

# Framingham Heart Study

## Original Cohort Exam 16

05/14/1979-05/10/1982

N=2351

Exam Form Version

6-79 Numerical Data, Medical History, Physical  
Examination, Electrocardiograph & Clinical  
Diagnostic Impression

No Version Number: Ambulatory ECG Monitoring  
& Echocardiograph

# 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.

COLS.	CODE	RECORD NUMBER	NAME	ITEM					
1-4	ID								
5-7	F13 <del>F12</del> <sup>M1</sup>			AGE and SEX					
8-13	F17 F18 F19			DATE THIS EXAM					
F14	10	Sgle. 1	Mar. 2	Wid. 3	Div. 4	Sep. 5			MARITAL STATUS
15-20	Nurse F11	Physician 1 F12	Physician 2 F13						EXAMINERS' NUMBERS
21-23			F14						WEIGHT (To nearest pound)
24-27			F15	F16					HEIGHT (Inches, to next lower quarter inch)
28-31		Right F17	Left F18						SKINFOLD TRICEPS (Millimeters)
32-35		F19	F20						SKINFOLD SUBSCAPULAR (Millimeters)

BLOOD PRESSURE (Left arm, mm Hg):					
COLS.	Systolic	Diastolic	NURSE	PHYSICIAN (First reading)	PHYSICIAN (Second reading)
36-41	F121	F122			
42-47	F123	F124			
48-53	F125	F126			

BLOOD ANALYSIS:				
54-55		F127		HEMATOCRIT (Percent)
56-58		F128		SUGAR (mg/100 ml)

LUNG FUNCTION:				
59-62		F129		CARBON MONOXIDE ECOLYZER (parts/million)
63-65		F130		FORCED VITAL CAPACITY (Deciliter)
66-68		F131		FEV <sub>5</sub>
69-71		F132		FEV <sub>1</sub>
72-74		F133		FEV <sub>3</sub>
75-77		F134		TEFR
78-80		F135		FEF (25-75)
81-83		F136		FEF (25)
84-86		F137		FEF (50)
87-89		F138		FEF (75)

Comments:

BUMC-FRAMINGHAM STUDY  
EXAM 16 CODE SHEET

MEDICAL HISTORY  
DECK 602

DATE THIS EXAM

DATE LAST EXAM

DLS.	CODE				RECORD NUMBER	NAME	ITEM
14	ID						
5	FI39 No 0	Yes 1	Unk. 9				HOSPITALIZATION IN INTERIM
6	FI40 No 0	Ill Only 1	M.D. Visit 2	Unk. 9			ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM
	REASON		MONTH/YEAR	NAME AND LOCATION OF HOSPITAL		DOCTOR	

	No (Now)	Yes (Now)	Yes (Not Now)	Unk.	MEDICINE USED IN INTERIM:	COMMENTS (SPECIFY AGENT)
7	FI41 0	1	2	9	CARDIAC GLYCOSIDES	
8	FI42 0	1	2	9	NITRITES	
9	FI43 3	4	5	9	PROPRANOLOL	
10	FI44 0	1	2	9	QUINIDINE/PROCAINAMIDE	
11	FI45 0	1	2	9	HYPOTENSIVES (exclude diuretics)	
12	FI46 0	1	2	9	ALDOMET	
13	FI47 0	1	2	9	SPIRONOLACTONE	
14	FI48 0	4	5	9	DIURETICS-HYPERTENSION	
15	FI49 0	1	2	9	DIURETICS-OTHER	
16	FI50 0	1	2	9	ANTI-CHOLESTEROL AGENTS	
17	FI51 0	1	2	9	THYROID	
18	FI52 0	1	2	9	ANTICOAGULANTS	
19	FI53 3	3	5	9	INSULIN	
20	FI54 0	1	2	9	ORAL HYPOGLYCEMIC AGENTS	
21	FI55 0	1	2	9	SLEEPING PILLS	
22	FI56 0	1	2	9	TRANQUILIZERS	
23	FI57 0	1	2	9	BRONCHODILATOR OR AEROSOL	
24	FI58 3	3	5	9	HORMONE TREATMENT	
25	FI59 0	1	2	9	OTHER MEDICINES	



LS.	CODE				ITEM			
<b>CEREBROVASCULAR ACCIDENT SINCE LAST EXAMINATION:</b>								
					SYMPTOMS	DURATION	COMMENTS	
	No	Yes	Maybe	Unk.				
44	FI78	0	1	2	9	SUDDEN MUSCULAR WEAKNESS	L R	
45	FI79	0	1	2	9	SUDDEN SPEECH DIFFICULTY		
46	FI80	0	1	2	9	SUDDEN VISUAL DEFECT	L R	
47	FI81	3	4	5	9	UNCONSCIOUSNESS		
48	FI82	0	1	2	9	DOUBLE VISION		
49	FI83	0	1	2	9	LOSS OF VISION IN ONE EYE	L R	
50	FI84	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
51	FI85	No	Hosp.	M.D.	Unk.	HOSPITALIZED OR SAW M.D.		NO. DAYS AT
		0	1	2	9			
2	FI86	3	4	5	9	1st EXAMINER—BELIEVES THIS WAS A STROKE		
3	FI87	0	1	2	9	1st EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)		
54	FI88	No 2nd Exam				2nd EXAMINER—BELIEVES THIS WAS A STROKE		
		0	1	2	9			
55	FI89	0	1	2	9	2nd EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)		

BUMC-FRAMINGHAM STUDY EXAM 16 CODE SHEET		NAME	RECORD NO. JD	MEDICAL HISTORY
---	--	------	------------------	-----------------

QLS.	CODE				ITEM
					PERIPHERAL VASCULAR DISEASE (Life History)
56	FI90 No 0 Yes 1 Maybe 2 Unk. 9				PHLEBITIS L R
57	FI91 3	5			SWELLING OF LEG, UNILATERAL L R
58	FI92 0	2			LEG ULCERS L R
59	FI93 0	2			TREATMENT FOR VARICOSE VEINS
60	FI94 No 0 Yes 1 Maybe 2 Unk. 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	
		L	R	- + FORCED TO STOP WALKING	DISTANCE
		- + ?	- + ? CALF		
		- + ?	- + ? OTHER		
				- + RELIEVED BY STOPPING, IN _____ MINUTES	
		DURATION OF SYMPTOMS		LEG IN WHICH COMPLAINT BEGAN	
		_____ YEARS _____ MONTHS		<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
		FREQUENCY: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary			
61	FI95 0	Yes 1 Maybe 2 Unk. 9			IS ONE FOOT COLDER THAN THE OTHER?
	FI96 3	No 4 Yes 5 Maybe 9 Unk. 9			1st EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION
63	FI97 3	No 0 Yes 1 Maybe 2 Unk. 9			2nd EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION

120-122	6	0	2	DECK NO.	VERIFIED BY	DATE
---------	---	---	---	----------	-------------	------

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

COL.	CODE	ITEM																				
		<b>HEART: (Continued)</b>																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%;">SYSTOLIC MURMURS:</td> <td style="width:45%;">DESCRIBE SIGNIFICANT MURMURS</td> </tr> <tr> <td>Heard Maximally At:</td> <td></td> </tr> <tr> <td>APEX—Regurg. or Holo</td> <td></td> </tr> <tr> <td>APEX—Ejection</td> <td></td> </tr> <tr> <td>MIDPRECORDIUM—Left Sternal Border</td> <td></td> </tr> <tr> <td>BASE</td> <td></td> </tr> <tr> <td>MURMUR INCREASES ON VALSALVA</td> <td></td> </tr> <tr> <td>FOR SYSTOLIC MURMURS EXAMINER'S OPINION OF VALVE ORIGIN</td> <td></td> </tr> <tr> <td>DIASTOLIC MURMURS:</td> <td>DESCRIBE</td> </tr> <tr> <td>LOCATION</td> <td></td> </tr> </table>	SYSTOLIC MURMURS:	DESCRIBE SIGNIFICANT MURMURS	Heard Maximally At:		APEX—Regurg. or Holo		APEX—Ejection		MIDPRECORDIUM—Left Sternal Border		BASE		MURMUR INCREASES ON VALSALVA		FOR SYSTOLIC MURMURS EXAMINER'S OPINION OF VALVE ORIGIN		DIASTOLIC MURMURS:	DESCRIBE	LOCATION	
SYSTOLIC MURMURS:	DESCRIBE SIGNIFICANT MURMURS																					
Heard Maximally At:																						
APEX—Regurg. or Holo																						
APEX—Ejection																						
MIDPRECORDIUM—Left Sternal Border																						
BASE																						
MURMUR INCREASES ON VALSALVA																						
FOR SYSTOLIC MURMURS EXAMINER'S OPINION OF VALVE ORIGIN																						
DIASTOLIC MURMURS:	DESCRIBE																					
LOCATION																						
20	FI113 No Grade Unk. 0 1 2 3 4 5 6 9																					
21	FI114 0 1 2 3 4 5 6 9																					
22	FI115 0 1 2 3 4 5 6 9																					
23	FI116 0 1 2 3 4 5 6 9																					
24	FI117 No Yes Maybe Unk. 3 4 5 9																					
25	FI118 Normal Mitral Aortic Both Other Unk. 0 1 2 3 4 9																					
26	FI119 No Mitral Aortic Both Other Unk. 0 1 2 3 4 9																					
		<b>NECK VEINS: (Semi-recumbent)</b>																				
27	FI120 No Yes Maybe Unk. 0 1 2 9	DISTENDED																				
		<b>BREASTS:</b>																				
28	FI121 No Yes Unk. 0 1 9	ABNORMAL																				
29	FI122 Mastectomy Cal Simple Blop. Other Unk. 3 4 5 6 7 9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%;">SCAR PRESENT</td> <td style="width:45%;">*DESCRIBE ABNORMALITY</td> </tr> <tr> <td>L R</td> <td></td> </tr> </table>	SCAR PRESENT	*DESCRIBE ABNORMALITY	L R																	
SCAR PRESENT	*DESCRIBE ABNORMALITY																					
L R																						
30	FI123 No Yes Maybe Unk. 0 1 2 9	LOCALIZED MASS*																				
31	FI124 0 1 2 9	AXILLARY NODES*																				
		<b>ABDOMEN:</b>																				
32	FI125 No Yes Maybe Unk. 0 1 2 9	LIVER ENLARGED																				
33	FI126 0 1 2 9	ABDOMINAL ANEURYSM																				
34	FI127 0 1 2 3 4 5 9	BRUIT																				
35	FI128 0 1 2 9	SURGICAL SCAR																				
36	FI129 0 1 2 9	OTHER ABDOMINAL ABNORMALITY—DESCRIBE																				

COLS.	CODE	ITEM
<b>PERIPHERAL VESSELS:</b>		
37	No <u>FI130</u> Grade 3 4 9 Unk.	LEFT ANKLE EDEMA
	0	DESCRIBE
38	No <u>FI131</u> Grade 3 4 9 Unk.	RIGHT ANKLE EDEMA
39	No <u>FI132</u> Grade 1 2 3 9 Unk.	VISIBLE VARICOSITIES
40	No <u>FI133</u> Grade 1 2 3 9 Unk.	LEFT STEM
41	No <u>FI134</u> Grade 1 2 3 9 Unk.	RIGHT STEM
42	No <u>FI135</u> Grade 1 2 3 9 Unk.	RETICULAR
43	No <u>FI136</u> Grade 1 2 3 9 Unk.	SPIDER
43	Yes No L R Both Unk. 0 1 2 3 9	AMPUTATION
		SITE
		EXTENT
44	Yes No L R Both Maybe Unk. 3 4 5 6 7 9	TEMPERATURE DIFFERENCE IN FEET, COLDER FOOT
		Colder Foot
		L R
45	No <u>FI138</u> Grade 1 2 3 4 9 Unk.	ABSENT OR FEEBLE PERIPHERAL PULSES
46	No <u>FI139</u> Grade 1 2 3 4 9 Unk.	DORSAL PEDIS L R
47	No <u>FI140</u> Grade 1 2 3 4 9 Unk.	POSTERIOR TIBIAL L R
48	No <u>FI141</u> Grade 1 2 3 4 9 Unk.	FEMORAL L R
49	No <u>FI142</u> Grade 3 4 5 6 7 9 Unk.	RADIAL L R
50	Yes No L R Both Maybe Unk. 1 2 3 4 9	Femoral bruits
		Mid-thigh bruits
		Popliteal bruits
53	No <u>FI146</u> Yes Maybe Unk. 2 9	ARTERIAL PERIPHERAL VASCULAR DISEASE
54	No <u>FI147</u> Yes Maybe Unk. 5 9	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS
55	No <u>FI148</u> Yes Maybe Unk. 2 9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS
56	No 2nd Exam <u>FI149</u> 3 2 9	ARTERIAL PERIPHERAL VASCULAR DISEASE
57	No <u>FI150</u> 1 2 9	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS
58	No <u>FI151</u> 1 2 9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS

1st EXAMINER'S OPINION

2nd EXAMINER'S OPINION

BIJMC-FRAMINGHAM STUDY EXAM 16 CODE SHEET					NAME	RECORD NO. ID	PHYS. EXAM			
CODE					ITEM					
					<b>NEUROLOGICAL FINDINGS:</b>					
	No	Yes	Maybe	Unk.		DESCRIBE EACH ABNORMALITY				
59	3	FI 5	2	9	SPEECH DISTURBANCE					
60	0	FI 1	3	2	9	DISTURBANCE IN GAIT				
61	0	FI 1	3	2	9	LOCALIZED MUSCLE WEAKNESS				
62	0	FI 1	3	2	9	VISUAL DISTURBANCE				
63	0	FI 1	3	2	9	ABNORMAL REFLEXES				
64	3	FI 1	3	5	9	CRANIAL NERVE ABNORMALITY				
65	0	FI 1	3	2	9	CEREBELLAR SIGNS				
66	0	FI 1	3	2	9	SENSORY IMPAIRMENT				
67		Yes R	Yes 2	Maybe 3	Unk. 9	CAROTID BRUITS				
68	0	FI 1	3	2	9	1st EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE				
69	No 3	2nd 0	Exam. 1	FI 1	2	9	2nd EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE			
70	1	2	3	4	5	6	7	8	9	Physicians Judgment of Overall Disability

COMMENTS:

120-122	6	0	4	DECK NO.	VERIFIED BY	DATE
---------	---	---	---	----------	-------------	------

BUMC-FRAMINGHAM STUDY EXAM 16 CODE SHEET				ELECTROCARDIOGRAPH DECK 605				DATE THIS EXAM		
								DATE LAST EXAM		
COLS.	CODE			ITEM						
1-4	ID			RECORD NUMBER	NAME					
5-7	FI 164			VENTRICULAR RATE PER MINUTE						
8-9	FI 165			P-R INTERVAL (Hundredths of second)						
10-11	FI 166			QRS INTERVAL (Hundredths of second)						
12-13	FI 167			QT INTERVAL (Hundredths of second)						
14-17	FI 225 FI 226			A QRS						
<b>INTRAVENTRICULAR BLOCK:</b>										
18	No 0	Com- plete 1	Incom- plete 2	Ind. 3	Unk. 9	RIGHT (Incomplete = S1, R'V1)		FOR INDETERMINATE BLOCK: Circle 3 in both Cols. 18 and 19		
19	No 0	Com- plete 1	Incom- plete 2	Ind. 3	Unk. 9	LEFT				
20	No 0	LPH 1	LPH 2	Unk. 9	HEMIBLOCK					
21	No 0	Yes 1	Unk. 9	BIFASCICULAR						
<b>ATRIOVENTRICULAR BLOCK:</b>										
22	No 0	Degree 1 2		Unk. 9	INCOMPLETE					
23	No 0	Nodal 1	TF 2	Unk. 9	COMPLETE (TF = trifascicular)					
24	No 0	Yes 1	Maybe 2	Unk. 9	WOLFF-PARKINSON-WHITE (WPW) SYNDROME					
25	No 0	Atr. 1	Vent. 2	Nodal 3	Comb. 4	Unk. 9	PREMATURE BEATS			
26	No 0	Yes 1	Unk. 9	ATRIAL FIBRILLATION						
27	FI 177			ATRIAL FLUTTER						
28	No 0	Yes 1	Maybe 2	Unk. 9	U WAVE		SPECIFY			
29	No 0	Atrial Enl. 1	Other 2	Both 3	Unk. 9	OTHER ECG ABNORMALITY				
30	No 0	Yes 1	Maybe 2	Unk. 9	DIGITALIS EFFECT					
31	FI 181			MYOCARDIAL INFARCTION		LOCATION				
32	FI 182			LEFT VENTRICULAR HYPERTROPHY Def.-Inverted-T plus any voltage Poss.-Voltage but flat T			CHECK IF PRESENT:		<input type="checkbox"/> R or S ≥ 20 in avg. <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	
33	FI 183			NON-SPECIFIC T-WAVE ABNORMALITY						
34	FI 184			NON-SPECIFIC S-T SEGMENT ABNORMALITY						
35	FI 185			ECG CLINICAL READING—SPECIFY						
36-37	ROMHILT-ESTES POINT SCORE 0-13 (99 = Unk)									
120-122	6	0	5	DECK NO.	VERIFIED BY				DATE	



EUMC-FRAMINGHAM STUDY EXAM 16 CODE SHEET		NAME	RECORD NO. ID	CLIN. DIAG. IMPR.
---	--	------	---------------	-------------------

I.S.	CODE					ITEM		
	No	Yes		May-be	Unk.			
FI206 25	0	1	2	3	4	9	VASCULAR DISEASE OF BRAIN: ATHEROSCLEROTIC INFARCTION OF BRAIN	SPECIFY NEUROLOGICAL MANIFESTATIONS
FI207 26	0	1	2	3	4	9	EMBOLIC INFARCTION OF BRAIN	SECONDARY TO:
FI208 27	0	1	2	3	4	9	HEMORRHAGE INTO BRAIN	
FI209 28	0	1	2	3	4	9	SUBARAGHNOID HEMORRHAGE	
FI210 29	3	4	5	6	7	9	TRANSIENT ISCHEMIC ATTACKS	
FI211 30	0	1	2	3	4	9	OTHER	

I.S.	CODE					ITEM	
	No	Yes	Maybe	Unk.			
FI212 31	0	1	2	9		DIABETES MELLITUS	
FI213 32	0	1	2	9		URINARY TRACT DISEASE	SPECIFY
FI214 33	0	1	2	8	9	PROSTATE	
FI215 34	3	4	5	9		RENAL	
FI216 35	0	1	2	9		PULMONARY DISEASE	
FI217 36	0	1	2	9		CHRONIC OBSTRUCTIVE LUNG DISEASE	
FI218 37	0	1	2	9		CHRONIC BRONCHITIS	
FI219 38	0	1	2	9		GOUTY ARTHRITIS	
FI220 39	3	4	5	9		OTHER ARTHRITIS	
FI221 40	0	1	2	9		GALLBLADDER DISEASE	
FI222 41	0	1	2	9		OBESITY	
FI223 42	0	1	2	9		CANCER	Location
FI224 43	0	1	2	9		OTHER NON-CARDIOVASCULAR DIAGNOSES	

SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES			FIRST EXAMINER	SECOND EXAMINER
120-122	6	0	6	DECK NO.
VERIFIED BY				DATE

FRAMINGHAM HEART STUDY, NHLBI

DATE OF EXAM  
DATE OF LAST EXAM

NAME

MEDICATIONS

AGE

AMBULATORY ECG MONITORING DECK 216

16

COL. CODE	ITEM
1-4	RECORD NO.
FI2275	STUDY (OFFSPRING-1, COHORT-0)
5-7	# HOURS RECORDED

RHYTHMS	(NO-0, YES-1, MAYBE-2, UNK-9)
FI229 8	NORMAL SINUS RHYTHM
FI230 9	SINUS ARRHYTHMIA
FI231 10	SINUS BRADYCARDIA < 60 BEATS/MIN
FI232 11	SINUS TACHYCARDIA (BEFORE TREADMILL EXERCISE)
FI233 12	SUPRAVENTR. TACHYCARDIA OTHER THAN SINUS TACHY.
FI234 13	R-R INTERVAL > 1.5 SECONDS
FI235 14	SINUS ARREST OR EXIT BLOCK
FI236 15	ATRIAL FIBRILLATION
FI237 16	ATRIAL FLUTTER
FI238 17	JUNCTIONAL RHYTHM
FI239 18	IDIOVENTRICULAR RHYTHM
FI240 19	FIXED INTRAVENTRICULAR CONDUCTION DEFECT
FI241 20	INTERMITTENT INTRAVENTR. CONDUCTION DEFECT
FI242 21	PRIMARY AV BLOCK
FI243 22	SECONDARY AV BLOCK
FI244 23	TERTIARY AV BLOCK
FI245 24	AV DISSOCIATION
FI246 25	PACEMAKER (SEE COMMENTS)
FI247 26	OTHER (SEE COMMENTS)

		UPD* GRADES	COL. CODE	LOWN GRADE
FI248 27-30	UPD'S - TOTAL (9998 IF >9997)		0 NO UPDS	0
FI249 31-32	UPD'S - # OF FOCI (98 IF >.97)		1 <= 30 UPDS/HR	1
FI250 33-36	UPD'S -# OF COUPLETS (9998 IF >9997)		2 > 30 UPDS/HR	2
FI251 37-40	UPD'S - # OF EPISODES OF VT		3 MULTIFORM UPDS	3
FI252 41-43	UPD'S - # OF BEATS IN LONGEST RUN		4 UPD COUPLETS	4A
FI253 44-47	UPD'S -# WITH R ON T (9998 IF >9997)		5 VT	4B
FI254 48	HIGHEST UPD GRADE		6 R ON T	5
FI255 49-52	SPD'S - TOTAL # (9998 IF > 9997)			
FI256 53-55	TOTAL UPD'S DURING EXERCISE			
FI257 56-58	TOTAL SPD'S DURING EXERCISE			
FI258 59-60	TIME OF EXERCISE (MIN.)			
FI259 61-63	UPDS DURING RECOVERY			
FI260 64-66	SPDS DURING RECOVERY			
FI261 67-68	TIME OF RECOVERY (MIN.)			
FI262 69	HIGHEST UPD GRADE DURING EXERCISE			
FI263 70	HIGHEST UPD GRADE (DURING RECOVERY)			
FI264 71	OTHER EXERCISE AND/OR RECOVERY			
120-122	216 DECK NO.			

COMMENTS.....DANIEL D. SAVAGE, M.D.  
 .....CLINIC DIRECTOR AND CHIEF  
 .....NONINVASIVE LABORATORIES

FRAMINGHAM HEART STUDY, NHLBI

DATE OF EXAM  
DATE OF LAST EXAM

NAME

MEDICATIONS

AGE

HT

WT

BSA

ECHOCARDIOGRAPHY DECK 215  
CONCLUSIONS

COL. CODE	ITEM
1-4	ID RECORD NO.
F126505	STUDY (OFFSPRING-1, COHORT-0)
F126606	TECHNICAL QUALITY (ACC.-0, NOT ACC'ABLE-1, UNK-9)
F126707	OVERALL IMPRESSION OF ECHOC'GRAM (NORM-0, ABN.-1, BDLINE ABN.-2, UNK-9)
F126808	PERICARDIAL EFFUSION-SITE (NONE-0, ANT.-1, POST.-2, UNK-9)
F126909	PERICARDIAL EFFUSION-SIZE (NONE-0, POSS.-1, SM.-2, MED-3, LGE-4, UNK-9)
F127010	MITRAL VALVE MOTION:SYS. PATTERN (NORM-0, SAM-1, PROLAPSE-2, UNK-9)-9)
F127111	MITRAL VALVE MOTION: DIAS. PATTERN (NORM-0, MS-1, AR-2, EF SLOPE-3, UNK-9)

(NORM-0, ABNL-1, MAYBE-2, UNK-9)

F127212	AORTIC VALVE MOTION (NORM-0, ABNL-1, MAYBE-2, UNK-9)
F127313	TRICUSPID VALVE
F127414	PULMONIC VALVE
F127515	IV SEPTAL THICKNESS
F127616	POSTEROBASAL WALL THICKNESS
F127717	IV SEPTAL MOTION
F127818	LV POSTEROBASAL WALL MOTION
F127919	LVID-D
F128020	LEFT ATRIUM
F128121	AORTIC ROOT

(NO-0, YES-1, MAYBE-2, UNK-9)

F128222	PROSTHETIC VALVE (NO-0, YES-1, MAYBE-2, UNK-9)
F128323	AS
F128424	AORTIC VALVE CALCIUM AND/OR FIBROSIS
F128525	MR
F128626	DST
F128727	CONGESTIVE CARDIOMYOPATHY
F128828	CAD
F128929	RV VOLUME OVERLOAD
F129030	VSD
F129131	OTHER CONGENITAL ABNL.
F129232	ATRIAL MASS
F129333	PERICARDIAL THICKENING
F129434	OTHER, SPECIFY.....

DANIEL D. SAVAGE M.D.  
CLINIC DIRECTOR AND CHIEF  
NONINVASIVE LABORATORIES

DIMENSIONS

COL. MEASURED RANGE OF NORMAL % OF PREDICTED NORMAL

9 = UNKNOWN

IV SEPT THICKNESS

FI295	35-36	NIH	9.7 - 13.2	
FI296	37-38	PENN		
FI297	39-40	STD	9.1 - 13.1	
FI298	41-42	SYSTOLE		

LV POST WALL THICKNESS (MM)

FI299	43-44	NIH	10. - 12.9	
FI300	45-46	PENN		
FI301	47-48	STD	9.1 - 12.6	
FI302	49-50	SYSTOLE		

SEPT - POST WALL RATIO

FI303	51-52		<1.3	
-------	-------	--	------	--

LVID-D (MM)

FI304	53-54	NIH	38.7 - 49.9	
FI305	55-56	PENN		
FI306	57-58	STD	40.1 - 51.	
FI307	59-60	LVID-S (MM)	23.4 - 33.6	

LV MASS (GMS)

FI308	61-63	CUBED FORMULA (NIH)	171. - 286.	
-------	-------	---------------------	-------------	--

FI309	64-66	PENN FORMULA		
-------	-------	--------------	--	--

FI310	67-69	CUBED FORMULA (STD)		
-------	-------	---------------------	--	--

FI311	70-71	RWT (DIA) %		
-------	-------	-------------	--	--

FI312	72-73	RWT (SYS)% (1/4)		
-------	-------	------------------	--	--

FI313	74-75	LA, MM	32.7 - 47.1	
-------	-------	--------	-------------	--

FI314	76-77	AO, RT.	26.6 - 38.2	
-------	-------	---------	-------------	--

RVID-D (MM)

FI315	78-79	RVID-D (SUPINE)	<24	
-------	-------	-----------------	-----	--

FI316	80-81	LFT LAT	<27	
-------	-------	---------	-----	--

VOLUME ESTIMATES

FI317	82-84	LVED VOL. (ML)		
-------	-------	----------------	--	--

FI318	85-87	LVES VOL. (ML)		
-------	-------	----------------	--	--

FI319	88-90	LV STROKE VOLUME (ML)		
-------	-------	-----------------------	--	--

FI320	91-93	MV STROKE VOLUME (ML)		
-------	-------	-----------------------	--	--

FI321	94-95	LV FRACT. SHORTENING (%)	30 - 46	
-------	-------	--------------------------	---------	--

FI322	96-97	LV EJECTION FRACTION (%)	67 - 85	
-------	-------	--------------------------	---------	--

FI323	98-100	VCF (CIRC/SEC)		
-------	--------	----------------	--	--

INTERVALS

FI324	101-103	H. R. (BTS/MIN)	60 - 100	
-------	---------	-----------------	----------	--

FI325	104-105	PR (SEC)	.12 - .20	
-------	---------	----------	-----------	--

FI326	106-107	PR-AC (SEC)		
-------	---------	-------------	--	--

FI327	108-109	LVET (SEC)		
-------	---------	------------	--	--

FI328	110-111	LVETC (SEC)		
-------	---------	-------------	--	--

FI329	112-113	PEP/LVET		
-------	---------	----------	--	--

VALVES

FI330	114-116	MITRAL E-F SLOPE (MM/SEC)	49. - 130.	
-------	---------	---------------------------	------------	--

FI331	117-118	MITRAL EXCURSION D-E (MM)		
-------	---------	---------------------------	--	--

FI332	119-120	AORTIC OPENING (MM)	15 - 26	
-------	---------	---------------------	---------	--

FI333	121-122	PULMONIC A-WAVE DEPTH (MM)	2 - 6	
-------	---------	----------------------------	-------	--

FI334	123	ENDOC. ECHO-CONT. 1 CYCLE (BOTH=0, SEPT. ONLY=1, LV FREE WALL ONLY=2,		
-------	-----	---	--	--

NEITHER=3., UNK=9)

124-126 215

DANIEL D. SAVAGE M.D.

CLINIC DIRECTOR AND CHIEF

NONINVASIVE LABORATORIES

NATIONAL HEART, LUNG AND BLOOD 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 and home address, 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, 4) review past and future hospital, tumor registry, and physicians' medical records. It is my understanding that all 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.

I also understand that I will be asked to give my social security number for the purpose of locating me in future years and that this disclosure of the social security number is voluntary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness