

# Framingham Heart Study

## Original Cohort Exam 10

05/21/1966-08/17/1970

N=3595

### Exam Form Version

5-67 Numerical Data (Deck 121), X-Ray Report,  
Medical History, Physical Examination,  
Electrocardiograph and Oscillograph & Clinical  
Diagnostic Impression

8-68 Numerical Data (Deck 127 & Deck 128)

There are two different numerical data sheets present in this sample; one labeled deck 121 and another labeled deck 127 and 128. Either may be present in a participants chart but not both.

# 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.

<b>EXAM X CODE SHEET</b> Framingham Heart Study	<b>NUMERICAL DATA</b> Deck 121	DATE THIS EXAM  DATE LAST EXAM
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COLS.	CODE	ITEM
1-4	ID	RECORD NUMBER <span style="float: right;">NAME</span> <span style="float: right;">AGE FC3</span>
5-7	FC6	WEIGHT (To nearest pound)
8-11	FC7	HEIGHT (Inches, to next lower quarter inch)
12-15	Right FC8      Left FC9	SKINFOLD TRICEPS (Millimeters)
16	Negative   Positive   Doubtful   Unknown 0            1            2            9	SUGAR IN URINE      FC10
17	0            1            2            9	ALBUMIN IN URINE    FC11

BLOOD PRESSURE (Left arm, mm Hg):		
18-23	Systolic FC12	Diastolic FC13
24-29	FC14	FC15
30-35	FC16	FC17

BLOOD ANALYSIS:			
36	No 0	Yes 1	Unknown 9
37-38			FASTING      FC20
39-41			HEMATOCRIT (Percent)      FC18
42-44			SUGAR (mg/100 ml)      FC21
45-47			TOTAL CHOLESTEROL (mg/100 ml)      FC22
48-50			BETA CHOLESTEROL (mg/100 ml)      FC23
51-53			ALPHA CHOLESTEROL (mg/100 ml)      FC24
54-56			PHOSPHOLIPID (mg/100 ml)      FC25
57-59			TRIGLYCERIDE (mg/100 ml)      FC32
60-62			FIBRINOGEN (mg/100 ml)      FC26
63-68	Filtered FC27	Unfiltered FC28	FIBRINOLYSIS TIME (Minutes)
69-71			LIGHT SCATTERING INTENSITY (L.S.I. units described by Thorp)
72	Negative 0	Frederickson Class 1 2 3 4 5	Unknown 9
	None 0	Positive 1 2	Trace 3
			Unknown 9
			CAROTENE (µg/100 ml)      FC29
			LIPOPROTEIN ELECTROPHORETIC PATTERN      FC30
			DENSITY OF PRE-BETA BAND      FC31

78-80		1	2	1	DECK NUMBER 121	VERIFIED BY	DATE
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<b>EXAM CODE SHEET</b> Framingham Heart Study	<b>NUMERICAL DATA</b> Deck <del>101</del> 127	DATE THIS EXAM  DATE LAST EXAM
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S.	CODE	ITEM										
1-4	<b>ID</b>	RECORD NUMBER      NAME										
5-10	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> </table>	Month	Day	Year	DATE THIS EXAM							
Month	Day	Year										
11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Single</td> <td style="width:20%;">Married</td> <td style="width:20%;">Widowed</td> <td style="width:20%;">Divorced</td> <td style="width:20%;">Separated</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table>	Single	Married	Widowed	Divorced	Separated	1	2	3	4	5	MARITAL STATUS
Single	Married	Widowed	Divorced	Separated								
1	2	3	4	5								
12-15	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Nurse</td> <td style="width:50%;">Physician</td> </tr> </table>	Nurse	Physician	EXAMINERS' NUMBERS								
Nurse	Physician											
16-18		WEIGHT (To nearest pound)										
19-22		HEIGHT (Inches, to next lower quarter inch)										
23-26	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Right</td> <td style="width:50%;">Left</td> </tr> <tr> <td style="text-align: center;">FC8</td> <td style="text-align: center;">FC9</td> </tr> </table>	Right	Left	FC8	FC9	SKINFOLD TRICEPS (Millimeters)						
Right	Left											
FC8	FC9											
27-30	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FC33</td> <td style="width:50%;">FC34</td> </tr> </table>	FC33	FC34	SKINFOLD SUBSCAPULAR (Millimeters)								
FC33	FC34											
31	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Negative</td> <td style="width:25%;">Positive</td> <td style="width:25%;">Doubtful</td> <td style="width:25%;">Unknown</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> </tr> </table>	Negative	Positive	Doubtful	Unknown	0	1	2	9	SUGAR IN URINE      FC10		
Negative	Positive	Doubtful	Unknown									
0	1	2	9									
32	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Negative</td> <td style="width:25%;">Positive</td> <td style="width:25%;">Doubtful</td> <td style="width:25%;">Unknown</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> </tr> </table>	Negative	Positive	Doubtful	Unknown	0	1	2	9	ALBUMIN IN URINE      FC11		
Negative	Positive	Doubtful	Unknown									
0	1	2	9									

<b>BLOOD PRESSURE (Left arm, mm Hg):</b>			
33-38	Systolic	Diastolic	NURSE
	FC12	FC13	
#	FC14	FC15	PHYSICIAN (First reading)
45-50	FC16	FC17	PHYSICIAN (Second reading)

<b>LUNG FUNCTION:</b>			
51-52	FC188		TOTAL VITAL CAPACITY (Deciliters)
53-55	FC189		FIRST SECOND VOLUME (Centiliters)

<b>GLUCOSE CHALLENGE:</b>			
56-60	AM-PM	Hour	Minute
	FC35	FC36	FC37
61-65	FC38	FC39	FC40
	TIME OF LAST EATING (Meal or snack)		
	TIME GLUCOSE GIVEN		
	CODE 1 = AM 2 = PM		

<b>BLOOD ANALYSIS:</b>			
66-67			HEMATOCRIT (Percent)      FC18
68-70			SUGAR (mg/100 ml)      FC41

COMMENTS

78-80		1	2	7	DECK NUMBER <del>101</del> 127	VERIFIED BY	DATE
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**X**  
EXAM CODE SHEET  
Framingham Heart Study

NUMERICAL DATA (Continued)  
HISTORY OF PHYSICAL ACTIVITY  
Deck ~~127~~ 128

COLS.	CODE				ITEM
1-4	ID				RECORD NUMBER
<b>BLOOD ANALYSIS: FASTING LIPIDS</b>					
5-7	FC42				TOTAL CHOLESTEROL (mg/100 ml)
8-10	FC43				ALPHA CHOLESTEROL (mg/100 ml)
11-13	FC44				VLDL CHOLESTEROL (mg/100 ml)
14-16	FC45				BETA CHOLESTEROL (mg/100 ml)
17-19	FC46				TRIGLYCERIDE (mg/100 ml)
20-25	Unfiltered FC27		Filtered FC28		LIGHT SCATTERING INTENSITY (L.S.I. units described by Thorp)
26	None 0	Positive 1 2	Trace 3	Unknown 9	DENSITY OF PRE-BETA BAND FC47
27	None 0	Yes 1	Unknown 9		VLDL BETA BAND FC48
<b>AGAROSE ELECTROPHORESIS</b>					
28-30					Origin (Standard units)
31-33					Beta Band (Standard units)
34-36					Pre-Beta Band (Standard units)
37-39					Alpha Band (Standard units)

**REST AND ACTIVITY (Average Hours Per Day)**

40-41		SLEEP			
42-43		ADDED REST			
44-45		SEDENTARY	JOB: WHAT DO YOU DO?		
46-47		SLIGHT ACTIVITY			
48-49		MODERATE ACTIVITY			
50-51		HEAVY ACTIVITY			
52-53		SEDENTARY	EXTRACURRICULAR ACTIVITIES		
54-55		SLIGHT ACTIVITY			
56-57		MODERATE ACTIVITY			
58-59		HEAVY ACTIVITY			
60-61		SEDENTARY	SUMMARY BY EXAMINER		
62-63		SLIGHT ACTIVITY			
64-65		MODERATE ACTIVITY			
66-67		HEAVY ACTIVITY			
78-80			1	2	3
			DECK NUMBER <del>127</del> 128		VERIFIED BY
					DATE

<b>EXAM X CODE SHEET</b> Framingham Heart Study	<b>X-RAY REPORT</b> Deck 122	DATE THIS EXAM  DATE LAST EXAM
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COLS. 1-4	CODE				ITEM		
	Sat. 1	UnSat. 2	Maybe	Unknown	RECORD NUMBER	NAME	
<b>FC49</b> <sub>5</sub>					<b>CHEST FILM:</b>		
	No	Yes	Maybe	Unknown	ABNORMALITY NOTED BY RADIOLOGIST BEFORE CLINICAL DATA		
<b>FC50</b> <sub>6</sub>	0	1	2	9	Generalized Cardiac Enlargement	*DESCRIBE	
<b>FC51</b> <sub>7</sub>	0	1	2	9	Left Ventricular Hypertrophy		
<b>FC52</b> <sub>8</sub>	0	1	2	9	Atrial Hypertrophy    L    R		
<b>FC53</b> <sub>9</sub>	0	1	2	9	Right Ventricular Hypertrophy		
<b>FC54</b> <sub>10</sub>	0	1	2	9	Other Contour*		
<b>FC55</b> <sub>11</sub>	0	1	2	9	Pulmonary Artery*		
<b>FC56</b> <sub>12</sub>	0	1	2	9	Position*		
<b>FC57</b> <sub>13</sub>	0	1	2	9	Calcification, Not Aortic*		
	No	Yes	Maybe	Unknown	<b>AORTIC ABNORMALITY</b>		
<b>FC58</b> <sub>14</sub>	0	1	2	9	Arch	*DESCRIBE	
<b>FC59</b> <sub>15</sub>	0	1	2	9	Tortuous    Ascending		
<b>FC60</b> <sub>16</sub>	0	1	2	9	Descending		
<b>FC61</b> <sub>17</sub>	0	1	2	9	Calcified		
<b>FC62</b> <sub>18</sub>	0	1	2	9	Other*		
	No	Yes	Maybe	Unknown	<b>NON-CARDIOVASCULAR ABNORMALITY</b>		
<b>FC63</b> <sub>19</sub>	0	1	2	9	Bone*	*DESCRIBE	
<b>FC64</b> <sub>20</sub>	0	1	2	9	Pleural*		
<b>FC65</b> <sub>21</sub>	0	1	2	9	Parenchymal*		
<b>FC66</b> <sub>22</sub>	0	1	2	9	Other*		
<b>FC67</b> <sub>23-25</sub>					MEASUREMENT OF HEART SIZE (100 Added to Denominator of Fraction Shown for Heart Size)	HEART SIZE /	CT RATIO /

**EXAM X CODE SHEET**  
Framingham Heart Study

**X-RAY REPORT**  
Deck 122  
(Continued)

RECORD NUMBER

**CHEST FILM: (Continued)**

COLS.	CODE				ITEM
	No	Yes	Maybe	Unknown	
ABNORMALITY NOTED BY RADIOLOGIST AFTER CLINICAL DATA					
FC68 <sub>26</sub>	0	1	2	9	Generalized Cardiac Enlargement
FC69 <sub>27</sub>	0	1	2	9	Left Ventricular Hypertrophy
FC70 <sub>28</sub>	0	1	2	9	Atrial Hypertrophy
FC71 <sub>29</sub>	0	1	2	9	Right Ventricular Hypertrophy
FC72 <sub>30</sub>	0	1	2	9	Other Contour*
FC73 <sub>31</sub>	0	1	2	9	Position
FC74 <sub>32</sub>	0	1	2	9	HEART LARGER NOW THAN AT PRECEDING EXAM
FC75 <sub>33</sub>	No 2	Yes 1		Not done 9	CARDIO-ROENTGEN ACTIVATOR IS SATISFACTORY

\*DESCRIBE

**PERSONAL HISTORY**

FC76 <sub>34-35</sub>					PRESENT AGE (Years last birthday)
FC77 <sub>36-37</sub>					BIRTH ORDER (Live births)
FC78 <sub>38-39</sub>					NUMBER OF SIBLINGS (Including subject)
FC79 <sub>40</sub>					MARITAL STATUS (1-Single 2-Married 3-Widowed 4-Divorced 5-Separated)

78-80

1 | 2 | 2

DECK NUMBER 122

VERIFIED BY

DATE

<b>EXAM X CODE SHEET</b> Birmingham Heart Study	<b>MEDICAL HISTORY</b> Deck 123	DATE THIS EXAM <hr/> DATE LAST EXAM
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COLS.	CODE			ITEM		
	1-4	No	Yes	Unknown	RECORD NUMBER	NAME
FC80 <sub>5</sub>	0	1	9	HOSPITALIZATION IN INTERIM		
FC81 <sub>6</sub>	0	1	9	ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM		
REASON			MONTH - YEAR	NAME AND LOCATION OF HOSPITAL		DOCTOR

FC82 <sub>7</sub>	No	Yes (Now)	Yes (Not Now)	Unknown	MEDICINE USED IN INTERIM:	COMMENTS
FC82 <sub>7</sub>	0	1	2	9	CARDIAC GLYCOSIDES	
FC83 <sub>8</sub>	0	1	2	9	NITRITES	
FC84 <sub>9</sub>	0	1	2	9	QUINIDINE (OR PROCAINAMIDE)	
FC85 <sub>10</sub>	0	1	2	9	DIURETICS	
FC86 <sub>11</sub>	0	1	2	9	HYPOTENSIVES	
FC87 <sub>12</sub>	0	1	2	9	ANTI-CHOLESTEROL AGENTS	
FC88 <sub>13</sub>	0	1	2	9	THYROID	
FC89 <sub>14</sub>	0	1	2	9	ANTITHYROID	
FC90 <sub>15</sub>	0	1	2	9	ANTICOAGULANTS	
FC91 <sub>16</sub>	0	1	2	9	HYPOGLYCEMIC AGENTS (Specify)	
FC92 <sub>17</sub>	0	1	2	9	TRANQUILIZERS	

18	Man		Woman		SEX	COMMENTS	
	8		2				
FC93 <sub>19</sub>	Man 8	No 0	Yes 1	Unk. 9	FC2		
FC94 <sub>20-21</sub>	88				PERIODS HAVE STOPPED 1 YEAR OR MORE		
FC95 <sub>22</sub>	8	NS 7	Surgery 0	Other 1	Unk. 9		AGE AT WHICH PERIODS STOPPED (00 = Not Stopped)
FC96 <sub>23</sub>	8	No 7	Yes Under a year 0	Yes Over a year 1	Unk. 9		CAUSE OF CESSATION OF MENSES (NS = Not Stopped)
FC97 <sub>24</sub>	8	No 7	Yes 0	Unk. 9			HORMONE THERAPY IN INTERIM (Specify)
FC98 <sub>25</sub>	8	No 7	Yes (one) 0	Yes (two) 1	Unk. 9	HYSTERECTOMY	
						OVARIES REMOVED	

EXAM X CODE SHEET  
Framingham Heart Study

MEDICAL HISTORY

Deck 123  
(Continued)

COLS.	CODE				ITEM
					<b>SMOKING, IN INTERIM:</b>
					DESCRIBE ANY CHANGES
26	No 0	Yes 1	Unknown 9	SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS	FC99
27	0	1	9	SMOKES CIGARS	FC100
28	0	1	9	SMOKES PIPE	FC101
29	0	1	9	SMOKES CIGARETTES	FC102
30-31				Number of Cigarettes Per Day	FC103
32	Quarters 1 2 3		Unknown 9	Portion of Cigarette Smoked	FC104
33	No 0	Yes 1	Unknown 9	Uses Filter	FC105
34	0	1	9	Inhales	FC106
					<b>DIET:</b>
					COMMENTS
35	No 0	Yes 1	Unknown 9	LOW FAT	FC107
36	0	1	9	LOW CALORIE	FC108
37	0	1	9	LOW SALT	FC109
38	0	1	9	BLAND	FC110
39	0	1	9	DIABETIC	FC111
40	0	1	9	OTHER	FC112
41	0	1	9	DO YOU AVOID SALT OR SALTY FOODS	FC113
42	0	1	9	FOLLOWING DIET (Examiner's Opinion)	FC114
					<b>RESPIRATORY SYMPTOMS, IN INTERIM:</b>
FC115 43	No 0	Yes Pro- duc- tive 1	Yes Non- pro- duc- tive 2	Un- known 9	CHRONIC COUGH Duration _____ + - Nocturnal + - Hemoptysis
FC116 44	No 0	Yes 1	Unknown 9		TRoubLED WITH WHEEZING + - Seasonal + - Long Duration + - With Respiratory Infection
FC117 45	No 0	Highest Grade 1 2 3		Unknown 9	DYSPNEA ON EXERTION Grade 1: Climbing stairs or vigorous exertion Grade 2: Rapid walking or moderate exertion Grade 3: Any slight exertion
FC118 46	No 0	Yes 1	Unknown 9		Dyspnea Increased in Past Two Years
FC119 47	0	1	9		ORTHOPNEA <input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint
FC120 48	0	1	9		PAROXYSMAL NOCTURNAL DYSPNEA
FC121 49	0	1	9		ANKLE EDEMA, BILATERAL
FC122 50	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject Had Congestive Heart Failure Since Last Examination



EXAM X CODE SHEET  
Framingham Heart Study

MEDICAL HISTORY  
Deck 123  
(Continued)

COLS.	CODE				ITEM																				
					<b>PERIPHERAL VASCULAR DISEASE, LIFETIME:</b>																				
FC132 60	No 0	Yes 1	Unknown 9	FAMILY HISTORY (parent, sibling, offspring) OF NON-TRAUMATIC AMPUTATION OF LOWER EXTREMITY																					
				RELATIVE																					
61 FC133	No 0	Any + 1	Unknown 9	EVER HAD?	<table border="1"> <tr> <td>- +</td> <td>Trouble With Varicose Veins</td> <td>L</td> <td>R</td> </tr> <tr> <td>- +</td> <td>Phlebitis</td> <td>L</td> <td>R</td> </tr> <tr> <td>- +</td> <td>Swelling of Leg, Unilateral</td> <td>L</td> <td>R</td> </tr> <tr> <td>- +</td> <td>Leg Ulcers</td> <td>L</td> <td>R</td> </tr> </table>	- +	Trouble With Varicose Veins	L	R	- +	Phlebitis	L	R	- +	Swelling of Leg, Unilateral	L	R	- +	Leg Ulcers	L	R				
- +	Trouble With Varicose Veins	L	R																						
- +	Phlebitis	L	R																						
- +	Swelling of Leg, Unilateral	L	R																						
- +	Leg Ulcers	L	R																						
62 FC134	No 0	Yes 1	Unknown 9	TROUBLED WITH FREQUENT COLD- NESS IN ONE EXTREMITY	<table border="1"> <tr> <td>- +L +R</td> <td>IN ONE Hand, Not Both</td> <td rowspan="2">DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS.</td> </tr> <tr> <td>- +L +R</td> <td>IN ONE Foot, Not Both</td> </tr> </table>	- +L +R	IN ONE Hand, Not Both	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS.	- +L +R	IN ONE Foot, Not Both															
- +L +R	IN ONE Hand, Not Both	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS.																							
- +L +R	IN ONE Foot, Not Both																								
63 FC135	No 0	Yes 1	Unknown 9	TROUBLE WITH FINGERS ON EX- POSURE TO COLD (RAYNAUD'S) L R	DESCRIBE																				
FC136 <sup>64</sup>	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject Has Raynaud's Phenomenon																				
FC137 65	No 0	Yes 1	Unknown 9	DISCOMFORT IN LOWER LIMBS WHILE WALKING	<table border="1"> <tr> <td>- +</td> <td>Onset at First Steps</td> <td></td> </tr> <tr> <td>- +</td> <td>After Walking Awhile</td> <td></td> </tr> <tr> <td>- +</td> <td>Related to Rapidity of Walking or Steepness of Grade</td> <td></td> </tr> <tr> <td>- +L +R</td> <td>Calf</td> <td rowspan="2">DISTANCE</td> </tr> <tr> <td>- +L +R</td> <td>Other</td> </tr> <tr> <td>- +</td> <td>Forced to Stop Walking</td> <td></td> </tr> <tr> <td>- +</td> <td>Relieved by Stopping, in _____ Minutes</td> <td></td> </tr> </table>	- +	Onset at First Steps		- +	After Walking Awhile		- +	Related to Rapidity of Walking or Steepness of Grade		- +L +R	Calf	DISTANCE	- +L +R	Other	- +	Forced to Stop Walking		- +	Relieved by Stopping, in _____ Minutes	
- +	Onset at First Steps																								
- +	After Walking Awhile																								
- +	Related to Rapidity of Walking or Steepness of Grade																								
- +L +R	Calf	DISTANCE																							
- +L +R	Other																								
- +	Forced to Stop Walking																								
- +	Relieved by Stopping, in _____ Minutes																								
				DURATION OF SYMPTOMS	LEG IN WHICH COMPLAINT BEGAN																				
				_____ YEARS _____ MONTHS	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT																				
				CONDITION IS:	<input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary																				
FC138 66	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject Has Intermittent Claudication																				
					DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS.																				
					<b>GOUTY ARTHRITIS:</b>																				
FC139 67	No 0	Yes 1	Maybe 2	Unknown 9	EVER HAD GOUT																				
				DATE LAST ATTACK																					
				COMMENT																					
COMMENTS																									
78-80	1	2	3	DECK NUMBER 123	VERIFIED BY																				
					DATE																				

<b>EXAM X CODE SHEET</b> Framingham Heart Study	<b>PHYSICAL EXAMINATION</b> Deck 124	DATE THIS EXAM _____  DATE LAST EXAM _____
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COLS.	CODE	ITEM
1-4		RECORD NUMBER _____ NAME _____
5-10		DATE THIS EXAM (Month, day, year) _____
FC140 11-14	NURSE _____ PHYSICIAN _____	EXAMINERS' NUMBERS _____
		DEGREE OF OBESITY _____
FC141 15	None    Slight    Moderate    Marked    Unknown 0        1        2        3        9	COMMENTS _____
FC142 16	Slight    Mod.    Marked    Unk. 0        1        2        3        9	EYES: _____ *DESCRIBE (GIVE LOCATION AND SIZE) ARCUS SENILIS _____ XANTHELASMA* _____
FC143 17	No    Yes    Maybe    Unk. 0    1    2        9	XANTHOMATA _____ DESCRIBE AND LOCATE _____
FC144 18	No    Yes    Maybe    Unk. 0    1    2        9	XANTHOMATA _____ DESCRIBE AND LOCATE _____
FC145 19	No    Yes    Maybe    Unk. 0    1    2        9	THYROID: _____ DESCRIBE ANY ABNORMALITY SCAR _____ SINGLE NODULE _____ MULTIPLE NODULES _____ DIFFUSE ENLARGEMENT _____ OTHER MANIFESTATION OF THYROID DISEASE _____
FC146 20	No    Yes    Maybe    Unk. 0    1    2        9	THYROID: _____ DESCRIBE ANY ABNORMALITY
FC147 21	No    Yes    Maybe    Unk. 0    1    2        9	THYROID: _____ DESCRIBE ANY ABNORMALITY
FC148 22	No    Yes    Maybe    Unk. 0    1    2        9	THYROID: _____ DESCRIBE ANY ABNORMALITY
FC149 23	No    Yes    Maybe    Unk. 0    1    2        9	THYROID: _____ DESCRIBE ANY ABNORMALITY
FC150 24	No    Yes    Maybe    Unk. 0    1    2        9	RESPIRATORY SYSTEM: _____ DESCRIBE ANY ABNORMALITY INCREASED ANTERO-POSTERIOR DIAMETER _____ ABNORMAL BREATH SOUNDS _____ RALES _____
FC151 25	No    Yes    Maybe    Unk. 0    1    2        9	RESPIRATORY SYSTEM: _____ DESCRIBE ANY ABNORMALITY
FC152 26	No    Yes    Maybe    Unk. 0    1    2        9	RESPIRATORY SYSTEM: _____ DESCRIBE ANY ABNORMALITY

COMMENTS \_\_\_\_\_

COLS.	CODE		ITEM				
<b>HEART:</b>							
			SPECIFY AND DESCRIBE				
27 FC153	No 0	Yes 1	Maybe 2	Unk. 9	ABNORMAL SOUNDS (e.g., clicks, gallops, abnormal splitting, muffled, or accentuated sounds, rubs)		
			SYSTOLIC MURMURS:				
			DESCRIBE SIGNIFICANT MURMURS				
			Heard Maximally At:				
			Apex				
			Midprecordium				
			Left Base				
			Right Base				
	No 0	Yes 1	Maybe 2	Unk. 9	Any Murmur Significant		
			FOR SIGNIFICANT MURMURS Examiner's opinion of valve origin				
			DIASTOLIC MURMURS:				
			DESCRIBE				
	No 0	Mitral 1	Aortic 2	Both 3	Other 4	Unk. 9	Grade 1 2 3 4 5 6
34 FC160	No 0	Yes 1	Maybe 2	Unk. 9	DISTENDED NECK VEINS (Semi-recumbent)		
			BREASTS:				
	No 0	Yes 1	Unknown 9		Abnormal		
			Mastectomy		*DESCRIBE ABNORMALITY		
	No 0	Radi- cal 1	Sim- ple 2	Other 3	Unk. 9	Scar Present L R	
	No 0	Yes 1	Maybe 2	Unk. 9	Localized Mass*		
	No 0	Yes 1	Maybe 2	Unk. 9	Axillary Nodes*		
			ABDOMEN:				
	No 0	Yes 1	Maybe 2	Unk. 9	Liver Enlarged		DESCRIBE
			Other Liver Abnormality				
	No 0	Yes 1	Maybe 2	Unk. 9	Other Abdominal Abnormality		

COLS.	CODE	ITEM
<b>PERIPHERAL VESSELS:</b>		
<b>FC168</b> 42	No      Grade      Unknown 0   1 2 3 4      9	LEFT ANKLE EDEMA
<b>FC169</b> 43	0   1 2 3 4      9	RIGHT ANKLE EDEMA
		DESCRIBE
		DESCRIBE
		GRADE LEGEND
		1 - UNCOMPLICATED
		2 - WITH EDEMA OR SKIN CHANGES
		3 - WITH ULCER
<b>FC170</b> 44	No      Grade      Unknown 0   1 2 3      9	Visible Varicosities
<b>FC171</b> 45	0   1 2 3      9	Left
		Right
		DESCRIBE
<b>FC172</b> 46	No      Yes      Unk. 0      1      9	AMPUTATION*
		SITE
		EXTENT
		REASON
<b>FC173</b> 47	No      Yes      Maybe      Unk. 0      1      2      9	TEMPERATURE DIFFERENCE IN FEET*
		Colder Foot      L      R
<b>FC174</b> 48	No      Yes      Maybe      Unk. 0      1      2      9	ABSENT OR FEEBLE PERIPHERAL PULSES*
<b>FC175</b> 49	0      1      2      9	Dorsal Pedis      L      R
<b>FC176</b> 50	0      1      2      9	Posterior Tibial      L      R
<b>FC177</b> 51	0      1      2      9	Femoral      L      R
<b>FC178</b> 52	0      1      2      9	Radial      L      R
<b>FC179</b> 53	No      Yes      Maybe      Unk. 0      1      2      9	VASCULAR BRUITS IMMEDIATELY AFTER EXERCISE*
		- + Medial Aspect of Thigh      L      R
		- + Groin      L      R
		- + Lower Abdomen      L      R
		- + Umbilical      L      R
		- + Carotid      L      R
<b>FC180</b> 54	No      Yes      Unknown 0      1      9	WAS PATIENT EXERCISED BEFORE BRUITS WERE LISTENED FOR?

COMMENTS

COLS.	CODE					ITEM							
						<b>PERIPHERAL VESSELS: (Continued)</b>							
FC181 <sup>55</sup>	Not Done 0	Pos. 1	Neg. 2	May be 3	Unk. 9	<b>RATSCHOW'S POSTURAL CHANGE TEST:</b> <table border="1"> <tr> <td>+L -+R Pallor on Elevation</td> <td rowspan="5"> <b>DESCRIBE</b>                      NOTE: COMPARE TWO FEET                       DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS                 </td> </tr> <tr> <td>+L Delayed Return of Color in -+R 1 foot ( _____ Sec. Delayed)</td> </tr> <tr> <td>+L Delayed Filling in 1 foot -+R ( _____ Sec. Delayed)</td> </tr> <tr> <td>+L -+R Reactionary Rubor</td> </tr> <tr> <td colspan="2">Arterial Peripheral Vascular Disease</td> </tr> </table>	+L -+R Pallor on Elevation	<b>DESCRIBE</b> NOTE: COMPARE TWO FEET  DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS	+L Delayed Return of Color in -+R 1 foot ( _____ Sec. Delayed)	+L Delayed Filling in 1 foot -+R ( _____ Sec. Delayed)	+L -+R Reactionary Rubor	Arterial Peripheral Vascular Disease	
+L -+R Pallor on Elevation	<b>DESCRIBE</b> NOTE: COMPARE TWO FEET  DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS												
+L Delayed Return of Color in -+R 1 foot ( _____ Sec. Delayed)													
+L Delayed Filling in 1 foot -+R ( _____ Sec. Delayed)													
+L -+R Reactionary Rubor													
Arterial Peripheral Vascular Disease													
FC182 <sup>56</sup>	No 0	Yes 1	Maybe 2	Unk. 9	1ST EXAMINER'S OPINION	Chronic Venous Insufficiency or Varicose Veins							
FC183 <sup>57</sup>	0	1	2	9	2ND EXAMINER'S OPINION	Arterial Peripheral Vascular Disease							
FC184 <sup>58</sup>	0	1	2	9		Chronic Venous Insufficiency or Varicose Veins							
FC185 <sup>59</sup>	0	1	2	9									
						<b>NEUROLOGICAL FINDINGS:</b>							
					- + SPEECH DISTURBANCE	<b>DESCRIBE EACH ABNORMALITY</b>          							
					- + MENTAL IMPAIRMENT								
					- + DISTURBANCE IN GAIT								
					- + LOCALIZED MUSCLE WEAKNESS								
					- + VISUAL DISTURBANCE								
					- + ABNORMAL REFLEXES								
					- + CRANIAL NERVE ABNORMALITY								
					- + CEREBELLAR SIGNS								
					- + SENSORY IMPAIRMENT								
FC186 <sup>60</sup>	No 0	Yes 1	Maybe 2	Unk. 9	ANY NEUROLOGICAL FINDINGS								
FC187 <sup>61</sup>	0	1	2	9	Examiner believes this is residual of cerebrovascular accident								
						<b>LUNG FUNCTION:</b>							
FC188 <sup>62-63</sup>					TOTAL VITAL CAPACITY (Deciliters)								
FC189 <sup>64-65</sup>					FIRST SECOND VOLUME (Centiliters)								
67-69					FLOW RATE (Centiliters/second)								
78-80		1	2	4	DECK NUMBER 124	<table border="1"> <tr> <td>VERIFIED BY</td> <td>DATE</td> </tr> </table>	VERIFIED BY	DATE					
VERIFIED BY	DATE												

AM X CODE SHEET Birmingham Heart Study	<b>ELECTROCARDIOGRAPH AND OSCILLOGRAPH</b> Deck 125	DATE THIS EXAM  DATE LAST EXAM
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COLS.	CODE	ITEM																														
1-4		RECORD NUMBER      NAME																														
		<b>ELECTROCARDIOGRAPHIC FINDINGS:</b>																														
	FC190-7	VENTRICULAR RATE PER MINUTE																														
	FC191-8-9	P-R INTERVAL (Hundredths of second)																														
	FC192-10-11	QRS INTERVAL (Hundredths of second)																														
	FC193-12	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Yes</td> <td>Maybe</td> <td>Unknown</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">MYOCARDIAL INFARCTION</td> <td>LOCATION</td> </tr> </table>	No	Yes	Maybe	Unknown	0	1	2	9	MYOCARDIAL INFARCTION		LOCATION																			
No	Yes	Maybe	Unknown																													
0	1	2	9																													
MYOCARDIAL INFARCTION		LOCATION																														
	FC194-13	LEFT VENTRICULAR HYPERTROPHY																														
	FC195-14	NON-SPECIFIC T-WAVE ABNORMALITY																														
	FC196-15	NON-SPECIFIC S-T SEGMENT ABNORMALITY																														
	FC197-16	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td colspan="4">IVB</td> <td>WPW</td> <td>Unk.</td> </tr> <tr> <td></td> <td>L</td> <td>R</td> <td>Ind</td> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">INTRAVENTRICULAR BLOCK</td> <td>ABBREVIATIONS</td> </tr> <tr> <td colspan="2"></td> <td>WPW - Wolff-Parkinson-White Syndrome</td> </tr> <tr> <td colspan="2"></td> <td>Ind - Indeterminate whether left or right</td> </tr> </table>	No	IVB				WPW	Unk.		L	R	Ind	Other			0	1	2	3	4	5	9	INTRAVENTRICULAR BLOCK		ABBREVIATIONS			WPW - Wolff-Parkinson-White Syndrome			Ind - Indeterminate whether left or right
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		Ind - Indeterminate whether left or right																														
	FC198-17	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td colspan="3">Degree</td> <td>Unknown</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">ATRIOVENTRICULAR BLOCK</td> <td>DEGREE LEGEND</td> </tr> <tr> <td colspan="2"></td> <td>1 - Prolonged P-R interval (0.20 second or more)</td> </tr> <tr> <td colspan="2"></td> <td>2 - Dropped beat</td> </tr> <tr> <td colspan="2"></td> <td>3 - Complete A-V dissociation (C.H.B.)</td> </tr> </table>	No	Degree			Unknown		1	2	3	9	ATRIOVENTRICULAR BLOCK		DEGREE LEGEND			1 - Prolonged P-R interval (0.20 second or more)			2 - Dropped beat			3 - Complete A-V dissociation (C.H.B.)								
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	FC199-18	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Atrial</td> <td>Ven-tricular</td> <td>Nodal</td> <td>Combined</td> <td>Unknown</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">PREMATURE BEATS</td> </tr> </table>	No	Atrial	Ven-tricular	Nodal	Combined	Unknown	0	1	2	3	4	9	PREMATURE BEATS																	
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	FC200-19	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Yes</td> <td>Unknown</td> </tr> <tr> <td>0</td> <td>1</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">ATRIAL FIBRILLATION</td> </tr> </table>	No	Yes	Unknown	0	1	9	ATRIAL FIBRILLATION																							
No	Yes	Unknown																														
0	1	9																														
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	FC201-20	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Yes</td> <td>Unknown</td> </tr> <tr> <td>0</td> <td>1</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">ATRIAL FLUTTER</td> </tr> </table>	No	Yes	Unknown	0	1	9	ATRIAL FLUTTER																							
No	Yes	Unknown																														
0	1	9																														
ATRIAL FLUTTER																																
	FC202-21	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Yes</td> <td>Maybe</td> <td>Unknown</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">OTHER ARRHYTHMIA</td> <td rowspan="2">SPECIFY</td> </tr> <tr> <td colspan="2">OTHER ECG ABNORMALITY</td> </tr> </table>	No	Yes	Maybe	Unknown	0	1	2	9	OTHER ARRHYTHMIA		SPECIFY	OTHER ECG ABNORMALITY																		
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0	1	2	9																													
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OTHER ECG ABNORMALITY																																
	FC203-22	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Yes</td> <td>Other</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">OTHER ECG ABNORMALITY</td> </tr> </table>	No	Yes	Other	Unk.	0	1	2	9	OTHER ECG ABNORMALITY																					
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	FC204-23	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Yes</td> <td>Maybe</td> <td>Unknown</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">ANY ABOVE ABNORMALITY PRESENT IN ECG</td> </tr> </table>	No	Yes	Maybe	Unknown	0	1	2	9	ANY ABOVE ABNORMALITY PRESENT IN ECG																					
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0	1	2	9																													
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	FC205-24	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>No</td> <td>Yes</td> <td>Unknown</td> </tr> <tr> <td>0</td> <td>1</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">TAKING DIGITALIS OR QUINIDINE</td> </tr> </table>	No	Yes	Unknown	0	1	9	TAKING DIGITALIS OR QUINIDINE																							
No	Yes	Unknown																														
0	1	9																														
TAKING DIGITALIS OR QUINIDINE																																
	FC206-25	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Normal</td> <td>Abnormal</td> <td>Doubtful</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td colspan="2">ECG CLINICAL READING</td> </tr> </table>	Normal	Abnormal	Doubtful	Unk.	0	1	2	9	ECG CLINICAL READING																					
Normal	Abnormal	Doubtful	Unk.																													
0	1	2	9																													
ECG CLINICAL READING																																

COLS.	CODE	ITEM
<b>OSCILLOGRAPHIC FINDINGS:</b>		
		<b>DICROTIC NOTCH</b>
	Degree      Unknown	
26	1 2 3 4      9	Wrist
27	1 2 3 4      9	Leg
28	1 2 3 4      9	Foot
		<b>AMPLITUDE DIFFERENCES</b>
	RIGHT    LEFT	
29-30		Wrist
31-32		Leg
33-34		Foot
		<b>ABNORMAL CONTOUR</b>
	No    Yes    Maybe    Unknown	
35	0    1    2      9	Wrist, left
36	0    1    2      9	Wrist, right
37	0    1    2      9	Leg, left
38	0    1    2      9	Leg, right
39	0    1    2      9	Foot, left
40	0    1    2      9	Foot, right
		<b>INDEX SHIFT</b>
	No    Yes    Maybe    Unknown	
41	0    1    2      9	Wrist, left
42	0    1    2      9	Wrist, right
43	0    1    2      9	Leg, left
44	0    1    2      9	Leg, right
45	0    1    2      9	Foot, left
46	0    1    2      9	Foot, right
		<b>INTERPRETATION</b>
	Number      Unknown	
47	0 1 2 3 4      9	Abnormal pulses
		<b>SPECIFY</b>
78-80	1    2    5	DECK NUMBER 125
		VERIFIED BY
		DATE

FC207

<b>EXAM X CODE SHEET</b> Birmingham Heart Study	<b>CLINICAL DIAGNOSTIC IMPRESSION</b> Deck 126	DATE THIS EXAM  DATE LAST EXAM
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COLS.	CODE				ITEM	
1-4	<b>ID</b>				RECORD NUMBER	NAME
	Normal	Def- inite	Border- line	Un- known	<b>HEART:</b>	
FC208 <sup>5</sup>	0	1	2	9	HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)	
	No	Yes	Maybe	Un- known	Under Treatment for Hypertension	
FC209 <sup>6</sup>	0	1	2	9	HYPERTENSIVE HEART DISEASE	
FC210 <sup>7</sup>	0	1	2	9	Diagnosis of HHD is Outside of Criteria	
FC211 <sup>8</sup>	0	1			CORONARY HEART DISEASE	
	No	Yes	May- be	Un- known	Angina Pectoris	
FC212 <sup>9</sup>	0	1	2	3	4	9
FC213 <sup>10</sup>	0	1	2	3	4	9
FC214 <sup>11</sup>	0	1	2	3	4	9
		New	Old	Recur		
FC215 <sup>12</sup>	0	1	2	3	4	9
FC216 <sup>13</sup>	0	1	2	3	4	9
FC217 <sup>14</sup>	0	1	2	3	4	9
FC218 <sup>15</sup>	0	1	2	3	4	9
FC219 <sup>16</sup>	0	1	2	3	4	9
FC220 <sup>17</sup>	0	1	2	3	4	9
FC221 <sup>18</sup>	0	1	2	3	4	9
FC222 <sup>19</sup>	0	1	2	3	4	9
FC223 <sup>20</sup>	0	1	2	3	4	9
	No HD	Class			Un- known	
	0	1	2	3	4	9
					<b>PERIPHERAL VASCULAR DISEASE:</b>	
					ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE	
FC224 <sup>21</sup>	No	Yes	Maybe	Un- known	With Intermittent Claudication	
FC225 <sup>22</sup>	0	1	2	9	With Other Manifestation	SPECIFY
FC226 <sup>23</sup>	0	1	2	9	VARICOSE VEINS	
FC227 <sup>24</sup>	0	1	2	9	RAYNAUD'S PHENOMENON	

COLS.	CODE	ITEM																						
<b>VASCULAR DISEASE OF BRAIN:</b>																								
FC228 25	<table border="1" style="font-size: small;"> <tr> <td>No</td> <td colspan="2">Yes</td> <td>May</td> <td>Un-</td> </tr> <tr> <td>New</td> <td>Old</td> <td>Recur</td> <td>be</td> <td>known</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>9</td> </tr> </table>	No	Yes		May	Un-	New	Old	Recur	be	known	0	1	2	3	4					9	<table border="1" style="width:100%;"> <tr> <td style="width:50%; padding: 5px;">ATHEROSCLEROTIC INFARCTION OF BRAIN</td> <td style="width:50%; padding: 5px;">SPECIFY NEUROLOGICAL MANIFESTATIONS</td> </tr> </table>	ATHEROSCLEROTIC INFARCTION OF BRAIN	SPECIFY NEUROLOGICAL MANIFESTATIONS
No	Yes		May	Un-																				
New	Old	Recur	be	known																				
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ATHEROSCLEROTIC INFARCTION OF BRAIN	SPECIFY NEUROLOGICAL MANIFESTATIONS																							
FC229 26	<table border="1" style="font-size: small;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table>	0	1	2	3	4	9	<table border="1" style="width:100%;"> <tr> <td style="width:50%; padding: 5px;">EMBOLIC INFARCTION OF BRAIN</td> <td style="width:50%; padding: 5px;">SECONDARY TO:</td> </tr> </table>	EMBOLIC INFARCTION OF BRAIN	SECONDARY TO:														
0	1	2	3	4	9																			
EMBOLIC INFARCTION OF BRAIN	SECONDARY TO:																							
FC230 27	<table border="1" style="font-size: small;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table>	0	1	2	3	4	9	<table border="1" style="width:100%;"> <tr> <td style="width:50%; padding: 5px;">HEMORRHAGE INTO BRAIN</td> <td style="width:50%;"></td> </tr> </table>	HEMORRHAGE INTO BRAIN															
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FC231 28	<table border="1" style="font-size: small;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table>	0	1	2	3	4	9	<table border="1" style="width:100%;"> <tr> <td style="width:50%; padding: 5px;">SUBARACHNOID HEMORRHAGE</td> <td style="width:50%;"></td> </tr> </table>	SUBARACHNOID HEMORRHAGE															
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FC232 29	<table border="1" style="font-size: small;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table>	0	1	2	3	4	9	<table border="1" style="width:100%;"> <tr> <td style="width:50%; padding: 5px;">TRANSIENT ISCHEMIC ATTACKS</td> <td style="width:50%;"></td> </tr> </table>	TRANSIENT ISCHEMIC ATTACKS															
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SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES	FIRST EXAMINER	SECOND EXAMINER							
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