

Framingham Heart Study

Original Cohort Exam 17

05/19/1981-05/21/1984

N=2179

Exam Form Version

2-9-82 Medical History, Physical Examination,
Electrocardiograph & Clinical Diagnostic
Impression

2-11-82 Numerical Data

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.

MEDICAL HISTORY

MEDICINE USED IN INTERIM

Drug Code	No	Yes (Now)	Yes (Not Now)	Maybe	Unk	Comments (Specify Agent)
17	0	1	2	3	9	Cardiac Glycosides FJ8
18	0	1	2	3	9	Nitroglycerine FJ9
19	0	1	2	3	9	Longer acting nitrates FJ10 (Isordil, cardilate, etc.)
20	0	1	2	3	9	Calcium channel blockers FJ11
21	0	1	2	3	9	Beta Blocker FJ12
22	0	1	2	3	9	Antiarrhythmics FJ13 (Quinidine, Procain., Norpace, etc)
23	0	1	2	3	9	Antiplatelet FJ14 (Anturan, persantine, etc.)
24	0	1	2	3	9	Diuretics FJ15
25	0	1	2	3	9	K-sparing diuretics FJ16 (Aldactone, triamptere)
26	0	1	2	3	9	Reserpine derivatives FJ17
27	0	1	2	3	9	Methyldopa (Aldomet) FJ18
28	0	1	2	3	9	Clonidine (Catapres) FJ19
29	0	1	2	3	9	Ganglionic Blockers FJ20
30	0	1	2	3	9	Peripheral Vasodilators FJ21 (hydralazine, minipres, minoxidil, etc.)
31	0	1	2	3	9	Hypertensive medications FJ22 (unknown type)
32	0	1	2	3	9	Anticholesterol drugs FJ23
33	0	1	2	3	9	Antigout FJ24
34	0	1	2	3	9	Thyroid FJ25
35	0	1	2	3	9	Oral Hypoglycemics FJ26
36	0	1	2	3	9	Insulin FJ27
37	0	1	2	3	9	Estrogen FJ28
38	0	1	2	3	9	Steroids FJ29
39	0	1	2	3	9	Bronchodilator, aerosols, etc. FJ30
40	0	1	2	3	9	Antihistamines FJ31
41	0	1	2	3	9	Sleeping pills FJ32
42	0	1	2	3	9	Sedative/hypnotic FJ33
43	0	1	2	3	9	Antidepressants FJ34
44	0	1	2	3	9	Potassium supplement FJ35
45	0	1	2	3	9	Other FJ36

46-47

FJ37

Number of Tabs, aspirin/Week
 00=none 01 =or<1 per week
 98=98 or more 99=unk

MEDICAL HISTORY

SMOKING HISTORY

	Non_	Formerly	Yes	Unk	
	smoker		Currently		
48	8	1	2	9	Have you ever smoked ci- garettes regularly?
FJ38					
49-50					For Current & Former Smokers: How many cigarettes have you smoked per day during most of your smoking lifetime?
FJ39	88				
51-52					For Current Smokers: How many cigarettes do you now smoke/day? 88=Non-smoker 01 is =or<1 per day 00=Former
FJ40	88				
FJ41					For Former Smokers: Age stopped 00= not stopped
53-54	88				
55-56					For Current & Former Smokers: Age started
FJ42	88				
57-58					Years temporarily stopped during smoking period
FJ43	88				
FJ44		No	Yes	Unk	
59	8	0	1	9	Do/did you inhale?
FJ45	8	0	1	9	Do/did you use filter?
60					
61-63	888				What brand did you last smoke? Code 888 if brand not listed.
FJ46					
FJ47	8				Code for cigarette card edition
64					
65-66*	88				How many hours since your last cigarette? 01=<1 hour 24=24+hours 00=former smoker
FJ48					
	No	Yes		Unk	
		inhale	no inhale		
FJ49	0	1	2	9	Do you now smoke cigars?
67					
FJ50	0	1	2	9	Do you now smoke pipes?
68					

MEDICAL HISTORY

		None	Inc	Dec	Unk	CHANGES IN ACTIVITY IN INTERIM
FJ51	69	0	1	2	9	
			Yes	Yes		DIET IN INTERIM:
		No	(Not Now)	(Not Now)	Unk	COMMENTS
FJ52	70	0	1	2	9	REDUCING
FJ53	71	0	1	2	9	CHOLESTEROL LOWER
FJ54	72	0	1	2	9	LOW SALT
FJ55	73*	0	1	2	9	DIABETIC
FJ56	74-75					COFFEE-CUPS/DAY
FJ57	76-77					COFFEE/DCAF-CUP/DY
FJ58	78-79					TEA-CUPS/DAY
FJ59	80-81					BEER-BOTTLES, CANS, GLASSES/WEEK
FJ60	82-83					WINE-GLASSES/WEEK
FJ61	84-85					COCKTAILS, HIGHBALL STRAIGHT DRINKS/WK
FJ62	86					BEER-BOTTLES, CANS GLASSES
FJ63	87					WINE-GLASSES
FJ64	88					COCKTAILS, HIGHBALL STRAIGHT DRINKS
FJ65	89-90					BEER BOTTLES, CANS GLASSES
FJ66	91-92					WINE-GLASSES
FJ67	93-94					COCKTAILS, HIGHBALL STRAIGHT DRINKS
FJ68	95	No	Yes	Maybe	Unk	FOLLOWING DIET (Dr's Opinion)
		0	1	2	9	

Comments:

MEDICAL HISTORY

		RESPIRATORY SYMPTOMS & CHF COMPLAINTS:						
		Yes	Yes	Unk	CHRONIC COUGH (3 months/year)	DESCRIBE (comments)		
		No	Pro- duc- tive	Non- pro- ductive	Unk			
FJ69	96	0	1	2	9			
TROUBLE WITH WHEEZING								
FJ70	97	0		1	9	ASTHMA		
FJ71	98	0		1	9	Long duration		
FJ72	99	0		1	9	Seasonal		
FJ73	100	0		1	9	With respiratory infection		
DYSPNEA Code GRADE 1.Vigorous exer.								
FJ74	101	0	1	2	3	9	ON EXERTION	2.Rapid walking 3.Any slight exer.
DYSPNEA INCREASED IN PAST TWO YEARS								
FJ75	102	0	1	2	9			
FJ76	103	0	1	2	9	ORTHOPNEA, recent		
FJ77	104	0	1	2	9	ORTHOPNEA, old complaint		
FJ78	105	0	1	2	9	PAROXYSMAL NOCTURNAL DYSPNEA		
FJ79	106	0	1	2	9	ANKLE EDEMA, BILATERAL		
FJ80	107	0	1	2	9	1st Exam. subject had CHF	Since last Exam	
FJ81	108*	0	1	2	9	1st Exam. subject has Pulmonary Disease		
No 2nd Exam								
FJ82	109	3	0	1	2	9	2nd Exam. subject had CHF	Since last Exam
FJ83	110	3	0	1	2	9	2nd Exam. subject has Pulmonary Disease	

	No	Yes	Maybe	Unk	CHEST IN INTERIM
FJ84 111	0	1	2	9	Chest discomfort
FJ85 112	0	1	2	9	With exertion or excitement
FJ86 113	0	1	2	9	When quiet or resting
FJ87 114	0			___ ___	Short=1, Long=2 (>15 min), Both=3
FJ88 115-116	00			___ ___	Date at onset (year)
FJ89 117*	0			___	Location, 1)Central sternal area including upper chest 2)L UOQ 3)L Lower rib cage 4)R Chest 5)Other (specify)
FJ90 118	0			___	Radiation, 1)L shoulder, L arm 2)neck 3)R shoulder or arm 4)back 5)abdomen 6)Other (specify)
FJ91 119	0			___	Type, 1)Pressure, heavy, vice 2)sharp 3)dull 4)Other (specify)
FJ92 120-122	000			___ ___ ___	Usual duration, mins. 998=998 or greater
FJ93 123-125	000			___ ___ ___	Longest duration, mins.
FJ94 126-128*	000			___ ___ ___	Days per year

	No	Yes	untried	Unk	Pain relieved by:
FJ95 129	0	1	2	9	Nitroglycerine
FJ96 130	0	1	2	9	Rest
FJ97 131	0	1	2	9	Spont.
FJ98 132	0	1	2	9	Other

Col's	Code	Item
FJ99 133	No Yes Maybe Unk 0 1 2 9	ANGINA PECTORIS 1st Exam Opinion (comments)
FJ100 134	0 1 2 9	CORONARY INSUFFICIENCY
FJ101 135*	0 1 2 9	MYOCARDIAL INFARCTION
FJ102 136	No 2nd Exam No Yes Maybe Unk 3 0 1 2 9	ANGINA PECTORIS 2nd Exam Opinion (comments)
FJ103 137	3 0 1 2 9	CORONARY INSUFFICIENCY
FJ104 138	3 0 1 2 9	MYOCARDIAL INFARCTION

MEDICAL HISTORY

CEREBROVASCULAR ACCIDENT SINCE LAST EXAM:

								SYMPTOMS	DURATION	COMMENTS	
FJ105	139	No	L	R	Both	Maybe	Unk	SUDDEN MUSCULAR WEAKNESS			
		0	1	2	3	4	9				
FJ106	140	0 1=YES						9	SUDDEN SPEECH DIFFICULTY		
FJ107	141	0	1	2	3	4	9	SUDDEN VISUAL DEFECT		COMMENTS	
FJ108	142	No	Yes	Maybe	Unk			UNCONSCIOUSNESS			
		0	1	2	9						
FJ109	143	0	1	2	9			DOUBLE VISION			
FJ110	144	No	L	R	Both	Maybe	Unk	LOSS OF VISION			
		0	1	2	3	4	9				
FJ111	145	No	Yes	Maybe	Unk			NUMBNESS TINGLING			
		0	1	2	9						
FJ112	146	No	Hosp.	M.D.	Unk			HOSPITALIZED OR SAW M.D.	NO.DAYS	AT	
		0	1	2	9						
FJ113	147	No	Yes	Maybe	Unk			1st EXAM BELIEVES THIS WAS T.I.A			
		0	1	2	9						
FJ114	148	0	1	2	9			1st EXAM BELIEVES THIS WAS STROKE			
FJ115	149*	0	1	2	9			1st EXAM BELIEVES STROKE PRECEDED BY TIA			
FJ116	150	No	2nd Exam	No	Yes	Maybe	Unk	2nd EXAM BELIEVES THIS WAS T.I.A.			
		3	0	1	2	9					
FJ117	151	3	0	1	2	9		2nd EXAM BELIEVES THIS WAS STROKE			
FJ118	152	3	0	1	2	9		2nd EXAM BELIEVES STROKE PRECEDED BY TIA			
FJ119	153	No	Yes	Maybe	Unk			URINARY TRACT DISEASE (Lifetime)			
FJ120	154	0	1	2	9			WAS THIS KIDNEY?			
FJ121	155*	0	1	2	9			ANY STONES?			
FJ122	156	F	8	0	1	2	9	PROSTATE TROUBLE			
FJ123	157	F	8	0	1	2	9	PROSTATE SURGERY			

MEDICAL HISTORY

	No	Yes	Maybe	Unk		
FJ124	158	0	1	2	9	GALLBLADDER DISEASE EVER
FJ125	159	0	1	2	9	GALLBLADDER SURGERY
FJ126	160	0	1	2	9	JAUNDICE
FJ127	161	0	1	2	9	GALLBLADDER COLIC
FJ128	162	0	1	2	9	GALLBLADDER X-RAY EXAMINATION (CHOLECYSTOGRAM)
FJ129	163	0	1	2	9	FAT INTOLERANCE
FJ130	164	0	1	2	9	FRIED FOOD INTOLERANCE
FJ131	165	0	1	2	9	CABBAGE INTOLERANCE
FJ132	166*	0	1	2	9	DR BELIEVES GALLBLADDER DISEASE

THYROID DISEASE

	No	Yes	Maybe	Unk		
FJ133	167	0	1	2	9	HAVE YOU EVER HAD THYROID SURGERY?
FJ134	168	0	1	2	9	HAVE YOU EVER TAKEN THYROID MEDICATION?

PERIPHERAL VASCULAR DISEASE (lifetime history)

	No	L	R	Both	Maybe	Unk		
FJ135	169	0	1	2	3	4	9	PHLEBITIS
FJ136	170	0	1	2		4	9	SWELLING OF LEG, UNILATERAL
FJ137	171	0	1	2	3	4	9	LEG ULCERS
FJ138	172	0	1	2	3	4	9	TREATMENT FOR VARICOSE VEINS

ARTERIAL DISEASE

	No	L	R	Both	Maybe	Unk		COMMENTS:	
FJ139	173	0	1	2	3	4	9	DISCOMFORT IN LOWER LIMBS WHILE WALKING	
FJ140	174	0	1	2	3	4	9	ONSET AT 1ST STEPS	
FJ141	175	0	1	2	3	4	9	AFTER WALK AWHILE	
FJ142	176	0	1	2	3	4	9	RAPID WALK Related To...	
FJ143	177	0	1=YES, 2=MAYBE				9	FORCE STOP WALKING	
FJ144	178- 179	00						RELIEVE BY STOPPING IN HOW MANY MINUTES?	

	No	Yes	Maybe	Unk			
		left	right				
FJ145	180	0	1	2	3	9	IS ONE FOOT COLDER THAN THE OTHER?
FJ146	181*	0	1	2	9	1st EXAM BELIEVES SUBJECT HAS IC	

	No	2nd	Yes	Maybe	Unk		
	Exam	No					
FJ147	182	3	0	1	2	9	2nd EXAM BELIEVES SUBJECT HAS IC

MEDICAL HISTORY

SCORE CORRECT NO TRY UNK

FJ148	83	0 1 2 3	6	9	WHAT IS THE DATE TODAY? (month, day, year correct=score 3)
FJ149	184	0 1	6	9	WHAT IS THE SEASON?
FJ150	185	0 1	6	9	WHAT DAY OF THE WEEK IS IT?
FJ151	186	0 1 2 3	6	9	WHAT TOWN,COUNTY AND STATE ARE WE IN?
FJ152	187	0 1	6	9	WHAT IS THE NAME OF THIS PLACE? (any appropriate answer OK..my home, street address, heart study... max. score=1)
FJ153	188	0 1	6	9	WHAT FLOOR OF THE BUILDING ARE WE ON?
FJ154	189*	0 1 2 3	6	9	I AM GOING TO NAME 3 OBJECTS. AFTER I HAVE SAID THEM I WANT YOU TO REPEAT THEM BACK TO ME. REMEMBER WHAT THEY ARE BECAUSE I WILL ASK YOU TO NAME THEM AGAIN IN A FEW MINUTES. apple, table, penny
FJ155	190				NOW I AM GOING TO SPELL A WORD FORWARD AND I WANT YOU TO SPELL IT BACKWARDS. THE WORD IS WORLD. W-O-R-L-D. PLEASE SPELL IT IN REVERSE ORDER. _____ (Write in word, scoring done later)
FJ156	191	0 1 2 3	6	9	WHAT ARE THE 3 OBJECTS I ASKED YOU TO REMEMBER A FEW MOMENTS AGO?
FJ157	192	0 1	6	9	WHAT IS THIS CALLED? (watch)
FJ158	193	0 1	6	9	WHAT IS THIS CALLED? (pencil)
FJ159	194	0 1	6	9	PLEASE REPEAT THE FOLLOWING: "no ifs, ands, or buts." (perfect=1)
FJ160	195	0 1	6	9	PLEASE READ THE FOLLOWING & DO WHAT IT SAYS. (performed=1)
FJ161	196	0 1	6	9	PLEASE WRITE A SENTENCE.
FJ162	197	0 1	6	9	PLEASE COPY THIS DRAWING.
FJ163	198	0 1 2 3	6	9	TAKE THIS PIECE OF PAPER IN YOUR RIGHT HAND, FOLD IT IN HALF WITH BOTH HANDS, AND PUT IT IN YOUR LAP. (score 1 for each correctly performed act)

FJ164	199	1=Normal 2=Normal but physically impaired 3=Possible dementia 4=Dementia present			EXAMINER'S ASSESSMENT of subject's mental status
-------	-----	---	--	--	---

MEDICAL HISTORY

	SHOULD NOT UNDER DOCTOR ORDERS					NO DOCTOR'S ORDERS INVOLVED					FOR EACH THING TELL ME WHETHER YOU HAVE (A) A LOT OF DIFFICULTY DOING THE ACTIVITY, (B) SOME DIFFICULTY, (C) A LITTLE DIFFICULTY, OR (D) NO DIFFICULTY AT ALL.	
	A	B	C	D	Unk	A	B	C	D	Unk		
200 FJ165	0	1	2	3	4	5	6	7	8	9	Pulling or pushing large objects like a living room chair. Do you have a lot of difficulty, some difficulty, a little difficulty, or no difficulty	
201 FJ166	0	1	2	3	4	5	6	7	8	9	Either stooping, crouching, or kneeling. Do you have a lot REPEAT	
202 FJ167	0	1	2	3	4	5	6	7	8	9	Lifting or carrying weights under 10 lbs., like a bag of potatoes. Do you have a lot....REPEAT	
203 FJ168	0	1	2	3	4	5	6	7	8	9	Lifting or carrying over 10 lbs., like a very heavy bag of groceries Do you have a lot....REPEAT	
204 FJ169	0	1	2	3	4	5	6	7	8	9	Reaching or extending arms below shoulder level. Do you have a lotREPEAT	
205 FJ170	0	1	2	3	4	5	6	7	8	9	Reaching or extending arms above shoulder level. Do you have a lotREPEAT	
206 FJ171	0	1	2	3	4	5	6	7	8	9	Either writing or handling or fingering small objects. Do you have a lot of....REPEAT	
207 FJ172	0	1	2	3	4	5	6	7	8	9	Standing in one place for long periods, say 15 minutes. Do you have a lot of REPEAT	
208 FJ173	0	1	2	3	4	5	6	7	8	9	Sitting for long periods, say 1 hour. Do you have a lot....REPEAT	
FJ174	NO	YES				UNK						Are you able to do heavy work around the house, like shovel snow or washing windows, walls or floors without help
209	0	1				9						
FJ175	NO	YES				UNK						Are you able to walk up and down stairs to second floor without any help?
210	0	1				9						

U

MEDICAL HISTORY

FJ176
11 | NO YES UNK | Are you able to walk a mile without help? That's about 8 ordinary blocks.

OTHER THAN WHEN YOU MIGHT HAVE BEEN IN A HOSPITAL, WAS THERE ANY TIME DURING THE PAST YEAR IN WHICH (A) YOU NEEDED HELP FROM ANOTHER PERSON OR (B) FROM SOME SPECIAL EQUIPMENT OR DEVICE TO DO THE FOLLOWING THINGS.

FJ177
212 | D A B C A B C UNK | (HELP FROM BOTH IS (C); NO HELP NEEDED IS (D); IF ANY HELP NEEDED, ASK: Do You still need the help?)

212 | 0 1 2 3 4 5 6 9 | Walking across a small room.

FJ178
213 | 0 1 2 3 4 5 6 9 | Bathing

FJ179
214 | 0 1 2 3 4 5 6 9 | Personal Grooming, shaving etc.

FJ180
215 | 0 1 2 3 4 5 6 9 | Dressing.

FJ181
216 | 0 1 2 3 4 5 6 9 | Eating.

FJ182
217 | 0 1 2 3 4 5 6 9 | Getting from a bed to a chair.

FJ183
218 | 0 1 2 3 4 9 | (place of interview: study center=0, private home=1, nursing home=2, hospital=3, other=4)

FJ184
219 | 0 1 2 3 4 5 9 | is the place where you live now a private residence (=0), a nursing home (=1), a convalescent or chronic care hospital (=2), a personal care home (=3), other institution (=4), or other (=5)?

FJ185
220 | 0 1 2 3 4 5 6 7 8 9 | how many different times during the past 2 years have you been admitted to a nursing home, convalescent hospital, or personal care home (if one or more, ask next question) 8=8 or more

Now I'd like to ask some questions about the nursing home (comments) where you stayed most recently: its name _____, where is it located (city) _____.

FJ186
221 | 0 1 2 3 4 5 6 7 8 9 | What was the main reason for admission (fracture=1; stroke=2; heart trouble=3; arthritis=4, bedsore, skin ulcer=5; diabetes=6; other medical reason=7; other non-medical reason=8; no admission=0; unknown=9

MEDICAL HISTORY

		No	Yes	Maybe	Unk	DURING THE PAST YEAR HAVE YOU NOTICED ANY CHANGE IN THE WAY YOU SLEEP OR HOW MUCH SLEEP YOU NEED?						
FJ187	222	0	1	2	9	If yes, continue with following:						
		No	More	Less	No	Unk						
		Change										
FJ188	223	0	1	2	8	9	Trouble falling asleep at night?					
FJ189	224	0	1	2	8	9	Trouble because of waking at night?					
FJ190	225	0	1	2	8	9	Trouble because of waking too early?					
FJ191	226	0	1	2	8	9	Trouble staying awake during the day?					
FJ192	227	0	1	2	8	9	Amount of sleep needed each night?					
FJ193	228	0	1	2	3	4	5	6	7	8	9	When YOU WERE A CHILD, how many children other than you usually lived in the same house or apartment where you lived? (0=none, 1=one...6=six, 7=more than six, 8=variable, 9=unknown)
FJ194	229	0	1	2	3	4	5	6	7	8	9	HOW MANY CHILDREN WERE THERE WHO LIVED IN THE SAME HOUSE THAT WERE more than 5 years but less than 12 years older than you? (code from above)

PHYSICAL EXAMINATION

						EYES:	*DESCRIBE
FJ195	No	Slight	Mod	Mrk	Unk		
230	0	1	2	3	9	CORNEAL ARCUS	
FJ196	No	Yes	Maybe	Unk			
231	0	1	2	9		XANTHELASMA*	
FJ197	No	Yes	Maybe	Unk			DESCRIBE
232	0	1	2	9		XANTHOMATA	
233	0	1	2	9		TENDON	
FJ198	0	1	2	9		PALMAR	
234	0	1	2	9		SUBCUTANENOUS	
FJ199	0	1	2	9			
235							
FJ200							
						THYROID	DESCRIBE
FJ201	No	Yes	Maybe	Unk			
236	0	1	2	9		SCAR	
237	0	1	2	9		SINGLE NODULE	
FJ202	0	1	2	9		MULTIPLE NODULES	
238	0	1	2	9		DIFFUSE ENLARGE	
FJ203	0	1	2	9		OTHER MANIFEST	
239						OF THYROID DIS.	
FJ204							
240*	0	1	2	9			
FJ205							
						RESPIRATORY SYSTEM:	DESCRIBE
	No	Yes	Maybe	Unk			
241	0	1	2	9		INCREASE ANTERO-POSTERIOR DIAM.	
FJ206							
FJ207	0	1	2	9		ABNORMAL BREATH SOUNDS	
242	0	1	2	9		WHEEZING	
FJ208	0	1	2	9		OTHER	
243							
FJ209	0	1	2	9		RALES	
244							
FJ210	0	1	2	9		FIXED THORAX	
245							
FJ211	0	1	2	9			
246							
						HEART:	
FJ212	No	Lft	Right	Both	Unk		
247	0	1	2	3	9	ENLARGEMENT	
FJ213		S3	S4	Both	Unk		
248	0	1	2	3	9	GALLOP	
FJ214	No	Click	AF	Both	Unk		OTHER ABNORMAL SOUNDS I
249	0	1	2	3	9		
FJ215	No	Split	Dimin	Both	Unk		OTHER ABNORMAL SOUNDS II
250	0	S2	A2	3	9		

PHYSICAL EXAMINATION

		Grade								SYSTOLIC MURMURS:	DESCRIBE SIGNIFICANT MURMURS	
		No	1	2	3	4	5	6	9	Unk	Heard Maximally At:	
FJ216	251	0	1	2	3	4	5	6	9		APEX-Regurg. or Holo	
FJ217	252	0	1	2	3	4	5	6	9		APEX-Ejection	
FJ218	253	0	1	2	3	4	5	6	9		MIDPRECORDIUM-Left	
FJ219	254	0	1	2	3	4	5	6	9		Sternal border	
											BASE	
		No VALSALVA Other Both U								MURMUR INCREASES		
FJ220	255	0	1					2	3	9		
		Nm Mit Aor Bth Oth Unk								FOR SYSTOLIC MURMURS		
FJ221	256	0	1	2	3	4			9		EXAMINER'S OPINION	
										VALVE ORIGIN		
		No Mit Aor Bth Oth Unk								DISASTOLIC MURMURS:	DESCRIBE	
FJ222	257	0	1	2	3	4			9		LOCATION	
										NECK VEINS: (Semi-recumbent)		
		No Yes Maybe Unk										
FJ223	258	0	1					2		9	DISTENDED	
										BREAST:		
		No Yes Unk										
FJ224	259*	0	1							9	ABNORMAL	
		Mastectomy								SCAR PRESENT	*DESCRIBE ABNORMALITY	
		No Rad Sim Bio Oth Unk										
FJ225	260	0	1	2	3	4			9		LEFT	
FJ226	261	0	1	2	3	4			9		RIGHT	
		No Yes Maybe Unk										
FJ227	262	0	1					2		9	LOCALIZED MASS*	
FJ228	263	0	1					2		9	AXILLARY NODES*	
										ABDOMEN:		
		No Yes Maybe Unk										
FJ229	264	0	1					2		9	LIVER ENLARGED	DESCRIBE
FJ230	265	0	1					2		9	ABDOMINAL ANEURYSM	
FJ231	266	0	1					2		9	BRUIT	DESCRIBE
FJ232	267	0	1					2		9	SURGICAL SCAR	
FJ233	268	0	1					2		9	SURG. GALLBLAD. SCAR	
FJ234	269	0	1					2		9	OTHER ABDOMINAL AB-NORMALITY	DESCRIBE

PHYSICAL EXAMINATION

		Grade					PERIPHERAL VESSELS:			
		No				Unk				
FJ235	270	0	1	2	3	4	9	LEFT ANKLE EDEMA	DESCRIBE	
FJ236	271	0	1	2	3	4	9	RIGHT ANKLE EDEMA		
		Grade					VISIBLE VARICOSITIES		DESC. CODE=Grade	
		No				Unk			1=UNCOMPLICATED	
FJ237	272	0	1	2	3	4	9	LEFT STEM	2=WITH SKIN CHANGES	
FJ238	273	0	1	2	3	4	9	RIGHT STEM	3=WITH ULCER	
FJ239	274	0	1	2	3	4	9	RETICULAR		
FJ240	275	0	1	2	3	4	9	SPIDER		
		No	L	R	Both	Unk		LEG AMPUTATION		
FJ241	276	0	1	2	3	9				
		No	Above Knee	Below Knee	Unk		Extent			
FJ242	277	0	1	2	9					
		Yes					TEMPERATURE			
		No	L	R	Maybe	Unk	DIFFERENCE			
FJ243	278	0	1	2	3	9	IN FEET			
		Yes								
		No	L	R	Both	Maybe	Unk	ABSENT OR FEEBLE PERIPHERAL PULSES		
FJ244	279*	0	1	2	3	4	9			
FJ245	280	0	1	2	3	4	9	DORSAL PEDIS		
FJ246	281	0	1	2	3	4	9	POSTERIAL TIBIAL		
FJ247	282	0	1	2	3	4	9	FEMORAL		
FJ248	283	0	1	2	3	4	9	RADIAL		
FJ249	284	0	1	2	3	4	9	Femoral Bruits		
FJ250	285	0	1	2	3	4	9	Mid-thigh Bruits		
FJ251	286	0	1	2	3	4	9	Popliteal Bruits		
		No	Yes	Maybe	Unk		ART. PERIPHERAL VAS. DIS.			
FJ252	287	0	1	2	9					
							CHRONIC VENOUS INSUFFICIENCY W/O STEM VAR. VEINS		1st EXAMINER OPINION	
FJ253	288	0	1	2	9					
							CHRONIC VENOUS INSUFFICIENCY WITH STEM VAR. VEINS			
FJ254	289*	0	1	2	9					
		No 2nd Exam				Unk	ART. PERIPHERAL VAS. DIS.			
FJ255	290	3	0	1	2	9				
							CHRONIC VENOUS INSUFFICIENCY W/O STEM VAR. VEINS		2nd EXAMINER OPINION	
FJ256	291	3	0	1	2	9				
							CHRONIC VENOUS INSUFFICIENCY WITH STEM VAR. VEINS			
FJ257	292	3	0	1	2	9				

PHYSICAL EXAMINATION

						NEUROLOGICAL FINDINGS:			
FJ258	No	Yes	Maybe	Unk					
293	0	1	2	9	SPEECH DISTURBANCE	DESCRIBE EACH ABNORMALITY			
FJ259	0	1	2	9	DISTURBANCE IN GAIT				
FJ260	0	1	2	9	LOCALIZED MUSCLE WEAKNESS				
FJ261	0	1	2	9	VISUAL DISTURBANCE				
FJ262	0	1	2	9	ABNORMAL REFLEXES				
FJ263	0	1	2	9	CRANIAL NERVE ABNORMALITY				
FJ264	0	1	2	9	CEREBELLAR SIGNS				
FJ265	0	1	2	9	SENSORY IMPAIRMENT				
FJ266	Yes								
301	No	L	R	Both	Maybe	Unk			
	0	1	2	3	4	9			
FJ267					CAROTID BRUITS				
302*	No	Yes	Maybe	Unk					
	0	1	2	9	1st EXAM.-THIS IS RESIDUAL OF STROKE				
FJ268	No 2nd Exam								
303	3	0	1	2	9	2nd EXAM.-THIS IS RESIDUAL OF STROKE			
FJ269					Physicians Judgement of Overall Disability				
304	1	2	3	4	5	6	7	8	9

BLOOD PRESSURE

	Systolic	Diastolic	
305-	FJ270	FJ271	SUPINE
310-			
311-	FJ272	FJ273	STANDING
316-			
317-	FJ274	FJ275	PHYSICIAN (Second Reading)
322-			

COMMENTS:

ELECTROCARDIOGRAPH

Cols	Code	Item
FJ276	323-325	VENTRICULAR RATE PER MINUTE
FJ277	326-327	P-R INTERVAL (Hundredths of second)
FJ278	328-329	QRS INTERVAL (Hundredths of second)
FJ279	330-331	QT INTERVAL (Hundredths of second)
	332-335* -1 +2 FJ280	A QRS
		INTRAVENTRICULAR BLOCK:
		No plete Incom- Ind Unk
FJ282	336	0 1 2 3 9 RIGHT (Incomplete=S1,RV1) FOR INDETER- MINATE BLOCK: Circle 3 in 336&337
FJ283	337	0 1 2 3 9 LEFT
FJ284	338	No LAH LPH Unk 0 1 2 9 HEMIBLOCK
FJ285	339	No BI TRI Unk 0 1 2 9 FASCICULAR
FJ286	340	No 1ST MOB1 MOB2 UNK 0 1 2 3 9 ATRIOVENTRICULAR BLOCK
FJ287	341	No Yes Unk 0 1 9 AV DISSOCIATION
FJ288	342	No Yes Maybe Unk 0 1 2 9 WOLFF-PARKINSON-WHITE (WPW) SYNDROME
FJ289	343	No Atr ATR ABER NOD COM UNK 0 1 2 3 4 9 PREMATURE BEATS
FJ290	344	0 1 >=2 MF PR RUN R on T (6+2) UNK 0 1 2 3 4 5 6 7 9 VENTRICULAR PREMATURE BEATS
FJ291	345	No Yes Unk 0 1 9 ATRIAL FIBRILLATION
FJ292	346	0 1 9 ATRIAL FLUTTER
FJ293	347	No Yes Maybe Unk 0 1 2 9 U WAVE
FJ294	348	0 1 2 9 OTHER ECG ABNORMALITY
FJ295	349	0 1 2 9 RT. ATRIAL ENLARGEMENT
FJ296	350	0 1 2 9 TAKING DIGITALIS

ELECTROCARDIOGRAPH

	No	ANT	INF	TRUE POST	A+I	A+TP	I+TP	ALL3	Maybe	UNK	MYOCARDIAL INFARCTION
	0	1	2	3	4	5	6	7	8	9	
FJ297 351	0	1	2	3	4	5	6	7	8	9	
FJ298 352	0	1	2	3	4	5	6	7	8	9	RIGHT VENTRICULAR HYPERTROPHY
353	0	1	2	3	4	5	6	7	8	9	LEFT VENTRICULAR HYPERTROPHY DEF.-INVERTED T PLUS ANY VOLTAGE POSS.-VOLTAGE BUT FLAT T
FJ299 354	0	1	2	3	4	5	6	7	8	9	R>20 MM STD
FJ300 355	0	1	2	3	4	5	6	7	8	9	R>=11 MM AV
FJ301 356	0	1	2	3	4	5	6	7	8	9	R>=25 MM PRE
FJ302 357	0	1	2	3	4	5	6	7	8	9	R OR S >=30 (R IN V5 OR V6, S IN V1 or V2)
FJ303 358	0	1	2	3	4	5	6	7	8	9	R+S>=35 MM PRE
FJ304 359	0	1	2	3	4	5	6	7	8	9	R+S>=25 MM STD
FJ305 360	0	1	2	3	4	5	6	7	8	9	R OR S >=20 MM IN AV
FJ306 361	0	1	2	3	4	5	6	7	8	9	S>=25 IN PRE
FJ307 362	0	1	2	3	4	5	6	7	8	9	QRS>=.09,<=.11
FJ308 363	0	1	2	3	4	5	6	7	8	9	MORRIS P(DEPTH, DUR.>=-.04 mm-sec)
FJ309 364	0	1	2	3	4	5	6	7	8	9	INTRINSICOID>=.05 M.SEC. (V5 or V6)
FJ310 365	0	1	2	3	4	5	6	7	8	9	LAD<= -30
FJ311 366	0	1	2	3	4	5	6	7	8	9	S-T DEPRESSION "STRAIN PATTERN"- WITH DOWN-SLOPING ST
FJ312 367	0	1	2	3	4	5	6	7	8	9	NON-SPECIFIC T-WAVE ABNORMALITY
FJ313 368	0	1	2	3	4	5	6	7	8	9	MAX T WAVE >=-5MM EXCL. AVR
FJ314 369	0	1	2	3	4	5	6	7	8	9	NON-SPECIFIC S-T SEGMENT ABNORMALITY
FJ315 370	0	1	2	3	4	5	6	7	8	9	
FJ316											
	NORM	ABNORM	DOUBT	UNK							ECG CLINICAL READING-SPECIFY
	0	1	2	3	4	5	6	7	8	9	

COMMENTS:

CLINICAL DIAGNOSTIC IMPRESSION

	Def	Border		Unk			
FJ317 371	0	1	2	9	HEART: HYPERTENSIVE STATUS		
FJ318 372	No 0	Yes 1	Maybe 2	Unk 9	UNDER TREATMENT FOR HYPERTENSION		
373	0	1	2	9	HYPERTENSIVE HEART DISEASE		
FJ319 374	0	1		9	DIAGNOSIS OF HHD IS OUTSIDE OF CRITERIA		
FJ320		Yes			CORONARY HEART DISEASE:		
FJ321 375	No 0	New 1	Old 2	May 3	Unk 4	9	ANGINA PECTORIS
376	0	1	2	3	4	9	CORONARY INSUFFICIENCY
FJ322 377	0	1	2	3	4	9	MYOCARDIAL INFARCTION
FJ323	No 0	Yes 1	Maybe 2	Unk 9			RHEUMATIC HEART DISEASE
378	0	1	2		9		AORTIC VALVE DISEASE SPECIFY:
FJ324 379	0	1	2		9		MITRAL VALVE DISEASE
FJ325 380	0	1	2		9		OTHER HEART DISEASE (includes congenital)
FJ326 381	0	1	2		9		CONGESTIVE HEART FAILURE ETIOLOGY:
FJ327 382	0	1	2		9		ARRHYTHMIA TYPE:
FJ328 383	0	1	2		9		
FJ329	No HD 0	Class 1 2 3 4			Unk 9		FUNCTIONAL CLASS
							PERIPHERAL VASCULAR DISEASE:
FJ331 385	No 0	Yes 1	Maybe 2	Unk 9			ATHEROSCLEROTIC OCCLUSIVE PVD WITH INTERMITTENT CLAUDICATION
386	0	1	2		9		WITH OTHER MANIFESTATIONS SPECIFY:
FJ332 387	0	1	2		9		VARICOSE VEINS (STEM)
FJ333 388	0	1	2		9		CHRONIC VENOUS INSUFFICIENCY WITHOUT VARICOSE VEINS
FJ334 389	0	1	2		9		PHLEBITIS, Acute or Chronic
FJ335							

CLINICAL DIAGNOSTIC IMPRESSION

		No	Yes	Maybe	Unk	OTHER VASCULAR DIAGNOSIS:	
FJ336	390	0	1	2	9	SPECIFY:	
						VASCULAR DISEASE OF BRAIN:	
FJ337	391	No	Yes	May-	Unk	Specify Neuro-	
			New Old	Recur.		logical Mani-	
						festations	
FJ338	392	0	1	2	3	4	9
FJ339	393	0	1	2	3	4	9
FJ340	394	0	1	2	3	4	9
FJ341	395	0	1	2	3	4	9
FJ342	396	0	1	2	3	4	9
						NON-CARDIOVASCULAR DIAGNOSIS:	
FJ343	397	No	Yes	Maybe	Unk	DIABETES MELLITUS	
FJ344	398	0	1	2	9	URINARY TRACT DISEASE	SPECIFY:
FJ345	399	0	1	2	8	9	PROSTATE
FJ346	400	0	1	2	9	RENAL	
FJ347	401	0	1	2	9	PULMONARY DISEASE	
FJ348	402	0	1	2	9	CHRONIC OBSTRUCTIVE LUNG DISEASE	
FJ349	403	0	1	2	9	CHRONIC BRONCHITIS	
FJ350	404	0	1	2	9	GOUTY ARTHRITIS	
FJ351	405	0	1	2	9	OTHER ARTHRITIS	
FJ352	406	0	1	2	9	GALLBLADDER DISEASE	
FJ353	407	0	1	2	9	OBESITY	
FJ354	408	0	1	2	9	CANCER	Location
FJ355	409	0	1	2	9	OTHER NON-CARDIOVASCULAR DIAGNOSIS	

SUMMARY OF CLINICAL DIAGNOSIS

Page 20

SIGNATURES	1ST EXAMINER	2ND EXAMINER

BUMC-FRAMINGHAM STUDY	NUMERICAL DATA	Date Of This Exam
EXAM 17 CODE SHEET		Date Last Exam

Cols	Code	Item
1-4	Record Number ID	Name
5-7	FJ356 M1 F2 FJ357	AGE and SEX
FJ358 ⁸	sgl mar wid div sep 1 2 3 4 5	MARITAL STATUS
FJ359 9-10	Nurse	NURSE EXAMINER'S NUMBER
FJ360 11-13		WEIGHT (To nearest pound)
FJ361 14-17		HEIGHT (Inches, to next lower 1/4 inch)
18-21	Right Left FJ362 FJ363	SKINFOLD TRICEPS (Millimeters)
22-25	FJ364 FJ365	SKINFOLD SUBSCAPULAR (Millimeters)
26-31	Systolic Diastolic FJ366 FJ367	NURSE'S BLOOD PRESSURE
LUNG FUNCTION:		
FJ368 32-35		CARBON MONOXIDE ECOLYZER (parts/million)
FJ369 36-38		FORCED VITAL CAPACITY (Deciliter)
FJ370 39-41		FEV 5
FJ371 42-44		FEV 1
FJ372 45-47		FEV 3
FJ373 48-50		TEFR
FJ374 51-53		FEF (25-75)
FJ375 54-56		FEF (25)
FJ376 57-59		FEF (50)
FJ377 60-62		FEF (75)

NUMERICAL DATA

FJ378	63-64				MOTHER'S YEAR OF BIRTH
FJ379	65-66				FATHER'S YEAR OF BIRTH
BLOOD ANALYSIS:					
FJ380	67-68				HEMATOCRIT (Percent)
FJ381	69-60				SUGAR (mg/100ml)

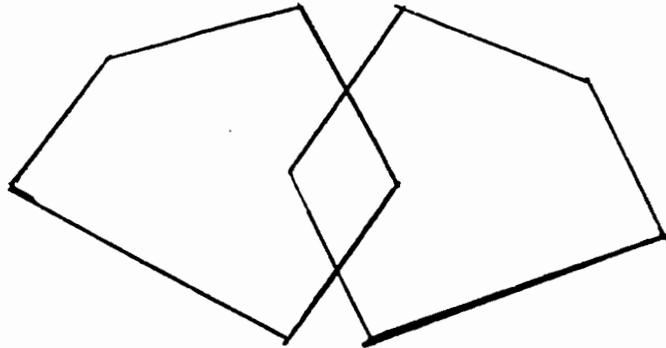
Comments:

120-122	7	0	1	DECK NO	VERIFIED BY	DATE

EXAM 17

PLEASE WRITE A SENTENCE:

PLEASE COPY THIS DESIGN:



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.

In the event that I have a stroke I will be seen during my hospitalization and at 3 months, 6 months, 12 months, and 24 months after the onset of the event. I will be examined by a neurologist at each of these times. I will also be evaluated for my ability to perform activities of daily living (e.g. the ability to walk, climb stairs, take care of personal hygiene, and feed myself). I will also be asked questions on how I function in my home and my daily habits.

I understand that in some instances I may be asked to return to the clinic, as either a case or a case control, for further testing based on results obtained from my biennial examination.

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.

Any inquiries concerning the research and procedures of this study may be directed to William Castelli, M.D. at the Framingham Heart Study number 872-6556.

For questions related to research subjects' rights, and in the event of research related injury to a subject, the University Hospital IRB Coordinator may be contacted at 247-5572.

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

Valid for use through 5/31/83
Per IRB