# Framingham Heart Study

# Original Cohort Exam 15

### 03/22/1977-11/13/1979 N=2632

Exam Form Version
Personal and Family History Numerical Data, Medical History, Physical Examination, Electrocardiograph, Clinical Diagnostic Impression, X-Ray Report Torque Ballistocardiograph, Framingham Thyroid Study & Hearing Study

## 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. and the second sec

### BUMC-FRAMINGHAM STUDY

PERSONAL AND FAMILY HISTORY DECK 200

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#### HEALTH STATUS CODE

CARDIOVASCULAR DISEASES:

OTHER DISEASES:

Angina Pectoris (AP) A & W Rheumatic Heart (RHD) - 0 Cancer (CA) Mental (MD) Other Coronary (ASHD) Dead — D Rheumatic Fever (RF) Diabetes (DM) Nephritis (NEPH) Unknown = U Apoplexy (CVA) Hypertension (HBP) Gallbladder (GB) Neurologic (ND) Other Heart Dis. - Specify Other GI (GI) Senility (SEN) BUPS 10/71 1598 (Page 2) Joint (ART) Other - Specify

sonal & Family History		·····				
REPÖR	F OF DEATH PLACE	YEAR	CAUSE	AGE AT DEATH (yrs.)	SEX M = 1 F = 2	co
			FH2	FIH3	FH4	5-
			FH5	FH6	FH7	9-
			FH8	FH9	FHID	13-
			FHI	FIHID	FHB	17-
			FIHH	FHIS	FH16	21-
			FH17	FH18	FH19	25-
			F1+20	FFIZ	FH22	29-
			FH23	FH24	FHas	33-
			FH26	PH27	FH28	37-
			FHZq	FH30		41-
an a			FH31	FH32		44-
			FH33	FH34		47-
			F#35	FH36		50-
			FH37	FH38		53-
namen en en same Alexander en de server, en en er en en en en en er e		3/2	FH39	FH40		56-
in an	<u>en est desta dificiella production de la construction de la construction de la construction de la construction</u>		PH41	F+++42		59-
						14.01.04
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an a	n an		FH45	FH46		65-
	· . · · · · · · · · · · · · · · · · · ·		FHYT	FH48		68-
	<u> </u>		FH49	FH50		71-
			FH51	FH52		74-

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		CAUSE OF DEATH CO	DE		
(	1 = CHD 2 = Other CVD	4 — Cancer 5 — Accident	7 — Infection 8 — Other		
	3 — Stroke	6—Suicide	9—Cause Unknow	<b>vn</b>	ter de la companya d
	<u>and a state of the state of th</u>		at a same and the same		
VERIFIED BY		DATE		DECK NO. 2	0078-80
BUPS 10/71 1598	······································	(Page 3)		· · · · · · · · · · · · · · · · · · ·	

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		EMPLOYER	
11. NAME		ADDRESS	DATE STARTED
JOB TITLE	WHAT DO YOU DO?		
12. NAME		ADDRESS	DATE STARTED
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JOB TITLE	WHAT DO YOU DO?		
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	KAM 15CO						<b>CK</b> 501			DATE LAST EXAM	
COLS.	Ţ,	co	DE	·····					ITEM		
-4			II		RECORD NUMBER	NAME					
5-7			FHS	3 F151	AGE and S	EX					
8-13	FH155	F	56	FH57	DATE THIS	SEXAM		L.			
14	Sgle. M	ar. W 2 3		Sep. 5	MARITALS	STATUS	F#5	58			
15-20	Nurse			Physician 2	EXAMINER	S' NUMBER	RS				
21-23			F	1462	WEIGHT (1	Fo nearest p	bound)				
24-27			FH6	3	HEIGHT (In	iches, to ne	xt lower	r quarte	r inch)		
28-31		FH	64	F#65	SKINFOLD	TRICEPS (	Millimet	ters)			
32-35		FH	66	FH67	SKINFOLD	SUBSCAP	ULAR (N	Millimet	ers)		_
			I	E	LOOD PRES	SSURE (Le	ft arm, r	mm Hg)	:		
36-41	Systolic FFH68	3		astolic NGA	NURSE						
42-47	FA 70		PI	+71	PHYSICIA	N (First read	ling)				
48-53	FH77	~	P	#773	PHYSICIAN	l (Second r	eading)				
					LUNG FUNC	TION:					
				FH74	TOTAL VIT	AL CAPAC	ITY (De	ciliter)			
56-57				FH+75	FIRST SEC	OND VOLU	JME (De	eciliter)			
58-61			FHI	76	CARBON	IONOXIDE	ECOLY	ZER (pa	arts/million)		_
					VASCULOG	RAM:					
FH7762	Degr 1 2	3	U 4	nsat. Unk, 8 9	LEFT	Degree:		4 14/-11			
F#78 63	1 2	3	4	89	RIGHT	Degree.		2-flat no	lefined dicrotic noto	<ul> <li>3-Intermediate change</li> <li>4-Absent dicrotic notch</li> </ul>	
FH7964-74	l			1 1	1		r ı	£	SOCIAL SECUR	ITY NUMBER	

COMMENTS:

78-80	5 0 1	DECK NO.	VERIFIED BY	DATE
			(PLEASE TURN OVER)	

Form Approved OMB # Expir. DATE THIS EXAM **BUMC-FRAMINGHAM STUDY MEDICAL HISTORY EXAM 15 CODE SHEET** DECKS 502 and 503 DATE LAST EXAM COLS. CODE ITEM T  $\mathbb{N}$ RECORD 1-4 NAME NUMBER FH80 5 Unk. No Yes HOSPITALIZATION IN INTERIM 0 1 9 M.D. Visit 111 FH81, No Only Unk. ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM 0 1 2 9 REASON MONTH/YEAR NAME AND LOCATION OF HOSPITAL DOCTOR Yes (Not Now) MEDICINE USED IN INTERIM: COMMENTS (SPECIFY AGENT) Yes No Unk. 71827 (Now) CARDIAC GLYCOSIDES 0 1 2 9 F11838 0 NITRITES 1 2 9 FH84 1 9 0 2 9 PROPRANOLOL FH85 10 0 1 2 9 QUINIDINE/PROCAINAMIDE FH86 11 0 1 2 9 HYPOTENSIVES (exclude diuretics) FH8712 ALDOMET 0 9 1 2 FH88 13 0 1 2 9 SPIRONOLACTONE FH89 14 0 1 2 9 DIURETICS-HYPERTENSION FH90 15 9 0 1 2 DIURETICS-OTHER FH91 16 0 1 2 9 ANTI-CHOLESTEROL AGENTS FH9217 0 1 2 9 THYROID FH93 18 0 1 2 ANTICOAGULANTS 9 FH94 19 0 1 2 9 INSULIN FH95 20 0 1 2 9 ORAL HYPOGLYCEMIC AGENTS

FH96 21

PH97 22

23

24 0

FH98

FH99

FH100 25

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SLEEPING PILLS

TRANQUILIZERS

OTHER MEDICINES

**BRONCHODILATOR OR AEROSOL** 

HORMONE TREATMENT

BUMC-FRAMINGHAM STUDY EXAM 15CODE SHEET

record no. TD

	EXAN	1 190	ODE	SHEEI				10	
COLS.		CO	DE			· · · · · · · · · · · · · · · · · · ·	ITEM		
FULIDI .	Nev.			ľ	SMOKING	IN INTERIM:			
FH10126	Smok. 0	No 1	Yes 2	Unk. 9	SMOKE	DAT LEAST ONE YEAR IN LAST	TWO YEARS		
		Not Smok.			IF SMO	KING, AMOUNT SMOKED:			
FH10 <del>27</del> -28		88			CIGARE	TTES/DAY			
FH103 29-30		88			CIGARS	5/DAY			
FH104 31-32		88			CIGARII	LLOS/DAY			
FH105 33-34		88			PIPES/	DAY			
FH10635	8	No 0	Yes 1	Unk. 9	USES FI	ILTER CIGARETTES			
FH10736	8	0	1	9	INHALE	S			
			Yes		IET IN IN	TERIM:	COMMENTS		
FH10837	No 0	Yes (Now) 1	(Not Now) 2	Unk. 9	REDUC	NG			
FH109 38	0	1	2	9	CHOLES	STEROL LOWERING			
FH110 39	0	1	2	9	LOWSA	ALT			
FHIII 40	0	1	2	9	DIABET	IC			
FH112-42					COFFEE	-CUPS/DAY			
FH113 FH143-44					COFFEE	E/DECAF.—CUPS/DAY	Code No./day or 00=Never		
FH114 45-46					TEA—C	UPS/DAY	01=1/day or < 99=Unk.		
FH1157-48					BEER	BOTTLES, CANS, S/WEEK		·•	· · · · · · · · · · · · · · · · · · ·
FH125-50 FH11751-52 FH11853					WINE-0	GLASSES/WEEK	Code No./week or 00=Never 01=1/week or<		
FH117 51-52					COCKTA STRAIGI	AILS, HIGHBALLS, HT DRINKS/WEEK	99 = Unk.		
		ľ			BEER- GLASSE	BOTTLES, CANS, ES			
FHIP 54					WINE		HOW MANY DAYS II EACH OF THESE?	N THE WEEK DO YO	OU DRINK
FH12055					COCKT	AILS, HIGHBALLS GHT DRINKS			
FH121 56-57					BEER-GLASSE	BOTTLES, CANS, ES			
FH122 -59					WINE		WHAT IS YOUR LIM	IIT AT ONE PERIC	D
FH123-61		-			COCKT/ STRAIG	AILS, HIGHBALLS HT DRINKS			
FH124 62	No 0	Yes 1	Maybe 2	Unk. 9	FOLLOW	WING DIET (Examiner's opinion)			
						(Page	2)	····.	

BUMC-FRAMINGHAM STUDY EXAM 15CODE SHEET

NAME

		_										
COLS.			ODE			SYMPTONS AND OU			INTERIM			
EN DE		Yes Pro-	Yes Non-	Unk.		SYMPTOMS AND CH	DESC				·····-	
FHIDS 63	No 0	duc- tive 1	pro- ductive 2	9	CHRONIC CO (at least three	JGH months per year)						·····
FH12664	No 0		Yes 1	Unk 9	TROUBLED W ASTHMA	ITH WHEEZING—	_	+ Long D	uration	+ Season + With Re	al espiratory Infection	
FH1275	No . O	Highe 1	est Grade 2 3	. Unk. 9	DYSPNEA ON EXERTION		Co	de: GRADE	1=Climbing stairs 2=Rapid walking 3=Any slight exer	or moderat	s exertion le exertion	
FH12866	No 0	Yes 1	Maybe 2.	Unk. 9	DYSPNEA INC	REASED IN PAST TWO	O YEARS	6				
FH19967	0	1	2	9	ORTHOPNEA		Recent		DOId Complaint			
FH13068	0	1	2	9	PAROXYSMAI	NOCTURNAL DYSPN	EA					
FHB169	0	1	2	9	ANKLE EDEM	A, BILATERAL						
F1+13270	0	1	2	9	1st EXAMINER	BELIEVES SUBJECT	HADCH	F SINCE L	ASTEXAM			
FH13371	0	1	2	9	1st EXAMINEF	BELIEVES SUBJECT	HAS PU	LMONARY	DISEASE			
FH13472	No 2nd Exam. 3	No 0	Yes Mayb 1 2	e Unk. 9	2nd EXAMINE	R BELIEVES SUBJECT	HADCH	IF SINCE L	AST EXAM			
FHB573	3	0	1 2	9	2nd EXAMINE	R BELIEVES SUBJECT	HAS PL	JLMONAR	YDISEASE			
8-80	5	0	2 DE	CK NO.	VERIFIED BY						DATE	
1-4		I	$\mathbb{D}$		RECORD NUMBER							
		_		(	CHEST IN INTER	IM:						
FH1365	No 0	Yes 1	Maybe 2	Unk. 9	CHEST DISCO	MFORT						
	-				When Does	Chest Discomfort Occu	ır?			tion or exc iet or resti		
						DATE OF ONSE	Т				USUAL DURATION	N
						LOCATION			<b>_</b>		LONGEST DURAT	ION
					- + Repeated Short Episodes	RADIATES TO				-	FREQUENCY	
						TYPE						
						Relieved by: NG	+0;		Rest—+0;		Spont+	
					+ Prolonge	d Episodes (describe)	c	COMMENT	S			
FH1376		No 0	Yes Mayb 1 2	e Unk. 9	ANGINA PECTO	DRIS						
F#138 7		0	1 2	9	CORONARY INSUFFICIENC	1ST EXAMINER Y OPINION	S					
FH139 8		0	1 2	9	MYOCARDIAL INFARCTION							
FH140 9	No 2nd Exam. 3	0	1 2	9	ANGINA PECT							
FH141 10	3	0	1 2	9	CORONARY INSUFFICIENC	2ND EXAMINEF Y OPINION	"S					
FH14211	3	0	1 2	9	MYOCARDIAL INFARCTION	(	l Page 3)					

•	AC-FR						NAME				REN	CORD D.	MED HIST	ICAL ORY
COLS.		С	ODE			[	I		ITE	M	I.		l	
						CEREBRO	OVASCULAR A	CCIDENT	SINCE LAST EX	AMINATION:		·		
							SYMPTOMS	;	DURATION	COMMENTS				
FH14312		No 0	Yes 1	Mayt 2	be Unk. 9	SUDDEI WEAKN	N MUSCULAR ESS	LR						
FH14413		0	1	2	9	SUDDE	N SPEECH							
FI+145		0	1	2	9	SUDDEI DEFECT	N VISUAL	LR						
FH1445		0	1	2	9	UNCON	SCIOUSNESS			Ì				
FH1476		0	1	2	9	DOUBLI	EVISION			Ì				
F1+1487		0	1	2	9	LOSS O IN ONE	F VISION EYE	LR		1				
FH14918		0	1	2	9	NUMBN TINGLIN	,	LR						
						ATTACK	OBSERVED B	Y	·			DATE		
*						AT AGE		TIME OF	ONSET	OWH	ILE ACTIVI		SLEEP OR RISING FROM BI	ED
FH150 <sub>19</sub>		No 0	Hosp 1	. M.D 2	. Unk. 9	HOSPIT	ALIZED OR SAV	W M.D.		NO. DAYS	AT			
FH151 20		No 0	Yes 1	Mayb 2	e Unk. 9	1st EXA	MINER—BELIE	VES THIS	WAS A STROKE					
FH15221		0	1	2	9	1st EXA	MINER-BELIE	VES THIS	WAS PRECEDED	BY TRANSIEN	TISCHEM	C ATTACK (DE	ESCRIBE)	
FH15322	No 2nd Exam 3	0	1	2	9	2nd EX	AMINER-BELI	EVES THIS	WAS A STROKE	E				
FH154 23	3	0	1	2	9	2nd EX/	AMINERBELI	EVES THIS	WAS PRECEDE	D BY TRANSIE	NTISCHEN	IC ATTACK (E	DESCRIBE)	
FH15524		0	1	2	9	URINAF	Y TRACT D	ISEASE	(lifetime)					
FH15625		0	1	2	9	HAVE	YOU EVER	HAD AN	Y URINARY I	ISEASE?				
FHH 5776		0	1	2	9	WAS 1	HIS KIDNE	Y?						
FH15827		0	1	2	9	ANY S	TONES?	<u>~</u>						
FH15928		0	1	2	9	PROST	ATE TROUB	LE						
FH160 29		0	1	2	9	PROSI	ATE SURGE	RY						

BL					M SI	TUDY T	NAME			record no. JD	MEDICAL HISTORY
	]					PERIPHER	RAL VASCULAR DISEAS	SE (Life History)			
FH16130	No O	Yes 1		Maybe 2	Unk. 9	PHLEB	ITIS L R				
FH16731	0	1		2	9	SWELLI	NG OF LEG, UNILATERA	LLR			
FH16332	0	1		2	9	LEG UL	CERS L R			· · · · · · · · · · · · · · · · · · ·	
F#164 33	0	1		2	9	TREATM	IENT FOR VARICOSE VE	INS			
FH165	No	Ye	<u> </u>	Maybe	Link	ARTERIAL	DISEASE				
34	0	1		2	9	DISCOMF	ORT IN LOWER LIMBS	- + ONSET OF FIRST STEP	PS		
						WHILE WA	ALKING	— + AFTER WALKING AWH — + RELATED TO RAPIDITY			
						 	R	- T RELATED TO RAPIDIT		CINC ON STEEPNES	DISTANCE
						_ +	? +? CALF	+ FORCED TO STOP W	VALKING		
						-+	? +? OTHER	- + RELIEVED BY STOP	PING, IN_	MINUTES	
						DURATIC	ON OF SYMPTOMS		LEG IN W	HICH COMPLAINT E	BEGAN
							YEARS	MONTHS			г
					_	FREC	QUENCY: DImproving	□Getting Worse □Statio	onary		
FH166 35	No O	Ye: 1		Aaybe 2	Unk. 9	IS ONE F	OOT COLDER THAN TH	E OTHER?			
FH167		No 0	Yes 1	Mayb	e Unk. 9	1st EXAN	AINER-BELIEVES SUBJ	ECT HAS INTERMITTENT CLA	AUDICATIO	DN	
FH168	No 2r Exar 3		1	2	9	2nd EXA	MINER-BELIEVES SUB	JECT HAS INTERMITTENT CL	AUDICATI	ON	
			Ч			TYPE A	QUESTIONS				
	all	ч	well	11		Instru	ction: I am go	ing to list severa	1 + rai	ts or qualiti	es that
	at.	Somewhat		ме	μw			or each one, will y		-	
	4	mev	Fairly	Very	Unknown			vell, fairly well,			
FH169 38	Not	So			-						
	0	1	2	3	9			TO EXCEL (be best)	IN MOS	ST THINGS	
FH17039		1		3	9	BEING	BOSSY OR DOMINA	TING			
FH171 40	0	1	2	3	9	USUALL	Y FEELING PRESS	ED FOR TIME			
FH1721	0	1	2	3	9	BEING	HARD DRIVING AN	D COMPETITIVE			
FH1732	I	1	2	3	9	EATING	TOO QUICKLY				
FH174 43	No O				9		OU BEEN EMPLOYE ast half time)	D (worked for mone	y) Mos:	r of your adu	LT LIFE?
41								HAVE ANSWERED <u>YES</u> d skip to housewife			
										····	

(OVER)

				AM ST		NAM	E								RECO NO.	rd II	)	MEDICAL HISTORY
COLS.		COL	DE			L					ITE	M						L
FH175 44	-	N Retired W Unempl.	- HouseW.	o Unk.			ERSONS : JRRENTLY		ORKIN	NG, R	ETIR	RED,	OR UN	IEMPI	LOYED,	?		с.,
FH176	No	Yes	HouseW.	Unk.	end	nstruction: Now we want to know how you have generally felt at the end of an average day in your regular line of work.												
45	0	1	4	9	HAVE	VE YOU OFTEN FELT VERY PRESSED FOR TIME?												
FH177 46	0	l	4	9		AS YOUR WORK OFTEN STAYED WITH YOU SO THAT YOU WERE THINKING ABOUT I AFTER WORKING HOURS?												
FH178 47	0	1	4	9		HAS YOUR WORK OFTEN STRETCHED YOU TO THE VERY LIMITS OF YOUR ENERGY AND CAPACITY?												
F1+179 48	0	l	4	9		HAVE YOU OFTEN FELT UNCERTAIN, UNCOMFORTABLE, OR DISSATISFIED WITH HOW WELL YOU WERE DOING IN YOUR REGULAR LINE OF WORK?												
F1+180	0	1	4	9	FINAI	LLY, D	O YOU G	GET	QUIT	E UP	SET	WHEN	YOU	HAVE	C TO V	AIT F	OR ANY	THING?
		<u></u>			HOUSE	WIVES	<u>.</u> :											
FH181	No	Yes	Wk.Per.	Unk.			on: Wit		-		-							
50	0	l	5	9	HAVE	YOU O	FTEN FE	ELT	VERY	PRES	SSED	FOR	TIME	:?				
FHISZ	0	l	5	9	HAVE	YOU O	FTEN HA	AD A	FEE	LING	OF :	DISS	ATISF	ACTI	ON?			
FH1923 FH1924 FH1925	0	1	5	9	HAS Y	OUR W	ORK OFT	FEN	STAY	ED WI	ITH	YOU	SO TH	АТ Ү	OU TH	INK AI	BOUT I	T ALL DAY?
F111,84	0	1	5	9	IN GENERAL, DO (DID) YOU FIND HOUSEWORK A BIG STRAIN?													
FHJES	0	1	5	9			O YOU G	GET	QUIT	E UPS	SET I	WHEN	YOU	HAVE	TO W		OR ANY	THING?
78-80	5	0	3	DEC	K NO.	ERIFIED	BY									DATE		

BUMC-FRAMINGHAM STUDY EXAM 15CODE SHEET

FH199

FH200

18

19 0

0

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1 2

Split S<sub>2</sub>

Click

1 2

S<sub>3</sub> S<sub>4</sub> Both

3

Dim. A<sub>2</sub> Other

49

3

9

Gnk.

GALLOP

rubs)

OTHER ABNORMAL SOUNDS

(e.g., clicks, abnormal splitting,

muffled, or accentuated sounds,

#### PHYSICAL EXAMINATION

**DECK** 504

DATE THIS EXAM

Form Approved UMB #

EXPIL: 12/

DATE LAST EXAM

_COLS.			ODE				
1-4					RECORD NUMBER	NAME	
			ed		EYES:		*DESCRIBE (GIVE LOCATION AND SIZE)
FH 1865	N N N	1 Slight	c Mod. c Marked	6 Unk.	CORNEAL ARC	US	
FHI8F	No 0	Yes 1	Maybe 2	Unk. 9	XANTHELASM	۹.	
FH188	No 0	Yes 1	Maybe 2	Unk. 9	XANTHOMATA		TENDON (ACHILLES)     +     -     PALMAR     +     -       SUBCUTANEOUS     +     -
					THYROID:		DESCRIBE ANY ABNORMALITY
FH189	No -0	Yes 1	Maybe 2	Unk. 9	SCAR		
FHI9g	0	1	2	9	SINGLE NODUL	.E	
£#16°	0	1	2	9	MULTIPLE NOD	OULES	
FH19A	0	1	2	9	DIFFUSE ENLA	RGEMENT	
FH193	0	1	2	9	OTHER MANIFE OF THYROID DI		
					RESPIRATORY SYSTEM:		DESCRIBE ANY ABNORMALITY
FH194	No 0	Yes 1	Maybe 2	Unk. 9	INCREASED AN POSTERIOR DI		
FH1954	0	1	2	9	ABNORMAL BR SOUNDS	REATH	
					- + WHEEZING	3	
					— + OTHER		
FH196 <sub>15</sub>	0	1	2	9	RALES		
F#1977	0	1	2	9	FIXED THORAX		
					HEART:		
FH198	No 0	tleft 1	c Right c Both	Unk. 9	ENLARGEMEN	г	

SPECIFY

	MC-FRAMINGHAM ST EXAM 15 CODE SHEE		NAME		RECORD NO. DD PHYS. EXAM					
COLS.	CODE		······································	ITEM						
		HEART: (	Continued)							
		SYSTO	LIC MURMURS:	DESCRIBE SIGNIFICAN						
		Heard N	Maximally At:							
Fitzol	Grade         Unk.           0         1         2         3         4         5         6         9	APEX	Regurg. or Holo							
FH202	0 1 2 3 4 5 6 9	APEX	~Ejection							
FH203	0 1 2 3 4 5 6 9	MIDPRI	ECORDIUMLeft Sternal Border							
FH204 23	0 1 2 3 4 5 6 9	BASE								
FH205	No Yes Maybe Unk. 0 1 2 9	MURMU ON VAL	JR INCREASES SALVA							
FH206	0 Normat Mittral 7 Aortic 8 Both 6 Other 6 Unk.	EXAMI	'STOLIC MURMURS NER'S OPINION OF ORIGIN							
	No Mitral Aortic Both Other Unk.	DIASTO	DLIC MURMURS:	DESCRIBE						
FH2022		LOCATI	ION							
		NECK VE	INS: (Semi-recumbent)				·			
F#20827	No Yes Maybe Unk. 0 1 2 9	DISTEN	DED				2			
		BREASTS	):							
FH228	No Yes Unk. 0 1 9	ABNOR	MAL							
	Mastectomy Tegen Tegen No PL No PL Biop. Other Unk.	SCAR P	RESENT	*DESCRIBE ABNORMA	LITY					
1 10 29	No ∰ 55 Biop. Other Unk. 0 1 2 3 4 9	L	R							
FIIƏIJ	No Yes Maybe Unk. 0 1 2 9	LOCALI	ZED MASS*							
FHalg	0 1 2 9		RY NODES*							
		ABDOME	N:				· · · · · · · · · · · · · · · · · · ·			
FHa13	No Yes Maybe Unk. 0 1 2 <del>9</del>	LIVER E	ENLARGED	DESCRIBE						
fhəiy	0 1 2 9	ABDOM	IINAL ANEURYSM				•			
PHAYS	0 1 2 9	BRUIT								
FHƏLG	0 1 2 9	SURGIC	CAL SCAR							
FH2137	0 1 2 9		ABDOMINAL MALITYDESCRIBE				Ĭ			

BUMC-FRAMINGHAM STUDY EXAM15 CODE SHEET NAME

RECORD NO.

PHYS. EXAM.

	EXAM 15 COL	DE SHEE	T					1	μD	
COLS.	CODE							ITEM		
			PERIPHE	RAL VESSELS:						
FH218 37	No Grade 0 1 2 3		LEFT A	NKLE EDEMA		DESCRIBE	E			
FH21938	0 1 2 3	49	RIGHT	ANKLE EDEMA						
			VISIBL	E VARICOSITIES		DESCRIBE			CODE: Grade	
FH22039	No <u>Grade</u> 0 1 2	Unk. 3 9	LEFT	STEM					1≕UNCOMPLICAT 2≕WITH SKIN CHA	
FH22140	0 1 2	39	RIGH	TSTEM					3=WITH ULCER	
FH022	0 1 2	39	RETIC	ULAR						
FH2233	0 1 2	39	SPIDE	R						
	Yes  No L R	Both Unk.				SITE				
FHDDA	0 1 2	3 9	AMPU	TATION		EXTENT				
				_ ·, · · · · · · · · · · · · · · · · · ·	;	REASON				
FH225		aybe Unk. 2 9	IN FEE	ERATURE DIFFEREN T	NCE	Colder Foot	t L.	R	···· -	
FH2256	0 1	2 9	ABSEN	IT OR FEEBLE PERI	PHERAL	PULSES			<u></u>	
F <u>H2</u> \$\$7	0 1	29	DORSAL PEDIS L R							
FH22B	0 1	29	POSTE	RIOR TIBIAL L	R					
FH2258	0 1	29	FEMOF	AL L	R					
FH230	0 1	2 9	RADIA	. L	R					
FH 231	No F M P 0 1 2 3	C 4 9	PERIPH	1. Femoral4. CombinationPERIPHERAL BRUITS2. Mid-thighSpecify:3. Popliteal3. Popliteal						
FH232		aybe Unk. 2 9	ARTERIAL PERIPHERAL VASCULAR DISEASE							
FH233	0 1	2 9		IC VENOUS INSUFF ARICOSE VEINS	ICIENCY	WITHOUT	1st EXAMINER'S	DPINION		
F112334		2 9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS							
FHD35	No 2nd Exam. 3 0 1	29	ARTER	AL PERIPHERAL VA	ASCULAR	DISEASE				
FHJ36	3 0 1	29		IC VENOUS INSUFF ARICOSE VEINS	ICIENCY	WITHOUT		2nd EXAMINER'S	OPINION	
FH2347	3 0 1	2 9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS							
					(	Page 3)				

NAME BUMC-FRAMINGHAM STUDY EXAM 15 CODE SHEET

RECORD 1

NO.

PHYS. EXAM

1

	F												
COLS.	ļ	C	ODE			ITEM	· · · · · · · · · · · · · · · · · · ·						
	1				NEUROLOGICAL FINDINGS:								
FH233	No O	Yes 1	Maybe 2	Unk. 9	SPEECH DISTURBANCE	DISTURBANCE							
FH037	0	1	2	9	DISTURBANCE IN GAIT								
FHZYO	0	1	2	9	LOCALIZED MUSCLE WEAKNESS								
FHay	0	1	2	9	VISUAL DISTURBANCE	ISTURBANCE							
FHZ42	0	1	2	9	ABNORMAL REFLEXES								
FH243	0	1	2	9	CRANIAL NERVE ABNORMALITY								
FH2443	0	1	2	9	CEREBELLAR SIGNS								
FHays	0	1	2	9	SENSORY IMPAIRMENT								
FITZ465	0	1	2	9	CAROTID BRUITS								
PH247		No Y O	/es Maybe 1 2	Unk. 9	1st EXAMINER—BELIEVES THIS IS RESIDUAL	OF STROKE							
FITA48	No 2nd Exam. 3		1 2	9	2nd EXAMINER—BELIEVES THIS IS RESIDUAL	AMINER-BELIEVES THIS IS RESIDUAL OF STROKE							
					R:								
Fifayg	No O	Yes 1	Maybe 2	Unk. 9	EAR LOBE CREASE			· · ·					
EH250	12	34	567	89	Physicians Judgment of Overall Disability								

COMMENTS:

						VERIFIED BY	DATE
78-80	5	0	4	1	DECK NO.		

										Form Approv	ed OMB #	Expir. 12/
					Τ					DATE THIS EX	AM	
				STUD	<b>Y</b>		ELECTRO			DATE LAST EX	XAM	
E)	(AM ]	15 <b>CO</b>	DE SH	IEET			DE	ECK 505	5	DATELASTE	(Alvi	
COLS.		cc	DE					_	ITEM	•		
1-4		Ţ	$\mathbb{D}$			ORD 1BER	NAME					
FH2517				       	VEN	TRICUL	AR RATE PER MINU	JTE				
FIDS2					P-R	INTERV	AL (Hundredths of s	second)				
FH2530-11					QRS	INTER	AL (Hundredths of	second)				
FH054 <sup>2-13</sup>	FHD	55		     	QTI	NTERVA	AL (Hundredths of se	econd)				
14-17	- 1 +2	F	H25	Ь	ÂQF	RS						
	No (	Com-Inc plete pl	om- Ind.	Unk.	INTRA	VENTR	ICULAR BLOCK:					
FH2578	0	1	2 3	9	RIGH	IT (Inco	mplete=S1, R'V1)		FOR INDE	TERMINATE BL	OCK:	
FHD5819	0	1	2 3	9	LEF	г			Circle 3 in	both Cols. 18 a	nd 19	
FH05920	No 0	LAH 1	LPH 2	Unk. 9	нем	IBLOCI	<					
FH26021	No 0		es 1	Unk. 9	BIFA	SCICU	LAR					
	No	De	gree	Unk.	ATRIO	VENTR	ICULAR BLOCK:					
Ftl26122	0	1	2	9	INCO	OMPLET	ſE					
FHD6D23	No 0	Nodal 1	TF 2	Unk. 9	CON	IPLETE	(TF=trifascicular)					
FH2634	No 0	Yes 1	Maybe 2	Unk. 9	WOL	FF-PAF	KINSON-WHITE (W	PW) SYND	ROME			
				ے۔ ف				12				
FH264	NO.	Atr. Vent.	Nodal	Comb. Unk.								
25	1	1 2		4 9	PRE	MATUR	E BEATS					
FH265	No	Ye	is l	Jnk.			RILLATION					
	0	1		9					<u> </u>			
FH <u>tale</u>	0	1		9	ATR	IAL FLU	TTER	1				
FH26728	No 0	Yes 1	Maybe 2	Unk. 9	υw	AVE						
FH26829	No 0	Digitalis Effect	Other 2	Unk. 9		ER ECG ORMAL		SPECIFY				
FH269 30	No 0	Yes 1	Maybe 2	Unk. 9			ITALIS OR QUINIDIN	NE				
FH270 <sup>31</sup>	0	1	2	9	MYO	CARDI	AL INFARCTION		LOCATION			
	0	1	2	9	IFET		ICULAR HYPERTRO		CHECK IF PRESENT:	· · · ·		
FH271 <sup>32</sup>	0	1	2	9			nverted T pl		D Primary T	□ QRS≥.09, <	<.11	
							oltage	ab ang	□ R ≥20 mm Std □ ≥11 mm Av	Morris P     Intrinsicoid	> 04	
					ъ		Voltage but	£ገልታ መ	$\Box \geq 25 \text{ mm Pre}$	□ LAD≥30	2.04	
					P	085	vortage put	1180 1	□ R+S≥35 mm Pre	S-T Depres	sion	
F#77233	o	1	2	9	NON	SPECIF	IC T-WAVE ABNOR	MALITY				
F#273 <sup>34</sup>	0	1	2	9	NON	SPECIF	FIC S-T SEGMENT A	BNORMAL	ITY			
FH37435	Norm. 0	Abnorm 1 -	. Doubt. 2	Unk. 9	ECG	CLINIC	AL READING-SPEC	CIFY				
			6									
78-80	5	0	5	DECK	NO.	VERIF	IED BY	,,,,,,, .			DATE	
	-					1						

(PLEASE TURN OVER)

FHD75				A										
FHATS			Border-		HEART:									
	Normal 0	inite 1	line 2	Unk. 9	HYPERTENSIVE S	TATUS (based	on two ble	ood pressure readings taken by physician)						
FHJ76	No O	Yes 1	Maybe 2	Unk. 9	UNDER TREAT	UNDER TREATMENT FOR HYPERTENSION								
FHJ77	0	1	2	9	HYPERTENSIVE H	EART DISEAS	E							
FHDTB	0	1			E DIAGNOSIS OF I	HHD IS OUTSID	DE OF CRI	TERIA						
		Yes			CORONARY HEAP	T DISEASE								
1 10 1-1	No Nev 0 1		Recur. 3	lay- be Unk. 4 9	ANGINA PECTO	RIS								
FH260	0 1	2	3	4 9	CORONARY INS	UFFICIENCY								
FH28	0 1	2	3	49	MYOCARDIAL IN	FARCTION								
FH2Q2	No 0	Yes 1	Maybe 2	Unk. 9	RHEUMATIC HEAR	RT DISEASE								
FH2Q3	0	1	2	. <sub>9</sub>	AORTIC VALVE DI	SEASE	TYPE							
PH284	0	1	2	9	MITRAL VALVE DI	SEASE	TTPE							
FHDBS	0	1	2	9	ÖTHER HEART DIS (includes congenita		SPECIF	Y						
F11386	0	1	2	9	CONGESTIVE HEA	ART	ETIOLO	GY						
FH38;7	0	1	2	9	ARRHYTHMIA		TYPE							
FH28688	No HD		lass 3	Unk.	FUNCTIONAL CLA	SS								
					PERIPHERAL VASC	ULAR DISEAS	SE:							
	No	Yes	Mavbe	e Unk.	ATHEROSCLEROT		EPERIPH	ERAL VASCULAR DISEASE						
FH26999	0	1	2	9	WITHINTERMITTE	ENT CLAUDICA	TION							
FH29020	0	1	2	9	WITH OTHER MAN	IFESTATION	SPECIF	1						
FHaqi	0	1	2	9	VARICOSE VEINS	(STEM)								
F#79922	0	1	2	9	CHRONIC VENOUS	SINSUFFICIEN	CY WITH	DUT VARICOSE VEINS						
FH79323	0	1	2	9	PHLEBITIS, Acute									
1 10 1-23					OTHER VASCULAR	DIAGNOSIS								
				1		DiAdito 515.								
FN01323 FH29424	No 0	Yes 1	Maybe 2		SPECIFY									

**BUMC-FRAMINGHAM STUDY** EXAM 15CODE SHEET

CODE

ID

RECORD

NUMBER

NAME

COLS.

1-4

#### **CLINICAL DIAGNOSTIC IMPRESSION**

**DECK** 507

ITEM

Form Approved OMB #

DATE THIS EXAM

DATE LAST EXAM

Expir. 12/

### **BUMC-FRAMINGHAM STUDY** EXAM 15CODE SHEET

NAME	
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CLIN.

DIAG.

COLS         CODE         ITEM           FHORE         No         Yes         May         VASCULAR DISEASE OF BRAIN.         SPECIFY NEUROLOGICAL MANIFESTATIONS           FHORE         1         2         3         4         9         Infrance         SPECIFY NEUROLOGICAL MANIFESTATIONS           FHORE         0         1         2         3         4         9         EMBOLICINFARCTION OF         SECONDARY TO:           FHORE         0         1         2         3         4         9         EMBOLICINFARCTION OF         SECONDARY TO:           FHORE         0         1         2         3         4         9         EMBOLICINFARCTION OF         SECONDARY TO:           FHORE         0         1         2         3         4         9         EMBOLICINFARCTION OF         SECONDARY TO:           FHORE         0         1         2         3         4         9         EMBOLICINFARCTION OF         SECONDARY TO:           FHORE         0         1         2         3         4         9         Interviewee         Antrecks           FHORE         0         1         2         0         Interviewee         Interviewee         Interviewee		EX	AM ]	15 <b>C</b>	ODE	SHE	ET								+D		DIAG. IMPR.
VASCULAR DISEASE OF BRAIN:           SPECIFY NEUROLOGICAL MANIFESTATIONS           FH09626         0         1         2         3         4         9         FMBACTION OF BRAIN         SPECIFY NEUROLOGICAL MANIFESTATIONS           FH09626         0         1         2         3         4         9         EMBOLIC INFARCTION OF BRAIN         SECONDARY TO:           FH09727         0         1         2         3         4         9         EMBOLIC INFARCTION OF BRAIN         SECONDARY TO:           FH09727         0         1         2         3         4         9         EMBOLIC INFARCTION OF BRAIN         SECONDARY TO:           FH09728         0         1         2         3         4         9         EMBOLIC INFARCTION OF BRAIN           FH30730         0         1         2         3         4         9         TRANSIENT ISCHEMIC           FH30730         0         1         2         9         OTHER         DIABETES MELLITUS           FH30733         0         1         2         9         PROSTATE         SPECIFY           FH30733         0         1         2         9         RENAL         SPECIFY           F	COLS	S.		CC	DE				· · · · · · · · · · · · · · · · · · ·		ITEM						
FH09520       No       Yes       Mum Unit       ATHEROSCLEROTIC       SPECIFY NEUROLOGICAL MANIFESTATIONS         FH09626       0       1       2       3       4       9       INFARCTION OF BRAIN       SECONDARY TO:         FH09626       0       1       2       3       4       9       INFARCTION OF BRAIN       SECONDARY TO:         FH09626       0       1       2       3       4       9       HEMORRHAGE INTO BRAIN       SECONDARY TO:         FH109727       0       1       2       3       4       9       HEMORRHAGE INTO BRAIN       SECONDARY TO:         FH109728       0       1       2       3       4       9       HEMORRHAGE INTO BRAIN         FH109729       0       1       2       3       4       9       TRANSIENT ISCHEMIC         FH307300       0       1       2       3       4       9       OTHER         FH30731       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH30833       0       1       2       9       PROSTATE       SPECIFY         FH30935       0       1       2       9       PULMONARY DISEASE       SPECIFY								ASCUL	AR DISEASE OF BRAIN:								
FH5912/27       0       1       2       3       4       9       HEMORRHAGE INTO BRAIN         FH3912/28       0       1       2       3       4       9       SUBARACHNOID HEMORRHAGE         FH3912/29       0       1       2       3       4       9       TRANSIENT ISCHEMIC ATTACKS         FH3912/29       0       1       2       3       4       9       TRANSIENT ISCHEMIC ATTACKS         FH302/30       0       1       2       3       4       9       OTHER         FH302/31       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH303/32       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH303/33       0       1       2       9       RENAL       SPECIFY         FH303/34       0       1       2       9       RENAL       SPECIFY         FH303/35       0       1       2       9       PULMONARY DISEASE       SPECIFY         FH303/35       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH303/36       0       1       2       9       CHRONIC BRON	FH095	No 5 0		Old	Recur.	00	Jnk.	ATHERO	DSCLEROTIC		SF	PECIFY NE	UROLOGI	CAL MAI	NIFESTATIO	ONS	· · · · · · · · · · · ·
FH398       0       1       2       3       4       9       SUBARACHNOID         FH399       0       1       2       3       4       9       TRANSIENT ISCHEMIC         FH30030       0       1       2       3       4       9       TRANSIENT ISCHEMIC         FH30030       0       1       2       3       4       9       TRANSIENT ISCHEMIC         FH30030       0       1       2       3       4       9       TRANSIENT ISCHEMIC         FH30030       0       1       2       9       DIABETES MELLITUS         FH30031       0       1       2       9       PROSTATE       SPECIFY         FH30333       0       1       2       9       RENAL       SPECIFY         FH30340       0       1       2       9       RENAL       SPECIFY         FH30355       0       1       2       9       RENAL       SPECIFY         FH30456       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH3057       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH3057	FH09620	6 0	1	2	3	4	~ 1		IC INFARCTION OF	SECONE	DAR	( TO:					
FH309       0       1       2       3       4       9       TRANSIENT ISCHEMIC ATTACKS         FH30030       0       1       2       3       4       9       OTHER         FH30131       0       1       2       3       4       9       OTHER         FH30131       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH30332       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH30333       0       1       2       9       PROSTATE       SPECIFY         FH30434       0       1       2       9       PULMONARY DISEASE       SPECIFY         FH30434       0       1       2       9       PULMONARY DISEASE       SPECIFY         FH30455       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH30456       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH30457       0       1       2       9       CHRONIC BRONCHITIS       SPECIFY         FH30589       0       1       2       9       OTHER ARTHRITIS       SPECIFY <td>FHD97</td> <td>7 0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9 1</td> <td>HEMOR</td> <td>RHAGE INTO BRAIN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	FHD97	7 0	1	2	3	4	9 1	HEMOR	RHAGE INTO BRAIN								
FH32030       0       1       2       3       4       9       OTHER         FH320131       No       Yes       Maybe       Unik.       NON-CARDIOVASCULAR DIAGNOSES:       DIABETES MELLITUS         FH320332       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH320333       0       1       2       9       PROSTATE       SPECIFY         FH3204334       0       1       2       9       RENAL       SPECIFY         FH3204334       0       1       2       9       PROSTATE       SPECIFY         FH3204334       0       1       2       9       PROSTATE       SPECIFY         FH320455       0       1       2       9       PULMONARY DISEASE       SPECIFY         FH320456       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH32047       0       1       2       9       CHRONIC BRONCHITIS       SPECIFY         FH32048       0       1       2       9       OTHER ARTHRITIS       SPECIFY       SPECIFY         FH32040       0       1       2       9       OTHER ARTHRITIS       SPECIFY <td< td=""><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td><b>0</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>			1	2	3	4	<b>0</b>										
No       Yes       Maybe       Unit.       Non-CARDIOVASCULAR DIAGNOSES:         FH3C01       31       0       1       2       9       DIABETES MELLITUS         FH3C032       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH3C0333       0       1       2       9       PROSTATE       SPECIFY         FH3C0344       0       1       2       9       RENAL       SPECIFY         FH3C035       0       1       2       9       RENAL       SPECIFY         FH3C035       0       1       2       9       PULMONARY DISEASE       SPECIFY         FH3C035       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH3C036       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH3C037       0       1       2       9       CHRONIC BRONCHITIS       SPECIFY         FH3C038       0       1       2       9       OTHER ARTHRITIS       SPECIFY         FH3C040       0       1       2       9       OBESITY       SPECIFY       SPECIFY         FH3C04141       0		1	1	2	3	4	<b>u</b> 1										
FH301       No       Yes       Maybe       Unk.         FH3031       0       1       2       9       DIABETES MELLITUS         FH3032       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH30333       0       1       2       9       PROSTATE       SPECIFY         FH3034       0       1       2       9       RENAL       SPECIFY         FH3035       0       1       2       9       RENAL       SPECIFY         FH3035       0       1       2       9       PULMONARY DISEASE       SPECIFY         FH3035       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH3036       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH3037       0       1       2       9       GOUTY ARTHRITIS       SPECIFY         FH3038       0       1       2       9       OTHER ARTHRITIS         FH31040       0       1       2       9       OBESITY         FH3141       0       1       2       9       OBESITY         FH3242       0	FH30030	0 0	1	2	3	4	9 (	OTHER									
H1301 31       0       1       2       9       DIABETES MELLITUS         FH303 32       0       1       2       9       URINARY TRACT DISEASE       SPECIFY         FH303 33       0       1       2       9       PROSTATE       SPECIFY         FH304 4       0       1       2       9       RENAL       SPECIFY         FH304 5       0       1       2       9       RENAL       SPECIFY         FH305 5       0       1       2       9       PULMONARY DISEASE       SPECIFY         FH305 6       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       SPECIFY         FH305 7       0       1       2       9       CHRONIC BRONCHITIS       SPECIFY         FH305 8       0       1       2       9       GOUTY ARTHRITIS         FH306 8       0       1       2       9       OTHER ARTHRITIS         FH306 40       0       1       2       9       OBESITY         FH31/41       0       1       2       9       OBESITY         FH306 22       0       1       2       9       CANCER								N-CAR	DIOVASCULAR DIAGN	OSES:							
FH30333       0       1       2       9       PROSTATE       SPECIFY         FH30434       0       1       2       9       RENAL       Image: Specify state       SPECIFY         FH30434       0       1       2       9       RENAL       Image: Specify state       Image: Specify state         FH30355       0       1       2       9       PULMONARY DISEASE       Image: Specify state         FH30456       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE       Image: Specify state         FH30577       0       1       2       9       CHRONIC BRONCHITIS       Image: Specify state         FH30588       0       1       2       9       GOUTY ARTHRITIS       Image: Specify state         FH30599       0       1       2       9       OTHER ARTHRITIS       Image: Specify state         FH31040       0       1       2       9       GALLBLADDER DISEASE       Image: Specify state         FH3141       0       1       2       9       OBESITY       Image: Specify state         FH3282       0       1       2       9       CANCER       Location		1 0					1	DIABET	ES MELLITUS								
FH505333       0       1       2       9       PROSTATE         FH30434       0       1       2       9       RENAL         FH30434       0       1       2       9       PULMONARY DISEASE         FH30435       0       1       2       9       PULMONARY DISEASE         FH30436       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE         FH30437       0       1       2       9       CHRONIC BRONCHITIS         FH30438       0       1       2       9       GOUTY ARTHRITIS         FH30439       0       1       2       9       OTHER ARTHRITIS         FH3040       0       1       2       9       GALLBLADDER DISEASE         FH31040       0       1       2       9       GALLBLADDER DISEASE         FH31141       0       1       2       9       OBESITY         FH32422       0       1       2       9       CANCER       Location			)	1	2	9	ι	URINAR	Y TRACT DISEASE		v						
FH3035       0       1       2       9       PULMONARY DISEASE         FH3036       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE         FH3037       0       1       2       9       CHRONIC BRONCHITIS         FH3038       0       1       2       9       CHRONIC BRONCHITIS         FH30397       0       1       2       9       GOUTY ARTHRITIS         FH30398       0       1       2       9       OTHER ARTHRITIS         FH3040       0       1       2       9       GALLBLADDER DISEASE         FH31040       0       1       2       9       GALLBLADDER DISEASE         FH31141       0       1       2       9       OBESITY         FH31242       0       1       2       9       CANCER			)	1	2	9		PROS	TATE								
FH306       0       1       2       9       CHRONIC OBSTRUCTIVE LUNG DISEASE         FH3037       0       1       2       9       CHRONIC BRONCHITIS         FH3038       0       1       2       9       GOUTY ARTHRITIS         FH30939       0       1       2       9       OTHER ARTHRITIS         FH3040       0       1       2       9       GALLBLADDER DISEASE         FH31040       0       1       2       9       GALLBLADDER DISEASE         FH31141       0       1       2       9       OBESITY         FH31242       0       1       2       9       CANCER       Location	FH3043	4 0		1	2	9		RENAI		1							
FH3037       0       1       2       9       CHRONIC BRONCHITIS         FH3088       0       1       2       9       GOUTY ARTHRITIS         FH30939       0       1       2       9       OTHER ARTHRITIS         FH30940       0       1       2       9       OTHER ARTHRITIS         FH31040       0       1       2       9       GALLBLADDER DISEASE         FH31141       0       1       2       9       OBESITY         FH31042       0       1       2       9       CANCER	FH303	5 0		1、	2	9	P	PULMON	IARY DISEASE								
FH30838       0       1       2       9       GOUTY ARTHRITIS         FH30939       0       1       2       9       OTHER ARTHRITIS         FH30940       0       1       2       9       GALLBLADDER DISEASE         FH31141       0       1       2       9       OBESITY         FH31242       0       1       2       9       CANCER       Location	FH30g	6 0		1	2	9	С	HRONIC	COBSTRUCTIVE LUNG	DISEASE							
FH30939       0       1       2       9       OTHER ARTHRITIS         FH31040       0       1       2       9       GALLBLADDER DISEASE         FH31141       0       1       2       9       OBESITY         FH31242       0       1       2       9       CANCER	FH303	7 0		1	2	9	с	HRONI	CBRONCHITIS								
FH3IO <sub>40</sub> 0       1       2       9       GALLBLADDER DISEASE         FH3II <sub>41</sub> 0       1       2       9       OBESITY         FH3IO <sub>42</sub> 0       1       2       9       CANCER       Location	FH308	8 0		1	2	9	G	SOUTY A	ARTHRITIS								
FH3II <sub>41</sub> 0         1         2         9         OBESITY           FH3I2 <sub>42</sub> 0         1         2         9         CANCER         Location				1	2	9	c	OTHER A	ARTHRITIS								
FH31242 0 1 2 9 CANCER Location	F#31040	0 0		1	2	9	G	GALLBL	BLADDER DISEASE								
	FH3114	1 0		1	2	9	c	OBESITY	ITY								
F#33				1	2	9	c	CANCER	DER Location								
43 0 1 2 9 OTHER NON-CARDIOVASCULAR DIAGNOSES	F#313	3 0		1	2	9	c	OTHER NON-CARDIOVASCULAR DIAGNOSES									

SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES	FIRST EXAMINER	SECOND EXAMINER
78-80 5 0 7	DECK NO. VERIFIED BY	DATE

			GHAM DE SH	STUDY IEET	X-RAY REPORT Deck 508			DATE THIS EXAM
COLS.	<u> </u>		CODE				ITEM	
1-4	C.		TI			AME		
FH314	Sat. 1	Unsat. 2		Not Done 9	CHEST FILM SATISFAC	TORY		
0.5	No	Yes	Maybe	Unknown	ABNORMALITY NOTED	BY RAD	IOLOGIST	• • • • • • • • • • • • • • • • • • •
FH3IS	0	1	2	9	Generalized Cardiac Enlar			*DESCRIBE
FH316	0	1	2	9	Left Ventricular Hypertro	ophy		
FHB17	0	1	2	9	Other Contour*		RVH	PA POSITION
FH318					Trans-Thoracic Diameter	(Millimeter	2)	
=H319,4			- ] ]		Trans-Cardiac Diameter (/	Millimeters	;)	
FH32g	No 0	Yes 1	Maybe 2	Unknown 9	HEART LARGER NOW	THAN AT	PRECEDING E	ХАМ
F1H321	0	1	2	9	PLEURAL EFFUSION			
FH322	0	1	2	9	PULMONARY VASCULA	AR ENGO	RGEMENT	
=17323	0	1	2	9	CHF (Radiologist's Impr	ession)		
	No	Yes	Maybe	Unknown	AORTIC ABNORMALIT	Y		
-H304	0	1	2	9	DILATATION			*DESCRIBE
=H325	0	1	2	9	ANEURYSM			
FH326	0	1	2	9	CALCIFICATION			
71732227	0	1	2	9	Other*			
Rent	No	Yes	Maybe	Unknown	NON-CARDIOVASCULA		MALITY	
FH329	0	1	2	9	OTHER THORACIC DIS			
78-80			5 0	8	DECK NUMBER 508	RIFIED BY	,	DATE

BUMC-FRAMINGHAM STUDY EXAM15 CODE SHEET NUMERICAL DATA DECK 511 DATE THIS EXAM

DATE LAST EXAM

COLS.		CC	DE	Ł	ITEM	
1-4			$\mathcal{I}$	D	RECORD NAME NUMBER	AGE (YF FH53
		<b>t</b>	· · · ·		BLOOD ANALYSIS:	
FH 329 5-6					HEMATOCRIT (Percent)	
FH330 7-9					SUGAR (mg/100 ml)	
FH331 10-12					CREATININE (mg/100 ml)	
FH33213-15					CHOLESTEROL (mg/100 ml)	
FN33316-18					HDL CHOLESTEROL	
FH33/19-21			1	1	SERUM SODIUM	
FH33522-23				l l	SERUM POTASSIUM	
FH33624-26					RED CELL SODIUM	
FH33727	Norm. O	Inter 1	· Lo 2	w Unk. 9	k. ALPHA ANTI-TRYPSIN	
			·····		URINALYSIS:	
FH33828-31					ALBUMIN (Quantitest)	
FH339 32	Neg. 0	Sm. N 1	lod. Lg 2 3		OCCULT BLOOD	
FH34033	0	1	2 3	9	KETONE	
FH341 34	Neg. 0		led Dk 2 3		GLUCOSE	
FH34235-38					ALBUMIN (Dip Stick) Trace=10	
FH34339	Neg. 5		led. Dk 7 8	9	pH 8=pH 8 or 9	
			c		FAMILY HISTORY:	
F11344 40-42					Number of brothers dead	
FH34543-44				1 1 1	Number of sisters dead	

78-80	5	1	 DECK NO.	VERIFIED BY	DATE
	1	: ·	· ·		

								Form Approved OMB #	Expir.	
				STUD	DY	TORQUE BALLIST	TOCARDIOGRAPH	DATE THIS EXAM		
E	XAM	15 <b>CO</b>	DE SH	IEET		<b>DECK</b> 514		DATE LAST EXAM		
COLS.		C	ODE				ITEM			
1-4	ļ	Į	D	ļ	RECORD NUMBER	NAME				
5-6				1 1 1	AMPLITU	JDE AB				
7	Mi l		ull 2	Unk. 9	TRACINO	3				
8-10				1 1	SLOPE			· · · ·		
11-12				1 }	QA INTI	ERVAL				
13-14				i i	QB INTH	ERVAL				
15-16	N		ſ	• •	QC INTE	ERVAL				
17	l	2	3 1			TED WAVE FORM	4 = Marked	ly Abnormal		
18	No O	Yes l	Maybe 2	e 9	A-WAVE	DISTORTION				
19	0	1	2	9	B-WAVE	DISTORTION				
20	0	1	2	9	C-WAVE	C-WAVE DISTORTION				
21-23		<u> </u>	i <u>1</u>	1 1	TRANSVE	ERSE DIAMETER OF	HEART			
-25				۱ ۱	EJECTIC	ON FRACTION				
								DATE		
78-80	5	1	4	DECK	NO.	FIED BY		DATE		

BUMC -	FRAM.	STU	DY		FRAMINGHAM THYROID STUDY
					DECK 543
Col.	1	C	ode		Item
1-4		i 1	1	1 1 1	Record No. Name
5-8		۰	•	, 1	S.S. No. Address
					Age: Sex: Ht.(in.): Wt.(lbs.)
					Medication Dose Medication Dose
					Current Diagnoses (indicate if chronic or acute)
				••	
	No	Yes	Maybe	Unk,	
9	0	l	2	9	Known Thyroid Disease
	NoHy	po Hy	yper Ot	h Unk.	
10	L		2 3		Туре
1.9	1		Maybe		
11		+ 	2	9	Goiter now present
12				1	Size (cm.)
13	0	Yes 1	Maybe 2	Unik. 9	Nodules Location:
	Ļ	ىد 		. 7	
14-17					
		/ } 			Serum T <sub>4</sub>
18-21		, , ,	-		Serum I3
22.25		1. 1			
22.25		1. 1			Serum I3
22-25		1. 1			Serum T <sub>3</sub> T <sub>3</sub> - resin uptake

۰.

COMMENTS:

4

BUNC - Framingnam Study

HEARING STUDY

Date

Col.	Code	Item
1-5	1 M 2 F	Record Number & Sex Name
6-7		Age at exam
8		Examiner Number
9	Yes No Rt. Lt. Both Unk. O 1 2 3 9	Do you have a hearing problem now? Which ear? If no, skip to le
10-11	Rt. Lt.	How old were you when you first noticed your hearing loss? 1) birth-19, 2) 20-39, 3) 40-49, 4) 50-59, 5) 60-69, 6) 70+ Age of onset: Rt Lt
12	Yes No.Rt.Lt.Both <sup>1</sup> Unk. 0 1 2 3 9	Did your hearing loss begin suddenly?
13	0 1 2 3 9	Does your hearing loss fluctuate?
14	01239	Have you ever been told you have Meniere's Disease?
15	01239	Have you ever been told you have otosclerosis?
16	0 1 2 3 9	Did you ever have a hearing loss due to head injury?
17	01239	Did you ever experience hearing loss due to illness? i.e.mumps, measles, meningitis, Rubella, virus, chronic middle ear disease, etc?
18	0 1 2 3 9	Did you ever have ear surgery? DateType
19-20	<u>Rt. Lt.</u> ;	Reason for surgery: 1)chronic infections, 2) otosclerosis, 3) balance problems, 4 ) trauma, 5) other
21	No Yes Maybe Unk. 0 1 2 9	Has there been hereditary hearing loss in your family? (grparents, parents, children, siblings, nieces & nephews) Type
22	0 1 2 9	Have you ever been exposed to loud noises at work, in military service or in association with a hobby? (millwork, machinery noise, explosions, jet engines, gunfire-including hunting, chainsaws, etc.)
23	0 1 2 9	Has a Dr. ever prescribed drugs which he told you might affect your hearing?
24	No Rt. L <mark>Yes</mark> No Rt. Lt. Both Not Unk. 0 1 2 3 4 9	Do you believe these drugs did affect your hearing?
. 25	0 1 2 3 4 9	Do you have any ringing or buzzing in your ears?
26	0 1 2 3 4 9	Have you ever used a hearing aid?

27	No Yes Some- 0 1 2	Unk. 9	If yes to No. 26, did you feel the aid(s) was satisfactory?
28	Good Fair Poor 1 2 3	Unk. 9	Examiner's assessment of subject as a historian.
29-30		Rt. Lt.	EXAM Results of Otoscopy 1) normal, 2 ) retracted TM, 3 )perforation 4) cerumen, 5 ) TM not visualized
31-32		[	Pure tone A/C thresholds in dB Right: 250
33-34			500
35-36		1	1000
37-38			2000
39-40			3000
41-42		1	4000
43-44		1	6000
45-46		•	8000
47-48			Pure tone A/C thresholds in dBLeft: 250
49-50			500
51-52			1000
53-54		1	2000
55-56		1	3000
57-58			4000
59-60	1		6000
61-62			8000
63-64		1	Pure tone B/C thresholds in dBRight: 1000
65-66		1 1 1	4000
67-68		t I	Pure tone B/C thresholds in dBLeft: 1000
69-70		ı I	4000
71			Impression: 1-Essentially normal, 2-Borderline 3-Significant hearing loss
Comments			
78-80		5 4 2	DECK NUMBER

#### 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

ZAM 15

Name

Witness