

Framingham Heart Study

Original Cohort Exam 1

09/29/1948-04/25/1953

N=5209

Exam Form Versions

3-49 Summary of Heart Disease Findings
& X- ray report

8-50 Personal History, Medical History
& Cardiovascular Exam

9-52 Personal and family history

4-53 Summary of findings

Notes on Framingham Heart Study Main Exam Data Collection Forms

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

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

PERSONAL AND FAMILY HISTORY

NAME IN SAMPLE (Last) (First) (Middle) (Maiden)				RECORD NO. ID
NAME CHANGE				BIRTH DATE
NAME CHANGE				
ADDRESS				PHONE

FAMILY PHYSICIAN	NAME	ADDRESS

RELATIVE (Different House)	NAME	ADDRESS

CLOSE FRIEND	NAME	ADDRESS

RECORD NO.	NAME	SEX	YEAR OF BIRTH	DATE OF EXAMINATION			
				MONTH	DAY	YEAR	TIME
	SPOUSE						
	CHILD						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	FATHER						
	MOTHER						
	BROTHER 1						
	2.						
	3.						
	4.						
	5.						
	6.						
	SISTER 1						
	2.						
	3.						
	4.						
	5.						
	6.						

* Use following abbreviations: Angina Pectoris (AP), Coronary Disease (ASHD), Apoplexy (CVA), Rheumatic Mt. Dis. (RHD)

EMPLOYER

1. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
2. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
3. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
4. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
5. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
6. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
7. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
8. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	
9. NAME	ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?	

SUMMARY OF FINDINGS

Record No. ID

Name _____

Sex MF3 Height _____ In.

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

MF39

(*) If Doubtful or Abnormal, indicate:
 - MF34 Gr. V. — great vessels
 - MF30 GCE — generalized cardiac enlargement
 - MF31 LVH — left ventricular hypertrophy MF31
 - MF33 Both Cont — other contour
 Non CV — non CV. disease MF38

(**) If Doubtful or Abnormal, indicate:
 - MF43 Myo Inf — myocardial infarct
 - MF31 LVH — left ventricular hypertrophy MF31
 - MF40 IVB — IV block
 - MF40 AVB — AV block
 NS T-wave — nonspecific T-wave
 Arr — arrhythmia

Name _____

DIAGNOSTIC IMPRESSION AT TIME

Record No. 10

		I	II	III				
		/ /	/ /	/ /	/ /	/ /	/ /	
CARDIOVASCULAR IMPRESSION	CARDIAC	NO CVD						
		Arteriosclerotic HD						
		Angina pectoris	MF597					
		Myocardial infarct, by history						
		Myocardial Infarct, by ECG	MF599					
		Rheumatic HD						
		RF or chorea						
		Systolic murmur(s): Mitral						
		(enter grade) Aortic						
		Diastolic murmur(s): Mitral						
		(enter grade) Aortic						
		X-Ray evidence ^{1/}						
		Hypertensive HD						
		High blood pressure						
		LVH or GCE on X-Ray						
		LVH by ECG						
		Other HD ^{2/}						
		Functional and Physiologic Dx						
	Functional class ^{3/}							
	Congestive heart failure	MF47						
	VASCULAR	Other Vascular Disease						
		Cerebrovascular accident						
		Peripheral arterial insufficiency						
NON-CV DIAGNOSIS ^{4/}								
	Type letter sent to patient ^{5/}							
	Reviewer's Initials							

Record No.

ID

LABORATORY FINDINGS

Exam. Number and Date		I	II	III									
BLOOD ANALYSIS	STS	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
	Cholesterol	MF62											
	Hemoglobin	MF63											
	Phospholipid	MF64											
	Sugar	MF65											
	Uric Acid	MF66											
URINALYSIS	Specific Gravity												
	Sugar	MF48											
	Albumin	MF49											

SUMMARY OF HEART DISEASE FINDINGS

NAME (LAST)	(FIRST)	(MIDDLE)	RECORD NUMBER ID	AGE	SEX MF3
TIME OF LAST MEAL		AMOUNT		BLOOD TAKEN	

DETERMINATION	CARDIO-VASCULAR SYSTEM			OTHER ABNORMALITY
	NORMAL	ABNORMAL FINDINGS	QUESTIONABLE FINDINGS	
1ST B.P.				
V. C.				
LAST B.P.				
LONG HIST. & EXAM.				
SHORT HISTORY				
SHORT EXAM.				
X-RAY (SMALL)				
X-RAY (LARGE)				
ECG				
EXY				
BLOOD				
HINTON				
HEMOGLOBIN				
HEMATOCRIT				
SUGAR				
URINE				
SP. GRAVITY				
SUGAR	MF48			
ALBUMIN	MF49			

FINAL DIAGNOSTIC IMPRESSION

CARDIO-VASCULAR	OTHER
1.	1.
2.	2.
3.	3.
4.	4.

PERSONAL HISTORY

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

RACE	SEX MF3	AGE	BIRTHDATE	MARITAL STATUS MF79 S ___ M ___ W ___ D ___ SEP. ___	EDUCATION MF5
PLACE OF BIRTH	SELF	FATHER		FATHER'S FATHER	
	NATIONAL ORIGIN MF6	MOTHER		MOTHER'S FATHER	

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

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

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

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

MEDICAL HISTORY

1 APPROVED
 BUDGET BUREAU NO. 68-R433
 RECORD NO. MFI

NAME (Last) (Middle) (First) DATE

MF8

1. ACUTE INFECTIONS

a. Diphtheria - + Age

b. Scarlet fever - + Age

c. Frequent sore throat - + Age

d. Sequellae - +

5. THYROID DISEASE MF12 - + Age dx'd

a. Type

b. BMR taken - + c. Treatment

d. Present status

2. RHEUMATIC HISTORY

a. Joint pain in early life - + Age

Single _____ Multiple _____ Rubor _____

Tender _____ Tumor _____ Duration _____

b. Growing pains or leg ache in childhood - + Age

c. Frequent spontaneous epistaxis - + Age

d. Chorea or St. Vitus's Dance - + Age

6. HYPERTENSION MF13 - + Age dx'd

a. B.P. taken - + Known reading _____ Age

b. Transient _____ permanent _____

c. present status

MF9

e. Rheumatic fever or inflammatory rheumatism - + Age Recurred at age

f. preceding acute infection - + Type

g. Heart involvement - +

h. Examiner believes patient had R.F. NO Yes

7. MURMUR - + Age dx'd

a. Transient _____ permanent _____

3. CHRONIC DISEASES

a. Active tuberculosis - + Age dx'd Status

b. Bronchial asthma - + Age onset

c. Diabetes - + Age dx'd PZI Reg.

d. Chronic arthritis or rheumatism - + Age onset Type

e. Chronic anemia - + Age onset Status

f. Allergy (specify) - + Age onset Status

8. CORONARY THROMBOSIS - + Age

a. Onset While active _____ At rest _____ b. Pain - +

c. Type of pain d. Location of pain

e. Pain radiated to f. Duration of pain

g. Fever - + h. Nausea or vomiting - +

i. ECG Not taken _____ Normal _____ Abnormal _____

j. Bed rest - + No. days _____

k. Recurrence - +

l. Attending Dr. Name Address

m. Examiner believes patient had Myocardial NO Yes

MF10

MF11

MF10

4. SERIOUS OPERATIONS (Specify)

a. Age

b. Age

c. Age

9. ANGINA PECTORIS (S) + Age dx'd

10. ACTIVITY LIMITED DUE TO HEART CONDITION (S) + Age

a. Type of limitation

b. Physician diagnosis Self diagnosis - +

ADDITIONAL NOTES (Specify section)

SURNAME RECORD NO.

PAGE 2 MEDICAL HISTORY		SURNAME		RECORD NO.			
11. HT. ABNORMALITY OR HBP EVER FOUND ON ROUTINE EXAM. <input checked="" type="radio"/> +		19. MARKED OR INCREASING FATIGUABILITY <input type="radio"/> - <input checked="" type="radio"/> +		a. Reason			
a. Infancy _____ Insurance _____ Health ck. _____ School _____ Armed forces _____ Age _____		20. FREQUENTLY NERVOUS OR UPSET <input type="radio"/> - <input checked="" type="radio"/> +		a. Slight _____ b. Moderate _____ c. Marked _____			
b. Abnormality (specify)		21. SLEEP		a. Avg. no. hrs. in bed _____ b. Avg. no. hrs. sleep _____			
12. OTHER CV DISEASE <input type="radio"/> - <input checked="" type="radio"/> + Age _____		22. HEADACHE <input checked="" type="radio"/> +		a. Associated with nausea <input type="radio"/> - <input checked="" type="radio"/> +			
a. CHD _____ b. CHF _____ c. CVA _____		d. Apparently due to		23. DIZZINESS OR VERTIGO <input checked="" type="radio"/> +			
d. Enlarged heart MF14 e. Nervous heart MF15 f. Peri-carditis MF16		a. Frequency: _____ b. When occurs _____		24. CHRONIC COUGH <input checked="" type="radio"/> + Age onset _____			
g. Sub-acute endocarditis MF17 h. other (specify)		c. Apparently due to		25. HEMOPTYSIS <input checked="" type="radio"/> +			
13. PEPTIC ULCER <input type="radio"/> - <input checked="" type="radio"/> + Age _____		a. Amount		26. DYSPNEA ON EXERTION <input checked="" type="radio"/> + 1 2 3 4			
a. Basis for dx		27. SMOTHERING, UNABLE TO DRAW GOOD BREATH <input checked="" type="radio"/> +		When occurs <input type="radio"/> - <input checked="" type="radio"/> +			
14. CHRONIC COLITIS <input type="radio"/> - <input checked="" type="radio"/> + Age _____		a. Smothering <input type="radio"/> - <input checked="" type="radio"/> +		When occurs <input type="radio"/> - <input checked="" type="radio"/> +			
a. Basis for dx		b. unable to draw good breath <input type="radio"/> - <input checked="" type="radio"/> +		When occurs <input type="radio"/> - <input checked="" type="radio"/> +			
15. KIDNEY DISEASE <input type="radio"/> - <input checked="" type="radio"/> + Age _____		28. FREQUENT SIGHING <input checked="" type="radio"/> +		29. ORTHOPNEA <input checked="" type="radio"/> +			
a. Basis for dx		a. Number of pillows used 0 <input type="radio"/> - <input checked="" type="radio"/> 3 4		30. PAROX. NOCT. DYSPNEA <input type="radio"/> - <input checked="" type="radio"/> +			
b. Type:		a. Age at onset _____		b. Frequency			
16. PREGNANCIES <input type="radio"/> - <input checked="" type="radio"/> + Number MF20		29. ORTHOPNEA <input checked="" type="radio"/> +		30. PAROX. NOCT. DYSPNEA <input type="radio"/> - <input checked="" type="radio"/> +			
a. Mis-carriages _____ b. Albumin-uria _____ f. Hyper-tension _____		a. Increase in past year <input type="radio"/> - <input checked="" type="radio"/> + 1 2 3 4		a. Age at onset _____			
d. Toxemia of pregnancy <input checked="" type="radio"/> + At ages _____		27. SMOTHERING, UNABLE TO DRAW GOOD BREATH <input checked="" type="radio"/> +		b. Frequency			
17. MENOPAUSE <input type="radio"/> - <input checked="" type="radio"/> + Age onset _____		a. Smothering <input type="radio"/> - <input checked="" type="radio"/> +		When occurs <input type="radio"/> - <input checked="" type="radio"/> +			
a. Surgical <input type="radio"/> - <input checked="" type="radio"/> +		b. unable to draw good breath <input type="radio"/> - <input checked="" type="radio"/> +		When occurs <input type="radio"/> - <input checked="" type="radio"/> +			
SYMPTOMS		28. FREQUENT SIGHING <input checked="" type="radio"/> +		29. ORTHOPNEA <input checked="" type="radio"/> +			
18. WEIGHT		29. ORTHOPNEA <input checked="" type="radio"/> +		30. PAROX. NOCT. DYSPNEA <input type="radio"/> - <input checked="" type="radio"/> +			
a. At age		a. Number of pillows used 0 <input type="radio"/> - <input checked="" type="radio"/> 3 4		a. Age at onset _____			
AGE	25	30	35	40	45	50	55
lbs.	MF580						
b. Change in past year Loss _____ lbs. Gain _____ lbs.		28. FREQUENT SIGHING <input checked="" type="radio"/> +		29. ORTHOPNEA <input checked="" type="radio"/> +			
c. Reason for change		29. ORTHOPNEA <input checked="" type="radio"/> +		30. PAROX. NOCT. DYSPNEA <input type="radio"/> - <input checked="" type="radio"/> +			
ADDITIONAL NOTES (Specify section)		a. Number of pillows used 0 <input type="radio"/> - <input checked="" type="radio"/> 3 4		a. Age at onset _____			
		30. PAROX. NOCT. DYSPNEA <input type="radio"/> - <input checked="" type="radio"/> +		b. Frequency			
		a. Age at onset _____		b. Frequency			
		b. Frequency					

MF18

MF19

MF19

MF19

MF21

31. PALPITATION <input checked="" type="radio"/> +	Age onset	37. ANKLE EDEMA - +	When occurs
a. At rest _____	b. With exertion _____	38. DRUGS BEING TAKEN	
c. Regular _____	d. Irregular _____	a. Digitalis MF72 - +	Amount
f. Forceful _____	g. Paroxysmal _____	b. Nitroglycerin MF72 - +	Amount
h. Duration _____	i. Frequency _____	c. other (specify)	Amount
32. CHEST DISCOMFORT <input checked="" type="radio"/> +	Age onset	39. STIMULANTS	
a. Location		a. Tobacco MF71	NOW - + yrs. duration MF72
(1) Spontaneous hand sign - +		Ever - + yrs. lapse MF73	
b. Type		(1) Cigarettes MF74 /day	(2) Cigars /day MF75
c. Duration		(3) Pipe MF76 oz./day	(4) other /wk. MF77
d. Radiation - +		b. Alcohol	NOW - + yrs. duration
e. Precipitated by		Ever - + yrs. lapse	
f. occurs at rest		(1) Hballs or cocktails: None	
g. Relieved by		/day days/mo. < 1/mo.	
h. Frequency		(2) Beer (8 oz glass) None	
i. Location of other discomfort		/day days/mo. < 1/mo.	
j. Examiner believes patient has A.P. NO/Yes		(3) Wine (small glass) None	
33. ABDOMINAL PAIN OR "INDIGESTION" - +		/day days/mo. < 1/mo.	
a. Location		40. OTHER CONTRIBUTORY HISTORY	
b. Type			
34. EXCESSIVE URINATION - +			
a. Frequency	b. Amount		
		c. Nocturnal <input checked="" type="radio"/> +	
35. LEG CRAMPS OR CLAUDICATION <input checked="" type="radio"/> +			
a. In bed - +			
b. Walking <input checked="" type="radio"/> +	c. Distance		
36. VARICOSE VEINS OR CHRONIC PHLEBITIS - +	Age onset	41. INFORMANT: Self _____ other _____	
a. Varicose veins - +	b. Chronic phleb <input checked="" type="radio"/> +	42. COMMUNICATION RATING: Good Fair Poor	
Age onset	Age onset	a. Reason	
c. Treatment		SIGNATURE OF EXAMINER	

SURNAME

RECORD NO.

ID

CONSULTANT'S NOTES

BP

Sys _____ Dias _____

CONSULTANT'S DIAGNOSIS

CONSULTANT'S SIGNATURE

DATE

CARDIOVASCULAR EXAMINATION

1
 FORM APPROVED
 BUDGET BUREAU NO. 68-R433
 RECORD NO. ID

NAME (Last) _____ (First) _____ (Middle) _____ DATE _____

GENERAL	1. TEMPERATURE	1a. ACUTE U.R.I	2. PULSE	3. RESPIRATION	4. ADMISSION
	5. HEIGHT	6. WEIGHT		7. APDIAETER OF CHEST	8. CHEST CIRCUM.
	a) Standing	b) Sitting	a) Actual	ideal	a) Rep. b) Insp.
	10. BODY MASS ESTIMATE	a. BONES	b. MUSCLES	c. FAT	9. WAIST CIRCUM.
	L _____ M _____ H _____	L _____ M _____ H _____	L _____ M _____ H _____	L _____ M _____ H _____	
	d. SKIN THICKNESS	e. ABDOMEN	f. ARM	g. BACK	
	L _____ M _____ H _____				
	11. EYES-COLOR	12. (Color) (Degree gray)	BALD PATTERN	13. VITAL CAPACITY	
	HAIR _____		FRONT _____ BACK _____ SIDES _____	a. _____ b. _____	

SKIN	14. COLOR	<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> PALE	<input type="checkbox"/> RUDDY	<input type="checkbox"/> SALLOW	<input type="checkbox"/> JAUNDICED	SECOND OBSERVER'S COMMENTS	
		CYANOSIS						
		Location _____		Type _____				
	15. ERUPTION	-	+	Type	Location			
	16. PETECHIAE	-	+		Location			
	17. FLUSH	-	+		Location			
	18. HYPERHIDROSIS	-	+		Location			
	19. FRECKLES	0	1	2	3	Location		
	20. CLUBBING	-	+	Fingers	1	2		3
				Toes	1	2		3
21. ONYCHOPHAGIA	-	+						
22. PALMAR CONTRACTION	-	+	L.	R.				
ARMS	23. RADIAL ARTERIES	THICKENING	-	+				
		PULSE	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABSENT	<input type="checkbox"/> COLLAPSING			
			<input type="checkbox"/> OTHER ABNORMALITY _____					
EYES	24. EXOPHTHALMOS	ME24	0	1	2	3	4	
	25. ARCUS SENILIS	ME24	0	1	2			
	26. XANTHELASMA	ME24	-	+	L.	R.	Size _____ mm	
	27. RETINA	<input type="checkbox"/> VIEWED	<input type="checkbox"/> NOT VIEWED	<input type="checkbox"/> NORMAL				
<input type="checkbox"/> ABNORMAL		<input type="checkbox"/> TORTUOUS	<input type="checkbox"/> HEMORRHAGES	<input type="checkbox"/> SILVER WIRE				
<input type="checkbox"/> EXUDATE		<input type="checkbox"/> EDEMA OF DISC	<input type="checkbox"/> A-V NICKING					
<input type="checkbox"/> OTHER (Specify) _____								
ABNORMAL GROUP		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV			

SURNAME _____ RECORD NO. ID

NECK	28. THYROID	- <input checked="" type="checkbox"/> <input type="checkbox"/> NODULAR <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE	SECOND OBSERVER'S COMMENTS
		SIZE OF NODULE _____ mm Location _____	
		<input type="checkbox"/> DIFFUSE <input type="checkbox"/> SLIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> MARKED	
		SUBSTERNAL	
	29. VEIN ENGORGEMENT (Sitting)	<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	

LYMPHATICS- 30. ABNORMAL LYMPH-NODES +

MF267

CHEST	31. DEFORMITY	- + Type <input type="checkbox"/> SLIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> MARKED
	32. THRILL	- + Location <input type="checkbox"/> SYSTOLIC <input type="checkbox"/> DIASTOLIC
	33. ABNORMAL PULSATION IN CHEST	<input checked="" type="checkbox"/> + Location _____

34. APEX IMPULSE	- + <input type="checkbox"/> NORMAL <input type="checkbox"/> SLAPPING, <input type="checkbox"/> THRUST
	Inside M.C.L. _____ Outside M.C.L. _____

MF27

MF28

35. LUNG: RALES	- + LOCATION <input type="checkbox"/> BASAL <input type="checkbox"/> OTHER
	TYPE <input type="checkbox"/> CREPITANT OR SUBCREPITANT <input type="checkbox"/> SIBILANT OR SONOROUS <input type="checkbox"/> BUBBLING OR GURGLING

MF29

36. CARDIAC RHYTHM	<input type="checkbox"/> REGULAR <input type="checkbox"/> MARKED SA <input type="checkbox"/> EXTRA-SYSTOLES <input type="checkbox"/> PT
	<input type="checkbox"/> AF <input type="checkbox"/> OTHER (Specify) _____

37. HEART SOUNDS (Patient recumbent)	
	0 1 2 3 4 N
MITRAL FIRST	<input type="checkbox"/> BOOMING <input type="checkbox"/> CHANGING <input type="checkbox"/> SNAPPING <input type="checkbox"/> SPLIT
MITRAL SECOND	0 1 2 3 N <input type="checkbox"/> SPLIT
PULMONIC FIRST	0 1 2 3 4 N <input type="checkbox"/> SPLIT
PULMONIC SECOND	0 1 2 3 4 N <input type="checkbox"/> SNAPPING <input type="checkbox"/> SPLIT
AORTIC FIRST	0 1 2 3 N <input type="checkbox"/> SPLIT
AORTIC SECOND	0 1 2 3 4 N <input type="checkbox"/> TAMBOUR <input type="checkbox"/> SPLIT

38. PULMONIC SECOND SOUND >A₂ =A₂ <A₂

39. THIRD HEART SOUND	<input checked="" type="checkbox"/> + <input type="checkbox"/> NORMAL
	<input type="checkbox"/> OPENING SNAP MITRAL VALVE <input type="checkbox"/> SYSTOLIC CLICK

40. GALLOP RHYTHM + SYSTOLIC DIASTOLIC

C
H
E
S
T

(CONT)

41. SYSTOLIC MURMURS +	<input type="checkbox"/> APEX	E	M	L	B1	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
	<input type="checkbox"/> MID PRECORDIUM	E	M	L	B1	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
	<input type="checkbox"/> LEFT BASE	E	M	L	B1	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
	<input type="checkbox"/> RIGHT BASE	E	M	L	B1	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
	TRANSMISSION 0 A B C D to A B C D <input type="checkbox"/> AAL <input type="checkbox"/> MAL <input type="checkbox"/> BACK <input type="checkbox"/> NECK																	
42. SIGNIFICANT CHANGE IN MURMURS -When erect or with inspiration <input checked="" type="checkbox"/> +																		
Specify																		
43. DIASTOLIC MURMURS +	<input type="checkbox"/> APICAL DIASTOLIC	1 2 3 4				<input type="checkbox"/> BEFORE EXERCISE				<input type="checkbox"/> AFTER EXERCISE								
	<input type="checkbox"/> APICAL PRESYSTOLIC					<input type="checkbox"/> BEFORE EXERCISE				<input type="checkbox"/> AFTER EXERCISE								
	<input type="checkbox"/> AORTIC DIASTOLIC	1 2 3 4																
44. MACHINERY MURMUR <input checked="" type="checkbox"/> + Location																		
45. OTHER BRUITS +	<input type="checkbox"/> CRUNCH	Location				<input type="checkbox"/> HUM				Location								
	<input type="checkbox"/> OTHER (Specify)	Location																

SECOND OBSERVER'S COMMENTS ON MURMURS:

A B D O M E N	46. LIVER	<input type="checkbox"/> PALPABLE	<input checked="" type="checkbox"/> 0	1	2	3	4	5	+	<input type="checkbox"/> TENDER	--	+	SECOND OBSERVER'S COMMENTS	
	47. SPLEEN PALABLE	-	+											
	48. PULSATILE MASS	-	+	?	Location									
L O W E R E M I T T I L E S	49. FEMORAL PULSE	<input type="checkbox"/> NORMAL	<input type="checkbox"/> DIMINISHED	<input type="checkbox"/> ABSENT	<input type="checkbox"/> CORRIGAN									
	50. DORSAL PEDIS PULSE	<input type="checkbox"/> PRESENT BOTH FEET	ABSENT:		<input type="checkbox"/> L	<input type="checkbox"/> R								
	51. POSTERIOR TIBIAL PULSE	<input type="checkbox"/> PRESENT BOTH FEET	ABSENT:		<input type="checkbox"/> L	<input type="checkbox"/> R								
	52. ANKLE EDEMA	+ L	0	1	2	3	4	R	0	1	2	3	4	
	53. VARICES	+ L	0	1	2	3	4	R	0	1	2	3	4	

54. EMOTIONAL STATE TENSE RELAXED

55. OTHER SIGNIFICANT FINDINGS:

MF56/
MF57

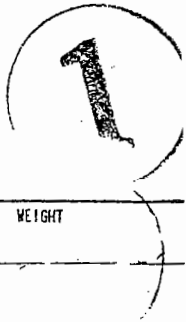
MF58/
MF59

MF60/
MF61

56. BLOOD PRESSURE	ADMISSION		EXAM. #1	EXAM. #2	CONSULTANT	FINAL
	LEFT ARM	RIGHT ARM	LEFT ARM	LEFT ARM	LEFT ARM	LEFT ARM
57. CLINICAL DIAGNOSTIC IMPRESSION CARDIOVASCULAR					SECOND OBSERVER'S OPINION	
ETIOLOGICAL	1.	2.	3.			
ANATOMICAL	1.	2.	3.			
PHYSIOLOGICAL	1.	2.	3.			
FUNCTIONAL CLASS	I	II	III	IV		
58. NON-CARDIAC DIAGNOSTIC IMPRESSION						
a.						
b.						
c.						
SIGNATURE OF EXAMINER			DATE	SIGNATURE OF OBSERVER		



X-RAY REPORT
HEART DISEASE EPIDEMIOLOGY STUDY



PHS-1169 (SR)
3-49

NAME (LAST)	(FIRST)	(MIDDLE)	RECORD NUMBER	SEX	AGE	HEIGHT	WEIGHT
AP CHEST DIAMETER _____ CM.				KY _____ PA _____			
70 MM. FILM				14 X 17 FILM			
HEART	NORMAL	ABNORMAL		HEART	NORMAL	ABNORMAL	
A. HEART				A. HEART			
(1) SIZE		C/T RATIO		(1) SIZE		C/T RATIO	
(2) CONTOUR		MF 33		(2) CONTOUR			
(3) GT. VESSELS		MF 34		(3) GT. VESSELS			
(4) POSITION		MF 35		(4) POSITION			
(5) CALCIFICATION		MF 36		(5) CALCIFICATION			
(6) PERICARDIUM				(6) PERICARDIUM			
B. EXTRA CARDIO-VASC.				B. EXTRA CARDIO-VASC.			
REMARKS:				REMARKS:			
TENTATIVE IMPRESSION:				TENTATIVE IMPRESSION:			

INTERPRETED BY: _____
