Framingham Heart Study

Original Cohort Exam 13

01/28/1972-03/20/1976
N=3133

Exam Form Version

10-71 Personal and Family History
No Version Number: Numerical Data, Medical History, Physical
Examination, Electrocardiograph & 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 200 300

NAME IN SAMPLE	(Last)	(First)	(Middle)	(Maiden)	RECORD NO.

NAME CHANGE					BIRTH DATE

NAME CHANGE					

ADDRESS					PHONE

	NAME			ADDRESS	
FAMILY PHYSICIAN					

	NAME			ADDRESS	
RELATIVE (Different House)					

	NAME			ADDRESS	
CLOSE FRIEND					

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

BUPS 10/71 1598

BUMC-FRAMINGHAM STUDY
Personal & Family History

NAME

RECORD NO.

| ID |

COLS. 1–4

REPORT OF DEATH			CAUSE CODE	AGE AT DEATH (yrs.)	SEX M = 1 F = 2	COLS.
CAUSE	PLACE	YEAR				
			FF2	FF3	FF4	5–8
			FF5	FF6	FF7	9–12
			FF8	FF9	FF10	13–16
			FF11	FF12	FF13	17–20
			FF14	FF15	FF16	21–24
			FF17	FF18	FF19	25–28
			FF20	FF21	FF22	29–32
			FF23	FF24	FF25	33–36
			FF26	FF27	FF28	37–40
			FF29	FF30		41–43
			FF31	FF32		44–46
			FF33	FF34		47–49
			FF35	FF36		50–52
			FF37	FF38		53–55
			FF39	FF40		56–58
			FF41	FF42		59–61
			FF43	FF44		62–64
			FF45	FF46		65–67
			FF47	FF48		68–70
			FF49	FF50		71–73
			FF51	FF52		74–76

77

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.	3	0	0	78–80

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 13 CODE SHEET

NUMERICAL DATA
Deck 301

DATE THIS EXAM
DATE LAST EXAM

COLS.	CODE				ITEM		
1-4		ID			RECORD NUMBER	NAME	AGE (YRS.)
5-10	Month FF53	Day FF54	Year FF55		DATE OF BIRTH		
11-16	FF56	FF57	FF58		DATE THIS EXAM		
FF59 17	Sgle. 1 Mar. 2	Wid. 3	Div. 4 Sep. 5		MARITAL STATUS		
18-23	Nurse FF60	Physician 1 FF61	Physician 2 FF62		EXAMINERS' NUMBERS		
24-26		FF63			WEIGHT (To nearest pound)		
27-30		FF64			HEIGHT (Inches, to next lower quarter inch)		
31-34		Right FF65	Left FF66		SKINFOLD TRICEPS (Millimeters)		
35-38		FF67	FF68		SKINFOLD SUBSCAPULAR (Millimeters)		

BLOOD PRESSURE (Left arm, mm Hg):

COLS.	Systolic	Diastolic	ITEM
39-44	FF69	FF70	NURSE
45-50	FF71	FF72	PHYSICIAN (First reading)
51-56	FF73	FF74	PHYSICIAN (Second reading)

LUNG FUNCTION:

COLS.	CODE	ITEM
7-58	FF75	TOTAL VITAL CAPACITY (Deciliter)
59-60	FF76	FIRST SECOND VOLUME (Deciliter)

BLOOD ANALYSIS:

COLS.	CODE	ITEM
61-62	FF77	HEMATOCRIT (Percent)
63-65	FF78	SUGAR (mg/100 ml)
66-68	FF79	URIC ACID (mg/100 ml)
69-71	FF80	CHOLESTEROL (mg/100 ml)

VASCULOGRAM:

	Degree				Unsat	Unk		Read best dicrotic notch:
FF81 72	1	2	3	4	8	9	LEFT	Degree: 1 — Well defined dicrotic notch 3 — Intermediate change
FF82 73	1	2	3	4	8	9	RIGHT	2 — flat notch 4 — Absent dicrotic notch

FAMILY HISTORY:

COLS.		ITEM
FF83 74-75		Number of brothers dead
FF84 76-77		Number of sisters dead

78-80	3 0 1	DECK NO.	VERIFIED BY	DATE

BUMC-FRAMINGHAM STUDY EXAM 13 CODE SHEET	MEDICAL HISTORY Decks 302 and 303	DATE THIS EXAM
		DATE LAST EXAM

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

	No 0	Yes 1	Unk. 9	HOSPITALIZATION IN INTERIM
FF85 5				

	No 0	Ill Only 1	M.D. Visit 2	Unk. 9	ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM
FF86 6					

REASON	MONTH/YEAR	NAME AND LOCATION OF HOSPITAL	DOCTOR

MEDICINE USED IN INTERIM: COMMENTS (SPECIFY AGENT)

	No 0	Yes (Now) 1	Yes (Not Now) 2	Unk. 9	MEDICINE USED IN INTERIM
FF87 7	0	1	2	9	CARDIAC GLYCOSIDES
FF88 8	0	1	2	9	NITRITES
FF89 9	0	1	2	9	QUINIDINE/PROCAINAMIDE
FF90 10	0	1	2	9	DIURETICS — SPECIFY REASON
FF91 11	0	1	2	9	HYPOTENSIVES (exclude diuretics)
FF92 12	0	1	2	9	ANTI-CHOLESTEROL AGENTS
FF93 13	0	1	2	9	THYROID
FF94 14	0	1	2	9	ANTICOAGULANTS
FF95 15	0	1	2	9	INSULIN
FF96 16	0	1	2	9	ORINASE
FF97 17	0	1	2	9	OTHER HYPOGLYCEMIC AGENTS
FF98 18	0	1	2	9	TRANQUILIZERS
FF99 19	0	1	2	9	BRONCHODILATOR OR AEROSOL
FF100 20	0	1	2	9	OTHER MEDICINES

	No 0	Yes <1 Yr. 1	Yes ≥1 Yr. 2	Unk. 9	HORMONE TREATMENT
FF101 21					

FF102 22·23		ASPIRIN TABS/week	Code #/week or	00 = Never 01 = 1/week or < 99 = Unk.

MENOPAUSE:

	Man 8	No 0	Yes 1	Unk. 9	PERIODS HAVE STOPPED ONE YEAR OR MORE	COMMENTS
FF103 24						

	88	NS 00			AGE AT WHICH PERIODS STOPPED (NS = not stopped)	
FF104 25·26						

	NS 8	Natural 0	Surgery 1	Other 2	Unk. 3	9	CAUSE OF CESSATION OF MENSES (NS = not stopped)
FF105 27							

	8	No 0	Yes 1	Unk. 9	HYSTERECTOMY
FF106 28					

	8	No 0	Yes (one) 1	Yes (two) 2	Unk. 9	OVARIES REMOVED
FF107 29						

| NAME | | RECORD NO. | MEDICAL HISTORY |

COLS.	CODE					ITEM

SMOKING IN INTERIM:

	No	Yes Cig. Only	Other Only	Both	Unk.	
FF108 30	0	1	2	3	9	EVER SMOKED

	Nev. Smok. 0	No 1	Yes 2	Unk. 9	
FF109 31					SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS

IF SMOKING, AMOUNT SMOKED:

	Not Smok.		
FF110 32·33	88	|	CIGARETTES/DAY
FF111 34·35	88	|	CIGARS/DAY
FF112 36·37	88	|	CIGARILLOS/DAY
FF113 38·39	88	|	PIPES/DAY

CIGARETTE SMOKING ONLY:

	Nev. Smok. Cigs. 8	No 0	Yes 1	Unk. 9	
FF114 40	8	0	1	9	STOPPED SMOKING CIGARETTES FOR LAST YEAR OR LONGER

	Not Smok. 8	Quarter 1	2	3	Unk. 9	IF NOW SMOKING: PORTION OF CIGARETTE SMOKED
FF115 41	8	1	2	3	9	

	8	No 0	Yes 1	Unk. 9	
FF116 42	8	0	1	9	USES FILTER CIGARETTES
FF117 43	8	0	1	9	INHALES CIGARETTES

DIET IN INTERIM:

	No	Yes (Now)	Yes (Not Now)	Unk.		COMMENTS
FF118 44	0	1	2	9	REDUCING	
FF119 45	0	1	2	9	CHOLESTEROL LOWERING	
FF120 46	0	1	2	9	LOW SALT	
FF121 47	0	1	2	9	DIABETIC	
FF122 48·49				|	COFFEE — CUPS/DAY	Code #/day or 00 = Never 01 = 1/day or < 99 = Unk.
FF123 50·51				|	TEA — CUPS/DAY	
FF124 52·53				|	COLA DRINKS — BOTTLES/DAY	
FF125 54·55				|	BEER — BOTTLES, CANS, GLASSES/WEEK	Code #/week or 00 = Never 01 = 1/week or < 99 = Unk.
FF126 56·57				|	WINE — GLASSES/WEEK	
FF127 58·59				|	COCKTAILS, HIGHBALLS, STRAIGHT DRINKS/WEEK	

	No 0	Yes 1	Maybe 2	Unk. 9	
FF128 60	0	1	2	9	FOLLOWING DIET (Examiner's opinion)

	No 0	Yes 1	Maybe 2	Unk. 9		DATE	PLACE
FF129 61	0	1	2	9	GALL BLADDER DISEASE IN INTERIM:		

	No 0	Yes 1	Maybe 2	Unk. 9		DATE LAST ATTACK
FF130 62	0	1	2	9	GOUT IN INTERIM:	

COLS.		CODE			ITEM
					RESPIRATORY SYMPTOMS AND CHF COMPLAINTS IN INTERIM:

COLS.	No	Yes Productive	Yes Nonproductive	Unk.	ITEM
FF131 63	0	1	2	9	CHRONIC COUGH (at least three months per year) — describe

	No	Yes		Unk.	
FF132 64	0	1		9	TROUBLED WITH WHEEZING — + Long Duration — + Seasonal / — + With Respiratory Infection

	No	Highest Grade			Unk.	
FF133 65	0	1	2	3	9	DYSPNEA ON EXERTION — Code: GRADE 1 = Climbing stairs or vigorous exertion / 2 = Rapid walking or moderate exertion / 3 = Any slight exertion

	No	Yes	Maybe	Unk.	
FF134 66	0	1	2	9	DYSPNEA INCREASED IN PAST TWO YEARS
FF135 67	0	1	2	9	ORTHOPNEA ☐ Recent ☐ Old Complaint
FF136 68	0	1	2	9	PAROXYSMAL NOCTURNAL DYSPNEA
FF137 69	0	1	2	9	ANKLE EDEMA, BILATERAL
FF138 70	0	1	2	9	1st EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM
FF139 71	0	1	2	9	1st EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE

	No 2nd Exam.	No	Yes	Maybe	Unk.	
FF140 72	3	0	1	2	9	2nd EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM
FF141 73	3	0	1	2	9	2nd EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE

78–80	3	0	2	DECK NO.	VERIFIED BY	DATE
1–4					RECORD NUMBER	

CHEST IN INTERIM:

	No	Yes	Maybe	Unk.	
FF142 5	0	1	2	9	CHEST DISCOMFORT

When Does Chest Discomfort Occur? — + With exertion or excitement / — + When quiet or resting

— + Repeated Short Episodes

DATE OF ONSET	USUAL DURATION
LOCATION	LONGEST DURATION
RADIATES TO	FREQUENCY
TYPE	

Relieved by: NG — + 0; Rest — + 0; Spont. — +

— + Prolonged Episodes (describe)   COMMENTS

	No	Yes	Maybe	Unk.		
FF143 6	0	1	2	9	ANGINA PECTORIS	1ST EXAMINER'S OPINION
FF144 7	0	1	2	9	CORONARY INSUFFICIENCY	
FF145 8	0	1	2	9	MYOCARDIAL INFARCTION	

	No 2nd Exam.	No	Yes	Maybe	Unk.		
FF146 9	3	0	1	2	9	ANGINA PECTORIS	2ND EXAMINER'S OPINION
FF147 10	3	0	1	2	9	CORONARY INSUFFICIENCY	
FF148 11	3	0	1	2	9	MYOCARDIAL INFARCTION	

| NAME | | RECORD NO. | MEDICAL HISTORY |

COLS.	CODE	ITEM

CEREBROVASCULAR ACCIDENT SINCE LAST EXAMINATION:

COLS.		No	Yes	Maybe	Unk.	SYMPTOMS	DURATION	COMMENTS
FF149	12	0	1	2	9	SUDDEN MUSCULAR WEAKNESS L R		
FF150	13	0	1	2	9	SUDDEN SPEECH DIFFICULTY		
FF151	14	0	1	2	9	SUDDEN VISUAL DEFECT L R		
FF152	15	0	1	2	9	UNCONSCIOUSNESS		
FF153	16	0	1	2	9	DOUBLE VISION		
FF154	17	0	1	2	9	LOSS OF VISION IN ONE EYE L R		
FF155	18	0	1	2	9	NUMBNESS, TINGLING L R		

ATTACK OBSERVED BY		DATE

AT AGE	TIME OF ONSET	☐ WHILE ACTIVE	☐ DURING SLEEP OR ☐ WHILE RISING FROM BED

COLS.		No	Hosp.	M.D.	Unk.	ITEM	NO. DAYS	AT
FF156	19	0	1	2	9	HOSPITALIZED OR SAW M.D.		

COLS.			No	Yes	Maybe	Unk	ITEM
FF157	20		0	1	2	9	1st EXAMINER — BELIEVES THIS WAS A STROKE
FF158	21		0	1	2	9	1st EXAMINER — BELIEVES THIS WAS PRECEDED BY TRANSITORY ISCHEMIC ATTACK (DESCRIBE)
FF159	22	No 2nd Exam 3	0	1	2	9	2nd EXAMINER — BELIEVES THIS WAS A STROKE
FF160	23	3	0	1	2	9	2nd EXAMINER — BELIEVES THIS WAS PRECEDED BY TRANSITORY ISCHEMIC ATTACK (DESCRIBE)

PERIPHERAL VASCULAR DISEASE IN INTERIM:

COLS.		No	Yes	Maybe	Unk.	ITEM
FF161	24	0	1	2	9	VEIN DISEASE

—	+	?	Trouble With Varicose Veins	L	R
—	+	?	Phlebitis	L	R
—	+	?	Swelling of Leg, Unilateral	L	R
—	+	?	Leg Ulcers	L	R

COLS.		No	Yes	Maybe	Unk.	ITEM
FF162	25	0	1	2	9	ARTERIAL DISEASE

Discomfort in lower limbs while walking			
—	+	Onset of First Steps	
—	+	After Walking Awhile	
—	+	Related to Rapidity of Walking or Steepness of Grade	
—	+	Forced to Stop Walking	DISTANCE
—	+	Relieved by Stopping, in _____ Minutes	

L   R
— + ? + ? Calf
— + ? + ? Other

DURATION OF SYMPTOMS	LEG IN WHICH COMPLAINT BEGAN	
_____ YEARS _____ MONTHS	☐ LEFT	☐ RIGHT

Frequency: ☐ Improving   ☐ Getting Worse   ☐ Stationary

COLS.		No	Yes	Maybe	Unk.	ITEM	
FF163	26	0	1	2	9	1st EXAMINER BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL
FF164	27	No 2nd Exam 3 / 0	1	2	9	2nd EXAMINER BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION	PERIPHERAL VASCULAR FINDINGS.

78–80	3	0	3	DECK NO.	VERIFIED BY	DATE

COLS.	CODE					ITEM	
1-4						RECORD NUMBER	NAME
	No	Slight	Mod.	Marked	Unk.	**EYES:**	*DESCRIBE (GIVE LOCATION AND SIZE)
FF165 5	0	1	2	3	9	CORNEAL ARCUS	
FF166 6		No 0	Yes 1	Maybe 2	Unk. 9	XANTHELASMA*	
FF167 7		No 0	Yes 1	Maybe 2	Unk. 9	XANTHOMATA	DESCRIBE AND LOCATE
						THYROID:	DESCRIBE ANY ABNORMALITY
FF168 8		No 0	Yes 1	Maybe 2	Unk. 9	SCAR	
FF169 9		0	1	2	9	SINGLE NODULE	
FF170 10		0	1	2	9	MULTIPLE NODULES	
FF171 11		0	1	2	9	DIFFUSE ENLARGEMENT	
FF172 12		0	1	2	9	OTHER MANIFESTATION OF THYROID DISEASE	
						RESPIRATORY SYSTEM:	DESCRIBE ANY ABNORMALITY
FF173 13		No 0	Yes 1	Maybe 2	Unk. 9	INCREASED ANTERO-POSTERIOR DIAMETER	
FF174 14		0	1	2	9	ABNORMAL BREATH SOUNDS	
						— + WHEEZING	
						— + OTHER	
FF175 15		0	1	2	9	RALES	
FF176 16		0	1	2	9	THORACOTOMY SCAR	
						HEART:	
FF177 17		No 0	Yes 1	Maybe 2	Unk. 9	PMI OUTSIDE MCL	
FF178 18		0	1	2	9	OTHER ENLARGEMENT — SPECIFY	
						ABNORMAL SOUNDS (e.g., clicks, gallops, abnormal splitting, muffled, or accentuated sounds, rubs)	SPECIFY
FF179 19		0	1	2	9		

COMMENTS:

COLS.	CODE	ITEM	

HEART: (Continued)

	SYSTOLIC MURMURS:	DESCRIBE SIGNIFICANT MURMURS
	Heard Maximally At:	

COLS.	No			Grade				Unk.	ITEM
FF180 20	0	1	2	3	4	5	6	9	APEX
FF181 21	0	1	2	3	4	5	6	9	MIDPRECORDIUM
FF182 22	0	1	2	3	4	5	6	9	LEFT BASE
FF183 23	0	1	2	3	4	5	6	9	RIGHT BASE

COLS.	No	Yes	Maybe	Unk.	ITEM
FF184 24	0	1	2	9	ANY MURMUR SIGNIFICANT

COLS.	Normal	Mitral	Aortic	Both	Other	Unk.	ITEM
FF185 25	0	1	2	3	4	9	FOR SIGNIFICANT MURMURS EXAMINER'S OPINION OF VALVE ORIGIN

COLS.	No	Mitral	Aortic	Both	Other	Unk.	ITEM	DESCRIBE
FF186 26	0	1	2	3	4	9	DIASTOLIC MURMURS: / LOCATION	

NECK VEINS: (Semi-recumbent)

COLS.	No	Yes	Maybe	Unk.	ITEM
FF187 27	0	1	2	9	DISTENDED

BREASTS:

COLS.	No	Yes	Unk.	ITEM
FF188 28	0	1	9	ABNORMAL

	SCAR PRESENT	*DESCRIBE ABNORMALITY

COLS.	No	Mastectomy Radical	Simple	Other	Unk.	ITEM
FF189 29	0	1	2	3	9	L R

COLS.	No	Yes	Maybe	Unk.	ITEM
FF190 30	0	1	2	9	LOCALIZED MASS*
FF191 31	0	1	2	9	AXILLARY NODES*

ABDOMEN:

COLS.	No	Yes	Maybe	Unk.	ITEM	DESCRIBE
FF192 32	0	1	2	9	LIVER ENLARGED	
FF193 33	0	1	2	9	ABDOMINAL ANEURYSM	
FF194 34	0	1	2	9	GALLBLADDER SCAR	
FF195 35	0	1	2	9	OTHER SURGICAL SCAR	
FF196 36	0	1	2	9	OTHER ABDOMINAL ABNORMALITY — DESCRIBE	

NAME	RECORD NO.	PHYS. EXAM.

COLS.	CODE	ITEM

PERIPHERAL VESSELS:

COLS.							ITEM		
FF197 37	No 0	Grade 1	2	3	4	Unk. 9	LEFT ANKLE EDEMA	DESCRIBE	
FF198 38	0	1	2	3	4	9	RIGHT ANKLE EDEMA		

						VISIBLE VARICOSITIES	DESCRIBE	CODE: Grade

FF199 39	No 0	Grade 1	2	3	Unk. 9	LEFT		1 = UNCOMPLICATED 2 = WITH EDEMA OR SKIN CHANGES
FF200 40	0	1	2	3	9	RIGHT		3 = WITH ULCER

FF201 41	No 0	Yes L 1	R 2	Both 3	Unk. 9	AMPUTATION*	SITE	
							EXTENT	
							REASON	

FF202 42	No 0	Yes 1	Maybe 2	Unk. 9	TEMPERATURE DIFFERENCE IN FEET*	Colder Foot L R	*DO RATSCHOW'S TEST IF *ANY* POSITIVE ARTERIAL PERIPHERAL FINDINGS
FF203 43	No 0	Yes 1	Maybe 2	Unk. 9	ABSENT OR FEEBLE PERIPHERAL PULSES*		
FF204 44	0	1	2	9	DORSAL PEDIS L R		
FF205 45	0	1	2	9	POSTERIOR TIBIAL L R		
FF206 46	0	1	2	9	FEMORAL L R		
FF207 47	0	1	2	9	RADIAL L R		

FF208 48	No 0	Yes 1	Maybe 2	Unk. 9	VASCULAR BRUITS*— DESCRIBE
FF209 49	No 0	Yes 1		Unk. 9	WAS PATIENT EXERCISED BEFORE BRUITS WERE LISTENED FOR?

FF210 50	Not Done 0	Pos. 1	Neg. 2	Maybe 3	Unk. 9	RATSCHOW'S POSTURAL CHANGE TEST:		DO RATSCHOW'S TEST IF *ANY* POSITIVE ARTERIAL VASCULAR FINDINGS
						— +L +R Pallor on Elevation	DESCRIBE *NOTE:* COMPARE TWO FEET	
						— +L Delayed Return of Color in +R *1 foot* (_____ Sec. Delayed)		
						— +L Delayed Filling in *1 foot* +R (_____ Sec. Delayed)		
						— +L +R Reactionary Rubor		

FF211 51	No 0	Yes 1	Maybe 2	Unk. 9	ARTERIAL PERIPHERAL VASCULAR DISEASE	1ST EXAMINER'S OPINION
FF212 52		0	1	2	9	CHRONIC VENOUS INSUFFICIENCY OR VARICOSE VEINS	
FF213 53	No 2nd Exam. 3	0	1	2	9	ARTERIAL PERIPHERAL VASCULAR DISEASE	2ND EXAMINER'S OPINION
FF214 54	3	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY OR VARICOSE VEINS	

COMMENTS

COLS.	CODE				ITEM	
					NEUROLOGICAL FINDINGS:	
FF215 55	No 0	Yes 1	Maybe 2	Unk. 9	SPEECH DISTURBANCE	DESCRIBE EACH ABNORMALITY
FF216 56	0	1	2	9	MENTAL IMPAIRMENT	
FF217 57	0	1	2	9	DISTURBANCE IN GAIT	
FF218 58	0	1	2	9	LOCALIZED MUSCLE WEAKNESS	
FF219 59	0	1	2	9	VISUAL DISTURBANCE	
FF220 60	0	1	2	9	ABNORMAL REFLEXES	
FF221 61	0	1	2	9	CRANIAL NERVE ABNORMALITY	
FF222 62	0	1	2	9	CEREBELLAR SIGNS	
FF223 63	0	1	2	9	SENSORY IMPAIRMENT	
FF224 64	No 0	Yes 1	Maybe 2	Unk. 9	1st EXAMINER — BELIEVES THIS IS RESIDUAL OF CVA	
FF225 65	No 2nd Exam. 3	0	1 2	9	2nd EXAMINER — BELIEVES THIS IS RESIDUAL OF CVA	

COMMENTS

78–80	3 : 0 : 4	DECK NO.	VERIFIED BY	DATE

BUMC-FRAMINGHAM STUDY
EXAM 13 CODE SHEET

ELECTROCARDIOGRAPH
Deck 305

| DATE THIS EXAM |
| DATE LAST EXAM |

COLS.	CODE	ITEM
1-4	ID	RECORD NUMBER / NAME
FF226 5-7		VENTRICULAR RATE PER MINUTE
FF227 8-9		P-R INTERVAL (Hundredths of second)
FF228 10-11		QRS INTERVAL (Hundredths of second)
FF229 12-13		QT INTERVAL (Hundredths of second)
14-17	FF230 −1 +2 FF231	Â QRS

INTRAVENTRICULAR BLOCK:

	No	Com-plete	Incom-plete	Ind.	Unk.	
FF232 18	0	1	2	3	9	RIGHT (Incomplete = S1, R′V1)
FF233 19	0	1	2	3	9	LEFT

FOR INDETERMINATE BLOCK:
Circle 3 in both Cols. 18 and 19

	No	LAH	LPH	Unk.	
FF234 20	0	1	2	9	HEMIBLOCK

	No	Yes	Unk.	
FF235 21	0	1	9	BIFASCICULAR

ATRIOVENTRICULAR BLOCK:

	No	Degree		Unk.	
FF236 22	0	1	2	9	INCOMPLETE

	No	Nodal	TF	Unk.	
FF237 23	0	1	2	9	COMPLETE (TF = trifascicular)

	No	Yes	Maybe	Unk.	
FF238 24	0	1	2	9	WOLFF-PARKINSON-WHITE (WPW) SYNDROME

	No.	Atr.	Vent.	Nodal	Comb.	Unk.	
FF239 25	0	1	2	3	4	9	PREMATURE BEATS

	No	Yes	Unk.	
FF240 26	0	1	9	ATRIAL FIBRILLATION
FF241 27	0	1	9	ATRIAL FLUTTER

	No	Yes	Maybe	Unk.	
FF242 28	0	1	2	9	OTHER ARRHYTHMIA

	No	Digitalis Effect	Other	Unk.		SPECIFY
FF243 29	0	1	2	9	OTHER ECG ABNORMALITY	

	No	Yes	Maybe	Unk.	
FF244 30	0	1	2	9	TAKING DIGITALIS OR QUINIDINE

						LOCATION
FF245 31	0	1	2	9	MYOCARDIAL INFARCTION	
FF246 32	0	1	2	9	LEFT VENTRICULAR HYPERTROPHY	

CHECK IF PRESENT:
- [ ] Primary T
- [ ] R ≥ 20 mm Std
- [ ] ≥ 11 mm Av
- [ ] ≥ 25 mm Pre
- [ ] R+S ≥ 35 mm Pre
- [ ] QRS ≥ .09, < .11
- [ ] Morris P
- [ ] Intrinsicoid ≥ .04
- [ ] LAD ≥ − 30
- [ ] S−T Depression

FF247 33	0	1	2	9	NON-SPECIFIC T-WAVE ABNORMALITY
FF248 34	0	1	2	9	NON-SPECIFIC S-T SEGMENT ABNORMALITY

	Norm.	Abnorm.	Doubt.	Unk.	
FF249 35	0	1	2	9	ECG CLINICAL READING — SPECIFY

78-80	3 0 5	DECK NO.	VERIFIED BY	DATE

BUMC-FRAMINGHAM STUDY
EXAM 13 CODE SHEET

CLINICAL DIAGNOSTIC IMPRESSION
Deck 307

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE	ITEM
1–4		RECORD NUMBER / NAME

HEART:

Code						Item
FF250 5	Normal 0	Def-inite 1	Border-line 2		Unk. 9	HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)
FF251 6	No 0	Yes 1	Maybe 2		Unk. 9	UNDER TREATMENT FOR HYPERTENSION
FF252 7	0	1	2		9	HYPERTENSIVE HEART DISEASE
FF253 8	0	1				DIAGNOSIS OF HHD IS OUTSIDE OF CRITERIA

CORONARY HEART DISEASE

Code	No 0	New 1	Old 2	Recur. 3	May-be 4	Unk. 9	Item
FF254 9	0	1	2	3	4	9	ANGINA PECTORIS
FF255 10	0	1	2	3	4	9	CORONARY INSUFFICIENCY
FF256 11	0	1	2	3	4	9	MYOCARDIAL INFARCTION

Code	No 0	Yes 1	Maybe 2	Unk. 9	Item	
FF257 12	0	1	2	9	RHEUMATIC HEART DISEASE	
FF258 13	0	1	2	9	AORTIC VALVE DISEASE	TYPE
FF259 14	0	1	2	9	MITRAL VALVE DISEASE	
FF260 15	0	1	2	9	OTHER HEART DISEASE (includes congenital)	SPECIFY
FF261 16	0	1	2	9	CONGESTIVE HEART FAILURE	ETIOLOGY
FF262 17	0	1	2	9	ARRHYTHMIA	TYPE

Code	No HD 0	Class 1 2 3 4	Unk. 9	Item
FF263 18	0	1 2 3 4	9	FUNCTIONAL-CLASS

PERIPHERAL VASCULAR DISEASE:

ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE

Code	No 0	Yes 1	Maybe 2	Unk. 9	Item	
FF264 19	0	1	2	9	WITH INTERMITTENT CLAUDICATION	
FF265 20	0	1	2	9	WITH OTHER MANIFESTATION	SPECIFY
FF266 21	0	1	2	9	VARICOSE VEINS	

COMMENTS

| | | | BUMC-FRAMINGHAM STUDY EXAM 13 CODE SHEET | | | | NAME | RECORD NO. $\underline{ID}$ | CLIN. DIAG. IMPR. |

COLS.			CODE				ITEM	
							VASCULAR DISEASE OF BRAIN:	

FF267

	No	Yes New	Yes Old	Recur.	May-be	Unk.		SPECIFY NEUROLOGICAL MANIFESTATIONS
22	0	1	2	3	4	9	ATHEROSCLEROTIC INFARCTION OF BRAIN	

FF268

23	0	1	2	3	4	9	EMBOLIC INFARCTION OF BRAIN	SECONDARY TO:

FF269

24	0	1	2	3	4	9	HEMORRHAGE INTO BRAIN	

FF270

25	0	1	2	3	4	9	SUBARACHNOID HEMORRHAGE	

FF271

26	0	1	2	3	4	9	TRANSIENT ISCHEMIC ATTACKS	

FF272

27	0	1	2	3	4	9	OTHER	

| | | | | | | | **OTHER VASCULAR DIAGNOSIS:** | |

FF273

	No 0	Yes 1	Maybe 2	Unk. 9	SPECIFY
28					

| | | | | | **NON-CARDIOVASCULAR DIAGNOSES:** |

FF274

	No 0	Yes 1	Maybe 2	Unk. 9	DIABETES MELLITUS
29					

FF275

30	0	1	2	9	URINARY TRACT DISEASE	SPECIFY

FF276

31	0	1	2	9	PULMONARY DISEASE	

FF277

32	0	1	2	9	EMPHYSEMA

FF278

33	0	1	2	9	CHRONIC BRONCHITIS

FF279

34	0	1	2	9	GOUTY ARTHRITIS

FF280

35	0	1	2	9	OTHER ARTHRITIS

FF281

36	0	1	2	9	GALLBLADDER DISEASE

FF282

37	0	1	2	9	OBESITY .

FF283

38	0	1	2	9	OTHER NON-CARDIOVASCULAR DIAGNOSES

SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES	FIRST EXAMINER		SECOND EXAMINER	
78-80	3 0 7	DECK NO.	VERIFIED BY	DATE

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 charge 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