                  \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (73)
- FR142            CESD -I FELT THAT I COULD NOT SHAKE OFF THE BLUES, EVEN  
                  WITH HELP FROM MY FAMILY AND FRIENDS  
                  \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (75)
- FR143            CESD - I FELT THAT I WAS JUST AS GOOD AS OTHER PEOPLE  
                  \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (100)

FR144 CESD - I HAD TROUBLE KEEPING MY MIND ON WHAT I WAS DOING  
\*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (76)

FR145 CESD - I FELT DEPRESSED \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (74)

FR146 CESD - I FELT EVERYTHING I DID WAS AN EFFORT \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (76)

FR147 CESD - I FELT HOPEFUL ABOUT THE FUTURE \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (133)

FR148 CESD - I THOUGHT MY LIFE HAD BEEN A FAILURE  
\*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (75)

FR149 CESD - I FELT FEARFUL \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (72)

FR150 CESD - MY SLEEP WAS RESTLESS \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (75)

FR151 CESD - I WAS HAPPY \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (80)

FR152 CESD - I TALKED LESS THAN USUAL \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (80)

FR153 CESD - I FELT LONELY \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (72)

FR154 CESD - PEOPLE WERE UNFRIENDLY \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (75)

FR155 CESD - I ENJOYED LIFE \*\*SEE NOTE ABOVE\*\*  
0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
3 MOST OR ALL OF THE TIME (5-7 DAYS)  
. UNKNOWN (78)

- FR156           CESD - I HAD CRYING SPELLS                   \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (73)
- FR157           CESD - I FELT SAD                   \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (73)
- FR158           CESD - I FELT THAT PEOPLE DISLIKED ME   \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (78)
- FR159           CESD - I COULD NOT "GET GOING"                   \*\*SEE NOTE ABOVE\*\*  
                  0 RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)  
                  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  
                  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)  
                  3 MOST OR ALL OF THE TIME (5-7 DAYS)  
                  . UNKNOWN (78)

BERKMAN SOCIAL NETWORK QUESTIONNAIRE

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VARIABLE      INFORMATION  
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NOTE FOR VARIABLES FR160-FR172

THE FOLLOWING TWO PAGE QUESTIONNAIRE ASKS ABOUT YOUR SOCIAL SUPPORT. PLEASE READ THE FOLLOWING QUESTIONS AND CIRCLE THE RESPONSE THAT MOST CLOSELY DESCRIBES YOUR CURRENT SITUATION.

FR160            BERKMAN - HOW MANY CLOSE FRIENDS DO YOU HAVE; PEOPLE THAT YOU FEEL AT EASE WITH, CAN TALK TO ABOUT PRIVATE MATTERS?

\*\* SEE NOTE ABOVE \*\*

- 0 NONE
- 1 1 OR 2
- 2 3 TO 5
- 3 6 TO 9
- 4 10 OR MORE
- . UNKNOWN (77)

FR161            BERKMAN - HOW MANY OF THESE CLOSE FRIENDS DO YOU SEE AT LEAST ONCE A MONTH? \*\* SEE NOTE ABOVE \*\*

- 0 NONE
- 1 1 OR 2
- 2 3 TO 5
- 3 6 TO 9
- 4 10 OR MORE
- . UNKNOWN (84)

FR162            BERKMAN - HOW MANY RELATIVES DO YOU HAVE; PEOPLE YOU FEEL AT EASE WITH, CAN TALK TO ABOUT PRIVATE MATTERS?

\*\* SEE NOTE ABOVE \*\*

- 0 NONE
- 1 1 OR 2
- 2 3 TO 5
- 3 6 TO 9
- 4 10 OR MORE
- . UNKNOWN (78)

FR163            BERKMAN - HOW MANY OF THESE RELATIVES DO YOU SEE AT LEAST ONCE A MONTH? \*\* SEE NOTE ABOVE \*\*

- 0 NONE
- 1 1 OR 2
- 2 3 TO 5
- 3 6 TO 9
- 4 10 OR MORE
- . UNKNOWN (78)

- FR164 BERKMAN - DO YOU PARTICIPATE IN ANY GROUPS SUCH AS A SENIOR CENTER, SOCIAL OR WORK GROUP, CHURCH CONNECTED GROUP, SELF-HELP GROUP, OR CHARITY, PUBLIC SERVICE OR COMMUNITY GROUP? \*\* SEE NOTE ABOVE \*\*
- 0 NO
  - 1 YES
  - . UNKNOWN (58)
- FR165 BERKMAN - ABOUT HOW OFTEN DO YOU GO TO RELIGIOUS MEETINGS OR SERVICES? \*\* SEE NOTE ABOVE \*\*
- 0 NEVER OR ALMOST NEVER
  - 1 ONCE OR TWICE A YEAR
  - 2 EVERY FEW MONTHS
  - 3 ONCE OR TWICE A MONTH
  - 4 ONCE A WEEK
  - 5 MORE THAN ONCE A WEEK
  - . UNKNOWN (65)
- FR166 BERKMAN - DO YOU HAVE MEDICARE OR MEDICAID?  
\*\* SEE NOTE ABOVE \*\*
- 0 NO
  - 1 YES
  - . UNKNOWN (61)
- FR167 BERKMAN - DO YOU HAVE HEALTH INSURANCE? \*\* SEE NOTE ABOVE \*\*
- 0 NO
  - 1 YES
  - . UNKNOWN (82)
- FR168 BERKMAN - IS THERE SOMEONE AVAILABLE TO YOU WHOM YOU CAN COUNT ON TO LISTEN TO YOU WHEN YOU NEED TO TALK? \*\* SEE NOTE ABOVE \*\*
- 0 NONE OF THE TIME
  - 1 A LITTLE OF THE TIME
  - 2 SOME OF THE TIME
  - 3 MOST OF THE TIME
  - 4 ALL OF THE TIME
  - . UNKNOWN (86)
- FR169 BERKMAN - IS THERE SOMEONE AVAILABLE TO GIVE YOU GOOD ADVICE ABOUT A PROBLEM? \*\* SEE NOTE ABOVE \*\*
- 0 NONE OF THE TIME
  - 1 A LITTLE OF THE TIME
  - 2 SOME OF THE TIME
  - 3 MOST OF THE TIME
  - 4 ALL OF THE TIME
  - . UNKNOWN (96)

FR170 BERKMAN - IS THERE SOMEONE AVAILABLE TO YOU WHO SHOWS YOU LOVE AND AFFECTION? \*\* SEE NOTE ABOVE \*\*

- 0 NONE OF THE TIME
- 1 A LITTLE OF THE TIME
- 2 SOME OF THE TIME
- 3 MOST OF THE TIME
- 4 ALL OF THE TIME
- . UNKNOWN (87)

FR171 BERKMAN - CAN YOU COUNT ON ANYONE TO PROVE YOU WITH EMOTIONAL SUPPORT (TALKING OVER PROBLEMS OR HELPING YOU MAKE A DIFFICULT DECISION)? \*\* SEE NOTE ABOVE \*\*

- 0 NONE OF THE TIME
- 1 A LITTLE OF THE TIME
- 2 SOME OF THE TIME
- 3 MOST OF THE TIME
- 4 ALL OF THE TIME
- . UNKNOWN (92)

FR172 BERKMAN - DO YOU HAVE AS MUCH CONTACT AS WOULD LIKE WITH SOMEONE YOU FEEL CLOSE TO, SOMEONE IN WHOM YOU CAN TRUST AND CONFIDE? \*\* SEE NOTE ABOVE \*\*

- 0 NONE OF THE TIME
- 1 A LITTLE OF THE TIME
- 2 SOME OF THE TIME
- 3 MOST OF THE TIME
- 4 ALL OF THE TIME
- . UNKNOWN (94)

SCREEN 1: FIRST EXAMINER - HOPITALIZATIONS

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VARIABLE      INFORMATION  
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FR0173	FIRST EXAMINER'S ID NUMBER *DELETED TO PRESERVE CONFIDENTIALITY
FR174	HOSPITALIZATIONS (NOT JUST E.R.) IN INTERIM *DELETED TO PRESERVE CONFIDENTIALITY
FR175	E.R. VISIT IN INTERIM *DELETED TO PRESERVE CONFIDENTIALITY
FR176	DAY SURGERY IN INTERIM *DELETED TO PRESERVE CONFIDENTIALITY
FR177	ILLNESS WITH VISIT TO DOCTOR IN INTERIM *DELETED TO PRESERVE CONFIDENTIALITY
FR178	CHECK UP IN INTERIM BY DOCTOR *DELETED TO PRESERVE CONFIDENTIALITY
FR179	DATE OF THIS FHS EXAM *DELETED TO PRESERVE CONFIDENTIALITY

SCREEN 2: FIRST EXAMINER - CARDIOVASCULAR MEDICATIONS

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VARIABLE	INFORMATION
FR180	TAKE ASPIRIN REGULARLY 0 NO 1 YES . UNKNOWN (1)
FR181	IF YES TO FR180, NUMBER OF ASPIRIN TAKEN REGULARLY 0 - 4 . UNKNOWN (3)
FR182	IF YES TO FR180, ASPIRIN FREQUENCY 0 NEVER 1 DAY 2 WEEK 3 MONTH 4 YEAR . UNKNOWN (3)
FR183	IF YES TO FR180, USUAL ASPIRIN DOSE 081 BABY 160 HALF DOSE 325 NL 500 EXTRA OR LARGER . UNKNOWN (4)
FR184	CURRENTLY RECEIVING MEDICATION FOR THE TREATMENT OF HYPERTENSION? 0 NO 1 YES . UNKNOWN (8)
FR185	ANY OF THE CARDIOVASCULAR MEDICATIONS BELOW ON THIS PAGE? 0 NO 1 YES . UNKNOWN (1)
FR186	CARDIOVASCULAR MEDICATIONS - CARDIAC GLYCOSIDES 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (6)

- FR187           CARDIOVASCULAR MEDICATIONS - NITROGLYCERINE  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (8)
- FR188           CARDIOVASCULAR MEDICATIONS -  
LONGER ACTING NITRATES (ISORDIL, CARDILATE)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (6)
- FR189           CARDIOVASCULAR MEDICATIONS - CALCIUM CHANNEL BLOCKERS (SPECIFY)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (7)
- FR190           CARDIOVASCULAR MEDICATIONS - CALCIUM CHANNEL BLOCKER GROUP  
0 DOES NOT TAKE CALCIUM CHANNEL BLOCKERS  
1 VERAPAMIL  
2 DILTIAZEM  
3 NIFEDIPINE  
4 NICARDIPINE  
5 ISRADIPINE  
6 AMLODIPINE  
7 FELODIPINE  
8 NIMODIPINE  
9 MIBEFRADIL  
10 NISOLDIPINE  
11 BEPRIDIL  
12 OTHER  
. UNKNOWN (13)
- FR191           CARDIOVASCULAR MEDICATIONS -  
TABLET SIZE OF CALCIUM CHANNEL BLOCKER (MG)  
0 - 360  
. UNKNOWN (24)
- FR192           CARDIOVASCULAR MEDICATIONS -  
NUMBER OF TIMES CALCIUM CHANNEL BLOCKER TAKEN PER DAY  
0 - 4  
. UNKNOWN (20)

- FR193           CARDIOVASCULAR MEDICATIONS - BETA BLOCKERS (SPECIFY)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (6)
- FR194           CARDIOVASCULAR MEDICATIONS - BETA BLOCKER GROUP  
0 DOES NOT TAKE BETA BLOCKERS  
1 PROPRANOLOL  
2 TIMOLOL  
3 NADOLOL  
4 ATENOLOL  
5 METOPROLOL  
6 PINDOLOL  
7 ACEBUTOLOL  
8 LABETALOL  
9 OTHER  
. UNKNOWN (8)
- FR195           CARDIOVASCULAR MEDICATIONS - DOSE OF BETA BLOCKER  
0 - 600  
. UNKNOWN (21)
- FR196           CARDIOVASCULAR MEDICATIONS - LOOP DIURETICS (LASIX, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FR197           CARDIOVASCULAR MEDICATIONS -  
THIAZIDE/K-SPARING DIURETICS (DYAZIDE, MAXIDE, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FR198           CARDIOVASCULAR MEDICATIONS - THIAZIDE DIURETICS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)

- FR199           CARDIOVASCULAR MEDICATIONS -  
K-SPARING DIURECTICS (ALDACTONE, TRIAMTERENE)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FR200           CARDIOVASCULAR MEDICATIONS - POTASSIUM SUPPLEMENTS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FR201           CARDIOVASCULAR MEDICATIONS -  
ALPHA-1 AGONIST (CLONIDINE, WYTENSIN, GUANABENZ)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FR202           CARDIOVASCULAR MEDICATIONS -  
ALPHA-2 BLOCKERS (PRAZOSIN, TERAZOSIN, DOXAZOSIN)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR203           CARDIOVASCULAR MEDICATIONS -  
RENIN-ANGIOTENSIN BLOCKING DRUGS (ACE)  
(CAPTOPRIL, ENALAPRIL, LISINOPRIL)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)
- FR204           CARDIOVASCULAR MEDICATIONS -  
PERIPHERAL VASODILATORS (HYDRALAZINE, MINOXIDIL,ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)

FR205           CARDIOVASCULAR MEDICATIONS - OTHER ANTI-HYPERTENSIVES (SPECIFY)

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

FR206           CARDIOVASCULAR MEDICATIONS -  
ANTIARRHYTHMICS (QUINIDINE, PROCAINAMIDE NORPACE,  
DISOPYRAMIDE, ETC.)

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

FR207           CARDIOVASCULAR MEDICATIONS -  
ANTIPLATELET (ANTURANE, PERSANTINE, ETC.)

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

FR208           CARDIOVASCULAR MEDICATIONS -  
ANTICOAGULANTS (COUMADIN, WARFARIN, ETC.)

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

FR209           CARDIOVASCULAR MEDICATIONS - OTHER CARDIAC MEDICATIONS  
(SPECIFY)

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



- FR215 OTHER MEDICATIONS - ANTIGOUT -- URIC ACID LOWERING  
(ALLOPURINOL, PROBENECID, ETC.)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR216 OTHER MEDICATIONS - ANTIGOUT - (COLCHICINE)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR217 OTHER MEDICATIONS - THYROID EXTRACT (DESSICATED THYROID)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR218 OTHER MEDICATIONS - THYROXINE (SYNTHROID, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR219 OTHER MEDICATIONS - INSULIN  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (5)
- FR220 OTHER MEDICATIONS - TOTAL UNITS OF INSULIN A DAY  
0 - 52  
. UNKNOWN (6)
- FR221 OTHER MEDICATIONS - ORAL HYPOGLYCEMICS (SPECIFY BRAND)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)

- FR222 OTHER MEDICATIONS - ORAL/PATCH ESTROGEN  
(FOR WOMEN USERS ALSO SEE ESTROGEN SECTION)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (1)
- FR223 OTHER MEDICATIONS - ORAL GLUCOCORTICIDS  
(PREDNISONE, CORTISONE, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR224 OTHER MEDICATIONS - NON-STEROIDAL ANTI-INFLAMMATORY AGENTS  
(NSAIDS)  
(MOTRIN, IBUPROFEN, NAPROSYN, INDOCIN, CLINORIL)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR225 OTHER MEDICATIONS - ANALGESIC-NARCOTICS (DEMEROL, CODEINE,  
DILAUDID, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR226 OTHER MEDICATIONS - ANALGESIC-NON NARCOTICS  
(ACETAMINOPHEN, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR227 OTHER MEDICATIONS - ANTIHISTAMINES  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE

. UNKNOWN (2)

FR228 OTHER MEDICATIONS - ANTIULCER (TAGAMET, RANITIDINE, PROBANTHINE  
H ION INHIBITORS)

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (2)

FR229 OTHER MEDICATIONS - ANTI-ANXIETY, SEDATIVE/HYPNOTICS ETC  
(LIBRIUM, VALIUM ETC)

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (2)

FR230 OTHER MEDICATIONS - SLEEPING PILLS

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (2)

FR231 OTHER MEDICATIONS - ANTI-DEPRESSANTS

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (2)

FR232 OTHER MEDICATIONS - EYE DROPS

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (2)

FR233 OTHER MEDICATIONS - ANTIBIOTICS

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (2)

- FR234 OTHER MEDICATIONS - ANTI-PARKINSON DRUGS (SINEMET, L-DOPA SYMMETREL, COGENTIN, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR235 OTHER MEDICATIONS - ANTICONVULSANTS (DILANTIN, PHENOBARBITAL TEGRETOL, MYSOLINE, ETC)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR236 OTHER MEDICATIONS - BRONCHODILATORS AND AEROSOLS  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (2)
- FR237 OTHER MEDICATIONS - OSTEOPOROSIS MEDICATIONS (ALENDRONATE (FOSAMAX), CALCITONIN, ETIDRONATE, EVISTA (RALOXIFERE))  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (10)
- FR238 OTHER MEDICATIONS - OTHERS SPECIFY (INCLUDE VITAMINS)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
. UNKNOWN (3)

SCREEN 4: PHYSICIAN BLOOD PRESSURE READINGS

-----  
VARIABLE      INFORMATION  
-----

FR239            PHYSICIAN BLOOD PRESSURE (FIRST READING)  
                  SYSTOLIC (TO NEAREST 2 MM HG)  
                  84 - 212  
                  . UNKNOWN (8)

FR240            PHYSICIAN BLOOD PRESSURE (FIRST READING)  
                  DIASTOLIC (TO NEAREST 2 MM HG)  
                  30 - 110  
                  . UNKNOWN (13)

SCREEN 5: MEDICAL HISTORY - GENITOURINARY AND THYROID DISEASE

-----  
VARIABLE      INFORMATION  
-----

MEDICAL HISTORY -- GENINTOURINARY AND THYROID DISEASE

FR241            FEMALE GENITOURINARY  
                  ESTROGEN REPLACEMENT IN INTERIM (E.G. PREMARIN)  
                  0 NO  
                  1 YES, NOW  
                  2 YES, NOT NOW  
                  3 MAYBE  
                  8 MAN  
                  . UNKNOWN (0)

FR242            FEMALE GENITOURINARY  
                  DOSE/DAY OF PREMARIN CONJUGATED ESTROGENS, OR OTHER  
                  ORAL ESTROGEN  
                  0 NO  
                  1 0.3 MG  
                  2 0.625 MG  
                  3 0.9 MG  
                  4 1.25 MG  
                  5 2.5 MG  
                  6 OTHER (WRITE IN)  
                  8 MAN  
                  . UNKNOWN (5)

- FR243 FEMALE GENITOURINARY  
PATCH DOSE OF ESTROGEN  
0 NO  
1 0.5 MG/WK  
2 OTHER (WRITE IN)  
8 MAN  
. UNKNOWN (2)
- FR244 FEMALE GENITOURINARY  
NUMBER OF DAYS A MONTH TAKING ESTROGEN  
0 - 30  
8 MAN  
. UNKNOWN (3)
- FR245 FEMALE GENITOURINARY  
ESTROGEN CREAM USE IN INTERIM  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
8 MAN  
. UNKNOWN (3)
- FR246 FEMALE GENITOURINARY  
PROGESTIN REPLACEMENT IN INTERIM (E.G. PROVERA)  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
8 MAN  
. UNKNOWN (0)
- FR247 FEMALE GENITOURINARY  
DOSE/DAY OF PROGESTIN  
0 NO  
1 1.25 MG  
2 2.5 MG  
3 5.0 MG  
4 10.0 MG  
5 OTHER (WRITE IN)  
8 MAN  
. UNKNOWN (6)

FR248 FEMALE GENITOURINARY  
NUMBER OF DAYS PER MONTH TAKING PROGESTINS  
0 - 30  
8 MAN  
. UNKNOWN (2)

FR249 MALE GENITOURINARY  
PROSTATE TROUBLE IN INTERIM  
0 NO  
1 YES, NOW  
2 YES, NOT NOW  
3 MAYBE  
8 WOMAN  
. UNKNOWN (1)

FR250 MALE GENITOURINARY  
PROSTATE SURGERY IN INTERIM  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR251 MEDICAL HISTORY - THYROID  
INTERIM DIAGNOSIS OF A THYROID CONDITION?  
0 NO  
1 YES  
. UNKNOWN (4)

FR252 SMOKING HISTORY  
SMOKED CIGARETTES REGULARLY IN THE LAST YEAR?  
0 NO  
1 YES  
. UNKNOWN (1)

FR253 SMOKING HISTORY  
HOW MANY CIGARETTES DO/DID YOU SMOKE A DAY?  
0 - 30  
1 ONE OR LESS  
. UNKNOWN (2)

SCREEN 6: RESPIRATORY QUESTIONS

-----  
VARIABLE      INFORMATION  
-----

FR254            RESPIRATORY SYMPTOMS -  
DO YOU USUALLY COUGH ON MOST DAYS FOR  
3 CONSECUTIVE MONTHS OR MORE DURING THE YEAR?  
0 NO  
1 YES, NEW IN INTERIM  
2 YES, OLD  
. UNKNOWN (7)

FR255            RESPIRATORY SYMPTOMS -  
DO YOU USUALLY BRING UP PHLEGM FROM YOUR  
CHEST ON MOST DAYS FOR 3 CONSECUTIVE MONTHS OR MORE  
DURING THE YEAR?  
0 NO  
1 YES  
. UNKNOWN (7)

FR256            RESPIRATORY SYMPTOMS - HAVE YOU HAD ASTHMA IN THE INTERIM?  
0 NO  
1 YES, NEW  
2 YES, OLD  
. UNKNOWN (3)

FR257            RESPIRATORY SYMPTOMS - HAVE YOU HAD WHEEZING OR WHISTLING IN  
YOUR CHEST AT ANY  
TIME IN THE LAST 12 MONTHS?  
0 NO  
1 YES  
. UNKNOWN (10)

FR258            RESPIRATORY SYMPTOMS - NIGHT COUGH  
0 NO  
1 YES  
. UNKNOWN (9)

FR259            RESPIRATORY SYMPTOMS - DYSPNEA ON EXERTION  
0 NO  
1 CLIMBING STAIRS OR VIGOROUS EXERTION  
2 RAPID WALKING OR MODERATE EXERTION  
3 ANY SLIGHT EXERTION  
. UNKNOWN (39)

FR260            RESPIRATORY SYMPTOMS -  
DYSPNEA HAS INCREASED OVER THE PAST TWO YEARS  
                 0 NO  
                 1 YES  
                 . UNKNOWN (46)

FR261            RESPIRATORY SYMPTOMS -  
SLEEP ON 2 OR MORE PILLOWS TO HELP YOU BREATHE  
                 0 NO  
                 1 YES  
                 . UNKNOWN (15)

FR262            RESPIRATORY SYMPTOMS -  
HAVE YOU AWAKENED SUDDENLY VERY SHORT OF  
BREATH, GASPING OR CHOKING (PND) CODE MOST SEVERE  
SYMPTOMS IN INTERIM  
                 0 NEVER  
                 1 1 OR 2X/YEAR  
                 2 FEW NIGHTS/MONTHS UNDER SPECIAL CIRCUMSTANCES  
                 3 AT LEAST ONCE WEEKLY BUT IRREGULAR PATTERN  
                 4 3 TO 5 NIGHTS/WEEK  
                 5 5 TO 7 NIGHTS/WEEK  
                 . DON'T KNOW OR UNKNOWN (7)

FR263            RESPIRATORY SYMPTOMS - ANKLE EDEMA BILATERALLY  
                 0 NO  
                 1 YES  
                 2 MAYBE  
                 . UNKNOWN (1)

FR264            RESPIRATORY SYMPTOMS -  
BEEN TOLD THAT YOU HAVE HAD HEART FAILURE  
OR CONGESTIVE HEART FAILURE IN THE INTERIM  
\*DELETED TO PRESERVE CONFIDENTIALITY, MEDICAL REVIEW

FR265            RESPIRATORY SYMPTOMS - BEEN HOSPITALIZED FOR HEART FAILURE IN  
INTERIM  
\*DELETED TO PRESERVE CONFIDENTIALITY, MEDICAL REVIEW

FR266            RESPIRATORY EXAMINER'S OPINIONS -  
CONGESTIVE HEART FAILURE  
                 \*DELETED DUE TO MEDICAL REVIEW

FR267            RESPIRATORY EXAMINER'S OPINIONS -  
                  CHRONIC BRONCHITIS (COUGH THAT PRODUCES  
                  SPUTNUM AT LEAST 3 MONTHS IN PAST 12 MONTHS)  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (2)

FIRST EXAMINER - CORONARY HEART DISEASE OPINIONS IN INTERIM

-----  
VARIABLE        INFORMATION  
-----

FR268            ANY CHEST DISCOMFORT SINCE LAST EXAM  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (8)

FR269            CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (14)

FR270            CHEST DISCOMFORT WHEN QUIET OR RESTING  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (13)

FR271            CHEST DISCOMFORT - DATE OF ONSET - MONTH  
                  \*DELETED DUE TO MEDICAL REVIEW

FR272            CHEST DISCOMFORT - DATE OF ONSET - YEAR  
                  \*DELETED DUE TO MEDICAL REVIEW

FR273            CHEST DISCOMFORT - USUAL DURATION - MINUTES  
                  0 - 720  
                  0 NO CHEST DISCOMFORT SINCE LAST EXAM  
                  . UNKNOWN (33)

FR274 CHEST DISCOMFORT - LONGEST DURATION - MINUTES  
0 - 900  
0 NO CHEST DISCOMFORT SINCE LAST EXAM  
1 1 MINUTE OR LESS  
900 15 HOURS OR MORE  
. UNKNOWN (33)

FR275 CHEST DISCOMFORT - LOCATION  
0 NO  
1 CENTRAL STERNUM AND UPPER CHEST  
2 L UP QUADRANT  
3 L LOWER RIBCAGE  
4 R CHEST  
5 OTHER  
6 COMBINATION  
. UNKNOWN (10)

FR276 CHEST DISCOMFORT - RADIATION  
0 NO  
1 LEFT SHOULDER OR L ARM  
2 NECK  
3 R SHOULDER OR ARM  
4 BACK  
5 ABDOMEN  
6 OTHER  
7 COMBINATION  
. UNKNOWN (14)

FR277 CHEST DISCOMFORT - FREQUENCY - NUMBER  
IN PAST MONTH  
0 - 60  
0 NONE OR NO CHEST DISCOMFORT SINCE LAST EXAM  
. UNKNOWN (18)

FR278 CHEST DISCOMFORT - FREQUENCY - NUMBER  
IN PAST YEAR  
0 - 365  
0 NONE OR NO CHEST DISCOMFORT SINCE LAST EXAM  
. UNKNOWN (37)

FR279 CHEST DISCOMFORT - TYPE  
0 NO CHEST DISCOMFORT SINCE LAST EXAM  
1 PRESSURE, HEAVY, VISE  
2 SHARP  
3 DULL  
4 OTHER  
. UNKNOWN (17)

FR280 CHEST DISCOMFORT - RELIEF BY NITROGLYCERINE  
IN <15 MINUTES  
0 NO OR NO CHEST DISCOMFORT SINCE LAST EXAM  
1 YES  
8 NOT TRIED  
. UNKNOWN (14)

FR281 CHEST DISCOMFORT - RELIEF BY REST IN <15  
MINUTES  
0 NO OR NO CHEST DISCOMFORT SINCE LAST EXAM  
1 YES  
8 NOT TRIED  
. UNKNOWN (21)

FR282 CHEST DISCOMFORT - RELIEF SPONTANEOUSLY  
IN <15 MINUTES  
0 NO OR NO CHEST DISCOMFORT SINCE LAST EXAM  
1 YES  
8 NOT TRIED  
. UNKNOWN (17)

FR283 CHEST DISCOMFORT - RELIEF BY OTHER CAUSE  
IN <15 MINUTES  
0 NO OR NO CHEST DISCOMFORT SINCE LAST EXAM  
1 YES  
8 NOT TRIED  
. UNKNOWN (18)

FR284 CHD FIRST OPINIONS- ANGINA PECTORIS IN INTERIM  
\*DELETED DUE TO MEDICAL REVIEW

FR285 CHD FIRST OPINIONS- ANGINA PECTORIS  
SINCE REVASCULARIZATION PROCEDURE  
\*DELETED DUE TO MEDICAL REVIEW

FR286 CHD FIRST OPINIONS- CORONARY INSUFFICIENCY IN INTERIM  
\*DELETED DUE TO MEDICAL REVIEW

FR287 CHD FIRST OPINIONS- MYOCARDIAL INFARCTION IN INTERIM  
\*DELETED DUE TO MEDICAL REVIEW



FR295           SYNCOPE OPINIONS - SYNCOPE  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  3 PRESYNCOPE  
                  . UNKNOWN (5)

FR296           SYNCOPE OPINIONS - CARDIAC SYNCOPE  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (17)

FR297           SYNCOPE OPINIONS - VASOVAGAL SYNCOPE  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (19)

FR298           SYNCOPE OPINIONS - OTHER (SPECIFY)  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (23)

FR299           SYNCOPE OPINIONS - SEIZURE DISORDER  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (9)

FIRST EXAMINER -- CEREBROVASCULAR AND NEUROLOGICAL HISTORY AND OPINIONS

-----  
VARIABLES    INFORMATION  
-----

FR300            CEREBROVASCULAR - SUDDEN MUSCULAR WEAKNESS  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (14)

FR301            CEREBROVASCULAR - SUDDEN SPEECH DIFFICULTY  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (16)

FR302            CEREBROVASCULAR - SUDDEN VISUAL DEFECT  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (24)

FR303            CEREBROVASCULAR - DOUBLE VISION  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (23)

FR304            CEREBROVASCULAR - SUDDEN LOSS OF VISION IN ONE EYE  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (23)

FR305            CEREBROVASCULAR - UNCONSCIOUSNESS  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (11)

- FR306 CEREBROVASCULAR - NUMBNESS, TINGLING  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (22)
- FR307 CEREBROVASCULAR - NUMBNESS AND TINGLING IS POSITIONAL  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (27)
- FR308 CEREBROVASCULAR - CT OF MRI SCAN (HEAD) SINCE LAST EXAM  
(ALSO INDICATE DATE AND PLACE)  
\*DELETED TO PRESERVE CONFIDENTIALITY
- FR309 CEREBROVASCULAR - SEEN BY NEUROLOGIST SINCE LAST EXAM  
(WRITE IN WHO AND WHEN)  
\*DELETED TO PRESERVE CONFIDENTIALITY

DETAILS FOR "SERIOUS" CEREBROVASCULAR EVENT IN INTERIM:

- FR310 CEREBROVASCULAR DETAILS - EXAMINER'S OPINION THAT "SERIOUS"  
OR "SIGNIFICANT" CEREBROVASCULAR EVENT TOOK PLACE IN INTERIM  
\*DELETED DUE TO MEDICAL REVIEW
- FR311 CEREBROVASCULAR DETAILS - DATE - MONTH  
\*DELETED DUE TO MEDICAL REVIEW
- FR312 CEREBROVASCULAR DETAILS - DATE - YEAR  
\*DELETED DUE TO MEDICAL REVIEW
- FR313 CEREBROVASCULAR DETAILS - ONSET TIME  
\*DELETED DUE TO MEDICAL REVIEW
- FR314 CEREBROVASCULAR DETAILS - EXACT/APPROXIMATE TIME (USE 24-HOUR  
MILITARY TIME) - HOUR  
\*DELETED DUE TO MEDICAL REVIEW
- FR315 CEREBROVASCULAR DETAILS - EXACT/APPROXIMATE TIME (USE 24-HOUR  
MILITARY TIME) - MINUTES  
\*DELETED DUE TO MEDICAL REVIEW

- FR316 CEREBROVASCULAR DETAILS - DURATION (USE FORMAT DAYS/HOURS/  
MINUTES) - DAYS  
\*DELETED DUE TO MEDICAL REVIEW
- FR317 CEREBROVASCULAR DETAILS - DURATION (USE FORMAT DAYS/HOURS/  
MINUTES) - HOURS  
\*DELETED DUE TO MEDICAL REVIEW
- FR318 CEREBROVASCULAR DETAILS - DURATION (USE FORMAT DAYS/HOURS/  
MINUTES) - MINUTES  
\*DELETED DUE TO MEDICAL REVIEW
- FR319 CEREBROVASCULAR DETAILS - HOSPITALIZED OR SAW M.D.  
\*DELETED DUE TO MEDICAL REVIEW
- FR320 CEREBROVASCULAR DETAILS - NUMBER OF DAYS STAYED AT (INDICATE  
LOCATION)  
\*DELETED DUE TO MEDICAL REVIEW

CEREBROVASCULAR DISEASE OPINION:

- FR321 CEREBROVASCULAR DISEASE OPINIONS- STROKE IN INTERIM  
\*DELETED DUE TO MEDICAL REVIEW
- FR322 CEREBROVASCULAR DISEASE OPINIONS- TRANSIENT ISCHEMIC ATTACK IN  
INTERIM (TIA)  
\*DELETED DUE TO MEDICAL REVIEW
- FR323 CEREBROVASCULAR DISEASE OPINIONS- PARKINSONISM IN INTERIM  
\*DELETED DUE TO MEDICAL REVIEW
- FR324 CEREBROVASCULAR DISEASE OPINIONS- OTHER, SPECIFY  
\*DELETED DUE TO MEDICAL REVIEW

FIRST EXAMINER -- PERIPHERAL VASCULAR HISTORY AND OPINION

-----  
VARIABLE      INFORMATION  
-----

FR325      PERIPHERAL VASCULAR HISTORY - CAN YOU WALK 50 FEET WITHOUT HELP?

- 0 ABLE TO WALK 50 FEET W/O HELP
- 1 NEEDS HELP
- 2 CAN'T WALK
- . UNKNOWN (5)

FR326      PERIPHERAL VASCULAR HISTORY - DO YOU HAVE LOWER LIMB DISCOMFORT WHILE WALKING?

- 0 NO
- 1 YES
- 2 CAN'T WALK
- . UNKNOWN (19)

VASCULAR SYMPTOMS:

FR327      VASCULAR SYMPTOMS - DISCOMFORT IN LEFT CALF WHILE WALKING

- 0 NO
- 1 YES
- . UNKNOWN (53)

FR328      VASCULAR SYMPTOMS - DISCOMFORT IN RIGHT CALF WHILE WALKING

- 0 NO
- 1 YES
- . UNKNOWN (54)

FR329      VASCULAR SYMPTOMS - DISCOMFORT IN LEFT LOWER EXTREMITY (NOT CALF) WHILE WALKING

- 0 NO
- 1 YES
- . UNKNOWN (53)

FR330      VASCULAR SYMPTOMS - DISCOMFORT IN RIGHT LOWER EXTREMITY (NOT CALF) WHILE WALKING

- 0 NO
- 1 YES
- . UNKNOWN (54)

- FR331 VASCULAR SYMPTOMS - OCCURS WITH FIRST STEPS  
0 NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING  
1 YES  
. UNKNOWN (53)
- FR332 VASCULAR SYMPTOMS - AFTER WALKING A WHILE  
0 NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING  
1 YES  
. UNKNOWN (53)
- FR333 VASCULAR SYMPTOMS - RELATED TO RAPIDITY OF WALKING  
OR STEEPNESS  
0 NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING  
1 YES  
. UNKNOWN (64)
- FR334 VASCULAR SYMPTOMS - FORCED TO STOP WALKING  
0 NO OR NO LOWER LIMB DISCOMFORT WHILE WALKING  
1 YES  
. UNKNOWN (54)
- FR335 VASCULAR SYMPTOMS - TIME FOR DISCOMFORT TO BE  
RELIEVED BY STOPPING (MINUTES)  
0 NO RELIEF WITH STOPPING OR  
NO LOWER LIMB DISCOMFORT WHILE WALKING  
88 NOT APPLICABLE  
. UNKNOWN (58)
- FR336 PERIPHERAL VASCULAR HISTORY - NUMBER OF DAYS/MONTH OF LOWER  
LIMB DISCOMFORT  
0 - 30  
88 NOT APPLICABLE  
. UNKNOWN (69)
- FR337 INTERMITTENT CLAUDICATION - OPINIONS  
\*DELETED DUE TO MEDICAL REVIEW

FIRST EXAMINER -- CHD AND COMPLICATIONS

-----  
VARIABLES    INFORMATION  
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FR338            CARDIOVASCULAR PROCEDURES  
                  (IN THE INTERIM ONLY, NOT LIFETIME)  
                  EXERCISE TOLERANCE TEST (MOST RECENT ONLY)  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (1)  
                  (IF YES, FILL IN FR389)

FR339            CARDIOVASCULAR PROCEDURES  
                  (IN THE INTERIM ONLY, NOT LIFETIME)  
                  YEAR AND LOCATION EXERCISE TOLERANCE TEST DONE  
                  \*DELETED TO PRESERVE CONFIDENTIALITY DUE  
                  TO LOW POSITIVE COUNTS LESS THEN 20

FR340            CARDIOVASCULAR PROCEDURES  
                  (IN THE INTERIM ONLY, NOT LIFETIME)  
                  CORONARY ARTERIOGRAM (MOST RECENT ONLY)  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (2)  
                  (IF YES OR MAYBE, FILL IN FR341)

FR341            CARDIOVASCULAR PROCEDURES  
                  (IN THE INTERIM ONLY, NOT LIFETIME)  
                  YEAR CORONARY ARTERIOGRAM DONE (MOST RECENT ONLY)  
                  \*DELETED TO PRESERVE CONFIDENTIALITY

FR342            CARDIOVASCULAR PROCEDURES  
                  (IN THE INTERIM ONLY, NOT LIFETIME)  
                  CORONARY ARTERY ANGIOPLASTY  
                  \*DELETED TO PRESERVE CONFIDENTIALITY DUE  
                  TO LOW POSITIVE COUNTS LESS THEN 20

FR343            CARDIOVASCULAR PROCEDURES  
                  (IN THE INTERIM ONLY, NOT LIFETIME)  
                  YEAR CORONARY ARTERY ANGIOPLASTY FIRST DONE  
                  \*DELETED TO PRESERVE CONFIDENTIALITY







FIRST EXAMINER -- CANCER SITE OR TYPE

-----  
VARIABLE      INFORMATION  
-----  
FR361      CANCER SITE OR TYPE - HAVE YOU, SINCE YOUR LAST CLINIC VISIT,  
            HAD CANCER OR A TUMOR?  
            \*DELETED DUE TO MEDICAL REVIEW  
FR362      CANCER SITE OR TYPE - ESOPHAGUS  
            \*DELETED DUE TO MEDICAL REVIEW  
FR363      CANCER SITE OR TYPE - STOMACH  
            \*DELETED DUE TO MEDICAL REVIEW  
FR364      CANCER SITE OR TYPE - COLON  
            \*DELETED DUE TO MEDICAL REVIEW  
FR365      CANCER SITE OR TYPE - RECTUM  
            \*DELETED DUE TO MEDICAL REVIEW  
FR366      CANCER SITE OR TYPE - PANCREAS  
            \*DELETED DUE TO MEDICAL REVIEW  
FR367      CANCER SITE OR TYPE - LARYNX  
            \*DELETED DUE TO MEDICAL REVIEW  
FR368      CANCER SITE OR TYPE - TRACHEA/BRONCHUS/LUNG  
            \*DELETED DUE TO MEDICAL REVIEW  
FR369      CANCER SITE OR TYPE - LEUKEMIA  
            \*DELETED DUE TO MEDICAL REVIEW  
FR370      CANCER SITE OR TYPE - SKIN  
            \*DELETED DUE TO MEDICAL REVIEW  
FR371      CANCER SITE OR TYPE - BREAST  
            \*DELETED DUE TO MEDICAL REVIEW  
FR372      CANCER SITE OR TYPE - CERVIX/UTERUS  
            \*DELETED DUE TO MEDICAL REVIEW  
FR373      CANCER SITE OR TYPE - OVARY  
            \*DELETED DUE TO MEDICAL REVIEW

FR374           CANCER SITE OR TYPE - PROSTATE  
                  \*DELETED DUE TO MEDICAL REVIEW

FR375           CANCER SITE OR TYPE - BLADDER  
                  \*DELETED DUE TO MEDICAL REVIEW

FR376           CANCER SITE OR TYPE - KIDNEY  
                  \*DELETED DUE TO MEDICAL REVIEW

FR377           CANCER SITE OR TYPE - BRAIN  
                  \*DELETED DUE TO MEDICAL REVIEW

FR378           CANCER SITE OR TYPE - LYMPHOMA  
                  \*DELETED DUE TO MEDICAL REVIEW

FR379           CANCER SITE OR TYPE - OTHER/UNKNOWN  
                  \*DELETED DUE TO MEDICAL REVIEW

PHYSICIAN BLOOD PRESSURE READINGS

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VARIABLE	INFORMATION
-----	-----
FR380	PHYSICIAN BLOOD PRESSURE (SECOND READING) SYSTOLIC (TO NEAREST 2 MM HG) 90 - 222 . UNKNOWN (8)
FR381	PHYSICIAN BLOOD PRESSURE (SECOND READING) DIASTOLIC (TO NEAREST 2 MM HG) 28 - 110 . UNKNOWN (11)



FR389 ECG - RHYTHM  
0 OR 1 NORMAL SINUS (INCLUDING S.TACH, S.BRADY,  
S.ARRHY, 1 DEGREE AV BLOCK)  
3 2ND DEGREE AV BLOCK, MOBITZ I (WENCKEBACH)  
4 2ND DEGREE AV BLOCK, MOBITZ II  
5 3RD DEGREE AV BLOCK / AV DISSOCIATION  
6 ATRIAL FIBRILLATION / ATRIAL FLUTTER  
7 NODAL  
8 PACED  
9 OTHER OR COMBINATION OF ABOVE (LIST SPECIFIC ITEM(S))  
. UNKNOWN (3)

FR390 ECG - VENTRICULAR CONDUCTION ABNORMALITIES - IV BLOCK  
0 NO  
1 YES  
. FULLY PACED OR UNKNOWN (20)  
(IF YES, FILL IN 391 - 393)

FR391 ECG - VENTRICULAR CONDUCTION ABNORMALITIES  
IV BLOCK- PATTERN  
0 NO IV BLOCK  
1 LEFT  
2 RIGHT  
3 INDETERMINATE  
. UNKNOWN (20)

FR392 ECG - VENTRICULAR CONDUCTION ABNORMALITIES  
IV BLOCK - COMPLETE  
(QRS INTERVAL = .12 SECONDS OR GREATER)  
0 NO  
1 YES  
. UNKNOWN (20)

FR393 ECG - VENTRICULAR CONDUCTION ABNORMALITIES  
IV BLOCK- INCOMPLETE  
(QRS INTERVAL = .10 OR .11 SECONDS)  
0 NO  
1 YES  
. UNKNOWN (20)

FR394 ECG - VENTRICULAR CONDUCTION ABNORMALITIES - HEMIBLOCK  
0 NO  
1 LEFT ANT.  
2 LEFT POST.  
. FULLY PACED OR UNKNOWN (20)

- FR395      ECG - VENTRICULAR CONDUCTION ABNORMALITIES - WPW SYNDROME  
0 NO  
1 YES  
2 MAYBE  
. FULLY PACED OR UNKNOWN (21)
- FR396      ECG - ARRHYTHMIAS - ATRIAL PREMATURE BEATS  
0 NO  
1 ATR  
2 ATR ABER  
. UNKNOWN (28)
- FR397      ECG - ARRHYTHMIAS - VENTRICULAR PREMATURE BEATS  
0 NO  
1 SIMPLE  
2 MULTIFOC  
3 PAIRS  
4 RUN  
5 R ON T  
. UNKNOWN (6)
- FR398      ECG - ARRHYTHMIAS - NUMBER OF VENTRICULAR PREMATURE BEATS  
IN 10 SECONDS (SEE 10 SECOND RHYTHM STRIP)  
0 - 7  
. UNKNOWN (4)

ELECTROCARDIOGRAPH PART II

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VARIABLE      INFORMATION  
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- FR399      ECG - MI - ANTERIOR  
            0 NO  
            1 YES  
            2 MAYBE  
            . FULLY PACED OR UNKNOWN (39)
- FR400      ECG - MI - INFERIOR  
            0 NO  
            1 YES  
            2 MAYBE  
            . FULLY PACED OR UNKNOWN (27)
- FR401      ECG - MI - TRUE POSTERIOR  
            0 NO  
            1 YES  
            2 MAYBE  
            . FULLY PACED OR UNKNOWN (37)
- FR402      ECG - LVH - R>20MM IN ANY LIMB LEAD  
            0 NO  
            1 YES  
            . FULLY PACED, COMPLETE LBBB, OR UNKNOWN (50)
- FR403      ECG - LVH - R>11MM IN AVL  
            0 NO  
            1 YES  
            . FULLY PACED, COMPLETE LBBB, OR UNKNOWN (50)
- FR404      ECG - LVH - R IN LEAD I PLUS S>= 25MM IN LEAD III  
            0 NO  
            1 YES  
            . FULLY PACED, COMPLETE LBBB, OR UNKNOWN (50)

FR405 ECG - LVH - MEASURED VOLTAGE - R AVL IN MM  
(AT 1 MV = 10 MM STANDARD) BE SURE TO CODE THESE VOLTAGES  
0 - 25  
. UNKNOWN (18)

FR406 ECG - LVH -  
MEASURED VOLTAGE - S V3 IN MM (AT 1 MV = 10 MM STANDARD)  
BE SURE TO CODE THESE VOLTAGES  
0 - 34  
. UNKNOWN (19)

FR407 ECG - LVH -  
R IN V5 OR V6 - S IN V1 OR V2:  
R>= 25MM  
0 NO  
1 YES  
. FULLY PACED, COMPLETE LBBB, OR UNKNOWN (48)

FR408 ECG - LVH -  
R IN V5 OR V6 - S IN V1 OR V2:  
S>= 25MM  
0 NO  
1 YES  
. FULLY PACED, COMPLETE LBBB, OR UNKNOWN (48)

FR409 ECG - LVH -  
R IN V5 OR V6 - S IN V1 OR V2:  
R OR S>= 30MM  
0 NO  
1 YES  
. FULLY PACED, COMPLETE LBBB, OR UNKNOWN (48)

FR410 ECG - LVH -  
R IN V5 OR V6 - S IN V1 OR V2:  
R + S>= 35MM  
0 NO  
1 YES  
. FULLY PACED, COMPLETE LBBB, OR UNKNOWN (48)

FR411 ECG - LVH - INTRINSICOID DELFECTION >= .05 SEC.  
0 NO  
1 YES  
. FULLY PACED, COMPLETE LBBB, OR UNKNOWN (46)

FR412        ECG - NONSPECIFIC S-T SEGMENT ABNORMALITY  
                  0 NO  
                  1 ST DEPRESSION  
                  2 ST FLATTENING  
                  3 OTHER  
                  . FULLY PACED OR UNKNOWN (21)

FR413        ECG - NONSPECIFIC T-WAVE ABNORMALITY  
                  0 NO  
                  1 T INVERSION  
                  2 T FLATTENING  
                  3 OTHER  
                  . FULLY PACED OR UNKNOWN (21)

FR414        ECG - U-WAVE PRESENT  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . FULLY PACED OR UNKNOWN (23)

FR415        ECG - ATRIAL ENLARGEMENT  
                  0 NO  
                  1 LEFT  
                  2 RIGHT  
                  3 BOTH  
                  . ATRIAL FIB OR UNKNOWN (70)

FR416        ECG - RVH  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . FULLY PACED OR UNKNOWN (121)  
                  . FOR RVH, COMPLETE RBBB

FR417        ECG - LVH  
                  0 NO  
                  1 LVH WITH STRAIN  
                  2 LVH WITH MILD S-T SEGMENT ABN  
                  3 LVH BY VOLTAGE ONLY  
                  . FULLY PACED OR UNKNOWN, COMPLETE LBBB (57)

NON-CARDIOVASCULAR DIAGNOSIS FIRST EXAMINER OPINIONS:

FR418 NON-CARDIOVASCULAR - DIABETES MELLITUS  
\*DELETED TO PRESERVE CONFIDENTIALITY

FR419 NON-CARDIOVASCULAR - URINARY TRACT DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (13)

FR420 NON-CARDIOVASCULAR - PROSTATE DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (2)

FR421 NON-CARDIOVASCULAR - RENAL DISEASE  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (15)

FR422 NON-CARDIOVASCULAR - EMPHYSEMA  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (4)

FR423 NON-CARDIOVASCULAR - CHRONIC BRONCHITIS  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (5)

FR424 NON-CARDIOVASCULAR - PNEUMONIA  
0 NO  
1 YES  
2 MAYBE  
. UNKNOWN (11)

FR425           NON-CARDIOVASCULAR - ASTHMA  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (12)

FR426           NON-CARDIOVASCULAR - OTHER PULMONARY DISEASE  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (15)

FR427           NON-CARDIOVASCULAR - GOUT  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (11)

FR428           NON-CARDIOVASCULAR - DEGENERATIVE JOINT DISEASE  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (16)

FR429           NON-CARDIOVASCULAR - RHEUMATOID ARTHRITIS  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (13)

FR430           NON-CARDIOVASCULAR - GALLBLADDER DISEASE  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (15)

FR431           NON-CARDIOVASCULAR - OTHER NON C-V DIAGNOSIS  
                  (FOR CANCER, SEE SPECIAL SCREEN)  
                  0 NO  
                  1 YES  
                  2 MAYBE  
                  . UNKNOWN (7)



FR439 BLOOD ANALYSIS - TRIGYCERLIDE  
31 - 1048  
. UNKNOWN (202)

FR440 BLOOD ANALYSIS - CREATININE  
0.6 - 8.9  
. UNKNOWN (203)