

Framingham Heart Study

Original Cohort Exam 11

06/13/1968-09/02/1971

N=2955

Exam Form Version

8-68 Numerical Data, Medical History, Physical
Examination, Electrocardiograph, Oscillograph,
X-Ray Report & Clinical Diagnostic Impression
6-70 Blood Analysis - Fasting Lipids

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.

EXAM XI CODE SHEET Framingham Heart Study	NUMERICAL DATA Deck 131	DATE THIS EXAM DATE LAST EXAM
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S.	CODE	ITEM
1-4	ID	RECORD NUMBER NAME
		AGE FD3
5-10	Month FD6 Day FD7 Year FD8	DATE THIS EXAM
11	Single Married Widowed Divorced Separated 1 2 3 4 5	MARITAL STATUS FD9
12-15	Nurse FD10 Physician FD11	EXAMINERS' NUMBERS
16-18	FD12	WEIGHT (To nearest pound)
19-22	FD13	HEIGHT (Inches, to next lower quarter inch)
23-26	Right FD14 Left FD15	SKINFOLD TRICEPS (Millimeters)
27-30	FD16 FD17	SKINFOLD SUBSCAPULAR (Millimeters)
31	Negative Positive Doubtful Unknown 0 1 2 9	SUGAR IN URINE FD18
32	0 1 2 9	ALBUMIN IN URINE FD19

BLOOD PRESSURE (Left arm, mm Hg):

S.	Systolic	Diastolic	NURSE
33-38	FD20	FD21	
39-44	FD22	FD23	PHYSICIAN (First reading)
45-50	FD24	FD25	PHYSICIAN (Second reading)

LUNG FUNCTION:

S.	TOTAL VITAL CAPACITY (Deciliters)	FIRST SECOND VOLUME (Centiliters)
51-52	FD26	
53-55		FD27

GLUCOSE CHALLENGE:

S.	AM-PM	Hour	Minute	TIME OF LAST EATING (Meal or snack)	CODE
56-60	FD28	FD29	FD30		
61-65	FD31	FD32	FD33	TIME GLUCOSE GIVEN	1 = AM 2 = PM

BLOOD ANALYSIS:

S.	HEMATOCRIT (Percent)	SUGAR (mg/100 ml)
66-67	FD34	
68-70		FD35

COMMENTS

78-80		1	3	1	DECK NUMBER 131	VERIFIED BY	DATE
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EXAM XI CODE SHEET
Framingham Heart Study

NUMERICAL DATA (Continued)
HISTORY OF PHYSICAL ACTIVITY
Deck 132

COLS.	CODE				ITEM
1-4			I D		RECORD NUMBER
BLOOD ANALYSIS: FASTING LIPIDS					
5-7			FD36		TOTAL CHOLESTEROL (mg/100 ml)
8-10			FD37		ALPHA CHOLESTEROL (mg/100 ml)
11-13			FD38		VLDL CHOLESTEROL (mg/100 ml)
14-16			FD39		BETA CHOLESTEROL (mg/100 ml)
17-19			FD48		TRIGLYCERIDE (mg/100 ml)
20-25	Unfiltered FD50		Filtered FD51		LIGHT SCATTERING INTENSITY (L.S.I. units described by Thorp)
26	None 0	Positive 1	Trace 2	Unknown 3	DENSITY OF PRE-BETA BAND FD52
27	None 0	Yes 1		Unknown 9	VLDL BETA BAND FD53

AGAROSE ELECTROPHORESIS					
28-30			FD54		Origin (Standard units)
31-33			FD55		Beta Band (Standard units)
34-36			FD56		Pre-Beta Band (Standard units)
37-39			FD57		Alpha Band (Standard units)

REST AND ACTIVITY (Average Hours Per Day)

40-41	FD58	SLEEP	JOB: WHAT DO YOU DO?
42-43	FD59	ADDED REST	
44-45	FD60	SEDENTARY	
46-47	FD61	SLIGHT ACTIVITY	
48-49	FD62	MODERATE ACTIVITY	
50-51	FD63	HEAVY ACTIVITY	EXTRACURRICULAR ACTIVITIES
52-53	FD64	SEDENTARY	
54-55	FD65	SLIGHT ACTIVITY	
56-57	FD66	MODERATE ACTIVITY	
58-59	FD67	HEAVY ACTIVITY	
60-61	FD68	SEDENTARY	SUMMARY BY EXAMINER
62-63	FD69	SLIGHT ACTIVITY	
64-65	FD70	MODERATE ACTIVITY	
66-67	FD71	HEAVY ACTIVITY	

78-80		1	3	2	DECK NUMBER 132	VERIFIED BY	DATE
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EXAM XI CODE SHEET Birmingham Heart Study	MEDICAL HISTORY Deck 133	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE			ITEM	
1-4	ID			RECORD NUMBER	NAME
5	No 0	Yes 1	Unknown 9	HOSPITALIZATION IN INTERIM FD72	
6	0	1	9	ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM FD73	

REASON	MONTH - YEAR	NAME AND LOCATION OF HOSPITAL	DOCTOR

					MEDICINE USED IN INTERIM:	COMMENTS
	No	Yes (Now)	Yes (Not Now)	Unknown		
7	0	1	2	9	CARDIAC GLYCOSIDES	FD74
8	0	1	2	9	NITRITES	FD75
9	0	1	2	9	QUINIDINE (OR PROCAINAMIDE)	FD76
10	0	1	2	9	DIURETICS	FD77
11	0	1	2	9	HYPOTENSIVES <i>(Exclude diuretics)</i>	FD78
12	0	1	2	9	ANTI-CHOLESTEROL AGENTS <i>(Specify)</i>	FD79
13	0	1	2	9	THYROID	FD80
14	0	1	2	9	ANTITHYROID	FD81
15	0	1	2	9	ANTICOAGULANTS	FD82
16	0	1	2	9	HYPOGLYCEMIC AGENTS <i>(Specify)</i>	FD83
17	0	1	2	9	TRANQUILIZERS	FD84
18	0	1	2	9	BRONCHODILATOR OR AEROSOL	FD85
19	No	Yes Under a year	Yes Over a year	Unknown	HORMONE THERAPY <i>(Specify)</i>	FD86

					MENOPAUSE:			
20	Man 8	No 0	Yes 1	Unk. 9	PERIODS HAVE STOPPED 1 YEAR OR MORE	COMMENTS FD87		
21-22	88				AGE AT WHICH PERIODS STOPPED (00 = Not Stopped)	FD88		
23	NS 8	Nat- ural 7	Sur- gery 0	Other 2	Unk. 9	CAUSE OF CESSATION OF MENSES (NS = Not Stopped)	FD89	
24	8	7	No 0	Yes 1	Unk. 9	HYSTERECTOMY	FD90	
25	8	7	No 0	Yes (one) 1	Yes (two) 2	Unk. 9	OVARIES REMOVED	FD91

COLS.	CODE			ITEM	DESCRIBE ANY CHANGES
SMOKING, IN INTERIM:					
26	No 0	Yes 1	Unknown 9	SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS	FD92
27	0	1	9	SMOKES CIGARS	FD93
28	0	1	9	SMOKES PIPE	FD94
29	0	1	9	SMOKES CIGARETTES	FD95
30-31				Number of Cigarettes Per Day (00 = None)	FD96
32	0	Quarters 1 2 3	Unknown 9	Portion of Cigarette Smoked	FD97
33	No 0	Yes 1	Unknown 9	Uses Filter	FD98
34	0	1	9	Inhales Cigarettes	FD99
DIET:					
35	No 0	Yes 1	Unknown 9	LOW FAT	FD100
36	0	1	9	LOW CALORIE	FD101
37	0	1	9	LOW SALT	FD102
38	0	1	9	BLAND	FD103
39	0	1	9	DIABETIC	FD104
40	0	1	9	OTHER	FD105
41	0	1	9	DO YOU AVOID SALT OR SALTY FOODS FOLLOWING DIET (Examiner's Opinion)	FD106 FD107
42	0	1	9		
RESPIRATORY SYMPTOMS, IN INTERIM:					
43	No 0	Yes Pro- duc- tive 1	Yes Non- pro- duc- tive 2	Unknown 9	CHRONIC COUGH FD108 (at least three months per year) + - Nocturnal + - Hemoptysis + - Seasonal
44	No 0	Yes 1	Unknown 9	TROUBLED WITH WHEEZING FD109	+ - Long Duration + - With Respiratory Infection
45	0	1	9	TUBERCULOSIS EVER FD110	
46	No 0	Highest Grade 1 2 3	Unknown 9	DYSPNEA FD111 ON EXERTION	Grade 1: Climbing stairs or vigorous exertion Grade 2: Rapid walking or moderate exertion Grade 3: Any slight exertion
47	No 0	Yes 1	Maybe 2	Unknown 9	Dyspnea Increased in Past Two Years FD112
48	0	1	2	9	ORTHOPNEA FD113 <input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint
49	0	1	2	9	PAROXYSMAL NOCTURNAL DYSPNEA FD114
50	0	1	2	9	ANKLE EDEMA, BILATERAL FD115
51	0	1	2	Unknown 9	NOCTURIA FD116 2 = Two times or more
52	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject had Congestive heart failure Since Last Examination. FD117

ID

COLS.	CODE				ITEM		
	No	Yes	Unknown		CHEST DISCOMFORT:		
53	0	1	9		CHEST DISCOMFORT FD118		
					When Does Chest Discomfort Occur? - + With exertion or excitement - + When quiet or resting		
					DATE OF ONSET USUAL DURATION		
					LOCATION LONGEST DURATION		
					RADIATES TO FREQUENCY		
					TYPE RELIEVED BY		
					- + Prolonged Episodes COMMENTS		
FD119 54	No	Yes	Maybe	Un- known	1ST EXAMINER'S OPINION		
	0	1	2	9		Angina Pectoris	
FD120 55	0	1	2	9		Coronary Insufficiency	
FD121 56	0	1	2	9		Myocardial Infarction	
FD122 57	No 2nd Exam				2ND EXAMINER'S OPINION		
	3	0	1	2		9	Angina Pectoris
FD123 58	3	0	1	2		9	Coronary Insufficiency
FD124 59	3	0	1	2	9	Myocardial Infarction	
					CEREBROVASCULAR ACCIDENT, SINCE LAST EXAMINATION:		
					SYMPTOMS	DURATION	
					SUDDEN MUSCULAR - + WEAKNESS L R		
					SUDDEN SPEECH - + DIFFICULTY		
					SUDDEN VISUAL - + DEFECT L R		
					- + UNCONSCIOUSNESS		
					- + DOUBLE VISION		
					- + LOSS OF VISION IN ONE EYE		
					ATTACK OBSERVED BY	DATE	
					AT AGE	TIME OF ONSET <input type="checkbox"/> WHILE ACTIVE <input type="checkbox"/> DURING SLEEP OR WHILE RISING FROM BED	
					- + HOSPITALIZED	NO. DAYS AT	
FD125 60	No	Yes	Maybe	Un- known	Examiner Believes This Was a Stroke		
FD126 61	0	1	2	9	Examiner Believes This Was Preceded by Transitory Ischemic Attack (Describe)		

COMMENTS

COLS.	CODE			ITEM	
PERIPHERAL VASCULAR DISEASE, LIFETIME:					
FD127 62	No 0	Yes 1	Unknown 9	FAMILY HISTORY (parent, sibling, offspring) OF NON-TRAUMATIC AMPUTATION OF LOWER EXTREMITY	
				RELATIVE	
FD128 63	No 0	Yes 1	Unknown 9	EVER HAD?	
				- + Trouble With Varicose Veins	L R
				- + Phlebitis	L R
				- + Swelling of Leg, Unilateral	L R
				- + Leg Ulcers	L R
FD129 64	No 0	Yes 1	Unknown 9	TROUBLED WITH FREQUENT COLDNESS IN ONE EXTREMITY	
				- +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	
FD130 65	No 0	Yes 1	Unknown 9	DISCOMFORT IN LOWER LIMBS WHILE WALKING	
				- + Onset at First Steps	
				- + After Walking Awhile	
				- + Related to Rapidity of Walking or Steepness of Grade	
				- +L +R Calf	DISTANCE
				- + 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	
FD131 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.	
GOUTY ARTHRITIS:					
FD132 67	No 0	Yes 1	Maybe 2	Unknown 9	EVER HAD GOUT
				DATE LAST ATTACK	
				COMMENT	
COMMENTS					
78-80	1	3	3	DECK NUMBER 133	
				VERIFIED BY	DATE

EXAM XI CODE SHEET Birmingham Heart Study	PHYSICAL EXAMINATION Deck 134	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE	ITEM
1-4	I D	RECORD NUMBER NAME
		DEGREE OF OBESITY
FD133 ⁵	None Slight Moderate Marked Unknown 0 1 2 3 9	COMMENTS
		EYES: *DESCRIBE (GIVE LOCATION AND SIZE)
FD134 ⁶	Slight Mod. Marked Unk. 0 1 2 3 9	ARCUS SENILIS
FD135 ⁷	No Yes Maybe Unk. 0 1 2 9	XANTHELASMA*
FD136 ⁸	No Yes Maybe Unk. 0 1 2 9	XANTHOMATA
		THYROID: DESCRIBE ANY ABNORMALITY
FD137 ⁹	No Yes Maybe Unk. 0 1 2 9	SCAR
FD138 ¹⁰	No Yes Maybe Unk. 0 1 2 9	SINGLE NODULE
FD139 ¹¹	No Yes Maybe Unk. 0 1 2 9	MULTIPLE NODULES
FD140 ¹²	No Yes Maybe Unk. 0 1 2 9	DIFFUSE ENLARGEMENT
FD141 ¹³	No Yes Maybe Unk. 0 1 2 9	OTHER MANIFESTATION OF THYROID DISEASE
		RESPIRATORY SYSTEM: DESCRIBE ANY ABNORMALITY
FD142 ¹⁴	No Yes Maybe Unk. 0 1 2 9	INCREASED ANTERO-POSTERIOR DIAMETER
FD143 ¹⁵	No Yes Maybe Unk. 0 1 2 9	ABNORMAL BREATH SOUNDS
FD144 ¹⁶	No Yes Maybe Unk. 0 1 2 9	RALES
FD145 ¹⁷	No Yes Maybe Unk. 0 1 2 9	THORACOTOMY SCAR

COMMENTS

COLS.	CODE	ITEM
		HEART:
FD146 18	No Yes Maybe Unk. 0 1 2 9	ABNORMAL SOUNDS (e.g., clicks, gallops, abnormal splitting, muffled, or accentuated sounds, rubs)
		SPECIFY
		SYSTOLIC MURMURS:
		DESCRIBE SIGNIFICANT MURMURS
		Heard Maximally At:
FD147 19	No Grade Unk. 0 1 2 3 4 5 6 9	Apex
FD148 20	0 1 2 3 4 5 6 9	Midprecordium
FD149 21	0 1 2 3 4 5 6 9	Left Base
FD150 22	0 1 2 3 4 5 6 9	Right Base
FD151 23	No Yes Maybe Unk. 0 1 2 9	Any Murmur Significant
FD152 24	Normal Mitral Aortic Both Other Unkown 0 1 2 3 4 9	FOR SIGNIFICANT MURMURS Examiner's opinion of valve origin
		DIASTOLIC MURMURS:
		DESCRIBE
FD153 25	No Mitral Aortic Both Other Unk. 0 1 2 3 4 9	Grade 1 2 3 4 5 6
FD154 26	No Yes Maybe Unk. 0 1 2 9	DISTENDED NECK VEINS (Semi-recumbent)
		BREASTS:
FD155 27	No Yes Unknown 0 1 9	ABNORMAL
		SCAR PRESENT
FD156 28	Mastectomy No Radi- Sim- Other Unk. 0 cal ple 3 9	L R
		*DESCRIBE ABNORMALITY
FD157 29	No Yes Maybe Unk. 0 1 2 9	LOCALIZED MASS*
FD158 30	0 1 2 9	AXILLARY NODES*
		ABDOMEN:
FD159 31	No Yes Maybe Unk. 0 1 2 9	LIVER ENLARGED
		DESCRIBE
FD160 32	0 1 2 9	OTHER ABDOMINAL ABNORMALITY

ID

COLS.	CODE	ITEM
		PERIPHERAL VESSELS:
FD161 ₃₃	No Grade Unknown 0 1 2 3 4 9	LEFT ANKLE EDEMA
FD162 ₃₄	0 1 2 3 4 9	RIGHT ANKLE EDEMA
		VISIBLE VARICOSITIES
FD163 ₃₅	No Grade Unknown 0 1 2 3 9	Left
FD164 ₃₆	0 1 2 3 9	Right
		AMPUTATION*
FD165 ₃₇	No Yes Unk. 0 1 9	SITE
		EXTENT
		REASON
FD166 ₃₈	No Yes Maybe Unk. 0 1 2 9	TEMPERATURE DIFFERENCE IN FEET*
		Colder Foot L R
FD167 ₃₉	No Yes Maybe Unk. 0 1 2 9	ABSENT OR FEEBLE PERIPHERAL PULSES*
FD168 ₄₀	0 1 2 9	Dorsal Pedis L R
FD169 ₄₁	0 1 2 9	Posterior Tibial L R
FD170 ₄₂	0 1 2 9	Femoral L R
FD171 ₄₃	0 1 2 9	Radial L R
FD172 ₄₄	No Yes Maybe Unk. 0 1 2 9	VASCULAR BRUITS*
FD173 ₄₅	No L R Both Unk. 0 1 2 3 9	- + Medial Aspect of Thigh L R
FD174 ₄₆	0 1 2 3 9	- + Groin L R
FD175 ₄₇	0 1 2 3 9	- + Lower Abdomen L R
FD176 ₄₈	0 1 2 3 9	- + Umbilical L R
FD177 ₄₉	0 1 2 3 9	- + Carotid L R
FD178 ₅₀	No Yes Unknown 0 1 9	WAS PATIENT EXERCISED BEFORE BRUITS WERE LISTENED FOR?

GRADE LEGEND
1 - UNCOMPLICATED
2 - WITH EDEMA OR SKIN CHANGES
3 - WITH ULCER

* DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL FINDINGS.

COMMENTS

COLS.	CODE				ITEM											
					PERIPHERAL VESSELS: (Continued)											
FD179 51	Not Done 0	Pos. 1	Neg. 2	May be Unk. 3 9	RATSCHOW'S POSTURAL CHANGE TEST: <table border="1"> <tr> <td>+L -+R Pallor on Elevation</td> <td>DESCRIBE</td> <td rowspan="5">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> <td>NOTE: COMPARE TWO FEET</td> </tr> <tr> <td>+L Delayed Filling in 1 foot -+R (_____ Sec. Delayed)</td> <td></td> </tr> <tr> <td>+L -+R Reactionary Rubor</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	+L -+R Pallor on Elevation	DESCRIBE	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS	+L Delayed Return of Color in -+R 1 foot (_____ Sec. Delayed)	NOTE: COMPARE TWO FEET	+L Delayed Filling in 1 foot -+R (_____ Sec. Delayed)		+L -+R Reactionary Rubor			
+L -+R Pallor on Elevation	DESCRIBE	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS														
+L Delayed Return of Color in -+R 1 foot (_____ Sec. Delayed)	NOTE: COMPARE TWO FEET															
+L Delayed Filling in 1 foot -+R (_____ Sec. Delayed)																
+L -+R Reactionary Rubor																
FD180 52	No 0	Yes 1	Maybe 2	Unk. 9	Arterial Peripheral Vascular Disease											
FD181 53	0	1	2	9	1ST EXAMINER'S OPINION Chronic Venous Insufficiency or Varicose Veins											
FD182 54	0	1	2	9	Arterial Peripheral Vascular Disease											
FD183 55	0	1	2	9	2ND EXAMINER'S OPINION Chronic Venous Insufficiency or Varicose Veins											
					NEUROLOGICAL FINDINGS:											
					<table border="1"> <tr> <td>- + SPEECH DISTURBANCE</td> <td rowspan="9">DESCRIBE EACH ABNORMALITY</td> </tr> <tr> <td>- + MENTAL IMPAIRMENT</td> </tr> <tr> <td>- + DISTURBANCE IN GAIT</td> </tr> <tr> <td>- + LOCALIZED MUSCLE WEAKNESS</td> </tr> <tr> <td>- + VISUAL DISTURBANCE</td> </tr> <tr> <td>- + ABNORMAL REFLEXES</td> </tr> <tr> <td>- + CRANIAL NERVE ABNORMALITY</td> </tr> <tr> <td>- + CEREBELLAR SIGNS</td> </tr> <tr> <td>- + SENSORY IMPAIRMENT</td> </tr> </table>	- + SPEECH DISTURBANCE	DESCRIBE EACH ABNORMALITY	- + MENTAL IMPAIRMENT	- + DISTURBANCE IN GAIT	- + LOCALIZED MUSCLE WEAKNESS	- + VISUAL DISTURBANCE	- + ABNORMAL REFLEXES	- + CRANIAL NERVE ABNORMALITY	- + CEREBELLAR SIGNS	- + SENSORY IMPAIRMENT	
- + SPEECH DISTURBANCE	DESCRIBE EACH ABNORMALITY															
- + MENTAL IMPAIRMENT																
- + DISTURBANCE IN GAIT																
- + LOCALIZED MUSCLE WEAKNESS																
- + VISUAL DISTURBANCE																
- + ABNORMAL REFLEXES																
- + CRANIAL NERVE ABNORMALITY																
- + CEREBELLAR SIGNS																
- + SENSORY IMPAIRMENT																
FD184 56	No 0	Yes 1	Maybe 2	Unk. 9	ANY NEUROLOGICAL FINDINGS											
FD185 57	0	1	2	9	Examiner believes this is residual of cerebrovascular accident											

EXAM XI CODE SHEET Birmingham Heart Study	ELECTROCARDIOGRAPH Deck 135	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE	ITEM
1-4	I D	RECORD NUMBER NAME
5-7 FD186		VENTRICULAR RATE PER MINUTE
8-9 FD187		P-R INTERVAL (Hundredths of second)
10-11 FD188		QRS INTERVAL (Hundredths of second)
12 FD189	No Yes Maybe Unknown 0 1 2 9	MYOCARDIAL INFARCTION LOCATION
13 FD190	0 1 2 9	LEFT VENTRICULAR HYPERTROPHY
14 FD191	0 1 2 9	NON-SPECIFIC T-WAVE ABNORMALITY
15 FD192	0 1 2 9	NON-SPECIFIC S-T SEGMENT ABNORMALITY
16 FD193	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
17 FD194	No Degree Unknown 0 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.)
18 FD195	No Atrial Ven- Nodal Combined Unknown 0 1 2 3 4 9	PREMATURE BEATS
19 FD196	No Yes Unknown 0 1 9	ATRIAL FIBRILLATION
20 FD197	0 1 9	ATRIAL FLUTTER
21 FD198	No Yes Maybe Unknown 0 1 2 9	OTHER ARRHYTHMIA SPECIFY
22 FD199	No Digitalis Other Unk. Effect 2 9	OTHER ECG ABNORMALITY
23 FD200	No Yes Maybe Unknown 0 1 2 9	ANY ABOVE ABNORMALITY PRESENT IN ECG
24 FD201	0 1 2 9	TAKING DIGITALIS OR QUINIDINE
25 FD202	Normal Abnormal Doubtful Unk. 0 1 2 9	ECG CLINICAL READING

78-80	1	3	5	DECK NUMBER 135	VERIFIED BY	DATE
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ECG XI CODE SHEET
Fingham Heart Study

OSCILLOGRAPH
Deck 136

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE	RECORD NUMBER	NAME	ITEM
1-4	I D			

COLS.	CODE	RECORD NUMBER	NAME	DICROTIC NOTCH	READ BEST NOTCH
				Degree	Unknown
5	FD203			Wrist, left	Degree: 1 - Well defined dicrotic notch 2 - Intermediate change 3 - Intermediate change 4 - Absent dicrotic notch
6	FD204			Wrist, right	
7	FD205			Leg, left	
8	FD206			Leg, right	
9	FD207			Foot, left	
10	FD208			Foot, right	

COLS.	CODE	RECORD NUMBER	NAME	AMPLITUDE DIFFERENCES	NOTE: BILATERAL DISEASE: Low voltage, Poor notch, Blunting Number of counterpressures at which amplitude differences exceeding 20% occur -- 0, 1, 2, 3, or 4
				Right	
11-12		FD 209	FD 210	Wrist	
13-14		FD 211	FD 212	Leg	
15-16		FD 213	FD 214	Foot	

COLS.	CODE	RECORD NUMBER	NAME	ABNORMAL CONTOUR	Abnormal contour = blunting
				No	
17	FD215			Wrist, left	
18	FD216			Wrist, right	
19	FD217			Leg, left	
20	FD218			Leg, right	
21	FD219			Foot, left	
22	FD220			Foot, right	

ID

COLS.	CODE				ITEM		
OSCILLOGRAPHIC FINDINGS:							
					INDEX SHIFT		
	No	Yes	Maybe	Unknown			
FD221 23	0	1	2	9	Wrist, left		
FD222 24	0	1	2	9	Wrist, right		
FD223 25	0	1	2	9	Leg, left		
FD224 26	0	1	2	9	Leg, right		
FD225 27	0	1	2	9	Foot, left		
FD226 28	0	1	2	9	Foot, right		
					INTERPRETATION		
	Number			Unknown			
FD227 29	0	1	2	3	4	9	Abnormal pulses
					SPECIFY		
					Maximal amplitude occurs at a lower counterpressure on the abnormal side		

EXAM XI CODE SHEET Framingham Heart Study	X-RAY REPORT Deck 137	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE				ITEM	
1-4					RECORD NUMBER	NAME
		I	D			
FD228 ₅	Sat. 1	Unsat. 2	Not Done 9		CHEST FILM SATISFACTORY	
	No	Yes	Maybe	Unknown	ABNORMALITY NOTED BY RADIOLOGIST BEFORE CLINICAL DATA	
FD229 ₆	0	1	2	9	Generalized Cardiac Enlargement	*DESCRIBE
FD230 ₇	0	1	2	9	Left Ventricular Hypertrophy	
FD231 ₈	0	1	2	9	Atrial Hypertrophy L R	
FD232 ₉	0	1	2	9	Right Ventricular Hypertrophy	
FD233 ₁₀	0	1	2	9	Other Contour*	
FD234 ₁₁	0	1	2	9	Pulmonary Artery*	
FD235 ₁₂	0	1	2	9	Position*	
FD236 ₁₃	0	1	2	9	Calcification, Not Aortic*	
	No	Yes	Maybe	Unknown	AORTIC ABNORMALITY	
FD237 ₁₄	0	1	2	9	Arch	*DESCRIBE
FD238 ₁₅	0	1	2	9	Tortuous	Ascending
FD239 ₁₆	0	1	2	9		Descending
FD240 ₁₇	0	1	2	9	Calcified	
FD241 ₁₈	0	1	2	9	Other*	
	No	Yes	Maybe	Unknown	NON-CARDIOVASCULAR ABNORMALITY	
FD242 ₁₉	0	1	2	9	Bone*	*DESCRIBE
FD243 ₂₀	0	1	2	9	Pleural*	
FD244 ₂₁	0	1	2	9	Parenchymal*	
FD245 ₂₂	0	1	2	9	Other*	

EXAM XI CODE SHEET
Framingham Heart Study

X-RAY REPORT
Deck 137
(Continued)

RECORD NUMBER

ID

COLS.	CODE				ITEM		
	No	Yes	Maybe	Unknown			
ABNORMALITY NOTED BY RADIOLOGIST AFTER CLINICAL DATA							
FD246 23	0	1	2	9	Generalized Cardiac Enlargement		
FD247 24	0	1	2	9	Left Ventricular Hypertrophy		
FD248 25	0	1	2	9	Atrial Hypertrophy		
FD249 26	0	1	2	9	Right Ventricular Hypertrophy		
FD250 27	0	1	2	9	Other Contour*		
FD251 28	0	1	2	9	Position		
FD252 29	0	1	2	9	HEART LARGER NOW THAN AT PRECEDING EXAM		
FD253 30	No 2	Yes 1		Not done 9	CARDIO-ROENTGEN ACTIVATOR IS SATISFACTORY		
HEART MEASUREMENT							
FD254 31-33					Long Diameter (Millimeters)		
FD255 34-36					Transverse Diameter (Millimeters)		
FD256 37-39					Trans-Thoracic Diameter (Millimeters)		
FD257 40-42					Trans-Cardiac Diameter (Millimeters)		
					HEART SIZE	CT RATIO	
					/	/	
78-80		1	3	7	DECK NUMBER 137	VERIFIED BY	DATE

EXAM XI CODE SHEET
Framingham Heart Study

CLINICAL DIAGNOSTIC IMPRESSION
Deck 138

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM		
1-4	I D				RECORD NUMBER	NAME	
	Normal	Def- inite	Border- line	Un- known	HEART:		
FD258 ⁵	0	1	2	9	HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)		
FD259 ⁶	No	Yes	Maybe	Un- known	Under Treatment for Hypertension		
FD260 ⁷	0	1	2	9	HYPERTENSIVE HEART DISEASE		
FD261 ⁸	0	1			Diagnosis of HHD is Outside of Criteria		
	No	Yes	May- be	Un- known	CORONARY HEART DISEASE		
FD262 ⁹	0	New	Old	Recur		Angina Pectoris	
FD263 ¹⁰	0	1	2	3	4	9	Coronary Insufficiency
FD264 ¹¹	0	1	2	3	4	9	Myocardial Infarction
FD265 ¹²	No	Yes	Maybe	Un- known	RHEUMATIC HEART DISEASE		
FD266 ¹³	0	1	2	9	Aortic Valve Disease	TYPE	
FD267 ¹⁴	0	1	2	9	Mitral Valve Disease	TYPE	
FD268 ¹⁵	0	1	2	9	Other Rheumatic Heart Disease	SPECIFY	
FD269 ¹⁶	0	1	2	9	OTHER HEART DISEASE (Includes congenital)	SPECIFY	
FD270 ¹⁷	0	1	2	9	Aortic Valve Disease	TYPE	
FD271 ¹⁸	0	1	2	9	Mitral Valve Disease	TYPE	
FD272 ¹⁹	0	1	2	9	CONGESTIVE HEART FAILURE	ETIOLOGY	
FD273 ²⁰	0	1	2	9	ARRHYTHMIA	TYPE	
FD274 ²¹	No HD	Class			Un- known	FUNCTIONAL CLASS	
	0	1	2	3	4	9	
	PERIPHERAL VASCULAR DISEASE:						
	ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE						
FD275 ²²	No	Yes	Maybe	Un- known	With Intermittent Claudication		
FD276 ²³	0	1	2	9	With Other Manifestation	SPECIFY	
FD277 ²⁴	0	1	2	9	VARICOSE VEINS		

ID

COLS.	CODE						ITEM
							VASCULAR DISEASE OF BRAIN:
FD278 ₂₅	No 0	Yes 1	May- Old Recur 2 3	Un- be known 4 9	ATHEROSCLEROTIC INFARCTION OF BRAIN		
					SPECIFY NEUROLOGICAL MANIFESTATIONS		
FD279 ₂₆	0	1	2	3	4	9	EMBOLIC INFARCTION OF BRAIN
							SECONDARY TO:
FD280 ₂₇	0	1	2	3	4	9	HEMORRHAGE INTO BRAIN
FD281 ₂₈	0	1	2	3	4	9	SUBARACHNOID HEMORRHAGE
FD282 ₂₉	0	1	2	3	4	9	TRANSIENT ISCHEMIC ATTACKS
FD283 ₃₀	No 0	Yes 1	Maybe 2	Un- known 9	OTHER VASCULAR DIAGNOSIS:		
					SPECIFY		
					NON-CARDIOVASCULAR DIAGNOSES:		
FD284 ₃₁	0	1	2	9	DIABETES MELLITUS		
FD285 ₃₂	0	1	2	9	URINARY TRACT DISEASE	SPECIFY	
FD286 ₃₃	0	1	2	9	PULMONARY DISEASE		
FD287 ₃₄	0	1	2	9	EMPHYSEMA		
FD288 ₃₅	0	1	2	9	CHRONIC BRONCHITIS		
FD289 ₃₆	0	1	2	9	GOUTY ARTHRITIS		
FD290 ₃₇	0	1	2	9	OBESITY		
FD291 ₃₈	0	1	2	9	OTHER NON-CARDIOVASCULAR DIAGNOSES		

SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES		FIRST EXAMINER			SECOND EXAMINER		
78-80		1	3	8	DECK NUMBER 138		VERIFIED
							DATE

BLOOD ANALYSIS - FASTING LIPIDS

NAME

DATE

COLS.	CODE					ITEM			
1-4	I D					RECORD NUMBER			
5-10	Total		Bottom Fraction			CHOLESTEROL - mg/100 ml.			
11-16	Bottom Fraction		Alpha						
17-22	VLDL (Top Fraction)		Beta						
23-26						TRIGLYCERIDE - mEq/liter			
						ELECTROPHORESIS			
27-28	FD 292					WHOLE PLASMA			
29-31	FD 294					TOP FRACTION (1.006)			
32	FD 297					BOTTOM FRACTION (1.006)			
	Origin	Beta	Pre-Beta			CODE			
	FD 292		FD 293			0 No			
	FD 294	FD 295	FD 296			1 Yes			
			FD 297			9 Unknown			
	Clear	Cloudy	Milky	Unk.					
33	0	1	2	9	WHOLE PLASMA APPEARANCE	FD298			
34	0	1	2	9	INFRANATE AFTER 12 HRS. AT 4°	FD299			
		No	Yes	Unk.					
35	0	1	9		CREAM AFTER 12 HRS. AT 4°	FD300			
36		0	1	9	FASTING 12 HRS. OR MORE	FD301			
37		0	1	9	POLYACRYLAMIDE GEL - Confirmation Type 3	FD302			
	No	Yes	Trace	Unk.					
38	0	1	2	9	PRE-BETA BAND	FD303			
39	0	1	2	9	SINKING PRE-BETA BAND	FD304			
	(Normal)	Lipoprotein Type							
40	0	1	2	3	4	5	Unk.	FREDRICKSON CLASSIFICATION	FD305
78-80						1	4	1	DECK NUMBER 141

PHYSICIAN'S NAME AND ADDRESS:

EXAM XI CODE SHEET Framingham Heart Study	NUMERICAL DATA Deck 131	DATE THIS EXAM _____ DATE LAST EXAM _____
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S.	CODE	ITEM
1-4	ID	RECORD NUMBER NAME
5-10	Month FD6 Day FD7 Year FD8	DATE THIS EXAM
11	Single Married Widowed Divorced Separated 1 2 3 4 5	MARITAL STATUS FD9
12-15	Nurse FD10 Physician FD11	EXAMINERS' NUMBERS
16-18	FD12	WEIGHT (To nearest pound)
19-22	FD13	HEIGHT (Inches, to next lower quarter inch)
23-26	Right FD14 Left FD15	SKINFOLD TRICEPS (Millimeters)
27-30	FD16 FD17	SKINFOLD SUBSCAPULAR (Millimeters)
31	Negative Positive Doubtful Unknown 0 1 2 9	SUGAR IN URINE FD18
32	0 1 2 9	ALBUMIN IN URINE FD19

BLOOD PRESSURE (Left arm, mm Hg):			
33-38	Systolic FD20	Diastolic FD21	NURSE
39-44	FD22	FD23	PHYSICIAN (First reading)
45-50	FD24	FD25	PHYSICIAN (Second reading)

LUNG FUNCTION:			
51-52		FD26	TOTAL VITAL CAPACITY (Deciliters)
53-55		FD27	FIRST SECOND VOLUME (Centiliters)

GLUCOSE CHALLENGE:					
56-60	AM-PM FD28	Hour FD29	Minute FD30	TIME OF LAST EATING (Meal or snack)	CODE
61-65	FD31	FD32	FD33	TIME GLUCOSE GIVEN	1 = AM 2 = PM

BLOOD ANALYSIS:			
66-67		FD34	HEMATOCRIT (Percent)
68-70		FD35	SUGAR (mg/100 ml)

COMMENTS

78-80		1	3	1	DECK NUMBER 131	VERIFIED BY	DATE
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EXAM XI CODE SHEET
Framingham Heart Study

NUMERICAL DATA (Continued)
HISTORY OF PHYSICAL ACTIVITY
Deck 132

COLS.	CODE				ITEM			
1-4			I	D	RECORD NUMBER			
BLOOD ANALYSIS: FASTING LIPIDS								
5-7			FD36		TOTAL CHOLESTEROL (mg/100 ml)			
8-10			FD37		ALPHA CHOLESTEROL (mg/100 ml)			
11-13			FD38		VLDL CHOLESTEROL (mg/100 ml)			
14-16			FD39		BETA CHOLESTEROL (mg/100 ml)			
17-19			FD48		TRIGLYCERIDE (mg/100 ml)			
20-25	Unfiltered FD50		Filtered FD51		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 FD52			
27	None 0	Yes 1		Unknown 9	VLDL BETA BAND FD53			
AGAROSE ELECTROPHORESIS								
28-30			FD54		Origin (Standard units)			
31-33			FD55		Beta Band (Standard units)			
34-36			FD56		Pre-Beta Band (Standard units)			
37-39			FD57		Alpha Band (Standard units)			
REST AND ACTIVITY (Average Hours Per Day)								
40-41	FD58	SLEEP			JOB: WHAT DO YOU DO?			
42-43	FD59	ADDED REST						
44-45	FD60	SEDENTARY						
46-47	FD61	SLIGHT ACTIVITY						
48-49	FD62	MODERATE ACTIVITY						
50-51	FD63	HEAVY ACTIVITY			EXTRACURRICULAR ACTIVITIES			
52-53	FD64	SEDENTARY						
54-55	FD65	SLIGHT ACTIVITY						
56-57	FD66	MODERATE ACTIVITY						
58-59	FD67	HEAVY ACTIVITY						
60-61	FD68	SEDENTARY			SUMMARY BY EXAMINER			
62-63	FD69	SLIGHT ACTIVITY						
64-65	FD70	MODERATE ACTIVITY						
66-67	FD71	HEAVY ACTIVITY						
78-80			1	3		2	DECK NUMBER 132	VERIFIED BY

EXAM XI CODE SHEET amingham Heart Study	MEDICAL HISTORY Deck 133	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE			ITEM		
1-4		ID		RECORD NUMBER	NAME	
5	No 0	Yes 1	Unknown 9	HOSPITALIZATION IN INTERIM FD72		
6	0	1	9	ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM FD73		
REASON				MONTH - YEAR	NAME AND LOCATION OF HOSPITAL	DOCTOR

COLS.	No	Yes (Now)	Yes (Not Now)	Unknown	MEDICINE USED IN INTERIM:	COMMENTS
7	0	1	2	9	CARDIAC GLYCOSIDES	FD74
8	0	1	2	9	NITRITES	FD75
9	0	1	2	9	QUINIDINE (OR PROCAINAMIDE)	FD76
10	0	1	2	9	DIURETICS	FD77
11	0	1	2	9	HYPOTENSIVES <i>(Exclude diuretics)</i>	FD78
12	0	1	2	9	ANTI-CHOLESTEROL AGENTS <i>(Specify)</i>	FD79
13	0	1	2	9	THYROID	FD80
14	0	1	2	9	ANTITHYROID	FD81
15	0	1	2	9	ANTICOAGULANTS	FD82
16	0	1	2	9	HYPOGLYCEMIC AGENTS <i>(Specify)</i>	FD83
17	0	1	2	9	TRANQUILIZERS	FD84
18	0	1	2	9	BRONCHODILATOR OR AEROSOL	FD85
	No	Yes Under a year	Yes Over a year	Unknown	HORMONE THERAPY <i>(Specify)</i>	FD86
19	0	1	2	9		

					MENOPAUSE:	COMMENTS	
20	Man 8	No 0	Yes 1	Unk. 9	PERIODS HAVE STOPPED 1 YEAR OR MORE	FD87	
21-22	88				AGE AT WHICH PERIODS STOPPED (00 = Not Stopped)	FD88	
23	NS 8	Nat- ural 7	Sur- gery 0	Other 2	Unk. 9	FD89	
24	8	7	No 0	Yes 1	Unk. 9	FD90	
25	8	7	No 0	Yes (one) 1	Yes (two) 2	Unk. 9	FD91
					OVARIES REMOVED		

COLS.	CODE			ITEM	
				SMOKING, IN INTERIM:	DESCRIBE ANY CHANGES
26	No 0	Yes 1	Unknown 9	SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS	FD92
27	0	1	9	SMOKES CIGARS	FD93
28	0	1	9	SMOKES PIPE	FD94
29	0	1	9	SMOKES CIGARETTES	FD95
30-31				Number of Cigarettes Per Day (00 = None)	FD96
32	0	Quarters 1 2 3	Unknown 9	Portion of Cigarette Smoked	FD97
33	No 0	Yes 1	Unknown 9	Uses Filter	FD98
34	0	1	9	Inhales Cigarettes	FD99
				DIET:	COMMENTS
35	No 0	Yes 1	Unknown 9	LOW FAT	FD100
36	0	1	9	LOW CALORIE	FD101
37	0	1	9	LOW SALT	FD102
38	0	1	9	BLAND	FD103
39	0	1	9	DIABETIC	FD104
40	0	1	9	OTHER	FD105
41	0	1	9	DO YOU AVOID SALT OR SALTY FOODS FOLLOWING DIET (Examiner's Opinion)	FD106
42	0	1	9		FD107
				RESPIRATORY SYMPTOMS, IN INTERIM:	
43	No 0	Yes Pro- duc- tive 1	Yes Non- pro- duc- tive 2	Unknown 9	CHRONIC COUGH FD108 (at least three months per year) + - Nocturnal + - Hemoptysis + - Seasonal
44	No 0	Yes 1	Unknown 9	TROUBLED WITH WHEEZING FD109	+ - Long Duration + - With Respiratory Infection
45	0	1	9	TUBERCULOSIS EVER FD110	
46	No 0	Highest Grade 1 2 3	Unknown 9	DYSPNEA FD111 ON EXERTION	Grade 1: Climbing stairs or vigorous exertion Grade 2: Rapid walking or moderate exertion Grade 3: Any slight exertion
47	No 0	Yes 1	Maybe 2	Unknown 9	Dyspnea Increased in Past Two Years FD112
48	0	1	2	9	ORTHOPNEA FD113 <input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint
49	0	1	2	9	PAROXYSMAL NOCTURNAL DYSPNEA FD114
50	0	1	2	9	ANKLE EDEMA, BILATERAL FD115
51	0	1	2	Unknown 9	NOCTURIA FD116 2 = Two times or more
52	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject had Congestive heart failure Since Last Examination. FD117

ID

COLS. CODE ITEM

CHEST DISCOMFORT:

53	No	Yes	Unknown	CHEST DISCOMFORT FD118	
	0	1	9		
	When Does Chest Discomfort Occur?				- + With exertion or excitement - + When quiet or resting
	DATE OF ONSET		USUAL DURATION		
- + Repeated		LOCATION		LONGEST DURATION	
Short Episodes		RADIATES TO		FREQUENCY	
TYPE		RELIEVED BY			

- + Prolonged Episodes		COMMENTS
1ST EXAMINER'S OPINION	Angina Pectoris	
	Coronary Insufficiency	
	Myocardial Infarction	
2ND EXAMINER'S OPINION	Angina Pectoris	
	Coronary Insufficiency	
	Myocardial Infarction	

FD119 54	No	Yes	Maybe	Un- known	
	0	1	2	9	
FD120 55	0	1	2	9	
FD121 56	0	1	2	9	
FD122 57	No 2nd Exam	0	1	2	9
FD123 58	3	0	1	2	9
FD124 59	3	0	1	2	9

CEREBROVASCULAR ACCIDENT, SINCE LAST EXAMINATION:

SYMPTOMS		DURATION	DESCRIBE
- + SUDDEN MUSCULAR WEAKNESS L R			
- + SUDDEN SPEECH DIFFICULTY			
- + SUDDEN VISUAL DEFECT L R			
- + UNCONSCIOUSNESS			
- + DOUBLE VISION			
- + LOSS OF VISION IN ONE EYE			
ATTACK OBSERVED BY			DATE
AT AGE	TIME OF ONSET		<input type="checkbox"/> WHILE ACTIVE <input type="checkbox"/> DURING SLEEP OR WHILE RISING FROM BED
- + HOSPITALIZED		NO. DAYS	AT

FD125 60	No	Yes	Maybe	Un- known
	0	1	2	9
FD126 61	0	1	2	9

Examiner Believes This Was a Stroke	
Examiner Believes This Was Preceded by Transitory Ischemic Attack (Describe)	

COMMENTS

COLS.	CODE				ITEM																	
PERIPHERAL VASCULAR DISEASE, LIFETIME:																						
FD127 62	No 0	Yes 1	Unknown 9		FAMILY HISTORY (parent, sibling, offspring) OF NON-TRAUMATIC AMPUTATION OF LOWER EXTREMITY	RELATIVE																
FD128 63	No 0	Yes 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																			
FD129 64	No 0	Yes 1	Unknown 9		TROUBLED WITH FREQUENT COLD- NESS IN ONE EXTREMITY	<table border="1"> <tr> <td>- +L</td> <td>+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</td> <td>+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																				
FD130 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> </tr> <tr> <td>- +</td> <td>After Walking Awhile</td> </tr> <tr> <td>- +</td> <td>Related to Rapidity of Walking or Steepness of Grade</td> </tr> <tr> <td>- +L +R</td> <td>Calf</td> <td>DISTANCE</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	- +	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																				
- +	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																						
FD131 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.																
GOUTY ARTHRITIS:																						
FD132 67	No 0	Yes 1	Maybe 2	Unknown 9	EVER HAD GOUT	DATE LAST ATTACK																
						COMMENT																
COMMENTS																						
78-80	1	3	3	DECK NUMBER 133		VERIFIED BY																
						DATE																

EXAM XI CODE SHEET Birmingham Heart Study	PHYSICAL EXAMINATION Deck 134	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE	ITEM																				
1-4	ID	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">RECORD NUMBER</td> <td>NAME</td> </tr> </table>	RECORD NUMBER	NAME																		
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; text-align: center;">DEGREE OF OBESITY</td> <td></td> </tr> <tr> <td style="width:40%; text-align: center;">COMMENTS</td> <td></td> </tr> </table>	DEGREE OF OBESITY		COMMENTS																	
DEGREE OF OBESITY																						
COMMENTS																						
FD133 5	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">None</td> <td style="width:10%;">Slight</td> <td style="width:10%;">Moderate</td> <td style="width:10%;">Marked</td> <td style="width:10%;">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;">3</td> <td style="text-align: center;">9</td> </tr> </table>	None	Slight	Moderate	Marked	Unknown	0	1	2	3	9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; text-align: center;">EYES:</td> <td>*DESCRIBE (GIVE LOCATION AND SIZE)</td> </tr> <tr> <td style="text-align: center;">ARCUS SENILIS</td> <td></td> </tr> <tr> <td style="text-align: center;">XANTHELASMA*</td> <td></td> </tr> </table>	EYES:	*DESCRIBE (GIVE LOCATION AND SIZE)	ARCUS SENILIS		XANTHELASMA*					
None	Slight	Moderate	Marked	Unknown																		
0	1	2	3	9																		
EYES:	*DESCRIBE (GIVE LOCATION AND SIZE)																					
ARCUS SENILIS																						
XANTHELASMA*																						
FD134 6	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Slight</td> <td style="width:10%;">Mod.</td> <td style="width:10%;">Marked</td> <td style="width:10%;">Unk.</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;">3</td> </tr> </table>	Slight	Mod.	Marked	Unk.	0	1	2	3	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; text-align: center;">XANTHOMATA</td> <td>DESCRIBE AND LOCATE</td> </tr> </table>	XANTHOMATA	DESCRIBE AND LOCATE										
Slight	Mod.	Marked	Unk.																			
0	1	2	3																			
XANTHOMATA	DESCRIBE AND LOCATE																					
FD135	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">No</td> <td style="width:10%;">Yes</td> <td style="width:10%;">Maybe</td> <td style="width:10%;">Unk.</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>	No	Yes	Maybe	Unk.	0	1	2	9													
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0	1	2	9																			
FD136 8	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">No</td> <td style="width:10%;">Yes</td> <td style="width:10%;">Maybe</td> <td style="width:10%;">Unk.</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>	No	Yes	Maybe	Unk.	0	1	2	9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; text-align: center;">THYROID:</td> <td>DESCRIBE ANY ABNORMALITY</td> </tr> <tr> <td style="text-align: center;">SCAR</td> <td></td> </tr> <tr> <td style="text-align: center;">SINGLE NODULE</td> <td></td> </tr> <tr> <td style="text-align: center;">MULTIPLE NODULES</td> <td></td> </tr> <tr> <td style="text-align: center;">DIFFUSE ENLARGEMENT</td> <td></td> </tr> <tr> <td style="text-align: center;">OTHER MANIFESTATION OF THYROID DISEASE</td> <td></td> </tr> </table>	THYROID:	DESCRIBE ANY ABNORMALITY	SCAR		SINGLE NODULE		MULTIPLE NODULES		DIFFUSE ENLARGEMENT		OTHER MANIFESTATION OF THYROID DISEASE	
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FD138	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">No</td> <td style="width:10%;">Yes</td> <td style="width:10%;">Maybe</td> <td style="width:10%;">Unk.</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>	No	Yes	Maybe	Unk.	0	1	2	9													
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FD139 ¹¹	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">No</td> <td style="width:10%;">Yes</td> <td style="width:10%;">Maybe</td> <td style="width:10%;">Unk.</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>	No	Yes	Maybe	Unk.	0	1	2	9													
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FD140 ¹²	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">No</td> <td style="width:10%;">Yes</td> <td style="width:10%;">Maybe</td> <td style="width:10%;">Unk.</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>	No	Yes	Maybe	Unk.	0	1	2	9													
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No	Yes	Maybe	Unk.																			
0	1	2	9																			

COMMENTS

COLS.	CODE	ITEM
		HEART:
FD146 18	No Yes Maybe Unk. 0 1 2 9	ABNORMAL SOUNDS (e.g., clicks, gallops, abnormal splitting, muffled, or accentuated sounds, rubs)
		SPECIFY
		SYSTOLIC MURMURS:
		DESCRIBE SIGNIFICANT MURMURS
		Heard Maximally At:
FD147 19	No Grade Unk. 0 1 2 3 4 5 6 9	Apex
FD148 20	0 1 2 3 4 5 6 9	Midprecordium
FD149 21	0 1 2 3 4 5 6 9	Left Base
FD150 22	0 1 2 3 4 5 6 9	Right Base
FD151 23	No Yes Maybe Unk. 0 1 2 9	Any Murmur Significant
FD152 24	Normal Mitral Aortic Both Other Unkown 0 1 2 3 4 9	FOR SIGNIFICANT MURMURS Examiner's opinion of valve origin
		DIASTOLIC MURMURS:
		DESCRIBE
FD153 25	No Mitral Aortic Both Other Unk. 0 1 2 3 4 9	Grade 1 2 3 4 5 6
FD154 26	No Yes Maybe Unk. 0 1 2 9	DISTENDED NECK VEINS (Semi-recumbent)
		BREASTS:
FD155 27	No Yes Unknown 0 1 9	ABNORMAL
		SCAR PRESENT
FD156 28	Mastectomy No Radi- Sim- Other Unk. 0 1 2 3 9	L R
		*DESCRIBE ABNORMALITY
FD157 29	No Yes Maybe Unk. 0 1 2 9	LOCALIZED MASS*
FD158 30	0 1 2 9	AXILLARY NODES*
		ABDOMEN:
FD159 31	No Yes Maybe Unk. 0 1 2 9	LIVER ENLARGED
		DESCRIBE
FD160 32	0 1 2 9	OTHER ABDOMINAL ABNORMALITY

ID

COLS.	CODE	ITEM
		PERIPHERAL VESSELS:
FD161 ₃₃	No Grade Unknown 0 1 2 3 4 9	LEFT ANKLE EDEMA
FD162 ₃₄	0 1 2 3 4 9	RIGHT ANKLE EDEMA
		VISIBLE VARICOSITIES
FD163 ₃₅	No Grade Unknown 0 1 2 3 9	Left
FD164 ₃₆	0 1 2 3 9	Right
		AMPUTATION*
FD165 ₃₇	No Yes Unk. 0 1 9	SITE
		EXTENT
		REASON
FD166 ₃₈	No Yes Maybe Unk. 0 1 2 9	TEMPERATURE DIFFERENCE IN FEET*
		Colder Foot L R
FD167 ₃₉	No Yes Maybe Unk. 0 1 2 9	ABSENT OR FEEBLE PERIPHERAL PULSES*
FD168 ₄₀	0 1 2 9	Dorsal Pedis L R
FD169 ₄₁	0 1 2 9	Posterior Tibial L R
FD170 ₄₂	0 1 2 9	Femoral L R
FD171 ₄₃	0 1 2 9	Radial L R
FD172 ₄₄	No Yes Maybe Unk. 0 1 2 9	VASCULAR BRUITS*
FD173 ₄₅	No L R Both Unk. 0 1 2 3 9	- + Medial Aspect of Thigh L R
FD174 ₄₆	0 1 2 3 9	- + Groin L R
FD175 ₄₇	0 1 2 3 9	- + Lower Abdomen L R
FD176 ₄₈	0 1 2 3 9	- + Umbilical L R
FD177 ₄₉	0 1 2 3 9	- + Carotid L R
FD178 ₅₀	No Yes Unknown 0 1 9	WAS PATIENT EXERCISED BEFORE BRUITS WERE LISTENED FOR?

* DO RATSCHOW'S TEST
IF ANY POSITIVE
ARTERIAL PERIPH-
ERAL FINDINGS.

COMMENTS

COLS.	CODE					ITEM											
						PERIPHERAL VESSELS: (Continued)											
FD179 ⁵¹	Not Done 0	Pos. 1	Neg. 2	May be 3	Unk. 9	RATSCHOW'S POSTURAL CHANGE TEST: <table border="1"> <tr> <td>+L -+R Pallor on Elevation</td> <td>DESCRIBE</td> <td rowspan="5">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> <td>NOTE: COMPARE TWO FEET</td> </tr> <tr> <td>+L Delayed Filling in 1 foot -+R (_____ Sec. Delayed)</td> <td></td> </tr> <tr> <td>+L -+R Reactionary Rubor</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	+L -+R Pallor on Elevation	DESCRIBE	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS	+L Delayed Return of Color in -+R 1 foot (_____ Sec. Delayed)	NOTE: COMPARE TWO FEET	+L Delayed Filling in 1 foot -+R (_____ Sec. Delayed)		+L -+R Reactionary Rubor			
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+L Delayed Filling in 1 foot -+R (_____ Sec. Delayed)																	
+L -+R Reactionary Rubor																	
FD180 ⁵²	No 0	Yes 1	Maybe 2	Unk. 9		Arterial Peripheral Vascular Disease											
FD181 ⁵³	0	1	2	9		Chronic Venous Insufficiency or Varicose Veins											
FD182 ⁵⁴	0	1	2	9		Arterial Peripheral Vascular Disease											
FD183 ⁵⁵	0	1	2	9		Chronic Venous Insufficiency or Varicose Veins											
						NEUROLOGICAL FINDINGS:											
						<table border="1"> <tr> <td>- + SPEECH DISTURBANCE</td> <td rowspan="10">DESCRIBE EACH ABNORMALITY</td> </tr> <tr> <td>- + MENTAL IMPAIRMENT</td> </tr> <tr> <td>- + DISTURBANCE IN GAIT</td> </tr> <tr> <td>- + LOCALIZED MUSCLE WEAKNESS</td> </tr> <tr> <td>- + VISUAL DISTURBANCE</td> </tr> <tr> <td>- + ABNORMAL REFLEXES</td> </tr> <tr> <td>- + CRANIAL NERVE ABNORMALITY</td> </tr> <tr> <td>- + CEREBELLAR SIGNS</td> </tr> <tr> <td>- + SENSORY IMPAIRMENT</td> </tr> <tr> <td>- + ANY NEUROLOGICAL FINDINGS</td> </tr> </table>	- + SPEECH DISTURBANCE	DESCRIBE EACH ABNORMALITY	- + MENTAL IMPAIRMENT	- + DISTURBANCE IN GAIT	- + LOCALIZED MUSCLE WEAKNESS	- + VISUAL DISTURBANCE	- + ABNORMAL REFLEXES	- + CRANIAL NERVE ABNORMALITY	- + CEREBELLAR SIGNS	- + SENSORY IMPAIRMENT	- + ANY NEUROLOGICAL FINDINGS
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- + CEREBELLAR SIGNS																	
- + SENSORY IMPAIRMENT																	
- + ANY NEUROLOGICAL FINDINGS																	
FD184 ⁵⁶	No 0	Yes 1	Maybe 2	Unk. 9													
FD185 ⁵⁷	0	1	2	9		Examiner believes this is residual of cerebrovascular accident											

EXAM XI CODE SHEET Birmingham Heart Study	ELECTROCARDIOGRAPH Deck 135	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE					ITEM	
1-4	I	D				RECORD NUMBER	NAME
5-7 FD186						VENTRICULAR RATE PER MINUTE	
8-9 FD187						P-R INTERVAL (Hundredths of second)	
10-11 FD188						QRS INTERVAL (Hundredths of second)	
12 FD189	No 0	Yes 1	Maybe 2	Unknown 9	MYOCARDIAL INFARCTION	LOCATION	
13 FD190	0	1	2	9	LEFT VENTRICULAR HYPERTROPHY		
14 FD191	0	1	2	9	NON-SPECIFIC T-WAVE ABNORMALITY		
15 FD192	0	1	2	9	NON-SPECIFIC S-T SEGMENT ABNORMALITY		
16 FD193	No 0	IVB L R Ind Other 1 2 3 4			WPW Unk. 5 9	ABBREVIATIONS WPW - Wolff-Parkinson-White Syndrome Ind - Indeterminate whether left or right	
17 FD194	No 0	Degree 1 2 3			Unknown 9	DEGREE LEGEND 1 - Prolonged P-R interval (0.20 second or more) 2 - Dropped beat 3 - Complete A-V dissociation (C.H.B.)	
18 FD195	No 0	Atrial 1	Ven- tricular 2	Nodal 3	Combined 4	Unknown 9	PREMATURE BEATS
19 FD196	No 0	Yes 1				Unknown 9	ATRIAL FIBRILLATION
20 FD197	0	1				9	ATRIAL FLUTTER
21 FD198	No 0	Yes 1	Maybe 2	Unknown 9	OTHER ARRHYTHMIA	SPECIFY	
22 FD199	No 0	Yes 1	Maybe 2	Unknown 9	OTHER ECG ABNORMALITY		
23 FD200	No 0	Yes 1	Maybe 2	Unknown 9	ANY ABOVE ABNORMALITY PRESENT IN ECG		
24 FD201	0	1	2	9	TAKING DIGITALIS OR QUINIDINE		
25 FD202	Normal 0	Abnormal 1	Doubtful 2	Unk. 9	ECG CLINICAL READING		

78-80		1	3	5	DECK NUMBER 135	VERIFIED BY	DATE
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EXAM CODE SHEET
Fingham Heart Study

OSCILLOGRAPH
Deck 136

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE		RECORD NUMBER	NAME	ITEM	
1-4	I D					
	Degree	Unknown	DICROTIC NOTCH		READ BEST NOTCH	
5 FD203	1 2 3 4	9	Wrist, left		Degree: 1 - Well defined dicrotic notch 2 - Intermediate change 3 - Intermediate change 4 - Absent dicrotic notch	
6 FD204	1 2 3 4	9	Wrist, right			
7 FD205	1 2 3 4	9	Leg, left			
8 FD206	1 2 3 4	9	Leg, right			
9 FD207	1 2 3 4	9	Foot, left			
10 FD208	1 2 3 4	9	Foot, right			
			AMPLITUDE DIFFERENCES		NOTE: BILATERAL DISEASE:	
11-12	Right	Left	Wrist		Low voltage, Poor notch, Blunting Number of counterpressures at which <u>amplitude differences</u> exceeding 20% occur -- 0, 1, 2, 3, or 4	
13-14	FD 209	FD 210	Leg			
15-16	FD 211	FD 212	Foot			
			ABNORMAL CONTOUR		Abnormal contour = blunting	
17 FD215	No	Yes	Maybe	Unknown		Abnormal contour = blunting
18 FD216	0	1	2	9		
19 FD217	0	1	2	9		
20 FD218	0	1	2	9		
21 FD219	0	1	2	9		
22 FD220	0	1	2	9		

ID

COLS.	CODE				ITEM	
OSCILLOGRAPHIC FINDINGS:						
					INDEX SHIFT	
	No	Yes	Maybe	Unknown		
FD221 23	0	1	2	9	Wrist, left	
FD222 24	0	1	2	9	Wrist, right	
FD223 25	0	1	2	9	Leg, left	
FD224 26	0	1	2	9	Leg, right	
FD225 27	0	1	2	9	Foot, left	
FD226 28	0	1	2	9	Foot, right	
					INTERPRETATION	
	Number			Unknown		
FD227 29	0	1	2	3	4	9
					SPECIFY	
					Abnormal pulses	

Maximal amplitude occurs at a lower counterpressure on the abnormal side

78-80	1	3	6	DECK NUMBER 136	VERIFIED BY	DATE
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EXAM XI CODE SHEET Framingham Heart Study	X-RAY REPORT Deck 137	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE				ITEM	
1-4	I	D			RECORD NUMBER	NAME
FD228 ₅	Sat. 1	Unsat. 2		Not Done 9	CHEST FILM SATISFACTORY	
	No	Yes	Maybe	Unknown	ABNORMALITY NOTED BY RADIOLOGIST BEFORE CLINICAL DATA	
FD229 ₆	0	1	2	9	Generalized Cardiac Enlargement	*DESCRIBE
FD230 ₇	0	1	2	9	Left Ventricular Hypertrophy	
FD231 ₈	0	1	2	9	Atrial Hypertrophy L R	
FD232 ₉	0	1	2	9	Right Ventricular Hypertrophy	
FD233 ₁₀	0	1	2	9	Other Contour*	
FD234 ₁₁	0	1	2	9	Pulmonary Artery*	
FD235 ₁₂	0	1	2	9	Position*	
FD236 ₁₃	0	1	2	9	Calcification, Not Aortic*	
	No	Yes	Maybe	Unknown	AORTIC ABNORMALITY	
FD237 ₁₄	0	1	2	9	Arch	*DESCRIBE
FD238 ₁₅	0	1	2	9	Tortuous Ascending	
FD239 ₁₆	0	1	2	9	Descending	
FD240 ₁₇	0	1	2	9	Calcified	
FD241 ₁₈	0	1	2	9	Other*	
	No	Yes	Maybe	Unknown	NON-CARDIOVASCULAR ABNORMALITY	
FD242 ₁₉	0	1	2	9	Bone*	*DESCRIBE
FD243 ₂₀	0	1	2	9	Pleural*	
FD244 ₂₁	0	1	2	9	Parenchymal*	
FD245 ₂₂	0	1	2	9	Other*	

ID

COLS.	CODE				ITEM		
	No	Yes	Maybe	Unknown			
ABNORMALITY NOTED BY RADIOLOGIST AFTER CLINICAL DATA							
FD246 23	0	1	2	9	Generalized Cardiac Enlargement		
FD247 24	0	1	2	9	Left Ventricular Hypertrophy		
FD248 25	0	1	2	9	Atrial Hypertrophy		
FD249 26	0	1	2	9	Right Ventricular Hypertrophy		
FD250 27	0	1	2	9	Other Contour*		
FD251 28	0	1	2	9	Position		
FD252 29	0	1	2	9	HEART LARGER NOW THAN AT PRECEDING EXAM		
FD253 30	No 2	Yes 1		Not done 9	CARDIO-ROENTGEN ACTIVATOR IS SATISFACTORY		
HEART MEASUREMENT							
FD254 31-33					Long Diameter (Millimeters)		
FD255 34-36					Transverse Diameter (Millimeters)		
FD256 37-39					Trans-Thoracic Diameter (Millimeters)		
FD257 40-42					Trans-Cardiac Diameter (Millimeters)		
					HEART SIZE	CT RATIO	
					/	/	
78-80		1	3	7	DECK NUMBER 137	VERIFIED BY	DATE

EXAM XI CODE SHEET
Framingham Heart Study

CLINICAL DIAGNOSTIC IMPRESSION
Deck 138

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM		
1-4	I D				RECORD NUMBER	NAME	
	Normal	Def- inite	Border- line	Un- known	HEART:		
FD258 ⁵	0	1	2	9	HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)		
FD259 ⁶	No	Yes	Maybe	Un- known	Under Treatment for Hypertension		
FD260 ⁷	0	1	2	9	HYPERTENSIVE HEART DISEASE		
FD261 ⁸	0	1			Diagnosis of HHD is Outside of Criteria		
	No	Yes	May- be	Un- known	CORONARY HEART DISEASE		
FD262 ⁹	0	New 1	Old 2	Recur 3 4	9	Angina Pectoris	
FD263 ¹⁰	0	1	2	3	4	9	Coronary Insufficiency
FD264 ¹¹	0	1	2	3	4	9	Myocardial Infarction
FD265 ¹²	No	Yes	Maybe	known	Un- known	9	RHEUMATIC HEART DISEASE
FD266 ¹³	0	1	2	9	Aortic Valve Disease	TYPE	
FD267 ¹⁴	0	1	2	9	Mitral Valve Disease	TYPE	
FD268 ¹⁵	0	1	2	9	Other Rheumatic Heart Disease	SPECIFY	
FD269 ¹⁶	0	1	2	9	OTHER HEART DISEASE (Includes congenital)	SPECIFY	
FD270 ¹⁷	0	1	2	9	Aortic Valve Disease	TYPE	
FD271 ¹⁸	0	1	2	9	Mitral Valve Disease	TYPE	
FD272 ¹⁹	0	1	2	9	CONGESTIVE HEART FAILURE	ETIOLOGY	
FD273 ²⁰	0	1	2	9	ARRHYTHMIA	TYPE	
FD274 ²¹	No HD	Class		Un- known	FUNCTIONAL CLASS		
	0	1	2	3	4	9	
	PERIPHERAL VASCULAR DISEASE:						
	No	Yes	Maybe	Un- known	ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE		
FD275 ²²	0	1	2	9	With Intermittent Claudication		
FD276 ²³	0	1	2	9	With Other Manifestation	SPECIFY	
FD277 ²⁴	0	1	2	9	VARICOSE VEINS		

ID

COLS.	CODE						ITEM
VASCULAR DISEASE OF BRAIN:							
							SPECIFY NEUROLOGICAL MANIFESTATIONS
FD278 ₂₅	No 0	Yes 1	May- Old 2	Recur 3	May- be 4	Un- known 9	ATHEROSCLEROTIC INFARCTION OF BRAIN
FD279 ₂₆	0	1	2	3	4	9	EMBOLIC INFARCTION OF BRAIN SECONDARY TO:
FD280 ₂₇	0	1	2	3	4	9	HEMORRHAGE INTO BRAIN
FD281 ₂₈	0	1	2	3	4	9	SUBARACHNOID HEMORRHAGE
FD282 ₂₉	0	1	2	3	4	9	TRANSIENT ISCHEMIC ATTACKS
FD283 ₃₀	No 0	Yes 1	Maybe 2			Un- known 9	OTHER VASCULAR DIAGNOSIS: SPECIFY
							NON-CARDIOVASCULAR DIAGNOSES:
FD284 ₃₁	0	1	2			9	DIABETES MELLITUS
FD285 ₃₂	0	1	2			9	URINARY TRACT DISEASE SPECIFY
FD286 ₃₃	0	1	2			9	PULMONARY DISEASE
FD287 ₃₄	0	1	2			9	EMPHYSEMA
FD288 ₃₅	0	1	2			9	CHRONIC BRONCHITIS
FD289 ₃₆	0	1	2			9	GOUTY ARTHRITIS
FD290 ₃₇	0	1	2			9	OBESITY
FD291 ₃₈	0	1	2			9	OTHER NON-CARDIOVASCULAR DIAGNOSES

SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES		FIRST EXAMINER			SECOND EXAMINER		
78-80		1	3	8	DECK NUMBER 138		VERIFIED
							DATE

BLOOD ANALYSIS - FASTING LIPIDS

NAME

DATE

COLS.	CODE				ITEM			
1-4	I D				RECORD NUMBER			
5-10	Total	Bottom Fraction			CHOLESTEROL - mg/100 ml.			
11-16	Bottom Fraction	Alpha						
17-22	VLDL (Top Fraction)	Beta						
23-26					TRIGLYCERIDE - mEq/liter			
					ELECTROPHORESIS			
27-28		Origin	Beta	Pre-Beta	WHOLE PLASMA			
		FD 292		FD 293				
29-31		FD 294	FD 295	FD 296	TOP FRACTION (1.006)			
32				FD 297	BOTTOM FRACTION (1.006)			
33	Clear	Cloudy	Milky	Unk.	WHOLE PLASMA APPEARANCE			
	0	1	2	9	FD298			
34	0	1	2	9	INFRANATE AFTER 12 HRS. AT 4°			
					FD299			
35		No	Yes	Unk.	CREAM AFTER 12 HRS. AT 4°			
		0	1	9	FD300			
36		0	1	9	FASTING 12 HRS. OR MORE			
					FD301			
37		0	1	9	POLYACRYLAMIDE GEL - Confirmation Type 3			
					FD302			
38	No	Yes	Trace	Unk.	PRE-BETA BAND			
	0	1	2	9	FD303			
39	0	1	2	9	SINKING PRE-BETA BAND			
					FD304			
40	(Normal)	Lipoprotein Type			Unk.	FREDRICKSON CLASSIFICATION		
	0	1	2	3	4	5	9	FD305
78-80					DECK NUMBER 141			
		1	4	1				

PHYSICIAN'S NAME AND ADDRESS:

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