

Framingham Heart Study

Original Cohort Exam 15

03/22/1977-11/13/1979

N=2632

Exam Form Version

10-71 Personal and Family History

No Version Number: 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.

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

BUMC-FRAMINGHAM STUDY NAME
 Personal & Family History

RECORD NO.

COLS. 1-4

REPORT OF DEATH			CAUSE CODE	AGE AT DEATH (yrs.)	SEX M = 1 F = 2	COLS.
CAUSE	PLACE	YEAR				
			FH2	FH3	FH4	5-8
			FH5	FH6	FH7	9-12
			FH8	FH9	FH10	13-16
			FH11	FH12	FH13	17-20
			FH14	FH15	FH16	21-24
			FH17	FH18	FH19	25-28
			FH20	FH21	FH22	29-32
			FH23	FH24	FH25	33-36
			FH26	FH27	FH28	37-40
			FH29	FH30		41-43
			FH31	FH32		44-46
			FH33	FH34		47-49
			FH35	FH36		50-52
			FH37	FH38		53-55
			FH39	FH40		56-58
			FH41	FH42		59-61
			FH43	FH44		62-64
			FH45	FH46		65-67
			FH47	FH48		68-70
			FH49	FH50		71-73
			FH51	FH52		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
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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 15 CODE SHEET	NUMERICAL DATA DECK 501	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE					ITEM
-4			ID			RECORD NUMBER
5-7			FH53	FH54 M1 F2		NAME
8-13	FH55	FH56	FH57			AGE and SEX
14	Sgle. 1	Mar. 2	Wid. 3	Div. 4	Sep. 5	DATE THIS EXAM
15-20	Nurse FH59	Physician 1 FH60	Physician 2 FH61			MARITAL STATUS FH58
21-23			FH62			EXAMINERS' NUMBERS
24-27			FH63			WEIGHT (To nearest pound)
28-31		Right FH64	Left FH65			HEIGHT (Inches, to next lower quarter inch)
32-35		FH66	FH67			SKINFOLD TRICEPS (Millimeters)
BLOOD PRESSURE (Left arm, mm Hg):						
36-41	Systolic FH68	Diastolic FH69				NURSE
42-47	FH70	FH71				PHYSICIAN (First reading)
48-53	FH72	FH73				PHYSICIAN (Second reading)
LUNG FUNCTION:						
54-55			FH74			TOTAL VITAL CAPACITY (Deciliter)
56-57			FH75			FIRST SECOND VOLUME (Deciliter)
58-61			FH76			CARBON MONOXIDE ECOLYZER (parts/million)
VASCULOGRAM:						
FH77 62	Degree	Unsat.	Unk.			READ BEST DICROTIC NOTCH: Degree: 1-Well defined dicrotic notch 3-Intermediate change 2-flat notch 4-Absent dicrotic notch
FH78 63	1 2 3 4	8	9	LEFT		
FH79 64-74	1 2 3 4	8	9	RIGHT		SOCIAL SECURITY NUMBER

COMMENTS:

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

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

**MEDICAL HISTORY
DECKS 502 and 503**

DATE THIS EXAM

DATE LAST EXAM

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

FH80	5	No 0	Yes 1	Unk. 9	HOSPITALIZATION IN INTERIM
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FH81	6	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 0	Yes (Now) 1	Yes (Not Now) 2	Unk. 9	MEDICINE USED IN INTERIM:	COMMENTS (SPECIFY AGENT)
FH82	0	1	2	9	CARDIAC GLYCOSIDES	
FH83	0	1	2	9	NITRITES	
FH84	0	1	2	9	PROPRANOLOL	
FH85	0	1	2	9	QUINIDINE/PROCAINAMIDE	
FH86	0	1	2	9	HYPOTENSIVES (exclude diuretics)	
FH87	0	1	2	9	ALDOMET	
FH88	0	1	2	9	SPIRONOLACTONE	
FH89	0	1	2	9	DIURETICS—HYPERTENSION	
FH90	0	1	2	9	DIURETICS—OTHER	
FH91	0	1	2	9	ANTI-CHOLESTEROL AGENTS	
FH92	0	1	2	9	THYROID	
FH93	0	1	2	9	ANTICOAGULANTS	
FH94	0	1	2	9	INSULIN	
FH95	0	1	2	9	ORAL HYPOGLYCEMIC AGENTS	
FH96	0	1	2	9	SLEEPING PILLS	
FH97	0	1	2	9	TRANQUILIZERS	
FH98	0	1	2	9	BRONCHODILATOR OR AEROSOL	
FH99	0	1	2	9	HORMONE TREATMENT	
FH100	0	1	2	9	OTHER MEDICINES	

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

NAME

**RECORD
NO.**

JD

**MEDICAL
HISTORY**

COLS.	CODE				ITEM	
SMOKING IN INTERIM:						
FH101 26	Nev. Smok. 0	No 1	Yes 2	Unk. 9	SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS	
IF SMOKING, AMOUNT SMOKED:						
FH102 27-28	Not Smok. 88				CIGARETTES/DAY	
FH103 29-30	88				CIGARS/DAY	
FH104 31-32	88				CIGARILLOS/DAY	
FH105 33-34	88				PIPES/DAY	
FH106 35	No 8	Yes 0	Unk. 1	9	USES FILTER CIGARETTES	
FH107 36	8	0	1	9	INHALES	
DIET IN INTERIM:						
FH108 37	No 0	Yes (Now) 1	Yes (Not Now) 2	Unk. 9	REDUCING	
FH109 38	0	1	2	9	CHOLESTEROL LOWERING	
FH110 39	0	1	2	9	LOW SALT	
FH111 40	0	1	2	9	DIABETIC	
FH112 41-42					COFFEE—CUPS/DAY	Code No./day or 00=Never 01=1/day or < 99=Unk.
FH113 43-44					COFFEE/DECAF.—CUPS/DAY	
FH114 45-46					TEA—CUPS/DAY	
FH115 47-48					BEER—BOTTLES, CANS, GLASSES/WEEK	Code No./week or 00=Never 01=1/week or < 99=Unk.
FH116 49-50					WINE—GLASSES/WEEK	
FH117 51-52					COCKTAILS, HIGHBALLS, STRAIGHT DRINKS/WEEK	
FH118 53					BEER—BOTTLES, CANS, GLASSES	HOW MANY DAYS IN THE WEEK DO YOU DRINK EACH OF THESE?
FH119 54					WINE	
FH120 55					COCKTAILS, HIGHBALLS STRAIGHT DRINKS	
FH121 56-57					BEER—BOTTLES, CANS, GLASSES	WHAT IS YOUR LIMIT AT ONE PERIOD OF TIME?
FH122 58-59					WINE	
FH123 60-61					COCKTAILS, HIGHBALLS STRAIGHT DRINKS	
FH124 62	No 0	Yes 1	Maybe 2	Unk. 9	FOLLOWING DIET (Examiner's opinion)	

COLS.	CODE	ITEM
RESPIRATORY SYMPTOMS AND CHF COMPLAINTS IN INTERIM:		
<i>FH125</i> 83	No 0 Yes Pro- 1 ductive Yes Non- 2 productive Unk. 9	CHRONIC COUGH (at least three months per year) DESCRIBE
<i>FH126</i> 84	No 0 Yes 1 Unk. 9	TROUBLED WITH WHEEZING— ASTHMA — + Long Duration — + Seasonal — + With Respiratory Infection
<i>FH127</i> 85	No 0 Highest Grade 1 2 3 Unk. 9	DYSPNEA ON EXERTION Code: GRADE 1 = Climbing stairs or vigorous exertion 2 = Rapid walking or moderate exertion 3 = Any slight exertion
<i>FH128</i> 86	No 0 Yes 1 Maybe 2 Unk. 9	DYSPNEA INCREASED IN PAST TWO YEARS
<i>FH129</i> 87	0 1 2 9	ORTHOPNEA <input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint
<i>FH130</i> 88	0 1 2 9	PAROXYSMAL NOCTURNAL DYSPNEA
<i>FH131</i> 89	0 1 2 9	ANKLE EDEMA, BILATERAL
<i>FH132</i> 90	0 1 2 9	1st EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM
<i>FH133</i> 91	0 1 2 9	1st EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE
<i>FH134</i> 92	No 2nd Exam. 3 0 Yes 1 Maybe 2 Unk. 9	2nd EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM
<i>FH135</i> 93	3 0 1 2 9	2nd EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE
8-80	5 0 2 DECK NO.	VERIFIED BY DATE
1-4	<i>ID</i>	RECORD NUMBER
CHEST IN INTERIM:		
<i>FH136</i> 5	No 0 Yes 1 Maybe 2 Unk. 9	CHEST DISCOMFORT
		When Does Chest Discomfort Occur? — + with exertion or excitement — + When quiet or resting
		DATE OF ONSET USUAL DURATION
		LOCATION LONGEST DURATION
		— + Repeated Short Episodes RADIATES TO FREQUENCY
		TYPE
		Relieved by: NG—+0; Rest—+0; Spont.—+
		— + Prolonged Episodes (describe) COMMENTS
<i>FH137</i> 6	No Yes Maybe Unk. 0 1 2 9	ANGINA PECTORIS
<i>FH138</i> 7	0 1 2 9	CORONARY INSUFFICIENCY
<i>FH139</i> 8	0 1 2 9	MYOCARDIAL INFARCTION
<i>FH140</i> 9	No 2nd Exam. 3 0 Yes 1 Maybe 2 Unk. 9	ANGINA PECTORIS
<i>FH141</i> 10	3 0 1 2 9	CORONARY INSUFFICIENCY
<i>FH142</i> 11	3 0 1 2 9	MYOCARDIAL INFARCTION

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

NAME

**RECORD
NO.**

71D

**MEDICAL
HISTORY**

COLS.	CODE					ITEM		
CEREBROVASCULAR ACCIDENT SINCE LAST EXAMINATION:								
					SYMPTOMS	DURATION	COMMENTS	
FH143 ₁₂	No Yes Maybe Unk. 0 1 2 9	SUDDEN MUSCULAR WEAKNESS			L R			
FH144 ₁₃	0 1 2 9	SUDDEN SPEECH DIFFICULTY						
FH145 ₁₄	0 1 2 9	SUDDEN VISUAL DEFECT			L R			
FH146 ₁₅	0 1 2 9	UNCONSCIOUSNESS						
FH147 ₁₆	0 1 2 9	DOUBLE VISION						
FH148 ₁₇	0 1 2 9	LOSS OF VISION IN ONE EYE			L R			
FH149 ₁₈	0 1 2 9	NUMBNESS, TINGLING			L R			
		ATTACK OBSERVED BY					DATE	
		AT AGE		TIME OF ONSET		<input type="checkbox"/> WHILE ACTIVE <input type="checkbox"/> DURING SLEEP OR <input type="checkbox"/> WHILE RISING FROM BED		
FH150 ₁₉	No Hosp. M.D. Unk. 0 1 2 9	HOSPITALIZED OR SAW M.D.				NO. DAYS	AT	
FH151 ₂₀	No Yes Maybe Unk. 0 1 2 9	1st EXAMINER—BELIEVES THIS WAS A STROKE						
FH152 ₂₁	0 1 2 9	1st EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)						
FH153 ₂₂	No 2nd Exam 3 0 1 2 9	2nd EXAMINER—BELIEVES THIS WAS A STROKE						
FH154 ₂₃	3 0 1 2 9	2nd EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)						
FH155 ₂₄	0 1 2 9	URINARY TRACT DISEASE (lifetime)						
FH156 ₂₅	0 1 2 9	HAVE YOU EVER HAD ANY URINARY DISEASE?						
FH157 ₂₆	0 1 2 9	WAS THIS KIDNEY?						
FH158 ₂₇	0 1 2 9	ANY STONES?						
FH159 ₂₈	0 1 2 9	PROSTATE TROUBLE						
FH160 ₂₉	0 1 2 9	PROSTATE SURGERY						

					PERIPHERAL VASCULAR DISEASE (Life History)		
FH161	30	No 0	Yes 1	Maybe 2	Unk. 9	PHLEBITIS L R	
FH162	31	0	1	2	9	SWELLING OF LEG, UNILATERAL L R	
FH163	32	0	1	2	9	LEG ULCERS L R	
FH164	33	0	1	2	9	TREATMENT FOR VARICOSE VEINS	
					ARTERIAL DISEASE		
FH165	34	No 0	Yes 1	Maybe 2	Unk. 9	DISCOMFORT IN LOWER LIMBS WHILE WALKING	
					L R	<input type="checkbox"/> + ONSET OF FIRST STEPS <input type="checkbox"/> + AFTER WALKING AWHILE <input type="checkbox"/> + RELATED TO RAPIDITY OF WALKING OR STEEPNESS OF GRADE <input type="checkbox"/> + DISTANCE <input type="checkbox"/> + FORCED TO STOP WALKING <input type="checkbox"/> + 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		
FH166	35	No 0	Yes 1	Maybe 2	Unk. 9	IS ONE FOOT COLDER THAN THE OTHER?	
FH167	36	No Yes Maybe Unk. 0 1 2 9				1st EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION	
FH168	37	No 2nd Exam 3 0 1 2 9				2nd EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION	
					TYPE A QUESTIONS		
					Instruction: I am going to list several traits or qualities that describe people. For each one, will you tell me whether each trait describes you very well, fairly well, somewhat, or not at all.		
FH169	38	Not at all 0	Somewhat 1	Fairly well 2	Very well 3	Unknown 9	HAVING A STRONG NEED TO EXCEL (be best) IN MOST THINGS
FH170	39	0	1	2	3	9	BEING BOSSY OR DOMINATING
FH171	40	0	1	2	3	9	USUALLY FEELING PRESSED FOR TIME
FH172	41	0	1	2	3	9	BEING HARD DRIVING AND COMPETITIVE
FH173	42	0	1	2	3	9	EATING TOO QUICKLY
FH174	43	No 0	Yes 1			9	HAVE YOU BEEN EMPLOYED (worked for money) MOST OF YOUR ADULT LIFE? (at least half time)
44							FOR MEN AND WOMEN WHO HAVE ANSWERED YES TO ABOVE QUESTION (if no, circle 4's and skip to housewife section):

(OVER)

BUMC-FRAMINGHAM STUDY EXAM 15 CODE SHEET					NAME	RECORD NO. ID	MEDICAL HISTORY
COLS.	CODE				ITEM		
FH175 44	Working 1	Retired 2	Unempl. 3	Housew. 4	Unk. 9	<p><u>WORKING PERSONS:</u></p> <p>ARE YOU CURRENTLY WORKING, RETIRED, OR UNEMPLOYED?</p>	
FH176 45	No 0	Yes 1	Housew. 4	Unk. 9	<p>Instruction: Now we want to know how you have generally felt at the end of an average day in your regular line of work.</p> <p>HAVE YOU OFTEN FELT VERY PRESSED FOR TIME?</p>		
FH177 46	0	1	4	9	<p>HAS YOUR WORK OFTEN STAYED WITH YOU SO THAT YOU WERE THINKING ABOUT IT AFTER WORKING HOURS?</p>		
FH178 47	0	1	4	9	<p>HAS YOUR WORK OFTEN STRETCHED YOU TO THE VERY LIMITS OF YOUR ENERGY AND CAPACITY?</p>		
FH179 48	0	1	4	9	<p>HAVE YOU OFTEN FELT UNCERTAIN, UNCOMFORTABLE, OR DISSATISFIED WITH HOW WELL YOU WERE DOING IN YOUR REGULAR LINE OF WORK?</p>		
FH180 49	0	1	4	9	<p>FINALLY, DO YOU GET QUITE UPSET WHEN YOU HAVE TO WAIT FOR ANYTHING?</p>		
					<u>HOUSEWIVES:</u>		
FH181 50	No 0	Yes 1	Wk.Per. 5	Unk. 9	<p>Instruction: With regard to your housework:</p> <p>HAVE YOU OFTEN FELT VERY PRESSED FOR TIME?</p>		
FH182 51	0	1	5	9	<p>HAVE YOU OFTEN HAD A FEELING OF DISSATISFACTION?</p>		
FH183 52	0	1	5	9	<p>HAS YOUR WORK OFTEN STAYED WITH YOU SO THAT YOU THINK ABOUT IT ALL DAY?</p>		
FH184 53	0	1	5	9	<p>IN GENERAL, DO (DID) YOU FIND HOUSEWORK A BIG STRAIN?</p>		
FH185 54	0	1	5	9	<p>FINALLY, DO YOU GET QUITE UPSET WHEN YOU HAVE TO WAIT FOR ANYTHING?</p>		
78-80	5	0	3	DECK NO.	VERIFIED BY	DATE	

BUMC-FRAMINGHAM STUDY EXAM 15 CODE SHEET		NAME	RECORD NO. ID	PHYS. EXAM
COLS.	CODE	ITEM		
		HEART: (Continued)		
		SYSTOLIC MURMURS:		DESCRIBE SIGNIFICANT MURMURS
		Heard Maximally At:		
FH201 20	No _____ Grade _____ Unk. 0 1 2 3 4 5 6 9	APEX—Regurg. or Holo		
FH202 21	0 1 2 3 4 5 6 9	APEX—Ejection		
FH203 22	0 1 2 3 4 5 6 9	MIDPRECORDIUM—Left Sternal Border		
FH204 23	0 1 2 3 4 5 6 9	BASE		
FH205 24	No Yes Maybe Unk. 0 1 2 9	MURMUR INCREASES ON VALSALVA		
FH206 25	Normal Mitral Aortic Both Other Unk. 0 1 2 3 4 9	FOR SYSTOLIC MURMURS EXAMINER'S OPINION OF VALVE ORIGIN		
		DIASTOLIC MURMURS:		DESCRIBE
FH207 26	No Mitral Aortic Both Other Unk. 0 1 2 3 4 9	LOCATION		
		NECK VEINS: (Semi-recumbent)		
FH208 27	No Yes Maybe Unk. 0 1 2 9	DISTENDED		
		BREASTS:		
FH209 28	No Yes Unk. 0 1 9	ABNORMAL		
FH210 29	Mastectomy Radical Simple Biop. Other Unk. 0 1 2 3 4 9	SCAR PRESENT L R		*DESCRIBE ABNORMALITY
FH211 30	No Yes Maybe Unk. 0 1 2 9	LOCALIZED MASS*		
FH212 31	0 1 2 9	AXILLARY NODES*		
		ABDOMEN:		
FH213 32	No Yes Maybe Unk. 0 1 2 9	LIVER ENLARGED		DESCRIBE
FH214 33	0 1 2 9	ABDOMINAL ANEURYSM		
FH215 34	0 1 2 9	BRUIT		
FH216 35	0 1 2 9	SURGICAL SCAR		
FH217 36	0 1 2 9	OTHER ABDOMINAL ABNORMALITY—DESCRIBE		

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

NAME

**RECORD
NO.**

JD

**PHYS.
EXAM.**

COLS. CODE ITEM

PERIPHERAL VESSELS:

COLS.	CODE					ITEM						
	No	Grade					Unk.					
FH218 ³⁷	0	1	2	3	4	9	LEFT ANKLE EDEMA	DESCRIBE				
FH219 ³⁸	0	1	2	3	4	9	RIGHT ANKLE EDEMA					
							VISIBLE VARICOSITIES	DESCRIBE				
FH220 ³⁹	0	1	2	3	9	LEFT STEM						
FH221 ⁴⁰	0	1	2	3	9	RIGHT STEM						
FH222 ⁴¹	0	1	2	3	9	RETICULAR						
FH223 ⁴²	0	1	2	3	9	SPIDER						
		Yes					AMPUTATION	SITE				
FH224 ⁴³	No	L	R	Both	Unk.			EXTENT				
	0	1	2	3	9			REASON				
FH225 ⁴⁴	No	Yes	Maybe	Unk.	TEMPERATURE DIFFERENCE IN FEET			Colder Foot	L	R		
	0	1	2	9	ABSENT OR FEEBLE PERIPHERAL PULSES							
FH226 ⁴⁵	0	1	2	9	DORSAL PEDIS			L	R			
FH227 ⁴⁶	0	1	2	9	POSTERIOR TIBIAL			L	R			
FH228 ⁴⁷	0	1	2	9	FEMORAL			L	R			
FH229 ⁴⁸	0	1	2	9	RADIAL			L	R			
FH230 ⁴⁹	0	1	2	9	PERIPHERAL BRUIES			1. Femoral 2. Mid-thigh 3. Popliteal	4. Combination Specify:			
	No	F	M	P	C	Unk.						
FH231 ⁵⁰	0	1	2	3	4	9						
FH232 ⁵¹	No	Yes	Maybe	Unk.	ARTERIAL PERIPHERAL VASCULAR DISEASE			1st EXAMINER'S OPINION				
FH233 ⁵²	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS							
FH234 ⁵³	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS							
FH235 ⁵⁴	No 2nd Exam.					Unk.	ARTERIAL PERIPHERAL VASCULAR DISEASE			2nd EXAMINER'S OPINION		
FH236 ⁵⁵	3	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS						
FH237 ⁵⁶	3	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS						

BUMC-FRAMINGHAM STUDY EXAM 15 CODE SHEET		NAME		RECORD NO. ID	PHYS. EXAM
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COLS.	CODE				ITEM					
NEUROLOGICAL FINDINGS:										
	No	Yes	Maybe	Unk.	DESCRIBE EACH ABNORMALITY					
FH238 57	0	1	2	9	SPEECH DISTURBANCE					
FH239 58	0	1	2	9	DISTURBANCE IN GAIT					
FH240 59	0	1	2	9	LOCALIZED MUSCLE WEAKNESS					
FH241 60	0	1	2	9	VISUAL DISTURBANCE					
FH242 61	0	1	2	9	ABNORMAL REFLEXES					
FH243 62	0	1	2	9	CRANIAL NERVE ABNORMALITY					
FH244 63	0	1	2	9	CEREBELLAR SIGNS					
FH245 64	0	1	2	9	SENSORY IMPAIRMENT					
FH246 65	0	1	2	9	CAROTID BRUI TS					
FH247 66	No 0	Yes 1	Maybe 2	Unk. 9	1st EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE					
FH248 67	No 2nd Exam. 3	0	1	2	9	2nd EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE				
EAR:										
FH249 68	No 0	Yes 1	Maybe 2	Unk. 9	EAR LOBE CREASE					
69 FH250	1	2	3	4	5	6	7	8	9	Physicians Judgment of Overall Disability

COMMENTS:

78-80	5	0	4	DECK NO.	VERIFIED BY	DATE
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**BUMC-FRAMINGHAM STUDY
EXAM 15 CODE SHEET**

**ELECTROCARDIOGRAPH
DECK 505**

DATE THIS EXAM
DATE LAST EXAM

COLS.	CODE					ITEM		
1-4	ID					RECORD NUMBER	NAME	
FH257						VENTRICULAR RATE PER MINUTE		
FH258 ⁸⁻⁹						P-R INTERVAL (Hundredths of second)		
FH253 ¹⁰⁻¹¹						QRS INTERVAL (Hundredths of second)		
FH254 ¹²⁻¹³						QT INTERVAL (Hundredths of second)		
14-17	-1	FH255				Â QRS		
	+2	FH256						
INTRAVENTRICULAR BLOCK:								
FH257 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			
FH258 ₁₉	0	1	2	3	9	LEFT		
FH259 ₂₀	No	LAH	LPH	Unk.		HEMIBLOCK		
	0	1	2	9				
FH260 ₂₁	No	Yes	Unk.		BIFASCICULAR			
	0	1	9					
ATRIOVENTRICULAR BLOCK:								
FH261 ₂₂	No	Degree		Unk.		INCOMPLETE		
	0	1	2	9				
FH262 ₂₃	No	Nodal	TF	Unk.		COMPLETE (TF=trifascicular)		
	0	1	2	9				
FH263 ₂₄	No	Yes	Maybe	Unk.		WOLFF-PARKINSON-WHITE (WPW) SYNDROME		
	0	1	2	9				
FH264 ₂₅	No	Atr.	Vent.	Nodal	Comb.	Unk.	PREMATURE BEATS	
	0	1	2	3	4	9		
FH265 ₂₆	No	Yes	Unk.		ATRIAL FIBRILLATION			
	0	1	9					
FH266 ₂₇	0	1	9		ATRIAL FLUTTER			
FH267 ₂₈	No	Yes	Maybe	Unk.		U WAVE		
	0	1	2	9				
FH268 ₂₉	No	Digitalis Effect	Other	Unk.		OTHER ECG ABNORMALITY		
	0	1	2	9				
FH269 ₃₀	No	Yes	Maybe	Unk.		TAKING DIGITALIS OR QUINIDINE		
	0	1	2	9				
FH270 ₃₁	0	1	2	9		MYOCARDIAL INFARCTION	LOCATION	
FH271 ₃₂	0	1	2	9		LEFT VENTRICULAR HYPERTROPHY	CHECK IF PRESENT:	
						Def.-Inverted T plus any voltage	<input type="checkbox"/> Primary T	<input type="checkbox"/> QRS ≥ .09, < .11
						Poss.-Voltage but flat T	<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
FH272 ₃₃	0	1	2	9		NON-SPECIFIC T-WAVE ABNORMALITY		
FH273 ₃₄	0	1	2	9		NON-SPECIFIC S-T SEGMENT ABNORMALITY		
FH274 ₃₅	Norm.	Abnorm.	Doubt.	Unk.		ECG CLINICAL READING—SPECIFY		
	0	1	2	9				
78-80	5	0	5	DECK NO.		VERIFIED BY	DATE	

BUMC-FRAMINGHAM STUDY
EXAM 15CODE SHEET
CLINICAL DIAGNOSTIC IMPRESSION
DECK 507

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM		
1-4	ID				RECORD NUMBER	NAME	
HEART:							
FH275 ₅	Normal	Def- inite	Border- line	Unk.	HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)		
	0	1	2	9			
FH276 ₆	No	Yes	Maybe	Unk.	UNDER TREATMENT FOR HYPERTENSION		
	0	1	2	9			
FH277 ₇	0	1	2	9	HYPERTENSIVE HEART DISEASE		
FH278 ₈	0	1			[DIAGNOSIS OF HHD IS OUTSIDE OF CRITERIA		
	CORONARY HEART DISEASE						
FH279 ₉	No	Yes		May- be	Unk.	ANGINA PECTORIS	
	0	New 1	Old 2	Recur. 3	4		9
FH280 ₁₀	0	1	2	3	4	9	CORONARY INSUFFICIENCY
FH281 ₁₁	0	1	2	3	4	9	MYOCARDIAL INFARCTION
FH282 ₁₂	No	Yes	Maybe	Unk.	RHEUMATIC HEART DISEASE		
	0	1	2	9			
FH283 ₁₃	0	1	2	9	TYPE	AORTIC VALVE DISEASE	
FH284 ₁₄	0	1	2	9		MITRAL VALVE DISEASE	
FH285 ₁₅	0	1	2	9	OTHER HEART DISEASE (includes congenital)	SPECIFY	
FH286 ₁₆	0	1	2	9	CONGESTIVE HEART FAILURE	ETIOLOGY	
FH287 ₁₇	0	1	2	9	ARRHYTHMIA	TYPE	
FH288 ₁₈	No HD	Class			Unk.	FUNCTIONAL CLASS	
	0	1	2	3	4	9	
PERIPHERAL VASCULAR DISEASE:							
	ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE						
FH289 ₁₉	No	Yes	Maybe	Unk.	WITH INTERMITTENT CLAUDICATION		
	0	1	2	9			
FH290 ₂₀	0	1	2	9	WITH OTHER MANIFESTATION	SPECIFY	
FH291 ₂₁	0	1	2	9	VARICOSE VEINS (STEM)		
FH292 ₂₂	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITHOUT VARICOSE VEINS		
FH293 ₂₃	0	1	2	9	PHLEBITIS, Acute or Chronic		
OTHER VASCULAR DIAGNOSIS:							
FH294 ₂₄	No	Yes	Maybe	Unk.	SPECIFY		
	0	1	2	9			

COMMENTS

(PLEASE TURN OVER)

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

NAME

**RECORD
NO.**

FD

**CLIN.
DIAG.
IMPR.**

COLS.	CODE					ITEM		
VASCULAR DISEASE OF BRAIN:								
FH295 25	No	Yes			Unk.	ATHEROSCLEROTIC INFARCTION OF BRAIN	SPECIFY NEUROLOGICAL MANIFESTATIONS	
	0	New 1	Old 2	Recur. 3	May- be 4			9
FH296 26	0	1	2	3	4	9	EMBOLIC INFARCTION OF BRAIN	SECONDARY TO:
FH297 27	0	1	2	3	4	9	HEMORRHAGE INTO BRAIN	
FH298 28	0	1	2	3	4	9	SUBARACHNOID HEMORRHAGE	
FH299 29	0	1	2	3	4	9	TRANSIENT ISCHEMIC ATTACKS	
FH300 30	0	1	2	3	4	9	OTHER	
NON-CARDIOVASCULAR DIAGNOSES:								
FH301 31	No	Yes	Maybe	Unk.		DIABETES MELLITUS		
	0	1	2	9				
FH302 32	0	1	2	9		URINARY TRACT DISEASE	SPECIFY	
FH303 33	0	1	2	9		PROSTATE		
FH304 34	0	1	2	9		RENAL		
FH305 35	0	1	2	9		PULMONARY DISEASE		
FH306 36	0	1	2	9		CHRONIC OBSTRUCTIVE LUNG DISEASE		
FH307 37	0	1	2	9		CHRONIC BRONCHITIS		
FH308 38	0	1	2	9		GOUTY ARTHRITIS		
FH309 39	0	1	2	9		OTHER ARTHRITIS		
FH310 40	0	1	2	9		GALLBLADDER DISEASE		
FH311 41	0	1	2	9		OBESITY		
FH312 42	0	1	2	9		CANCER	Location	
FH313 43	0	1	2	9		OTHER NON-CARDIOVASCULAR DIAGNOSES		

SUMMARY OF CLINICAL DIAGNOSES

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

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

**X-RAY REPORT
Deck 508**

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM		
1-4	I I D				RECORD NUMBER	NAME	
FH314 5	Sat. 1	Unsat. 2	Not Done 9		CHEST FILM SATISFACTORY		
	No	Yes	Maybe	Unknown	ABNORMALITY NOTED BY RADIOLOGIST		
FH315 6	0	1	2	9	Generalized Cardiac Enlargement	*DESCRIBE	
FH316 7	0	1	2	9	Left Ventricular Hypertrophy		
FH317 8	0	1	2	9	Other Contour*		RVH _____ PA _____ AH _____ POSITION _____
FH318 9-11					Trans-Thoracic Diameter (Millimeters)		
FH319 12-14					Trans-Cardiac Diameter (Millimeters)		
FH320 15	No 0	Yes 1	Maybe 2	Unknown 9	HEART LARGER NOW THAN AT PRECEDING EXAM		
FH321 16	0	1	2	9	PLEURAL EFFUSION		
FH322 17	0	1	2	9	PULMONARY VASCULAR ENGORGEMENT		
FH323 18	0	1	2	9	CHF (Radiologist's Impression)		
	No	Yes	Maybe	Unknown	AORTIC ABNORMALITY		
FH324 19	0	1	2	9	DILATATION	*DESCRIBE	
FH325 20	0	1	2	9	ANEURYSM		
FH326 21	0	1	2	9	CALCIFICATION		
FH327 22	0	1	2	9	Other*		
	No	Yes	Maybe	Unknown	NON-CARDIOVASCULAR ABNORMALITY		
FH328 23	0	1	2	9	OTHER THORACIC DISEASE		
78-80		5	0	8	DECK NUMBER 508	VERIFIED BY	DATE

COLS.	CODE	RECORD NUMBER	ITEM	AGE (YR)
1-4	ID			FH53

BLOOD ANALYSIS:

FH329	5-6				HEMATOCRIT (Percent)	
FH330	7-9				SUGAR (mg/100 ml)	
FH331	10-12				CREATININE (mg/100 ml)	
FH332	13-15				CHOLESTEROL (mg/100 ml)	
FH333	16-18				HDL CHOLESTEROL	
FH334	19-21				SERUM SODIUM	
FH335	22-23				SERUM POTASSIUM	
FH336	24-26				RED CELL SODIUM	
FH337	27	Norm. 0	Inter. 1	Low 2	Unk. 9	ALPHA ANTI-TRYPsin

URINALYSIS:

FH338	28-31					ALBUMIN (Quantitest)	
FH339	32	Neg. 0	Sm. 1	Mod. 2	Lg. 3	Unk. 9	OCCULT BLOOD
FH340	33	0	1	2	3	9	KETONE
FH341	34	Neg. 0	Lt. 1	Med 2	Dk. 3	9	GLUCOSE
FH342	35-38						ALBUMIN (Dip Stick) Trace=10
FH343	39	Neg. 5	Lt. 6	Med. 7	Dk. 8	Unk. 9	pH 8=pH 8 or 9

FAMILY HISTORY:

FH344	40-42				Number of brothers dead
FH345	43-44				Number of sisters dead

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

 TORQUE BALLISTOCARDIOGRAPH
DECK 514

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM
1-4					RECORD NUMBER
					NAME
5-6					AMPLITUDE AB
7	Mid. 1	Full 2	Unk. 9		TRACING
8-10					SLOPE
11-12					QA INTERVAL
13-14					QB INTERVAL
15-16					QC INTERVAL
17	Nor. 1	Bor. 2	Abn. 3	Unk. 4 9	DISTORTED WAVE FORM
					4 = Markedly Abnormal
18	No 0	Yes 1	Maybe 2	9	A-WAVE DISTORTION
19	0	1	2	9	B-WAVE DISTORTION
20	0	1	2	9	C-WAVE DISTORTION
21-23					TRANSVERSE DIAMETER OF HEART
25					EJECTION FRACTION
78-80	5	1	4		DECK NO.
					VERIFIED BY
					DATE

Col.	Code				Item	
1-4					Record No. Name	
5-8					S.S. No. Address	
					Age: _____ Sex: _____ Ht.(in.): _____ Wt.(lbs.): _____	
					Medication Dose Medication Dose	

					Current Diagnoses (indicate if chronic or acute)	
9	No 0	Yes 1	Maybe 2	Unk. 9	Known Thyroid Disease	
10	No 0	Hypo 1	Hyper 2	Oth 3	Unk. 9	Type
11	No 0	Yes 1	Maybe 2	Unk. 9	Goiter now present	
12					Size (cm.)	
13	No 0	Yes 1	Maybe 2	Unk. 9	Nodules Location:	
14-17					Serum T ₄	
18-21					Serum T ₃	
22-25					T ₃ - resin uptake	
26-29					FT ₄ I	
30-33					FT ₃ I	
34-37					TSH	

COMMENTS:

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. 0 1 2 3 9					Do you have a hearing problem now? Which ear? If no, skip to 16	
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 Unk. 0 1 2 3 9					Did your hearing loss begin suddenly?	
13	0	1	2	3	9	Does your hearing loss fluctuate?	
14	0	1	2	3	9	Have you ever been told you have Meniere's Disease?	
15	0	1	2	3	9	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	0	1	2	3	9	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? Date _____ Type _____	
19-20					Rt. Lt.	Reason for surgery: 1) chronic infections, 2) otosclerosis, 3) balance problems, 4) trauma, 5) other _____	
21	No	Yes	Maybe	Unk.		Has there been hereditary hearing loss in your family? (grandparents, 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.	Yes Lt.	Both	Not now	Unk.	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 0	Yes 1	Some- what 2	Unk. 9	If yes to No. 26, did you feel the aid(s) was satisfactory?
28	Good 1	Fair 2	Poor 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					1000
37-38					2000
39-40					3000
41-42					4000
43-44					6000
45-46					8000
47-48					Pure tone A/C thresholds in dB.-Left: 250
49-50					500
51-52				1000	
53-54				2000	
55-56				3000	
57-58				4000	
59-60				6000	
61-62				8000	
63-64				Pure tone B/C thresholds in dB.-Right: 1000	
65-66				4000	
67-68				Pure tone B/C thresholds in dB.-Left: 1000	
69-70				4000	
71				Impression: 1-Essentially normal, 2-Borderline 3-Significant hearing loss	
Comments:					
78-80				5 4 2	DECK NUMBER

EXAM 15

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