

Framingham Heart Study

Original Cohort Exam 14

05/28/1975-04/24/1978

N=2871

Exam Form Version

10-71 Personal and Family History

12-78 Numerical Data, Medical History, Physical Examination, Electrocardiograph, Clinical Diagnostic Impression, X-Ray Report, Dementia Screening & Assessment of Functional Disability

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

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				
			FG2	FG3	FG4	5-8
			FG5	FG6	FG7	9-12
			FG8	FG9	FG10	13-16
			FG11	FG12	FG13	17-20
			FG14	FG15	FG16	21-24
			FG17	FG18	FG19	25-28
			FG20	FG21	FG22	29-32
			FG23	FG24	FG25	33-36
			FG26	FG27	FG28	37-40
			FG29	FG30		41-43
			FG31	FG32		44-46
			FG33	FG34		47-49
			FG35	FG36		50-52
			FG37	FG38		53-55
			FG39	FG40		56-58
			FG41	FG42		59-61
			FG43	FG44		62-64
			FG45	FG46		65-67
			FG47	FG48		68-70
			FG49	FG50		71-73
			FG51	FG52		74-76

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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
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JOB TITLE WHAT DO YOU DO?

12. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

13. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

14. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

15. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

16. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

17. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

18. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

19. NAME	ADDRESS	DATE STARTED
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JOB TITLE WHAT DO YOU DO?

BUMC-FRAMINGHAM STUDY EXAM 14 CODE SHEET	NUMERICAL DATA DECK 401	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE	ITEM
1-4	ID	RECORD NUMBER NAME
5-7	FG53	AGE and SEX
8-13	FG55 FG56 FG57	DATE THIS EXAM
14	Sgls. Mar. Wid. Div. Sep. 1 2 3 4 5	MARITAL STATUS FG 58
15-20	Nurse FG59 Physician 1 FG60 Physician 2 FG61	EXAMINERS' NUMBERS
21-23	FG62	WEIGHT (To nearest pound)
24-27	FG63	HEIGHT (Inches, to next lower quarter inch)
28-31	Right FG64 Left FG65	SKINFOLD TRICEPS (Millimeters)
32-35	FG66 FG67	SKINFOLD SUBSCAPULAR (Millimeters)

BLOOD PRESSURE (Left arm, mm Hg):

36-41	Systolic FG68	Diastolic FG69	NURSE
42-47	FG70	FG71	PHYSICIAN (First reading)
48-53	FG72	FG73	PHYSICIAN (Second reading)

LUNG FUNCTION:

54-55	FG74	TOTAL VITAL CAPACITY (Deciliter)
56-57	FG75	FIRST SECOND VOLUME (Deciliter)
58-61	FG76	CHEST CIRCUMFERENCE (cm) INSPIRATION
62-65	FG77	CHEST CIRCUMFERENCE (cm) EXPIRATION
66-69	FG78	AP DIAMETER (cm)
70-73	FG79	CARBON MONOXIDE ECOLYZER (parts/million)

VASCULOGRAM:

FG80	74	Degree	Unsat.	Unk.	LEFT	READ BEST DICROTIC NOTCH:		
		1 2 3 4	8	9		Degree:	1-Well defined dicrotic notch	3-Intermediate change
FG81	75				RIGHT		2-flat notch	4-Absent dicrotic notch

COMMENTS:

78-80	4 0 1	DECK NO.	VERIFIED BY	DATE
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(PLEASE TURN OVER)

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

**MEDICAL HISTORY
DECKS 402 and 403**

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE			ITEM	
1-4	ID			RECORD NUMBER	NAME

FG825	No 0	Yes 1	Unk. 9	HOSPITALIZATION IN INTERIM
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FG836	No 0	Ill Only 1	M.D. Visit 2	Unk. 9	ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM
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REASON	MONTH/YEAR	NAME AND LOCATION OF HOSPITAL	DOCTOR

	No	Yes (Now)	Yes (Not Now)	Unk.	MEDICINE USED IN INTERIM:	COMMENTS (SPECIFY AGENT)	
FG847	0	1	2	9	CARDIAC GLYCOSIDES		
FG858	0	1	2	9	NITRITES		
FG869	0	1	2	9	PROPRANOLOL		
FG8710	0	1	2	9	QUINIDINE/PROCAINAMIDE		
FG8811	0	1	2	9	DIURETICS—HYPERTENSION		
FG8912	0	1	2	9	DIURETICS—OTHER		
FG9013	0	1	2	9	HYPOTENSIVES (exclude diuretics)		
FG9114	0	1	2	9	ANTI-CHOLESTEROL AGENTS		
FG9215	0	1	2	9	THYROID		
FG9316	0	1	2	9	ANTICOAGULANTS		
FG9417	0	1	2	9	INSULIN		
FG9518	0	1	2	9	ORAL HYPOGLYCEMIC AGENTS		
FG9619	0	1	2	9	SLEEPING PILLS		
FG9720	0	1	2	9	TRANQUILIZERS		
FG9821	0	1	2	9	BRONCHODILATOR OR AEROSOL		
FG9922	0	1	2	9	OTHER MEDICINES		
FG10023	0	1	2	9	HORMONE TREATMENT		
FG10124	Man 8	No 0	Yes 1	Unk. 9	HYSTERECTOMY		
FG10225	8	No 0	Yes (one) 1	Yes (two) 2	Unk. 9		OVARIES REMOVED

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

NAME

RECORD NO. ID

MEDICAL HISTORY

COLS.	CODE					ITEM	
SMOKING IN INTERIM:							
FG103	26	Nev. Smok. 0	No 1	Yes 2	Unk. 9	SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS	
		Not Smok.			IF SMOKING, AMOUNT SMOKED:		
FG104	27-28	88				CIGARETTES/DAY	
FG105	29-30	88				CIGARS/DAY	
FG106	31-32	88				CIGARILLOS/DAY	
FG107	33-34	88				PIPES/DAY	
FG108	35	8	No 0	Yes 1	Unk. 9	USES FILTER CIGARETTES	
FG109	36	8	0	1	9	INHALES	
DIET IN INTERIM:							
FG110	37	No 0	Yes (Now) 1	Yes (Not Now) 2	Unk. 9	REDUCING	COMMENTS
FG111	38	0	1	2	9	CHOLESTEROL LOWERING	
FG112	39	0	1	2	9	LOW SALT	
FG113	40	0	1	2	9	DIABETIC	
FG114	41-42					COFFEE—CUPS/DAY	
FG115	43-44					COFFEE/DECAF.—CUPS/DAY	
FG116	45-46					TEA—CUPS/DAY	
FG117	47-48					COLA DRINKS—BOTTLES/DAY	
FG118	49-50					BEER—BOTTLES, CANS, GLASSES/WEEK	
FG119	51-52					WINE—GLASSES/WEEK	
FG120	53-54					COCKTAILS, HIGHBALLS, STRAIGHT DRINKS/WEEK	
FG121	55-56					EGGS—NO./WK.	
FG122	57-58					RED MEAT—NO. TIMES/WK.	Code No./week or 00=Never 01=1/week or < 99=Unk.
FG123	59-60					CHEESE—NO. TIMES/WK.	
FG124	61-62					WHOLE MILK—GLASSES/WK.	
FG125	63	No 0	M 1	B 2	Both 3	Unk. 9	MARGARINE VS. BUTTER (Most of Time)
FG126	64	No 0	Yes 1	Maybe 2	Unk. 9	FOLLOWING DIET (Examiner's opinion)	

BUMC-FRAMINGHAM STUDY EXAM 14 CODE SHEET		NAME	RECORD NO.	MEDICAL HISTORY
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COLS.	CODE	ITEM		
CEREBROVASCULAR ACCIDENT SINCE LAST EXAMINATION:				
		SYMPTOMS	DURATION	COMMENTS
FG145	12	No Yes Maybe Unk. 0 1 2 9	SUDDEN MUSCULAR WEAKNESS L R	
FG146	13	0 1 2 9	SUDDEN SPEECH DIFFICULTY	
FG147	14	0 1 2 9	SUDDEN VISUAL DEFECT L R	
FG148	15	0 1 2 9	UNCONSCIOUSNESS	
FG149	16	0 1 2 9	DOUBLE VISION	
FG150	17	0 1 2 9	LOSS OF VISION IN ONE EYE L R	
FG151	18	0 1 2 9	NUMBNESS, TINGLING L R	
		ATTACK OBSERVED BY		DATE
		AT AGE	TIME OF ONSET	<input type="checkbox"/> DURING SLEEP OR <input type="checkbox"/> WHILE RISING FROM BED
			<input type="checkbox"/> WHILE ACTIVE	
FG152	19	No Hosp. M.D. Unk. 0 1 2 9	HOSPITALIZED OR SAW M.D.	NO. DAYS AT
FG153	20	No Yes Maybe Unk. 0 1 2 9	1st EXAMINER—BELIEVES THIS WAS A STROKE	
FG154	21	0 1 2 9	1st EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)	
FG155	22	No 2nd Exam 3 0 1 2 9	2nd EXAMINER—BELIEVES THIS WAS A STROKE	
FG156	23	3 0 1 2 9	2nd EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)	

BUMC-FRAMINGHAM STUDY EXAM 14 CODE SHEET				NAME	RECORD NO. <i>ID</i>	MEDICAL HISTORY
PERIPHERAL VASCULAR DISEASE (Life History)						
<i>FG157</i> ₂₄	No 0	Yes 1	Maybe 2	Unk. 9	HAVE YOU EVER HAD VARICOSE VEINS?	
<i>FG158</i> ₂₅	0	1	2	9	PHLEBITIS L R	
<i>FG159</i> ₂₆	0	1	2	9	SWELLING OF LEG, UNILATERAL L R	
<i>FG160</i> ₂₇	0	1	2	9	LEG ULCERS L R	
<i>FG161</i> ₂₈	0	Surg. Injec. 1 2		9	TREATMENT FOR VARICOSE VEINS	
<i>FG162</i> ₂₉	0	Frac. Injury 1 2		9	FRACTURE OR SERIOUS INJURY	
<i>FG163</i> ₃₀	0	Never 1	Seldom 2	Freq. 9	WEAR GIRDLES OR RESTRICTIVE GARMENTS	
<i>FG164</i> ₃₁	0	Sitting 1	Stand. 2	Other 9	POSITION AT WORK (most of time)	
<i>FG165</i> ₃₂	0	No 1	Father 2	Mother 3	Both 9	FAMILY HISTORY OF VARICOSE VEINS
<i>FG166</i> ₃₃	0	No 1	Yes 2	Maybe 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	
						DISTANCE
					— + FORCED TO STOP WALKING	
					— + RELIEVED BY STOPPING, IN _____ MINUTES	
					DURATION OF SYMPTOMS	
					_____ YEARS _____ MONTHS	
					LEG IN WHICH COMPLAINT BEGAN	
					<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
					FREQUENCY: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary	
<i>FG167</i> ₃₄	0	No 1	Yes 2	Maybe 9	IS ONE FOOT COLDER THAN THE OTHER?	
<i>FG168</i> ₃₅	0	No 1	Yes 2	Maybe 9	1st EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION	
<i>FG169</i> ₃₆	3	No 2nd Exam 0	1	2	9	2nd EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION
78-80	4	0	3	DECK NO.	VERIFIED BY	DATE

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

NAME

**RECORD
NO.**

ID

**MEDICAL
HISTORY**

COMMENTS

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

**PHYSICAL EXAMINATION
DECK 404**

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE					RECORD NUMBER	NAME	ITEM
1-4	ID							
5	No	Slight	Mod.	Marked	Unk.	EYES:		*DESCRIBE (GIVE LOCATION AND SIZE)
FG170	0	1	2	3	9	CORNEAL ARCUS		
6	No	Yes	Maybe	Unk.		EYES:		*DESCRIBE (GIVE LOCATION AND SIZE)
FG171	0	1	2	9	XANTHELASMA*			
7	No	Yes	Maybe	Unk.		EYES:		TENDON (ACHILLES) + - PALMAR + - SUBCUTANEOUS + -
FG172	0	1	2	9	XANTHOMATA			
8	No	Yes	Maybe	Unk.		THYROID:		DESCRIBE ANY ABNORMALITY
FG173	0	1	2	9	SCAR			
9	0	1	2	9	SINGLE NODULE			
10	0	1	2	9	MULTIPLE NODULES			
11	0	1	2	9	DIFFUSE ENLARGEMENT			
12	0	1	2	9	OTHER MANIFESTATION OF THYROID DISEASE			
13	No	Yes	Maybe	Unk.		RESPIRATORY SYSTEM:		DESCRIBE ANY ABNORMALITY
FG178	0	1	2	9	INCREASED ANTERO-POSTERIOR DIAMETER			
14	0	1	2	9	ABNORMAL BREATH SOUNDS			
					- + WHEEZING			
					- + OTHER			
15	0	1	2	9	RALES			
16	0	1	2	9	FIXED THORAX			
17	No	Left	Right	Both	Unk.	HEART:		
FG182	0	1	2	3	9	ENLARGEMENT		
18		S ₃	S ₄	Both		HEART:		SPECIFY
FG183	0	1	2	3	9	GALLOP		
19	No	Click	Split S ₂	Dim. A ₂	Other	Unk.	HEART:	
FG184	0	1	2	3	4	9	OTHER ABNORMAL SOUNDS (e.g., clicks, abnormal splitting, muffled, or accentuated sounds, rubs)	

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

NAME

**RECORD
NO.**

ID

**PHYS.
EXAM**

COLS.	CODE	ITEM
		HEART: (Continued)
		SYSTOLIC MURMURS:
		DESCRIBE SIGNIFICANT MURMURS
		Heard Maximally At:
<i>FG185</i> ₂₀	No _____ Grade _____ Unk. 0 1 2 3 4 5 6 9	APEX—Regurg. or Holo
<i>FG186</i> ₂₁	0 1 2 3 4 5 6 9	APEX—Ejection
<i>FG187</i> ₂₂	0 1 2 3 4 5 6 9	MIDPRECORDIUM—Left Sternal Border
<i>FG188</i> ₂₃	0 1 2 3 4 5 6 9	BASE
<i>FG189</i> ₂₄	No Yes Maybe Unk. 0 1 2 9	MURMUR INCREASES ON VALSALVA
	Normal Mitral Aortic Both Other Unk. 0 1 2 3 4 9	FOR SYSTOLIC MURMURS EXAMINER'S OPINION OF VALVE ORIGIN
<i>FG190</i> ₂₅		
	No Mitral Aortic Both Other Unk. 0 1 2 3 4 9	DIASTOLIC MURMURS:
<i>FG191</i> ₂₆		DESCRIBE
		LOCATION
		NECK VEINS: (Semi-recumbent)
<i>FG192</i> ₂₇	No Yes Maybe Unk. 0 1 2 9	DISTENDED
		BREASTS:
<i>FG193</i> ₂₈	No Yes Unk. 0 1 9	ABNORMAL
	Mastectomy Radical Simple Biop. Other Unk. No 0 1 2 3 4 9	SCAR PRESENT
<i>FG194</i> ₂₉		L R
<i>FG195</i> ₃₀	No Yes Maybe Unk. 0 1 2 9	LOCALIZED MASS*
<i>FG196</i> ₃₁	0 1 2 9	AXILLARY NODES*
		ABDOMEN:
<i>FG197</i> ₃₂	No Yes Maybe Unk. 0 1 2 9	LIVER ENLARGED
<i>FG198</i> ₃₃	0 1 2 9	ABDOMINAL ANEURYSM
<i>FG199</i> ₃₄	0 1 2 9	BRUIT
<i>FG200</i> ₃₅	0 1 2 9	SURGICAL SCAR
<i>FG201</i> ₃₆	0 1 2 9	OTHER ABDOMINAL ABNORMALITY—DESCRIBE

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

NAME

**RECORD
NO.**

11

**PHYS.
EXAM.**

COLS.	CODE		ITEM		
PERIPHERAL VESSELS:					
FG202 ³⁷	Grade		Unk.	DESCRIBE	
	0	1 2 3 4	9		
	LEFT ANKLE EDEMA				
FG203 ³⁸	Grade		Unk.	DESCRIBE	
	0	1 2 3 4	9		
	RIGHT ANKLE EDEMA				
FG204 ³⁹	No	Grade	Unk.	DESCRIBE	
	0	1 2 3	9		
	LEFT STEM				
FG205 ⁴⁰	0	1 2 3	9		
	RIGHT STEM				
FG206 ⁴¹	0	1 2 3	9		
	RETICULAR				
FG207 ⁴²	0	1 2 3	9		
	SPIDER				
FG208 ⁴³	Yes		Unk.	SITE	
	No	L R Both			
	0	1 2 3			9
	AMPUTATION			EXTENT	
				REASON	
FG209 ⁴⁴	No	Yes	Maybe	Unk.	
	0	1 2		9	
	TEMPERATURE DIFFERENCE IN FEET			Colder Foot L R	
FG210 ⁴⁵	0	1 2	9	ABSENT OR FEEBLE PERIPHERAL PULSES	
FG211 ⁴⁶	0	1 2	9	DORSAL PEDIS L R	
FG212 ⁴⁷	0	1 2	9	POSTERIOR TIBIAL L R	
FG213 ⁴⁸	0	1 2	9	FEMORAL L R	
FG214 ⁴⁹	0	1 2	9	RADIAL L R	
FG215 ⁵⁰	No	F M P C			
	0	1 2 3 4	9		
	PERIPHERAL BRUIES			1. Femoral 2. Mid-thigh 3. Popliteal 4. Combination Specify:	
FG216 ⁵¹	No	Yes	Maybe	Unk.	
	0	1 2		9	
	ARTERIAL PERIPHERAL VASCULAR DISEASE			1st EXAMINER'S OPINION	
FG217 ⁵²	0	1 2	9		
	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS				
FG218 ⁵³	0	1 2	9		
	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS			2nd EXAMINER'S OPINION	
FG219 ⁵⁴	No 2nd Exam.				
	3 0	1 2	9		
	ARTERIAL PERIPHERAL VASCULAR DISEASE				
FG220 ⁵⁵	3	0 1 2	9		
	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS				
FG221 ⁵⁶	3	0 1 2	9		
	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS				

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

NAME

RECORD
NO. **ID**

PHYS.
EXAM

COLS.	CODE				ITEM	
					NEUROLOGICAL FINDINGS:	
	No	Yes	Maybe	Unk.	DESCRIBE EACH ABNORMALITY	
FG222 ⁵⁷	0	1	2	9	SPEECH DISTURBANCE	
FG223 ⁵⁸	0	1	2	9	DISTURBANCE IN GAIT	
FG224 ⁵⁹	0	1	2	9	LOCALIZED MUSCLE WEAKNESS	
FG225 ⁶⁰	0	1	2	9	VISUAL DISTURBANCE	
FG226 ⁶¹	0	1	2	9	ABNORMAL REFLEXES	
FG227 ⁶²	0	1	2	9	CRANIAL NERVE ABNORMALITY	
FG228 ⁶³	0	1	2	9	CEREBELLAR SIGNS	
FG229 ⁶⁴	0	1	2	9	SENSORY IMPAIRMENT	
FG230 ⁶⁵	0	1	2	9	CAROTID BRUICTS	
FG231 ⁶⁶	No 0	Yes 1	Maybe 2	Unk. 9	1st EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE	
FG232 ⁶⁷	No 2nd Exam. 3	0	1	2	9	2nd EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE
					EAR:	
FE233 ⁶⁸	No 0	Yes 1	Maybe 2	Unk. 9	EAR LOBE CREASE	

COMMENTS:

78-80	4	0	4	DECK NO.	VERIFIED BY	DATE
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BUMC-FRAMINGHAM STUDY EXAM 14 CODE SHEET	ELECTROCARDIOGRAPH DECK 405	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE	ITEM
1-4	ID	RECORD NUMBER NAME
5-7	FG234	VENTRICULAR RATE PER MINUTE
8-9	FG235	P-R INTERVAL (Hundredths of second)
10-11	FG236	QRS INTERVAL (Hundredths of second)
12-13	FG237	QT INTERVAL (Hundredths of second)
14-17	FG239	Â QRS

						INTRAVENTRICULAR BLOCK:		
FG240	18	No	Com- plete	Incom- plete	Ind.	Unk.	RIGHT (Incomplete=S1, R'V1)	FOR INDETERMINATE BLOCK: Circle 3 in both Cols. 18 and 19
		0	1	2	3	9	LEFT	
FG241	19	0	1	2	3	9	HEMIBLOCK	
FG242	20	No	LAH	LPH	Unk.			
		0	1	2	9			
FG243	21	No	Yes	Unk.			BIFASCICULAR	
		0	1	9				

						ATRIOVENTRICULAR BLOCK:		
FG244	22	No	Degree		Unk.		INCOMPLETE	
		0	1	2	9			
FG245	23	No	Nodal	TF	Unk.		COMPLETE (TF=trifascicular)	
		0	1	2	9			
FG246	24	No	Yes	Maybe	Unk.		WOLFF-PARKINSON-WHITE (WPW) SYNDROME	
		0	1	2	9			
FG247	25	No.	Atr.	Vent.	Nodal	Comb.	Unk.	PREMATURE BEATS
		0	1	2	3	4	9	

FG248	26	No	Yes	Unk.			ATRIAL FIBRILLATION	
		0	1	9				
FG249	27	0	1	9			ATRIAL FLUTTER	
FG250	28	No	Yes	Maybe	Unk.		U WAVE	SPECIFY
		0	1	2	9			
FG251	29	No	Digitalis Effect	Other	Unk.		OTHER ECG ABNORMALITY	
		0	1	2	9			

FG252	30	No	Yes	Maybe	Unk.		TAKING DIGITALIS OR QUINIDINE	
		0	1	2	9			
FG253	31	0	1	2	9		MYOCARDIAL INFARCTION	LOCATION
FG254	32	0	1	2	9		LEFT VENTRICULAR HYPERTROPHY	CHECK IF PRESENT:
								<input type="checkbox"/> Primary T <input type="checkbox"/> QRS ≥ .09, <.11 <input type="checkbox"/> R ≥ 20 mm Std <input type="checkbox"/> Morris P <input type="checkbox"/> ≥ 11 mm Av <input type="checkbox"/> Intrinsicoid ≥ .04 <input type="checkbox"/> ≥ 25 mm Pre <input type="checkbox"/> LAD ≥ -30 <input type="checkbox"/> R+S ≥ 35 mm Pre <input type="checkbox"/> S-T Depression

FG255	33	0	1	2	9		NON-SPECIFIC T-WAVE ABNORMALITY	
FG256	34	0	1	2	9		NON-SPECIFIC S-T SEGMENT ABNORMALITY	
FG257	35	Norm.	Abnorm.	Doubt.	Unk.		ECG CLINICAL READING—SPECIFY	
		0	1	2	9			

BUMC-FRAMINGHAM STUDY EXAM 14 CODE SHEET	CLINICAL DIAGNOSTIC IMPRESSION DECK 407	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE	RECORD NUMBER	NAME	ITEM				
1-4	HD							
				HEART:				
FG258	5	Normal	Def- inite	Border- line	Unk.			HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)
FG259	6	No	Yes	Maybe	Unk.			UNDER TREATMENT FOR HYPERTENSION
FG260	7	0	1	2	9			HYPERTENSIVE HEART DISEASE
FG261	8	0	1					DIAGNOSIS OF HHD IS OUTSIDE OF CRITERIA
								CORONARY HEART DISEASE
FG262	9	No	Yes	May-	Unk.			ANGINA PECTORIS
FG263	10	0	1	2	3	4	9	CORONARY INSUFFICIENCY
FG264	11	0	1	2	3	4	9	MYOCARDIAL INFARCTION
FG265		No	Yes	Maybe	Unk.			RHEUMATIC HEART DISEASE
FG266		0	1	2	9			AORTIC VALVE DISEASE
FG267		0	1	2	9			MITRAL VALVE DISEASE
FG268		0	1	2	9			OTHER HEART DISEASE (includes congenital)
FG269		0	1	2	9			CONGESTIVE HEART FAILURE
FG270		0	1	2	9			ARRHYTHMIA
FG271		No HD	Class			Unk.		FUNCTIONAL CLASS
		0	1	2	3	4	9	
								PERIPHERAL VASCULAR DISEASE:
								ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE
FG272		No	Yes	Maybe	Unk.			WITH INTERMITTENT CLAUDICATION
FG273		0	1	2	9			WITH OTHER MANIFESTATION
FG274		0	1	2	9			VARICOSE VEINS (STEM)
FG275		0	1	2	9			CHRONIC VENOUS INSUFFICIENCY WITHOUT VARICOSE VEINS
FG276		0	1	2	9			PHLEBITIS, Acute or Chronic
								OTHER VASCULAR DIAGNOSIS:
FG277		No	Yes	Maybe	Unk.			SPECIFY
		0	1	2	9			

COMMENTS

BUMC-FRAMINGHAM STUDY EXAM 14 CODE SHEET	NAME	RECORD NO. ID	CLIN. DIAG. IMPR.
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COLS.	CODE					ITEM		
VASCULAR DISEASE OF BRAIN:								
FG278 ₂₅	No	Yes		May-	Unk.	ATHEROSCLEROTIC INFARCTION OF BRAIN		
	0	New	Old	Recur.	be		SPECIFY NEUROLOGICAL MANIFESTATIONS	
FG279 ₂₆	0	1	2	3	4	9	EMBOLIC INFARCTION OF BRAIN	SECONDARY TO:
FG280 ₂₇	0	1	2	3	4	9	HEMORRHAGE INTO BRAIN	
FG281 ₂₈	0	1	2	3	4	9	SUBARACHNOID HEMORRHAGE	
FG282 ₂₉	0	1	2	3	4	9	TRANSIENT ISCHEMIC ATTACKS	
FG283 ₃₀	0	1	2	3	4	9	OTHER	
NON-CARDIOVASCULAR DIAGNOSES:								
FG284 ₃₁	No	Yes	Maybe	Unk.			DIABETES MELLITUS	
FG285 ₃₂	0	1	2	9			URINARY TRACT DISEASE	SPECIFY
FG286 ₃₃	0	1	2	9				
FG287 ₃₄	0	1	2	9			CHRONIC OBSTRUCTIVE LUNG DISEASE	
FG288 ₃₅	0	1	2	9			CHRONIC BRONCHITIS	
FG289 ₃₆	0	1	2	9			GOUTY ARTHRITIS	
FG290 ₃₇	0	1	2	9			OTHER ARTHRITIS	
FG291 ₃₈	0	1	2	9			GALLBLADDER DISEASE	
FG292 ₃₉	0	1	2	9			OBESITY	
FG293 ₄₀	0	1	2	9			CANCER	Location
FG294 ₄₁	0	1	2	9			OTHER NON-CARDIOVASCULAR DIAGNOSES	

SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES				FIRST EXAMINER				SECOND EXAMINER			
78-80	4	0	7	DECK NO.	VERIFIED BY				DATE		

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

**X-RAY REPORT
Deck 408**

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM	
1-4	ID				RECORD NUMBER	NAME
FG295 5	Sat. 1	Unsat. 2	Not Done 9		CHEST FILM SATISFACTORY	
	No	Yes	Maybe	Unknown	ABNORMALITY NOTED BY RADIOLOGIST	
FG296	0	1	2	9	Generalized Cardiac Enlargement	*DESCRIBE
FG297	0	1	2	9	Left Ventricular Hypertrophy	
FG298	0	1	2	9	Other Contour*	RVH _____ PA _____ AH _____ POSITION _____
FG299 9-11					Trans-Thoracic Diameter (Millimeters)	
FG300 12-14					Trans-Cardiac Diameter (Millimeters)	
FG301 15	No 0	Yes 1	Maybe 2	Unknown 9	HEART LARGER NOW THAN AT PRECEDING EXAM	
FG302 16	0	1	2	9	CHF (Radiologist's Impression)	
FG303 17	0	1	2	9	PULMONARY VASCULAR ENGORGEMENT	
FG304 18	0	1	2	9	PLEURAL EFFUSION	
	No	Yes	Maybe	Unknown	AORTIC ABNORMALITY	
FG305 19	0	1	2	9	DILATATION	*DESCRIBE
FG306 20	0	1	2	9	ANEURYSM	
FG307 21	0	1	2	9	CALCIFICATION	
FG308 22	0	1	2	9	Other*	
	No	Yes	Maybe	Unknown	NON-CARDIOVASCULAR ABNORMALITY	
FG309 23	0	1	2	9	OTHER THORACIC DISEASE	
78-80		4	0	8	DECK NUMBER 408	VERIFIED BY _____ DATE _____

BUMC-FRAMINGHAM STUDY EXAM 14 CODE SHEET				NAME	RECORD NO. ID
COLS.	CODE				ITEM
21 FG58					Current Marital Status 1 = Single 5 = Divorced, remarried 2 = Married 6 = Widowed, remarried 3 = Separated 7 = Widowed 4 = Divorced 9 = Unknown
22	Rt.	Lt.	Amb.	Unk.	Subjects' Handedness
	1	2	3	9	
23	All Rt.	Some Lt.	Unk.		Familial Handedness
	1	2	9		
24-25					Logical Memory (Passage A) - Wechsler Memory Scale Form II
26-27					Visual Reproduction - Wechsler Memory Scale Form I
28-29					Paired-associate Learning - Wechsler Memory Scale Form I
30					No. of Digits Forward - WAIS
31					No. of Digits Backward - WAIS
32-33					Digit Span Scaled Score - WAIS
34-35					Word Fluency (FAS) - raw score
36-37					Word Fluency (Normal percentile; age and education corrected)
38-39					Word Fluency (Aphasic percentile; age and education corrected)
40-41					Similarities Scaled Score (WAIS)
42-43					Logical Memory (Passage A) - Delayed recall Wechsler Memory Scale Form II
78-80		4	0	9	DECK NUMBER409
					VERIFIED BY
					DATE

**BUMC-FRAMINGHAM STUDY
EXAM 14 CODE SHEET**

**NUMERICAL DATA
DECK 411**

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE					ITEM	AGE (YF)
1-4						RECORD NUMBER	NAME
	BLOOD ANALYSIS:						
FG310 5-6						HEMATOCRIT (Percent)	
FG311 7-9						SUGAR (mg/100 ml)	
FG312 10-12						CREATININE (mg/100 ml)	
FG313 13-15						CHOLESTEROL (mg/100 ml)	
	URINALYSIS:						
FG314 16-19						ALBUMIN (Quantitest)	
FG315 20	Neg. 0	Sm. 1	Mod. 2	Lg. 3	Unk. 9	OCCULT BLOOD	
FG316 21	0	1	2	3	9	KETONE	
FG317 22	Neg. 0	Lt. 1	Med. 2	Dk. 3	9	GLUCOSE	
FG318 23-26						ALBUMIN (Dip Stick) Trace=10	
FG319 27	Neg. 5	Lt. 6	Med. 7	Dk. 8	Unk. 9	pH 8=pH 8 or 9	
	FAMILY HISTORY:						
FG320 28-29						Number of brothers dead	
FG321 30-31						Number of sisters dead	

78-80	4	1	1	DECK NO.	VERIFIED BY	DATE
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COL.	CODE				ITEMS	
					RECORD NUMBER	NAME
1-4						
		FEMALE	MALE		SEX	
5		1	2			
6-7					AGE ON LAST BIRTHDAY:	
8-13					DATE THIS EXAM (MONTH, DAY, YEAR):	
14					SITE: <input type="checkbox"/> CLINIC <input type="checkbox"/> FACE-TO-FACE AT HOME <input type="checkbox"/> TELEPHONE AT HOME <input type="checkbox"/> INSTITUTION <input type="checkbox"/> OTHER	
15					INTERVIEWER:	
16	A B C D 1 2 3 4			UNK 9	1. In general, how is your health now - would you say (A) <u>excellent</u> , (B) <u>good</u> , (C) <u>fair</u> , or (D) <u>poor</u> ?	
17	A B C 1 2 3			UNK 9	2. Do you think your health is (A) <u>better</u> , (B) <u>about the same</u> , or (C) <u>worse</u> than most people your own age?	
18	A B C 1 2 3			UNK 9	3. Compared to most people your own age, do you have (A) <u>more pep</u> , (B) <u>about the same amount</u> of pep, or (C) <u>less pep</u> to do things on an average day?	
19-20					4. About how many hours do you usually sleep at night? _____	
21	A B C 1 2 3			UNK 9	5. Which of these statements best describes your usual night's sleep <u>once you fall asleep</u> ? A) Usually sleep through the night. B) Usually wake up during the night; but have no trouble falling back asleep. C) Usually wake up during the night and find it hard to fall back asleep.	
22	NO YES 0 1			INAP 8	6. INTERVIEWER CHECK: IS R WEARING GLASSES? (IF YES, SKIP TO Q.8)	
23	NO YES 0 1			INAP UNK 8 9	7. Do you ever use anything like eyeglasses, contact lenses or a magnifying glass to see things?	
24	A B C D 1 2 3 4			UNK 9	8. How would you rate your vision (when using your glasses/magnifying glass) - (A) <u>excellent</u> , (B) <u>good</u> , (C) <u>fair</u> or (D) <u>poor</u> ?	
25	NO YES 0 1			UNK 9	9. Do you ever use any kind of hearing aid?	
26	A B C D 1 2 3 4			UNK 9	10. How would you rate your hearing (when using the hearing aid) - (A) <u>excellent</u> , (B) <u>good</u> , (C) <u>fair</u> , or (D) <u>poor</u> ?	
27	NO YES-FT YES-PT 0 1 2			UNK 9	11. Are you working now? Full time or part-time? (IF YES, SKIP TO Q.13)	
28-29					12. Did you ever work regularly? IF NO, CHECK HERE <input type="checkbox"/> ; IF YES, ASK: Are you retired? IF YES AGAIN, ASK YEAR OF RETIREMENT _____ (SKIP TO Q.17)	

CODE

ABBREVIATED CENSUS
OCCUPATIONAL CODE

INAP UNK

0 1 2 3 4 5 6 7 8 9

13. What kind of work do you usually do?

14. In what kind of business or organization is that?

15. Do you work for yourself, someone else, or some other arrangement?

YOURSELF
 SOMEONE ELSE

(IF OTHER, SPECIFY) _____

16. Would you say your job usually requires a lot of physical activity, some physical activity, or hardly any physical activity. We can use the following definitions as guidelines.

- A) A lot of physical activity - jobs that usually cause an average person to perspire or sweat on a typical day, like most outside jobs or many factory jobs.
- B) Some physical activity - jobs that don't cause a person to perspire, but do require some more activity beyond sitting at a desk most of the day; jobs of moderate physical activity might require a person to be on one's feet most of the time, like most store clerks, salespeople, or maintenance workers.
- C) Hardly any physical activity - jobs that require sitting at a desk or counter all or most of the day, like most secretaries and bookkeepers, or many professional jobs.

A B C INAP UNK
1 2 3 8 9

17. Now I want you to think about the times you were sick during the past 12 months since a year ago today. About how many days altogether were you in bed all or most of the day because of illness or a health condition during the past 12 months - would you say (A) no days, (B) one week or less, (C) more than a week but less than a month, (D) 1 to 3 months, (E) 3 months or more?

A B C D E UNK
1 2 3 4 5 9

18. Now let's spend a couple of minutes listing all of the serious health problems you've had over the years. By "serious" we mean things that were serious at the time, like surgery or hospitalizations; and things that remain as potential problems, like high blood pressure; or things that in any way limit your activities at the present time, like arthritis. Is it clear to you what kind of things we want? (PAUSE) What kind of serious health problems have you had? When did this happen? Anything else?

NO PROBLEMS (SKIP TO Q.20)

YEAR

	PROBLEM			YEAR	
3-37					
3-42					
3-47					
3-52					
-62					

A) _____
B) _____
C) _____
D) _____
E) _____
F) _____

NO YES
0 1

INAP UNK
8 9

INTERVIEWER CHECK: PROBED FROM ABSTRACTED RECORDS OR NOT

COL.

CODE

19. Now let's take a little time to think about the things you can't do or activities you have had to cut down on during the course of your normal day. Are there any things you can't do or activities you have had to restrict because of _____ (REPEAT FOR EACH THING LISTED IN Q.18; IF YES, SPECIFY THE RESTRICTED ACTIVITY).

ACTIVITY

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____
- F) _____

4-65

6-67

8-69

0-71

2-73

4-75

8-80

4 1 0

DECK

-4

RECORD NUMBER

20. Are there any (other) things you used to do during the course of your day that you can't do now or have cut down because of your health, age, circumstances, or doctor's orders?

(IF YES, SPECIFY BOTH THE ACTIVITY AND REASON; IF NO, CHECK HERE:)

ACTIVITY REASON

ACTIVITY

SPECIFIC REASON

- A) _____
- B) _____

-9

0-

21. Next I would like to ask a few questions about recreational activity. Some people like to get regular physical exercise; other people like active recreation every once in a while; and still others don't like any physical exercise.

During the past year did you do any physical exercise or active recreation?

NO YES
0 1

UNK
9

22. Is there any kind of exercise or active recreation that you've had to stop or cut down on because of any of the health problems you mentioned, or your health in general, or your age, or circumstances, or doctor's orders?

(IF YES, SPECIFY BOTH THE ACTIVITY AND REASON; IF NO, CHECK HERE:)

ACTIV-
ITY REASON

ACTIVITY

SPECIFIC REASON

- A) _____
- B) _____
- C) _____

-19

-23

-27

23. We want to find out how you do things like transportation, housekeeping, food preparation and food shopping, and how much of a problem each is to get done.

How difficult is it for you to get where you want to go - would you say you have (A) a lot of difficulty, (B) a little difficulty, or (C) no difficulty?

A B C
1 2 3

UNK
9

COL.	CODE	BUMC/SRP - FRAMINGHAM STUDY EXAM 14 CODE SHEET	NAME	RECORD NUMBER
36	NOT TRUE TRUE UNK 0 1 9	31. Is this statement true or not: All the housekeeping gets done about the same as it did years ago; it gets done about as often, about as well, and with no more real difficulty. IF "NOT TRUE" ASK THE SPECIFICS:		
37	NO YES INAP UNK 0 1 8 9	Is there any problem getting the housekeeping done as often as you'd like		
38	NO YES INAP UNK 0 1 8 9	Any problem getting it done as well as it used to be?		
39	NO YES INAP UNK 0 1 8 9	Is the housekeeping a problem because it is just more difficult for you to get done?		
40	A B C D E F G H UNK 1 2 3 4 5 6 7 8 9	32. Who usually does the cooking? (GET RELATIONSHIP AND THEN CHECK) A) Self (SKIP TO Q.34) F) Paid private source(s) B) Spouse G) Self and other household member(s) C) Other household member(s) H) Other: D) Other friend(s) or relative(s) E) Public/Social/Community agency source(s)		
	YES INAP UNK 1 2 3 4 8 9	33. If you had to, could you do <u>all</u> the cooking yourself? (IF NO, Why not?) (ALL SKIP TO Q.35, EXCEPT "SELF AND OTHERS" IN Q.32)		
42	A B C INAP UNK 1 2 3 8 9	34. At this present time, does getting the food prepared usually give you (A) <u>a lot of difficulty</u> , (B) <u>a little difficulty</u> , or (C) <u>no difficulty</u> ?		
43	0 1 2 3 UNK 9	35. Not counting the times you might snack during the course of a normal day, how many regular meals do you usually have?		
44	NO A B C UNK 0 1 2 3 9	36. For a lot of different reasons, people sometimes don't eat the right kinds of food or don't get enough of the foods they should have. Are there times you don't eat enough of the right kinds of foods? (IF YES) Would you say you (A) <u>often</u> don't eat the right kinds of foods, or (B) <u>sometimes</u> don't eat the right foods, or (C) <u>just once in a while</u> don't eat the right foods?		
45	A B C D E F G H UNK 1 2 3 4 5 6 7 8 9	37. Who usually does the grocery shopping? (GET RELATIONSHIP AND THEN CHECK) A) Self (SKIP TO Q.39) F) Paid private source(s) B) Spouse G) Self and other household member(s) C) Other household member(s) H) Other: D) Other friend(s) or relative(s) E) Public/Social/Community agency source(s)		

46	YES 1 2 3 4	INAP 8	UNK 9	38. If you had to, could you do <u>all</u> the grocery shopping yourself? (IF NO, Why not?) (ALL SKIP TO Q.40 EXCEPT "SELF AND OTHERS" IN Q.37)
47	A B C 1 2 3	INAP 8	UNK 9	39. How difficult is grocery shopping for you - do you have (A) <u>a lot of difficulty</u> , (B) <u>a little difficulty</u> , or (C) <u>no difficulty</u> ?
48	A B C 1 2 3		UNK 9	40. Would you say your food shopping is done - (A) <u>as often as you'd like</u> , (B) <u>not quite as often as you'd like</u> , or (C) <u>not nearly as often as you'd like</u> ?
49	A B C D E 1 2 3 4 5		UNK 9	41. About how often do you talk with friends or relatives on the telephone - (A) <u>several times a day</u> , (B) <u>once a day</u> , (C) <u>a few times a week</u> , (D) <u>once a week</u> , or (E) <u>less often</u> ?
50	A B C D E F 1 2 3 4 5 6		UNK 9	42. About how often do you talk in person to someone who does not live with you - (A) <u>almost every day</u> , (B) <u>a few times a week</u> , (C) <u>once a week</u> , (D) <u>a few times a month</u> , (E) <u>once a month</u> , or (F) <u>less often</u> ?
51	NO YES 0 1		UNK 9	43. Do you generally spend most of the day with someone, or not?
52	NO YES 0 1		UNK 9	44. Would you say you see as much of your relatives as you would like, or not?
53	NO YES 0 1		UNK 9	45. Is there a friend, a relative or someone you know that you feel particularly close to, that is, somebody you can be completely yourself with and in whom you have complete trust and confidence? (IF NO, SKIP TO Q.47)
54	NO YES 0 1	INAP 8	UNK 9	46. Do you see as much of that person as you would like, or not?
55	SHOULD NOT UNDER DOCTOR'S ORDERS A B C D UNK 0 1 2 3 4	NO DOCTOR'S ORDERS INVOLVED A B C D UNK 5 6 7 8 9		47. Now I'm going to ask questions about how difficult it is to do certain things. For each thing tell me whether you have (A) <u>a lot of difficulty</u> doing the activity, (B) <u>some difficulty</u> , (C) <u>a little difficulty</u> , or (D) <u>no difficulty at all</u> . Of course if you don't do one of these activities on doctor's orders, tell me that too. a. Pulling or pushing large objects like a living room chair. Do you have a lot of difficulty, some difficulty, a little difficulty, or no difficulty doing this? b. Either stooping, crouching, or kneeling. Do you have a lot of difficulty, some difficulty, a little difficulty, or no difficulty doing this? c. Lifting or carrying weights under 10 lbs., like a bag of potatoes. Do you have a lot.....REPEAT d. Lifting or carrying over 10 lbs., like a very heavy bag of groceries. Do you have a lot.... REPEAT e. Reaching or extending arms below shoulder level. Do you have a lot.... f. Reaching or extending arms above shoulder level. Do you have a lot.... g. Either writing or handling or fingering small objects. Do you have a lot of.... h. Standing in one place for long periods, say 15 minutes. Do you have a lot of.... i. Sitting for long periods, say 1 hour. Do you have a lot of....
5	NO YES 0 1		UNK 9	48. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls, or floors, without help?
5	NO YES 0 1		UNK 9	49. Are you able to walk up and down stairs to the second floor without help?

COL.	CODE	BUMC/SRP - FRAMINGHAM STUDY EXAM 14 CODE SHEET	NAME	RECORD NUMBER
56	NO YES 0 1	UNK 9		
50. Are you able to walk half a mile without help? That's about 8 ordinary blocks. (IF YES, SKIP TO Q.53)				
57	NO YES 0 1	INAP UNK 8 9		
51. At the present time, do you use a walker?				
58	NO YES 0 1	INAP UNK 8 9		
52. At the present time, do you usually use a wheelchair?				
9	STILL A B C 1 2 3	PAST ONLY A B C D UNK 4 5 6 7 9		
0	1 2 3	4 5 6 7 9		
1	1 2 3	4 5 6 7 9		
2	1 2 3	4 5 6 7 9		
3	1 2 3	4 5 6 7 9		
4	1 2 3	4 5 6 7 9		
53. Other than when you might have been in a hospital, was there any time during the past 12 months in which (A) you needed help from another person or (B) from some special equipment or device to do any of the following things. (HELP FROM BOTH IS (C); NO HELP NEEDED IS (D); IF ANY HELP NEEDED, ASK: Do you still need the help?)				
a. Walking across a small room.				
b. Bathing.				
c. Personal grooming, like shaving, brushing hair, or cutting toenails.				
d. Dressing.				
e. Eating.				
f. Getting from a bed to a chair.				
5	A B C 1 2 3	UNK 9		
54. And now a few more questions about how you feel about things. In general, how satisfied are you with the way you spend your time - would you say (A) <u>very satisfied</u> , (B) <u>somewhat satisfied</u> , or (C) <u>not at all satisfied</u> ?				
6	A B 2	UNK 9		
55. In general would you tend to (A) <u>agree</u> or (B) <u>disagree</u> with this statement - little things bother me more this year.				
7	A B C 1 2 3	UNK 9		
56. How would you answer this one: As I get older, things are - (A) <u>better</u> than I thought they would be, (B) <u>about the same</u> as I thought they would be, or (C) <u>worse</u> than I thought they would be?				
3-80		4 1 2	DECK	
-4			RECORD NUMBER	
-8	SPOUSE'S RECORD NUMBER		57. And can we spend just a moment answering three of these questions for your (WIFE/HUSBAND). What serious health problems has (s)he had? Serious means the same as it did for you - hospitalizations, current problems like high blood pressure, arthritis, things like that. Anything else? (THE YEAR IT HAPPENED IS NOT NECESSARY)	
-11	PROBLEM		<input type="checkbox"/> NO PROBLEMS (SKIP TO Q.59)	
2-14			A) _____	
5-17			B) _____	
3-20			C) _____	
1-23			D) _____	
4-2			E) _____	
			F) _____	

COL. CODE

BUMC/SRP - FRAMINGHAM STUDY EXAM 14 CODE SHEET

	ACTIVITY	
27-28		
29-30		
31-32		
33-34		
35-36		
37-38		

58. Are there any things (s)he can't do or activities (s)he has had to restrict because of _____ (REPEAT FOR EACH THING LISTED IN Q.57; IF YES, SPECIFY THE RESTRICTED ACTIVITY).

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____
- F) _____

	ACTIVITY		REASON	
39-43				
44-48				

59. Are there any (other) things (s)he used to do that (s)he can't do now or had to cut down because of health, age, circumstances, or doctor's orders? (IF YES, SPECIFY BOTH THE ACTIVITY AND REASON; IF NO, CHECK HERE:)

- | | <u>ACTIVITY</u> | <u>SPECIFIC REASON</u> |
|----|-----------------|------------------------|
| A) | _____ | _____ |
| B) | _____ | _____ |

52-54			
55-57			
58-60			

INTERVIEWER: LIST CONDITIONS ABSTRACTED FROM MEDICAL RECORDS.

- A. _____
- B. _____
- C. _____
- D. _____

	1	2	3	4	5	6	7	UNK 9
61								
62-77								
78-80				4	1	3		

PHYSICIAN'S JUDGMENT OF OVERALL DISABILITY

BLANK

DECK

EXAM 14

Form Approved OMB 68S75101
Expir. 12/78

NATIONAL HEART AND LUNG INSTITUTE & BOSTON UNIVERSITY
FRAMINGHAM HEART STUDY

Permission for Interview, Examination, Tests, and Record Review:

I understand that the purpose of this study is to collect information to aid in the understanding of several major diseases, especially heart and vascular diseases.

I, hereby, authorize the Framingham Heart Study to 1) interview me with respect to my past and present medical history, the medical history of my family, and other information such as occupation, education, home address, and place of birth 2) perform procedures such as might be done in my physician's office (examples: weight, blood pressure, respiratory test, electrocardiogram) 3) obtain samples of blood and urine 4) review past and future hospital, tumor registry, and physicians' medical records. It is my understanding that this information will be kept strictly confidential, and used for statistical, scientific and research purposes only. No use will be made of the information which would identify me.

Each of the test procedures and their risks and discomforts have been explained to me and all of my inquiries concerning these procedures have been answered. I know that I am free to withdraw my consent and to discontinue participation in the project or activity at any time. I also understand that no charge is to be made for any part of the examination.

Date

Name

Witness