

Framingham Heart Study

Original Cohort Exam 12

06/09/1971-05/29/1974
N=3261

Exam Form Version

10-71 Personal and Family History, Numerical Data,
Medical History, Physical Examination,
Electrocardiograph, Oscillograph & Clinical
Diagnostic Impression

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.

BUMC-FRAMINGHAM STUDY

PERSONAL AND FAMILY HISTORY DECK 200

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

| | | |
|---------------------|------|---------|
| FAMILY PHYSICIAN | NAME | ADDRESS |
| | | |
| | | |
| | | |
| | | |

| | | |
|-------------------------------|------|---------|
| RELATIVE (Different House) | NAME | ADDRESS |
| | | |
| | | |
| | | |
| | | |

| | | |
|-----------------|------|---------|
| CLOSE FRIEND | NAME | ADDRESS |
| | | |
| | | |
| | | |
| | | |

| RECORD NO. | NAME | SEX | YEAR OF BIRTH | EXAMINATION NUMBER & HEALTH STATUS | | | | |
|------------|-----------|-----|---------------|------------------------------------|----|----|----|----|
| | | | | 12 | 13 | 14 | 15 | 16 |
| | SPOUSE | | | | | | | |
| | CHILD 1 | | | | | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| | 4. | | | | | | | |
| | 5. | | | | | | | |
| | 6. | | | | | | | |
| | 7. | | | | | | | |
| | 8. | | | | | | | |
| | FATHER | | | | | | | |
| | MOTHER | | | | | | | |
| | BROTHER 1 | | | | | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| | 4. | | | | | | | |
| | 5. | | | | | | | |
| | 6. | | | | | | | |
| | SISTER 1 | | | | | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| | 4. | | | | | | | |
| | 5. | | | | | | | |
| | 6. | | | | | | | |

HEALTH STATUS CODE

CARDIOVASCULAR DISEASES:

A & W = O Angina Pectoris (AP) Rheumatic Heart (RHD)
 Dead = D Other Coronary (ASHD) Rheumatic Fever (RF)
 Unknown = U Apoplexy (CVA) Hypertension (HBP)
 Other Heart Dis. — Specify

OTHER DISEASES:

Cancer (CA) Mental (MD)
 Diabetes (DM) Nephritis (NEPH)
 Gallbladder (GB) Neurologic (ND)
 Other GI (GI) Senility (SEN)
 Joint (ART) Other — Specify

| REPORT OF DEATH | | | | CAUSE CODE | AGE AT DEATH (yrs.) | SEX M = 1, F = 2 | COLS. |
|-----------------|-------|------|--|------------|---------------------|---------------------|-------|
| CAUSE | PLACE | YEAR | | | | | |
| | | | | FE6 | FE7 | FE8 | 5-8 |
| | | | | FE9 | FE10 | FE11 | 9-12 |
| | | | | FE12 | FE13 | FE14 | 13-16 |
| | | | | FE15 | FE16 | FE17 | 17-20 |
| | | | | FE18 | FE19 | FE20 | 21-24 |
| | | | | FE21 | FE22 | FE23 | 25-28 |
| | | | | FE24 | FE25 | FE26 | 29-32 |
| | | | | FE27 | FE28 | FE29 | 33-36 |
| | | | | FE30 | FE31 | FE32 | 37-40 |
| | | | | FE33 | FE34 | | 41-43 |
| | | | | FE35 | FE36 | | 44-46 |
| | | | | FE37 | FE38 | | 47-49 |
| | | | | FE39 | FE40 | | 50-52 |
| | | | | FE41 | FE42 | | 53-55 |
| | | | | FE43 | FE44 | | 56-58 |
| | | | | FE45 | FE46 | | 59-61 |
| | | | | | | | |
| | | | | FE47 | FE48 | | 62-64 |
| | | | | FE49 | FE50 | | 65-67 |
| | | | | FE51 | FE52 | | 68-70 |
| | | | | FE53 | FE54 | | 71-73 |
| | | | | FE55 | FE56 | | 74-76 |
| | | | | | | | |

CAUSE OF DEATH CODE

- | | | |
|---------------|--------------|-------------------|
| 1 = CHD | 4 = Cancer | 7 = Infection |
| 2 = Other CVD | 5 = Accident | 8 = Other |
| 3 = Stroke | 6 = Suicide | 9 = Cause Unknown |

VERIFIED BY _____ DATE _____ DECK NO. **2 0 0** 78-80

EMPLOYER

| | | |
|----------|---------|--------------|
| 11. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 12. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 13. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 14. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 15. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 16. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 17. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 18. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

| | | |
|----------|---------|--------------|
| 19. NAME | ADDRESS | DATE STARTED |
|----------|---------|--------------|

JOB TITLE WHAT DO YOU DO?

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NUMERICAL DATA
DECK 201

DATE THIS EXAM

DATE LAST EXAM

| COLS. | CODE | | | ITEM | | |
|--|------------------|---------------------|------------------------------------|---|-----------|------------------------|
| .4 | | | I.D | RECORD NUMBER | NAME | AGE (YRS.) FE3 |
| 5-10 | Month FE57 | Day FE58 | Year FE59 | DATE OF BIRTH | | |
| 11-16 | FE60 | FE61 | FE62 | DATE THIS EXAM | | |
| 17 | Sgle. 1 | Mar. 2 | Wid. 3 | Div. 4 | Sep. 5 | MARITAL STATUS FE63 |
| 18-23 | Nurse FE64 | Physician 1 FE65 | Physician 2 FE66 | EXAMINERS' NUMBERS | | |
| 24-26 | FE67 | | | WEIGHT (To nearest pound) | | |
| 27-30 | FE68 | | | HEIGHT (Inches, to next lower quarter inch) | | |
| 31-34 | Right FE69 | Left FE70 | SKINFOLD TRICEPS (Millimeters) | | | |
| 35-38 | FE71 | FE72 | SKINFOLD SUBSCAPULAR (Millimeters) | | | |
| BLOOD PRESSURE (Left arm, mm Hg): | | | | | | |
| 39-44 | Systolic FE73 | Diastolic FE74 | NURSE | | | |
| 45-50 | FE75 | FE76 | PHYSICIAN (First reading) | | | |
| 51-56 | FE77 | FE78 | PHYSICIAN (Second reading) | | | |
| LUNG FUNCTION: | | | | | | |
| 57-58 | FE79 | | | TOTAL VITAL CAPACITY (Deciliter) | | |
| 59-60 | FE80 | | | FIRST SECOND VOLUME (Deciliter) | | |
| BLOOD ANALYSIS: | | | | | | |
| 61-62 | FE81 | | | HEMATOCRIT (Percent) | | |
| 63-65 | FE82 | | | SUGAR (mg/100 ml) | | |

COMMENTS

| | | | | | |
|---|---|---|----------|-------------|------|
| 2 | 0 | 1 | DECK NO. | VERIFIED BY | DATE |
|---|---|---|----------|-------------|------|

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

MEDICAL HISTORY

DECKS 202 and 203

DATE THIS EXAM

DATE LAST EXAM

| S. | CODE | | | | ITEM |
|--------|---------|---------------|-----------------|-----------|---|
| 1-4 | | ID | | | RECORD NUMBER NAME |
| FE83 5 | No 0 | Yes 1 | Unk. 9 | | HOSPITALIZATION IN INTERIM |
| FE84 6 | No 0 | Ill Only 1 | M.D. Visit 2 | Unk. 9 | ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM |

| REASON | MONTH/YEAR | NAME AND LOCATION OF HOSPITAL | DOCTOR |
|--------|------------|-------------------------------|--------|
| | | | |
| | | | |
| | | | |

| | No | Yes (Now) | Yes (Not Now) | Unk. | MEDICINE USED IN INTERIM: | COMMENTS (SPECIFY AGENT) |
|---------|---------|-----------------|-----------------|-----------|----------------------------------|--------------------------|
| FE85 7 | 0 | 1 | 2 | 9 | CARDIAC GLYCOSIDES | |
| FE86 8 | 0 | 1 | 2 | 9 | NITRITES | |
| FE87 9 | 0 | 1 | 2 | 9 | QUINIDINE/PROCAINAMIDE | |
| FE88 10 | 0 | 1 | 2 | 9 | DIURETICS — SPECIFY REASON | |
| FE89 11 | 0 | 1 | 2 | 9 | HYPOTENSIVES (exclude diuretics) | |
| FE90 12 | 0 | 1 | 2 | 9 | ANTI-CHOLESTEROL AGENTS | |
| FE91 13 | 0 | 1 | 2 | 9 | THYROID | |
| FE92 14 | 0 | 1 | 2 | 9 | ANTICOAGULANTS | |
| FE93 15 | 0 | 1 | 2 | 9 | INSULIN | |
| FE94 16 | 0 | 1 | 2 | 9 | ORINASE | |
| FE95 17 | 0 | 1 | 2 | 9 | OTHER HYPOGLYCEMIC AGENTS | |
| FE96 18 | 0 | 1 | 2 | 9 | TRANQUILIZERS | |
| FE97 19 | 0 | 1 | 2 | 9 | BRONCHODILATOR OR AEROSOL | |
| FE98 20 | 0 | 1 | 2 | 9 | OTHER MEDICINES | |
| FE99 21 | No 0 | Yes <1 Yr. 1 | Yes ≥1 Yr. 2 | Unk. 9 | HORMONE TREATMENT | |

| | | | | | | |
|----------|--|--|--|--|------------------|---|
| FE100 22 | | | | | ASPIRIN TABS/DAY | Code either #/day or: 0 = none 7 = 7 or > 1 = 1 or < 8 = occas. heavy use 9 = Unk. |
|----------|--|--|--|--|------------------|---|

| | Man | No | Yes | Unk. | MENOPAUSE: | COMMENTS | |
|-------------|-----|----------|-------------------|-------------------|---|-----------------|---|
| FE101 23 | 8 | 0 | 1 | 9 | PERIODS HAVE STOPPED ONE YEAR OR MORE | | |
| FE102 24 25 | 88 | NS 00 | | | AGE AT WHICH PERIODS STOPPED (NS = not stopped) | | |
| FE103 26 | 8 | NS 0 | Nat- ural 1 | Sur- gery 2 | Other 3 | Unk. 9 | CAUSE OF CESSATION OF MENSES (NS = not stopped) |
| FE104 27 | 8 | No 0 | Yes 1 | Unk. 9 | HYSTERECTOMY | | |
| FE105 28 | 8 | No 0 | Yes (one) 1 | Yes (two) 2 | Unk. 9 | OVARIES REMOVED | |

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

RECORD NO.

ID

MEDICAL HISTORY

| COLS. | CODE | | | | | ITEM | | |
|-------|-------|------------------|--------------------------------|---------------|--------|-------------------------------------|--|--------------------|
| | Yes | | | | | SMOKING IN INTERIM: | | |
| | No | Cig. Only | Other Only | Both | Unk. | | | |
| FE106 | 29 | 0 | 1 | 2 | 3 | 9 | EVER SMOKED | |
| FE107 | 30 | Nev. Smok. 0 | No 1 | Yes 2 | Unk. 9 | | SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS | |
| FE108 | 31-32 | Not Smok. 88 | | | | | IF SMOKING, AMOUNT SMOKED: CIGARETTES/DAY | |
| FE109 | 33-34 | 88 | | | | | CIGARS/DAY | |
| FE110 | 35-36 | 88 | | | | | CIGARILLOS/DAY | |
| FE111 | 37-38 | 88 | | | | | PIPES/DAY | |
| FE112 | 39 | 8 | | | | | SMOKING TIME PATTERN | |
| | | Nev. Smok. Cigs. | CIGARETTE SMOKING ONLY: | | | | | |
| FE113 | 40-41 | 88 | | | | | MAXIMUM NUMBER OF CIGARETTES PER DAY EVER SMOKED REGULARLY FOR AS LONG AS ONE YEAR | |
| FE114 | 42 | 8 | No 0 | Yes 1 | Unk. 9 | | STOPPED SMOKING CIGARETTES FOR LAST YEAR OR LONGER | |
| FE115 | 43-44 | 88 | | | | | YEARS SINCE STOPPED SMOKING CIGARETTES | |
| FE116 | 45 | 8 | | | | | REASON FOR STOPPING | |
| FE117 | 46 | Not Smok. 8 | Quarter 1 | 2 | 3 | Unk. 9 | IF NOW SMOKING: PORTION OF CIGARETTE SMOKED | |
| FE118 | 47 | 8 | No 0 | Yes 1 | Unk. 9 | | USES FILTER CIGARETTES | |
| FE119 | 48 | 8 | No 0 | Sl. 1 | Mod. 2 | Deep 3 | UNK. 9 | INHALES CIGARETTES |
| | | No | Yes (Now) | Yes (Not Now) | Unk. | DIET IN INTERIM: | | |
| FE120 | 49 | 0 | 1 | 2 | 9 | | REDUCING | |
| FE121 | 50 | 0 | 1 | 2 | 9 (1) | | CHOLESTEROL LOWERING | |
| FE122 | 51 | 0 | 1 | 2 | 9 | | LOW SALT | |
| FE123 | 52 | 0 | 1 | 2 | 9 | | DIABETIC | |
| FE124 | 53-54 | | | | | | COFFEE — CUPS/DAY | |
| FE125 | 55-56 | | | | | | TEA — CUPS/DAY | |
| FE126 | 57-58 | | | | | | COKE — BOTTLES/DAY | |
| FE127 | 59-60 | | | | | | BEER — BOTTLES, CANS, GLASSES/WEEK | |
| FE128 | 61-62 | | | | | | WINE — GLASSES/WEEK | |
| FE129 | 63-64 | | | | | | COCKTAILS, HIGHBALLS, STRAIGHT DRINKS/WEEK | |
| FE130 | 65 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | FOLLOWING DIET (Examiner's opinion) | | |

Code: Smoking Time Pattern:
 0 = No time pattern
 1 = All day
 2 = Principally while working
 3 = Only after meals
 4 = Only in evening
 5 = Only on social occasions
 6 = Other (describe)
 8 = Not smoking
 9 = Unknown

Code: Reason For Stopping:
 0 = Has not stopped one year or more
 1 = M.D. order: Not sick
 2 = M.D. order: Sick
 3 = Sick: No disease
 4 = Sick: History of disease
 5 = Influenced by health education
 6 = Too expensive
 7 = Other
 8 = Never smoked cigarettes
 9 = Unknown

Code #/day or
 00 = Never
 01 = 1/day or <
 99 = Unk.

Code #/week or
 00 = Never
 01 = 1/week or <
 99 = Unk.

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

RECORD NO.

11

MEDICAL HISTORY

| COLS. | CODE | | | | ITEM | |
|--|----------------------|-------------------------------|---------------------------------------|------------|---|---|
| RESPIRATORY SYMPTOMS AND CHF COMPLAINTS IN INTERIM: | | | | | | |
| FE131 66 | No 0 | Yes Pro- duc- tive 1 | Yes Non- pro- duc- tive 2 | Unk. 9 | CHRONIC COUGH (at least three months per year) - + A.M. Duration _____ - + Nocturnal - + Hemoptysis - + Other | |
| FE132 67 | No 0 | Yes 1 | | Unk. 9 | TROUBLED WITH WHEEZING - + Long Duration - + Seasonal - + With Respiratory Infection | |
| FE133 68 | 0 | 1 | | 9 | TUBERCULOSIS EVER | |
| FE134 69 | No 0 | Highest Grade 1 2 3 | | Unk. 9 | DYSPNEA ON EXERTION Code: GRADE 1 = Climbing stairs or vigorous exertion 2 = Rapid walking or moderate exertion 3 = Any slight exertion | |
| FE135 70 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | DYSPNEA INCREASED IN PAST TWO YEARS | |
| FE136 71 | 0 | 1 | 2 | 9 | ORTHOPNEA <input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint | |
| FE137 72 | 0 | 1 | 2 | 9 | PAROXYSMAL NOCTURNAL DYSPNEA | |
| FE138 73 | 0 | 1 | 2 | 9 | ANKLE EDEMA, BILATERAL | |
| FE139 74 | 0 | 1 | 2 | 9 | 1st EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM | |
| FE140 75 | 0 | 1 | 2 | 9 | 1st EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE | |
| FE141 76 | No 2nd Exam. 3 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | 2nd EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM |
| FE142 77 | 3 | 0 | 1 | 2 | 9 | 2nd EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE |
| 78-80 | 2 | 0 | 2 | DECK NO. | VERIFIED BY | DATE |

COMMENTS

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

MEDICAL
HISTORY

| COLS. | CODE | | | | ITEM | | | |
|--------------|--|----------|------------|------------|---|---|-------|--|
| 1-4 | | | | | RECORD NUMBER ID | | | |
| | GALL BLADDER DISEASE IN LIFETIME: | | | | | DATE | PLACE | |
| FE143 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | DIAGNOSIS OF GB DISEASE | | | |
| FE144 | 0 | 1 | 2 | 9 | GB SURGERY | | | |
| FE145 | 0 | 1 | 2 | 9 | GB X-RAY | | | |
| FE146 | 0 | 1 | 2 | 9 | BILIARY COLIC | | | |
| FE147 | 0 | 1 | 2 | 9 | JAUNDICE | | | |
| FE148 | 0 | 1 | 2 | 9 | CHRONIC INDIGESTION | | | |
| FE149 | 0 | 1 | 2 | 9 | CHRONIC ABDOMINAL PAIN | | | |
| FE150 | 0 | 1 | 2 | 9 | CHRONIC FATTY FOOD INTOLERANCE | | | |
| FE151 | 0 | 1 | 2 | 9 | OTHER CHRONIC GI SYMPTOMS | | | |
| FE152 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | 1st EXAMINER BELIEVES PATIENT HAS, OR HAS HAD, GB DISEASE | | | |
| FE153 | No 2nd Exam. 3 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | 2nd EXAMINER BELIEVES PATIENT HAS, OR HAS HAD, GB DISEASE | | |

COMMENTS

| | | | | | | ARTHRITIS IN INTERIM: | | |
|--------------|----------------------|----------|------------|------------|---|---|---------|--|
| | No | Yes | Maybe | Unk. | GOUT SINCE LAST EXAM | DATE LAST ATTACK | COMMENT | |
| FE154 | 0 | 1 | 2 | 9 | | | | |
| FE155 | 0 | 1 | 2 | 9 | DIAGNOSIS OF HIP JOINT DISEASE | | | |
| FE156 | 0 | 1 | 2 | 9 | DIFFICULTY WALKING OR CLIMBING STAIRS | | | |
| FE157 | 0 | 1 | 2 | 9 | PAIN OR STIFFNESS IN HIPS OR THIGHS | | | |
| FE158 | 0 | 1 | 2 | 9 | DIFFICULTY PUTTING ON SHOES OR STOCKINGS | | | |
| FE159 | 0 | 1 | 2 | 9 | THESE SYMPTOMS WORSE AFTER SITTING | | | |
| FE160 | None 0 | L 1 | R 2 | Both 3 | Unk. 9 | ON WHICH SIDE ARE SYMPTOMS | | |
| FE161 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | 1st EXAMINER BELIEVES PATIENT HAS HIP JOINT DISEASE | | | |
| FE162 | No 2nd Exam. 3 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | 2nd EXAMINER BELIEVES PATIENT HAS HIP JOINT DISEASE | | |

COMMENTS

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

RECORD NO.

JD

MEDICAL HISTORY

| COLS. | CODE | | | | ITEM | | |
|---------------------|----------------|-------|-------|------|---|--|------------------------|
| | No | Yes | Maybe | Unk. | CHEST IN INTERIM: | | |
| | 0 | 1 | 2 | 9 | CHEST DISCOMFORT | | |
| | | | | | When Does Chest Discomfort Occur? - + With exertion or excitement - + When quiet or resting | | |
| | | | | | DATE OF ONSET USUAL DURATION | | |
| | | | | | LOCATION LONGEST DURATION | | |
| | | | | | - + Repeated RADIATES TO FREQUENCY | | |
| | | | | | Short Episodes TYPE | | |
| | | | | | Relieved by: NG - + 0; Rest - + 0; Spont. - + | | |
| | | | | | - + Prolonged Episodes (describe) COMMENTS | | |
| FE163 ²⁵ | No | Yes | Maybe | Unk. | ANGINA PECTORIS | | |
| | 0 | 1 | 2 | 9 | 1ST EXAMINER'S OPINION | | |
| FE164 ²⁶ | 0 | 1 | 2 | 9 | | CORONARY INSUFFICIENCY | |
| FE165 ²⁷ | 0 | 1 | 2 | 9 | | MYOCARDIAL INFARCTION | |
| FE166 ²⁸ | 0 | 1 | 2 | 9 | 2ND EXAMINER'S OPINION | | |
| FE167 ²⁹ | No 2nd Exam. 3 | 0 | 1 | 2 | | 9 | ANGINA PECTORIS |
| FE168 ³⁰ | 3 | 0 | 1 | 2 | | 9 | CORONARY INSUFFICIENCY |
| FE169 ³¹ | 3 | 0 | 1 | 2 | 9 | MYOCARDIAL INFARCTION | |
| | | | | | CEREBROVASCULAR ACCIDENT SINCE LAST EXAMINATION: | | |
| | No | Yes | Maybe | Unk. | SYMPTOMS DURATION COMMENTS | | |
| FE170 ³² | 0 | 1 | 2 | 9 | SUDDEN MUSCULAR WEAKNESS L R | | |
| FE171 ³³ | 0 | 1 | 2 | 9 | SUDDEN SPEECH DIFFICULTY | | |
| FE172 ³⁴ | 0 | 1 | 2 | 9 | SUDDEN VISUAL DEFECT L R | | |
| FE173 ³⁵ | 0 | 1 | 2 | 9 | UNCONSCIOUSNESS | | |
| FE174 ³⁶ | 0 | 1 | 2 | 9 | DOUBLE VISION | | |
| FE175 ³⁷ | 0 | 1 | 2 | 9 | LOSS OF VISION IN ONE EYE L R | | |
| FE176 ³⁸ | 0 | 1 | 2 | 9 | NUMBNESS, TINGLING L R | | |
| | | | | | ATTACK OBSERVED BY DATE | | |
| | | | | | AT AGE TIME OF ONSET <input type="checkbox"/> WHILE ACTIVE <input type="checkbox"/> DURING SLEEP OR <input type="checkbox"/> WHILE RISING FROM BED | | |
| FE177 ³⁹ | No | Hosp. | M.D. | Unk. | HOSPITALIZED OR SAW M.D. NO. DAYS AT | | |
| | 0 | 1 | 2 | 9 | | | |
| FE178 ⁴⁰ | No | Yes | Maybe | Unk. | 1st EXAMINER - BELIEVES THIS WAS A STROKE | | |
| | 0 | 1 | 2 | 9 | | | |
| FE179 ⁴¹ | 0 | 1 | 2 | 9 | 1st EXAMINER - BELIEVES THIS WAS PRECEDED BY TRANSITORY ISCHEMIC ATTACK (DESCRIBE) | | |
| FE180 ⁴² | No 2nd Exam. 3 | 0 | 1 | 2 | 9 | 2nd EXAMINER - BELIEVES THIS WAS A STROKE | |
| FE181 ⁴³ | 3 | 0 | 1 | 2 | 9 | 2nd EXAMINER - BELIEVES THIS WAS PRECEDED BY TRANSITORY ISCHEMIC ATTACK (DESCRIBE) | |

| BUMC-FRAMINGHAM STUDY EXAM 12 CODE SHEET | | | | | NAME | RECORD NO. | MEDICAL HISTORY |
|---|------|------------------|----------|------------|-----------|--|---|
| COLS. | CODE | | | | ITEM | | |
| FE182 | 44 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | PERIPHERAL VASCULAR DISEASE IN INTERIM: VEIN DISEASE — + ? Trouble With Varicose Veins L R — + ? Phlebitis L R — + ? Swelling of Leg, Unilateral L R — + ? Leg Ulcers L R | |
| FE183 | 45 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | ARTERIAL DISEASE Discomfort in lower limbs while walking L R — + ? + ? Calf — + ? + ? Other — + Onset of First Steps — + After Walking Awhile — + Related to Rapidity of Walking or Steepness of Grade 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 Frequency: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary | |
| FE184 | 46 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | 1st EXAMINER BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS. | |
| FE185 | 47 | No 2nd Exam 3 | 0 | 1 | 2 | 9 | 2nd EXAMINER BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION |

COMMENTS:

| REST AND ACTIVITY IN INTERIM: | | | | | | | | | |
|-------------------------------|-------|-------------------------|------------------------------|-----------|--|--------------------------------|--|--|--|
| | | Avg. hrs./day | | | | | | | |
| FE186 | 48-49 | | | | | SLEEP | | | |
| FE187 | 50-51 | | | | | SEDENTARY | | | |
| FE188 | 52-53 | | | | | SLIGHT ACTIVITY | | | |
| FE189 | 54-55 | | | | | MODERATE ACTIVITY | | | |
| FE190 | 56-57 | | | | | HEAVY ACTIVITY | | | |
| FE191 | 58 | None 0 | Inc. 1 | Dec. 2 | Unk. 9 | CHANGES IN ACTIVITY IN INTERIM | | | |
| FE192 | 59 | No Ret. Unem. 0 1 | Yes Hwf. FT. PT. 2 3 4 | Unk. 9 | NOW WORKING | | | | |
| FE193 | 60 | No 0 | Yes 1 2 3 4 | Unk. 9 | CHURCH ATTENDANCE Code: YES 1 = Special occasions only 2 = < 1/month (occasionally) 3 = ≥ 1/month < 1/week (fairly regular) 4 = ≥ 1/week (very regular) | | | | |
| 78-80 | 2 | 0 | 3 | DECK NO. | VERIFIED BY | DATE | | | |

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

RECORD NO.

ID

PHYS. EXAM.

| COLS. | CODE | ITEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------|--------|------------------------------|---------------------|------|----------|--------|--|----------|-----------|---|---|--------------------|--|--|--------------|-------|-----------------------|---|---|------|---|---|---|---|---|---|---|---|------------------------|--|--|--------|--------|--------|------|-------|------|---|---|---|---|---|---|--|--|--|----|--------|--------|------|-------|------|---|---|---|---|---|---|---|--------------------|--|----------|----------|--|
| | | HEART: (Continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td colspan="2">SYSTOLIC MURMURS:</td> <td rowspan="5">DESCRIBE SIGNIFICANT MURMURS</td> </tr> <tr> <td colspan="2">Heard Maximally At:</td> </tr> <tr> <td colspan="2">APEX</td> </tr> <tr> <td colspan="2">MIDPRECORDIUM</td> </tr> <tr> <td colspan="2">LEFT BASE</td> </tr> <tr> <td colspan="2">RIGHT BASE</td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>No</td> <td colspan="4">Grade</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> </table> </td> <td>ANY MURMUR SIGNIFICANT</td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>Normal</td> <td>Mitral</td> <td>Aortic</td> <td>Both</td> <td>Other</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table> </td> <td>FOR SIGNIFICANT MURMURS EXAMINER'S OPINION OF VALVE ORIGIN</td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>No</td> <td>Mitral</td> <td>Aortic</td> <td>Both</td> <td>Other</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table> </td> <td> <table border="1"> <tr> <td colspan="2">DIASTOLIC MURMURS:</td> <td rowspan="2">DESCRIBE</td> </tr> <tr> <td colspan="2">LOCATION</td> </tr> </table> </td> </tr> </table> | SYSTOLIC MURMURS: | | DESCRIBE SIGNIFICANT MURMURS | Heard Maximally At: | | APEX | | MIDPRECORDIUM | | LEFT BASE | | RIGHT BASE | | <table border="1"> <tr> <td>No</td> <td colspan="4">Grade</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> </table> | | No | Grade | | | | Unk. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 9 | ANY MURMUR SIGNIFICANT | <table border="1"> <tr> <td>Normal</td> <td>Mitral</td> <td>Aortic</td> <td>Both</td> <td>Other</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table> | | Normal | Mitral | Aortic | Both | Other | Unk. | 0 | 1 | 2 | 3 | 4 | 9 | FOR SIGNIFICANT MURMURS EXAMINER'S OPINION OF VALVE ORIGIN | <table border="1"> <tr> <td>No</td> <td>Mitral</td> <td>Aortic</td> <td>Both</td> <td>Other</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table> | | No | Mitral | Aortic | Both | Other | Unk. | 0 | 1 | 2 | 3 | 4 | 9 | <table border="1"> <tr> <td colspan="2">DIASTOLIC MURMURS:</td> <td rowspan="2">DESCRIBE</td> </tr> <tr> <td colspan="2">LOCATION</td> </tr> </table> | DIASTOLIC MURMURS: | | DESCRIBE | LOCATION | |
| SYSTOLIC MURMURS: | | DESCRIBE SIGNIFICANT MURMURS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heard Maximally At: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APEX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MIDPRECORDIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT BASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT BASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>No</td> <td colspan="4">Grade</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> </table> | | No | Grade | | | | Unk. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 9 | ANY MURMUR SIGNIFICANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Grade | | | | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Normal | Mitral | Aortic | Both | Other | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>No</td> <td>Mitral</td> <td>Aortic</td> <td>Both</td> <td>Other</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </table> | | No | Mitral | Aortic | Both | Other | Unk. | 0 | 1 | 2 | 3 | 4 | 9 | <table border="1"> <tr> <td colspan="2">DIASTOLIC MURMURS:</td> <td rowspan="2">DESCRIBE</td> </tr> <tr> <td colspan="2">LOCATION</td> </tr> </table> | DIASTOLIC MURMURS: | | DESCRIBE | LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Mitral | Aortic | Both | Other | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIASTOLIC MURMURS: | | DESCRIBE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NECK VEINS: (Semi-recumbent) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>No</td> <td>Yes</td> <td>Maybe</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table> | No | Yes | Maybe | Unk. | 0 | 1 | 2 | 9 | DISTENDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BREASTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>No</td> <td>Yes</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>9</td> </tr> </table> | No | Yes | Unk. | 0 | 1 | 9 | ABNORMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Yes | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td colspan="5">Mastectomy</td> </tr> <tr> <td>No</td> <td>Radical</td> <td>Simple</td> <td>Other</td> <td>Unk.</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>9</td> </tr> </table> | Mastectomy | | | | | No | Radical | Simple | Other | Unk. | 0 | 1 | 2 | 3 | 9 | <table border="1"> <tr> <td colspan="2">SCAR PRESENT</td> <td rowspan="2">*DESCRIBE ABNORMALITY</td> </tr> <tr> <td>L</td> <td>R</td> </tr> </table> | SCAR PRESENT | | *DESCRIBE ABNORMALITY | L | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mastectomy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Radical | Simple | Other | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCAR PRESENT | | *DESCRIBE ABNORMALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABDOMEN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | Yes | Maybe | Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

RECORD
NO.

PHYS.
EXAM.

| COLS. | CODE | | | | | ITEM | | | | | | | | | | | |
|----------------------------|--------------|-------|-------|-------|--|----------------------------------|----------|-------------|---|---|---|---|-------------------------------|--|------------------------|--|--|
| PERIPHERAL VESSELS: | | | | | | | | | | | | | | | | | |
| FE236 ³⁷ | No | Grade | | | Unk. | LEFT ANKLE EDEMA | DESCRIBE | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | | | 9 | | | | | | | | | |
| FE237 ³⁸ | No | Grade | | | Unk. | RIGHT ANKLE EDEMA | DESCRIBE | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | | | 9 | | | | | | | | | |
| FE238 ³⁹ | No | Grade | | | Unk. | LEFT | DESCRIBE | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 9 | | | | | | | | | | | | |
| FE239 ⁴⁰ | No | Grade | | | Unk. | RIGHT | DESCRIBE | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 9 | | | | | | | | | | | | |
| FE230 ⁴¹ | No | Yes | | | Unk. | AMPUTATION* | DESCRIBE | | | | | | | | | | |
| | 0 | L | R | Both | 9 | | | | | | | | | | | | |
| | | | | | | | | SITE | | | | | | | | | |
| | | | | | | | EXTENT | | | | | | | | | | |
| | | | | | | | REASON | | | | | | | | | | |
| FE231 ⁴² | No | Yes | Maybe | Unk. | TEMPERATURE DIFFERENCE IN FEET* | | | Colder Foot | L | R | *DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL FINDINGS | | | | | | |
| | 0 | 1 | 2 | 9 | | | | | | | | | | | | | |
| FE232 ⁴³ | No | Yes | Maybe | Unk. | ABSENT OR FEEBLE PERIPHERAL PULSES* | | | | | | | | | | | | |
| | 0 | 1 | 2 | 9 | | | | | | | | | | | | | |
| FE233 ⁴⁴ | | | | | 0 | 1 | 2 | 9 | DORSAL PEDIS | L | | R | | | | | |
| | | | | | 0 | 1 | 2 | 9 | POSTERIOR TIBIAL | L | | R | | | | | |
| FE234 ⁴⁵ | | | | | 0 | 1 | 2 | 9 | FEMORAL | L | | R | | | | | |
| | | | | | 0 | 1 | 2 | 9 | RADIAL | L | | R | | | | | |
| FE235 ⁴⁶ | | | | | 0 | 1 | 2 | 9 | | | | | | | | | |
| | | | | | 0 | 1 | 2 | 9 | | | | | | | | | |
| FE236 ⁴⁷ | | | | | 0 | 1 | 2 | 9 | | | | | | | | | |
| | | | | | 0 | 1 | 2 | 9 | | | | | | | | | |
| FE237 ⁴⁸ | No | Yes | Maybe | Unk. | VASCULAR BRUITS*— DESCRIBE | | | | | | | | | | | | |
| | 0 | 1 | 2 | 9 | | | | | | | | | | | | | |
| FE238 ⁴⁹ | No | Yes | Maybe | Unk. | WAS PATIENT EXERCISED BEFORE BRUITS WERE LISTENED FOR? | | | | | | | | | | | | |
| | 0 | 1 | 2 | 9 | | | | | | | | | | | | | |
| FE239 ⁵⁰ | Not Done | Pos. | Neg. | Maybe | Unk. | RATSCHOW'S POSTURAL CHANGE TEST: | | | | | | DO RATSCHOW'S TEST IF ANY POSI- TIVE ARTERIAL VASCULAR FINDINGS | | | | | |
| | 0 | 1 | 2 | 3 | 9 | | | | | | | | | | | | |
| | | | | | | | | | | | | | -- +L Pallor on Elevation | | DESCRIBE | | |
| | | | | | | | | | | | | | +L Delayed Return of Color in | | NOTE: COMPARE TWO FEET | | |
| | | | | | | | | | | | | | +R 1 foot (____ Sec. Delayed) | | | | |
| | | | | | +L Delayed Filling in 1 foot | | | | | | | | | | | | |
| | | | | | +R (____ Sec. Delayed) | | | | | | | | | | | | |
| | | | | | -- +L Reactionary Rubor | | | | | | | | | | | | |
| | | | | | +R | | | | | | | | | | | | |
| FE240 ⁵¹ | No | Yes | Maybe | Unk. | ARTERIAL PERIPHERAL VASCULAR DISEASE | | | | | | 1ST EXAMINER'S OPINION | | | | | | |
| | 0 | 1 | 2 | 9 | | | | | | | | | | | | | |
| FE241 ⁵² | | | | | 0 | 1 | 2 | 9 | CHRONIC VENOUS INSUFFICIENCY OR VARICOSE VEINS | | | | | | | | |
| | | | | | 0 | 1 | 2 | 9 | | | | | | | | | |
| FE242 ⁵³ | No 2nd Exam. | | | | 3 | 0 | 1 | 2 | 9 | ARTERIAL PERIPHERAL VASCULAR DISEASE | | | 2ND EXAMINER'S OPINION | | | | |
| | | | | | 3 | 0 | 1 | 2 | 9 | | | | | | | | |
| FE243 ⁵⁴ | | | | | 3 | 0 | 1 | 2 | 9 | CHRONIC VENOUS INSUFFICIENCY OR VARICOSE VEINS | | | | | | | |
| | | | | | 3 | 0 | 1 | 2 | 9 | | | | | | | | |

COMMENTS

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

RECORD NO.

ID

PHYS. EXAM.

| COLS. | CODE | | | | | ITEM | | |
|-------------------------------|----------|--------------|-----|-------|------|------|---|--|
| ARTHRITIS: HIP JOINT | | | | | | | | |
| | See Code | | | | Unk. | | | |
| FE244 | 55 | 0 | 1 | 2 | 3 | 9 | PERMANENT FLEXION DEFORMITY — RIGHT | Code: Loss from complete extension 0 = None — <5° 2 = 16°— 30° 1 = 5°— 15° 3 = >30° |
| FE245 | 56 | 0 | 1 | 2 | 3 | 9 | PERMANENT FLEXION DEFORMITY — LEFT | |
| FE246 | 57 | 0 | 1 | 2 | 3 | 9 | FURTHER FLEXION — RIGHT | Code: 0 = Full 2 = 90° 1 = >90° 3 = <90° |
| FE247 | 58 | 0 | 1 | 2 | 3 | 9 | FURTHER FLEXION — LEFT | |
| FE248 | 59 | 0 | 1 | 2 | | 9 | INTERNAL ROTATION IN FLEXION — RIGHT | Code: 0 = >15° 1 = 15°— 1° 2 = 0° |
| FE249 | 60 | 0 | 1 | 2 | | 9 | INTERNAL ROTATION IN FLEXION — LEFT | |
| FE250 | 61 | 0 | 1 | 2 | | 9 | EXTERNAL ROTATION IN FLEXION — RIGHT | Code: 0 = >15° 1 = 15°— 1° 2 = 0° |
| FE251 | 62 | 0 | 1 | 2 | | 9 | EXTERNAL ROTATION IN FLEXION — LEFT | |
| NEUROLOGICAL FINDINGS: | | | | | | | | |
| | | No | Yes | Maybe | Unk. | | | DESCRIBE EACH ABNORMALITY |
| FE252 | 63 | 0 | 1 | 2 | 9 | | SPEECH DISTURBANCE | |
| FE253 | 64 | 0 | 1 | 2 | 9 | | MENTAL IMPAIRMENT | |
| FE254 | 65 | 0 | 1 | 2 | 9 | | DISTURBANCE IN GAIT | |
| FE255 | 66 | 0 | 1 | 2 | 9 | | LOCALIZED MUSCLE WEAKNESS | |
| FE256 | 67 | 0 | 1 | 2 | 9 | | VISUAL DISTURBANCE | |
| FE257 | 68 | 0 | 1 | 2 | 9 | | ABNORMAL REFLEXES | |
| FE258 | 69 | 0 | 1 | 2 | 9 | | CRANIAL NERVE ABNORMALITY | |
| FE259 | 70 | 0 | 1 | 2 | 9 | | CEREBELLAR SIGNS | |
| FE260 | 71 | 0 | 1 | 2 | 9 | | SENSORY IMPAIRMENT | |
| FE261 | 72 | No | Yes | Maybe | Unk. | | 1st EXAMINER — BELIEVES THIS IS RESIDUAL OF CVA | |
| FE262 | 73 | No 2nd Exam. | | | | | 2nd EXAMINER — BELIEVES THIS IS RESIDUAL OF CVA | |

COMMENTS

| | | | | | | |
|-------|---|---|---|----------|-------------|------|
| 78-80 | 2 | 0 | 4 | DECK NO. | VERIFIED BY | DATE |
|-------|---|---|---|----------|-------------|------|

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

ELECTROCARDIOGRAPH
DECK 205

DATE THIS EXAM

DATE LAST EXAM

| COLS. | CODE | | | | | ITEM | |
|--------------------------------|-------------------|------------------|-----------------|-------|-------|---|-----------------------|
| 4 | ID | | | | | RECORD NUMBER | |
| FE263 5-7 | | | | | | NAME | |
| FE264 8-9 | | | | | | VENTRICULAR RATE PER MINUTE | |
| FE265 10-11 | | | | | | P-R INTERVAL (Hundredths of second) | |
| FE266 12-13 | | | | | | QRS INTERVAL (Hundredths of second) | |
| 14-17 | FE267 -1 +2 | | | | | QT INTERVAL (Hundredths of second) | |
| | FE268 | | | | | Â QRS | |
| INTRAVENTRICULAR BLOCK: | | | | | | | |
| | No | Com- plete | Incom- plete | Ind. | Unk. | | |
| FE269 18 | 0 | 1 | 2 | 3 | 9 | RIGHT (Incomplete = S1, R'V1) | |
| FE270 19 | 0 | 1 | 2 | 3 | 9 | LEFT | |
| | No | LAH | LPH | Unk. | | | |
| FE271 20 | 0 | 1 | 2 | 9 | | HEMIBLOCK | |
| | No | Yes | | Unk. | | | |
| FE272 21 | 0 | 1 | | 9 | | BIFASCICULAR | |
| ATRIOVENTRICULAR BLOCK: | | | | | | | |
| | No | Degree | | Unk. | | | |
| FE273 22 | 0 | 1 2 | | 9 | | INCOMPLETE | |
| | No | Nodal | TF | Unk. | | | |
| FE274 23 | 0 | 1 | 2 | 9 | | COMPLETE (TF = trifascicular) | |
| | No | Yes | | Unk. | | | |
| FE275 24 | 0 | 1 | | 9 | | WOLFF-PARKINSON-WHITE (WPW) SYNDROME | |
| | No. | Atr. | Vent. | Nodal | Comb. | Unk. | |
| FE276 25 | 0 | 1 | 2 | 3 | 4 | 9 | PREMATURE BEATS |
| | No | Yes | | Unk. | | | |
| FE277 26 | 0 | 1 | | 9 | | ATRIAL FIBRILLATION | |
| | 0 | 1 | | 9 | | ATRIAL FLUTTER | |
| | No | Yes | Maybe | Unk. | | | |
| FE278 27 | 0 | 1 | 2 | 9 | | OTHER ARRHYTHMIA | |
| | No | Digitalis Effect | | Other | Unk. | | |
| FE279 28 | 0 | 1 | | 2 | 9 | | OTHER ECG ABNORMALITY |
| | No | Yes | Maybe | Unk. | | | |
| FE280 29 | 0 | 1 | | 9 | | TAKING DIGITALIS OR QUINIDINE | |
| | 0 | 1 | 2 | 9 | | MYOCARDIAL INFARCTION | |
| FE281 30 | 0 | 1 | 2 | 9 | | LOCATION | |
| FE282 31 | 0 | 1 | 2 | 9 | | MYOCARDIAL INFARCTION | |
| FE283 32 | 0 | 1 | 2 | 9 | | LEFT VENTRICULAR HYPERTROPHY | |
| | | | | | | CHECK IF PRESENT: | |
| | | | | | | <input type="checkbox"/> Primary T | |
| | | | | | | <input type="checkbox"/> R > 20 mm Std | |
| | | | | | | <input type="checkbox"/> > 11 mm Av | |
| | | | | | | <input type="checkbox"/> > 25 mm Pre | |
| | | | | | | <input type="checkbox"/> R+S > 35 mm Pre | |
| | | | | | | <input type="checkbox"/> QRS > .09, < .11 | |
| | | | | | | <input type="checkbox"/> Morris P | |
| | | | | | | <input type="checkbox"/> Intrinsicoid > .04 | |
| | | | | | | <input type="checkbox"/> LAD > - 30 | |
| FE284 33 | 0 | 1 | 2 | 9 | | NON-SPECIFIC T-WAVE ABNORMALITY | |
| FE285 34 | 0 | 1 | 2 | 9 | | NON-SPECIFIC S-T SEGMENT ABNORMALITY | |
| | Norm. | Abnorm. | Doubt. | Unk. | | | |
| FE286 35 | 0 | 1 | 2 | 9 | | ECG CLINICAL READING - SPECIFY | |

78-80

2 0 5

DECK NO.

VERIFIED BY

DATE

| COLS. | CODE | | | | ITEM | | | | | | | | | | | |
|---------------------|--|-------|---------|---|---------------|---------|--------|---------|--------|--------|--------|--------|------------------------------|-----------------------|---|---|
| 1-4 | ID | | | | RECORD NUMBER | NAME | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Degree</th> <th colspan="3">Unknown</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>9</th> </tr> </thead> </table> | | | | Degree | Unknown | | | 1 | 2 | 3 | 4 | 9 | DICROTIC NOTCH | | READ BEST NOTCH Degree: 1 - Well defined dicrotic notch 2 - Intermediate change 3 - Intermediate change 4 - Absent dicrotic notch |
| Degree | Unknown | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 9 | | | | | | | | | | | | |
| FE287 ₅ | | | | | Wrist, left | | | | | | | | | | | |
| FE288 ₆ | | | | | Wrist, right | | | | | | | | | | | |
| FE289 ₇ | | | | | Leg, left | | | | | | | | | | | |
| FE290 ₈ | | | | | Leg, right | | | | | | | | | | | |
| FE291 ₉ | | | | | Foot, left | | | | | | | | | | | |
| FE292 ₁₀ | | | | | Foot, right | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Right</th> <th>Left</th> </tr> </thead> <tbody> <tr> <td>FE 293</td> <td>FE 294</td> </tr> <tr> <td>FE 295</td> <td>FE 296</td> </tr> <tr> <td>FE 297</td> <td>FE 298</td> </tr> </tbody> </table> | | | | Right | Left | FE 293 | FE 294 | FE 295 | FE 296 | FE 297 | FE 298 | 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 | Left | | | | | | | | | | | | | | | |
| FE 293 | FE 294 | | | | | | | | | | | | | | | |
| FE 295 | FE 296 | | | | | | | | | | | | | | | |
| FE 297 | FE 298 | | | | | | | | | | | | | | | |
| 11-12 | | | | | Wrist | | | | | | | | | | | |
| 13-14 | | | | | Leg | | | | | | | | | | | |
| 15-16 | | | | | Foot | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>No</th> <th>Yes</th> <th>Maybe</th> <th>Unknown</th> </tr> <tr> <th>0</th> <th>1</th> <th>2</th> <th>9</th> </tr> </thead> </table> | | | | No | Yes | Maybe | Unknown | 0 | 1 | 2 | 9 | ABNORMAL CONTOUR | | Abnormal contour = blunting | |
| No | Yes | Maybe | Unknown | | | | | | | | | | | | | |
| 0 | 1 | 2 | 9 | | | | | | | | | | | | | |
| FE299 ₁₇ | | | | | Wrist, left | | | | | | | | | | | |
| FE300 ₁₈ | | | | | Wrist, right | | | | | | | | | | | |
| FE301 ₁₉ | | | | | Leg, left | | | | | | | | | | | |
| FE302 ₂₀ | | | | | Leg, right | | | | | | | | | | | |
| FE303 ₂₁ | | | | | Foot, left | | | | | | | | | | | |
| FE304 ₂₂ | | | | | Foot, right | | | | | | | | | | | |

BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET

NAME

Record No.
ID

Oscillo-
graph

| COLS. | CODE | | | | ITEM | |
|---------------------------------|------|-----|-------|---------|---|-----|
| OSCILLOGRAPHIC FINDINGS: | | | | | | |
| | | | | | INDEX SHIFT | |
| | No | Yes | Maybe | Unknown | | |
| FE305 23 | 0 | 1 | 2 | 9 | Wrist, left | |
| FE306 24 | 0 | 1 | 2 | 9 | Wrist, right | |
| FE307 25 | 0 | 1 | 2 | 9 | Leg, left | |
| FE308 26 | 0 | 1 | 2 | 9 | Leg, right | |
| FE309 27 | 0 | 1 | 2 | 9 | Foot, left | |
| FE310 28 | 0 | 1 | 2 | 9 | Foot, right | |
| INTERPRETATION | | | | | | |
| | No | R | L | Both | TD | Unk |
| FE311 29 | 0 | 1 | 2 | 3 | 4 | 9 |
| FE312 30 | 0 | 1 | 2 | 3 | 4 | 9 |
| FE313 31 | 0 | 1 | 2 | 3 | 4 | 9 |
| FE314 32 | 0 | 1 | 2 | 3 | 4 | 9 |
| FE315 33 | 0 | 1 | 2 | 3 | 4 | 9 |
| FE316 34 | 0 | 1 | 2 | 3 | 4 | 9 |
| | | | | | (TD = Technical Difficulty) | |
| | | | | | CRITERIA | |
| | | | | | <p><u>DEFINITE</u> abnormal pulse exists where a 20% difference in amplitude is present at three or more counterpressures and two or more of the following abnormalities are present:</p> <ol style="list-style-type: none"> 1- Dicrotic notch 3 or 4 2- Abnormal contour or blunting 3- Index shift <p>A <u>POSSIBLE</u> abnormal pulse exists when with three amplitude differences only one other abnormality is present or with two amplitude differences two or more other abnormalities exist.</p> <p><u>BILATERAL</u> abnormal pulses exist when there is distinct loss of amplitude on both sides with loss of dicrotic notch and severe blunting.</p> | |
| 78-80 | 2 | : | 0 | : | 6 | |
| DECK NUMBER | | | | | VERIFIED BY | |
| | | | | | DATE | |

**BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET**

CLINICAL DIAGNOSTIC IMPRESSION
DECK 207

DATE THIS EXAM
DATE LAST EXAM

| COLS. | CODE | | | | ITEM | |
|-------|------|-----------|--|--|---------------|------|
| 1-4 | | ID | | | RECORD NUMBER | NAME |

HEART:

| | | | | | | |
|-------------|-------------|--------------------|----------------------|-------------|---|--|
| FE317 5 | Normal 0 | Def- inite 1 | Border- line 2 | Unk. 9 | HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician) | |
| FE318 6 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | UNDER TREATMENT FOR HYPERTENSION | |
| FE319 7 | 0 | 1 | 2 | 9 | HYPERTENSIVE HEART DISEASE | |
| FE320 8 | 0 | 1 | | | DIAGNOSIS OF HHD IS OUTSIDE OF CRITERIA | |
| | | | | | CORONARY HEART DISEASE | |
| FE321 9 | No 0 | Yes New 1 | Old 2 | Recur. 3 | May- be 4 | Unk. 9 |
| | | | | | ANGINA PECTORIS | |
| FE322 10 | 0 | 1 | 2 | 3 | 4 | 9 |
| | | | | | CORONARY INSUFFICIENCY | |
| FE323 11 | 0 | 1 | 2 | 3 | 4 | 9 |
| | | | | | MYOCARDIAL INFARCTION | |
| FE324 12 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | RHEUMATIC HEART DISEASE | |
| FE325 13 | 0 | 1 | 2 | 9 | TYPE | AORTIC VALVE DISEASE |
| FE326 14 | 0 | 1 | 2 | 9 | | MITRAL VALVE DISEASE |
| FE327 15 | 0 | 1 | 2 | 9 | SPECIFY | OTHER HEART DISEASE (includes congenital) |
| FE328 16 | 0 | 1 | 2 | 9 | | ETIOLOGY |
| FE329 17 | 0 | 1 | 2 | 9 | TYPE | ARRHYTHMIA |
| FE330 18 | No HD 0 | Class 1 2 3 4 | | | | Unk. 9 |

PERIPHERAL VASCULAR DISEASE:

| | | | | | | |
|-------------|---------|----------|------------|-----------|--|--------------------------|
| | | | | | ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE | |
| FE331 19 | No 0 | Yes 1 | Maybe 2 | Unk. 9 | WITH INTERMITTENT CLAUDICATION | |
| FE332 20 | 0 | 1 | 2 | 9 | SPECIFY | WITH OTHER MANIFESTATION |
| FE333 21 | 0 | 1 | 2 | 9 | | VARICOSE VEINS |

COMMENTS

**BUMC-FRAMINGHAM STUDY
EXAM 12 CODE SHEET**

NAME

RECORD
NO.

CLIN.
DIAG.
IMPR.

| COLS. | CODE | ITEM |
|-------|------|------|
|-------|------|------|

VASCULAR DISEASE OF BRAIN:

| FE | No | Yes | | | May- be | Unk. | ITEM | SPECIFY NEUROLOGICAL MANIFESTATIONS |
|-----------|----|-----|-----|--------|------------|------|--|-------------------------------------|
| | | New | Old | Recur. | | | | |
| 334 22 | 0 | 1 | 2 | 3 | 4 | 9 | ATHEROSCLEROTIC INFARCTION OF BRAIN | |
| 335 23 | 0 | 1 | 2 | 3 | 4 | 9 | EMBOLIC INFARCTION OF BRAIN | SECONDARY TO: |
| 336 24 | 0 | 1 | 2 | 3 | 4 | 9 | HEMORRHAGE INTO BRAIN | |
| 337 25 | 0 | 1 | 2 | 3 | 4 | 9 | SUBARACHNOID HEMORRHAGE | |
| 338 26 | 0 | 1 | 2 | 3 | 4 | 9 | TRANSIENT ISCHEMIC ATTACKS | |

OTHER VASCULAR DIAGNOSIS:

| FE | No | Yes | Maybe | Unk. | ITEM |
|-----------|----|-----|-------|------|---------|
| 339 27 | 0 | 1 | 2 | 9 | SPECIFY |

NON-CARDIOVASCULAR DIAGNOSES:

| FE | No | Yes | Maybe | Unk. | ITEM | SPECIFY |
|-----------|----|-----|-------|------|------------------------------------|---------|
| 340 28 | 0 | 1 | 2 | 9 | DIABETES MELLITUS | |
| 341 29 | 0 | 1 | 2 | 9 | URINARY TRACT DISEASE | |
| 342 30 | 0 | 1 | 2 | 9 | PULMONARY DISEASE | |
| 343 31 | 0 | 1 | 2 | 9 | EMPHYSEMA | |
| 344 32 | 0 | 1 | 2 | 9 | CHRONIC BRONCHITIS | |
| 345 33 | 0 | 1 | 2 | 9 | GOUTY ARTHRITIS | |
| 346 34 | 0 | 1 | 2 | 9 | OTHER ARTHRITIS | |
| 347 35 | 0 | 1 | 2 | 9 | GALLBLADDER DISEASE | |
| 348 36 | 0 | 1 | 2 | 9 | OBESITY | |
| 349 37 | 0 | 1 | 2 | 9 | OTHER NON-CARDIOVASCULAR DIAGNOSES | |

SUMMARY OF CLINICAL DIAGNOSES

| | | |
|------------|----------------|---------------------------|
| SIGNATURES | FIRST EXAMINER | SECOND EXAMINER |
| 78-80 | 2 0 7 | DECK NO. VERIFIED BY DATE |

Exam 12 - Cohort

BOSTON UNIVERSITY MEDICAL CENTER - FRAMINGHAM STUDY

I am aware that this examination at the Framingham Heart Program is provided by the Boston University Medical Center - Framingham Study. I understand that no change is to be made for any part of the examination.

I am fully informed of the procedures employed in this study.

I hereby authorize the staff of the B.U.M.C. study to obtain information regarding my health status from previous records, in the Heart Program, hospital, or physician's records and family members. Such information is to be used for research purposes only.

Date

Name