

Framingham Heart Study

Original Cohort Exam 18

04/12/1983-11/21/1985

N=1825

Exam Form Version

No Version Number: Hearing, Numerical Data, Functional *Performance Test*
Lung Function, Eye Physical Exam, Medical History,
Eye History, Physical Examination & Lab 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.

EXAM 18 HEARING

AUDIOMETRIC DATA--FRAMINGHAM STUDY

PART A

TEST DATE: FK4

ID NUMBER: ID

BIRTHDATE: _____

SEX: FK3

EXAMINER: _____

- | | | | | | |
|---|--------------|---------|-------------|------|---|
| | code number: | 1 | 0 | 8 | 9 |
| 1. Do you have a hearing problem now? | yes | no | | | |
| 2. If yes, have you had it since childhood-age 0 through 19? | yes | no | NA | unkn | |
| 3. If yes to #1, what do you think caused your hearing loss? (offer no suggestions) | 1-noise | 2-age | 3-infection | | |
| | 4-injury | 5-other | 8-NA | | |
| 4. Do you have ringing or buzzing in your ears now? | yes | no | | | |
| 5. If yes to #4, does it keep you awake at night? | yes | no | NA | | |
| 6. Did you ever have ear surgery? | yes | no | | unkn | |

IMMITTANCE MEASURES	MEP mmH ₂ O	EAM cc	TM/OC cc	ART-1K dB	DECAY %
Right Ear	_____	_____	_____	_____	_____
Left Ear	_____	_____	_____	_____	_____

AIR CONDUCTION THRESHOLDS										
FREQ	.25	0.5	1	2	3	4	6	8kHz	PTA	PTA3
R.E.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
L.E.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SPEECH DISCRIMINATION (Better Ear--CID W-22 List 1 Form A)

Right or Left 50 dB HL or 90 DB HL _____ %

RELIABILITY: Part A: _____ Good _____ Fair _____ Poor

Comments: _____

PART B TEST DATE: _____ EXAMINER: _____

(Do only if immittance is normal, no history of ear surgery, no report of H. L. starting as a child & PTA's differ by less than 21 dB.)

SPEECH DISCRIMINATION (% correct--CID W-22 Word Lists)				
INTENSITY	50 dB HL	90 dB HL	40 dB SL	70 dB HL
Better Ear-	_____	_____	_____	_____
Poorer Ear-	_____	_____	_____	_____

SSW (Right Ear 1st; test at 50 dB SL re PTA's)								
Errors	R-NC	R-C	L-C	L-NC	L-NC	L-C	R-C	R-NC
	_____	_____	_____	_____	_____	_____	_____	_____

IPSI REFLEX				
	ART-1K	DECAY	ART-1K	DECAY
Right:	_____ dB	_____ %	Left:	_____ dB _____ %

SSI-ICM (Do only if PTA's are both less than 36 dB; test at 50 dB HL)				
MCR in dB	10	0	-10	-20
Right	_____ %	_____ %	_____ %	_____ % Correct
Left	_____ %	_____ %	_____ %	_____ % Correct

RELIABILITY: Part B: _____ Good _____ Fair _____ Poor

Comments: _____

CODE: 777 = could not test 888 = did not test 999 = no response

ID=

NAME:

COHORT EXAM 18

BUMC-FRAMINGHAM STUDY EXAM 18 CODE SHEET		NUMERICAL DATA		DATE OF THIS EXAM DATE LAST EXAM	
COLS	CODE	ITEM			
1-4	RECORD NUMBER ID	NAME			
5-7	FK2 M1 F2 FK3	AGE AND SEX			
FK5 8	SGL MAR WID DIV SEP 1 2 3 4 5	MARITAL STATUS			
FK6 9		DOES PATIENT LIVE: 0-ALONE, 1-WITH A SPOUSE, 2-WITH CHILDREN, 3-WITH SPOUSE AND CHILDREN, 4-WITH SIBLINGS, 5-WITH FRIEND(S), 6-WITH OTHER RELATIVES, 7-IN NURSING HOME, 8-OTHER INSTITUTION, 9-UNKNOWN			
FK7 10		IS THE PLACE WHERE YOU LIVE NOW A: 0-PRIVATE RESIDENCE, 1-NURSING HOME, 2-CONVALESCENT OR CHRONIC CARE HOSPITAL, 3-PERSONAL CARE HOME, 4-OTHER INSTITUTION, 5-OTHER			
FK8	A B C D UNK 1 2 3 4 9	IN GENERAL, HOW IS YOUR HEALTH NOW-WOULD YOU SAY (A)EXCELLENT, (B) GOOD, (C) FAIR, (D) POOR, OR UNKNOWN?			
FK9	A B C UNK 1 2 3 9	DO YOU THINK YOUR HEALTH IS (A)BETTER, (B)ABOUT THE SAME, (C)WORSE THAN MOST PEOPLE YOUR OWN AGE? (9-UNKNOWN)			
FK10	0 1 2 3 4 9	WHAT IS YOUR CURRENT WORKING STATUS: 0-NEVER HAVE WORKED OUTSIDE HOME 1-WORKING, FULLTIME, 2-WORKING, PARTTIME, 3-RETIRED BECAUSE OF AGE, 4-RETIRED BECAUSE OF HEALTH, 9-UNKNOWN			
FK11	NO YES UNK 0 1 9	ARE YOU ABLE TO DO HEAVY WORK AROUND THE HOUSE, LIKE SHOVEL SNOW OR WASHING WINDOWS, WALLS OR FLOORS WITHOUT HELP?			
FK12	NO YES UNK 0 1 9	ARE YOU ABLE TO WALK UP AND DOWN STAIRS TO SECOND FLOOR WITHOUT ANY HELP?			
FK13	NO YES UNK 0 1 9	ARE YOU ABLE TO WALK A MILE WITHOUT HELP? THAT'S ABOUT 8 ORDINARY BLOCKS.			

										DURING THE PAST MONTH, HOW FREQUENTLY DID YOU GO OUTSIDE YOUR HOME FOR THE FOLLOWING ACTIVITIES? 0-DID NOT, 9-UNKNOWN
FK14										SOCIAL ACTIVITIES SUCH AS VISITING OTHER PEOPLE OR GOING OUT TO EAT.
FK15										SPORT OR RECREATIONAL ACTIVITIES SUCH AS WALKING, DANCING, ETC.
FK16										ORGANIZATIONAL ACTIVITIES SUCH AS RELIGIOUS SERVICES, OR MEETING AT SENIOR CITIZEN GROUPS.
FK17	A	B	C	D	UNK					HOW OFTEN ARE YOU ABLE TO GO PLACES YOU WOULD LIKE TO: A)AS OFTEN AS YOU'D LIKE, B)MOST OF THE TIME, C)NOT NEARLY AS OFTEN AS YOU'D LIKE?
	1	2	3	4	9					
FK18	A	B	C	D	INAP	UNK				HOW DO YOU USUALLY GO SOMEWHERE THAT IS TOO FAR TO WALK: A)BY CAR, B)PUBLIC TRANSPORTATION, C)TAXI, OR D)WHAT? (IF D SPECIFY:)
	1	2	3	4	8	9				
FK19	A	B	C	D	INAP	UNK				WHEN YOU GO SOMEWHERE BY CAR, WHO USUALLY DRIVES: A)DO YOU USUALLY DRIVE, B)DOES SOMEONE LIVING WITH YOU DRIVE YOU, OR C)DOES SOMEONE OUTSIDE YOUR HOUSEHOLD USUALLY DRIVE YOU? (IF P NEVER GOES ANYWHERE BY CAR, CODE D)
	1	2	3	4	8	9				
FK20	0	1	2	3	9					IF YOU DO NOT DRIVE, IS IT BECAUSE: 0-NEVER DID, 1-HEALTH, 2-AGE, 3-DOCTOR'S ORDERS, 9-UNKNOWN
FK21	A	B	C	D	E	F	G	H	UNK	WHO USUALLY DOES MOST OF THE HOUSEKEEPING LIKE WASHING CLOTHES AND CLEANING IN YOUR HOUSEHOLD? A-SELF, B-SPOUSE, C-OTHER HOUSEHOLD MEMBER(S), D-OTHER FRIEND(S) OR RELATIVE(S), E-PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE(S), F-PAID PRIVATE SOURCE(S), G-SELF AND OTHER HOULSEHOLD MEMBER(S), H-OTHER
	1	2	3	4	5	6	7	8	9	
FK22	1	2	3	4	9					IF YOU HAD TO COULD YOU DO ALL THE HOUSEKEEPING YOURSELF? 1-YES, 2-NO, BECAUSE OF HEALTH, 3-NO, BECAUSE OF AGE, 4-NO, BECAUSE OF DOCTOR'S ORDERS, 5-RESIDENTIAL LIVING, 9-UNKNOWN
FK23	A	B	C	D	E	F	G	H	UNK	WHO USUALLY DOES THE COOKING? A-SELF, B-SPOUSE, C-OTHER HOUSEHOLD MEMBER(S), D-OTHER FRIEND(S) OR RELATIVE(S), E-PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE(S), F-PAID PRIVATE SOURCE(S), G-SELF AND OTHER HOUSEHOLD MEMBER(S), H-OTHER:
	1	2	3	4	5	6	7	8	9	

FUNCTIONAL PERFORMANCE TEST

CODING: 0-NO HELP, 1-USES A DEVICE, 2-HUMAN ASSIST., 3-DEPENDENT

FK36	0	1	2	3	DRESSING (UNDRESSING AND REDRESSING)
FK37	0	1	2	3	GROOMING/BATHING (ABLE TO COMB HAIR/REPORT ON BATHING)
FK38	0	1	2	3	FEEDING (POUR AND DRINK GLASS OF WATER)
FK39	0	1	2	3	TRANSFERRING (GET IN AND OUT OF CHAIR)
FK40	0	1	2	3	TOILETING ACTIVITIES (REPORT ON ABILITY TO USE BATHROOM FACILITIES)
FK41	0	1	2	3	CONTINENCE (REPORT OF BOWEL AND BLADDER CONTINENCE)
FK42	0	1	2	3	WALKING ON LEVEL SURFACE (ABLE TO WALK 50 YARDS)(3X LENGTH OF HALL)
FK43	0	1	2	3	UP AND DOWN ONE FLIGHT STAIRS (10 STEPS-BACK HALL)
FK44	0	1	2	3	CARRYING BUNDLES (WILL CARRY 10 LB. BUNDLE 10 FEET)
FK45	0	1	2	3	DIALING A TELEPHONE
FK46					NURSE EXAMINER'S NUMBER
FK47					WEIGHT (TO NEAREST POUND)
FK48	x				HEIGHT (INCHES, TO NEXT LOWER 1/4 INCH)
		RIGHT	LEFT		
		FK49	FK50		SKINFOLD TRICEPS (MILLIMETERS)
		FK51	FK52		SKINFOLD SUBSCAPULAR (MILLIMETERS)
FK53					ARM SPAN (CENTIMETERS)
FK54					CHEST DIAMETER (CENTIMETERS)
		SYSTOLIC	DIASTOLIC		
		FK55	FK56	xx	NURSE'S BLOOD PRESSURE

LUNG FUNCTION:

FK57					CARBON MONOXIDE ECOLYZER (PARTS/MILLION)
					FORCED VITAL CAPACITY (DECILITER)
					FEV5
					FEV1
					FEV3
					TEFR
					FEF (25-75)
					FEF (25)
					FEF (50)
					FEF (75)

EYE PHYSICAL EXAM
EXAM 18

FK58					RIGHT EYE VISUAL ACUITY: NUMBER OF LETTERS READ CORRECTLY (IF LESS THAN FOUR LETTERS READ CORRECTLY, REPEAT WITH PINHOLE) 98-EYE ABSENT, 99-UNK	
FK59					NUMBER OF LETTERS READ CORRECTLY WITH PINHOLE	
FK60					LEFT EYE VISUAL ACUITY: NUMBER OF LETTERS READ CORRECTLY (IF LESS THAN FOUR LETTERS READ CORRECTLY, REPEAT WITH PINHOLE) 98-EYE ABSENT, 99-UNK	
FK61					NUMBER OF LETTERS READ CORRECTLY WITH PINHOLE	
FK62					IRIS COLOR: 1=BLUE, 2=MIXED HAZEL, GRAY, GREEN, 3=BROWN, 9=UNKNOWN	
	1	2	3	9	RIGHT EYE	
FK63	1	2	3	9	LEFT EYE	
FK64	0	1	2	3	9	EVIDENCE OF EYE SURGERY: 0=NO, 1=YES, IRIDECTOMY IN RIGHT EYE ONLY, 2=YES, IRIDECTOMY IN LEFT EYE ONLY, 3=YES, IRIDECTOMY IN BOTH EYES, 9=UNKNOWN

BUMC-FRAMINGHAM STUDY
EXAM 18 CODE SHEET

MEDICAL HISTORY

DATE OF THIS EXAM FK65
DATE LAST EXAM

COLS	CODE	ITEM
1-4	RECORD NUMBER I D	NAME
5-8	PHYS 1 PHYS 2 FK66 FK67	EXAMINER NUMBER NAME AND/OR NAMES

BLOOD PRESSURE (LEFT ARM, MM HG)

	SYSTOLIC	DIASTOLIC		PHYSICIAN (FIRST READING)
9-14	FK68	XX	FK69	
FK70 15	NO 0	YES 1	UNK 9	HOSPITALIZATION IN INTERIM
16 FK71	ILL NO 0	M.D. ONLY 1	VISIT 2	UNK 9 ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM

REASON	MONTH/YEAR	NAME AND LOCATION OF HOSPITAL	DOCTOR

MEDICAL HISTORY

MEDICINE USED IN INTERIM

	NO (NOW)	YES (NOT NOW)	YES (NOT NOW)	MAY	UNK		COMMENTS (SPECIFY AGENT)
FK72 17	0	1	2	3	9	CARDIAC GLYCOSIDES	FK73
18 FK74	0	1	2	3	9	NITROGLYCERINE	FK75
19 FK76	0	1	2	3	9	LONGER ACTING NITRATES (ISORDIL, CARDILATE, ETC.)	FK77
20 FK78	0	1	2	3	9	CALCIUM CHANNEL BLOCKERS	FK79
21 FK80	0	1	2	3	9	BETA BLOCKER	FK81
22 FK82	0	1	2	3	9	ANTIARRHYTHMICS (QUINIDINE, PROCAIN., NORPACE, ETC.)	FK83
23 FK84	0	1	2	3	9	ANTIPLATELET (ANTURAN, PERSANTINE, ETC.)	FK85
24 FK86	0	1	2	3	9	DIURETICS	FK87
25 FK88	0	1	2	3	9	K-SPARING DIURETICS (ALDACTONE, TRIAMPTERENE)	FK89
26 FK90	0	1	2	3	9	RESERPINE DERIVATIVES	FK91
27 FK92	0	1	2	3	9	METHYLDOPA (ALDOMET)	FK93
28 FK94	0	1	2	3	9	CLONIDINE (CATAPRES)	FK95
29 FK96	0	1	2	3	9	GANGLIONIC BLOCKERS	FK97
30 FK98	0	1	2	3	9	PERIPHERAL VASODILATORS (HYDRALAZINE, MINIPRES, MINOXIDIL, ETC.)	FK99
31 FK100	0	1	2	3	9	HYPERTENSIVE MEDICATIONS (UNKNOWN TYPE)	FK101
32 FK102	0	1	2	3	9	ANTICHOLESTEROL DRUGS	FK103
33 FK104	0	1	2	3	9	ANTIGOUT	FK105
34 FK106	0	1	2	3	9	THYROID	FK107
35 FK108	0	1	2	3	9	ORAL HYPOGLYCEMICS	FK109
36 FK110	0	1	2	3	9	INSULIN	FK111
37 FK112	0	1	2	3	9	ESTROGEN	FK113
38 FK114	0	1	2	3	9	STEROIDS	FK115

39 FK116	0	1	2	3	9	BRONCHODILATOR, AEROSOLS, ETC.	FK117
40 FK118	0	1	2	3	9	ANTI-HISTAMINES	FK119
41 FK120	0	1	2	3	9	SLEEPING PILLS	FK121
42 FK122	0	1	2	3	9	SEDATIVE/HYPNOTIC	FK123
43 FK124	0	1	2	3	9	ANTIDEPRESSANTS	FK125
44 FK126	0	1	2	3	9	POTASSIUM SUPPLEMENT	FK127
45 FK128	0	1	2	3	9	OTHER	FK129
46-47 FK130						NUMBER OF TABS, ASPIRIN/WEEK 00=NONE, 01=1 OR <1 PER WEEK 98=98 OR MORE, 99=UNKNOWN	
48-49 FK131						FOR CURRENT SMOKERS, HOW MANY CIGARETTES DO YOU NOW SMOKE/DAY? 00=NON SMOKER, 01 IS = OR <1 PER DAY	
50 FK132	NO 0	YES 1	UNK 9			DO YOU INHALE?	
51-53 FK133/FK134						WHAT BRAND DO YOU SMOKE? CODE 888 IF BRAND NOT LISTED. 000 FOR NON-SMOKER	
54-55 FK135						HOW MANY HOURS SINCE YOUR LAST CIGARETTE? 01 = <1 HOUR, 24 = 24+HOURS, 00=NON-SMOKER	
56 FK136	NO 0	YES 1	UNK 2	9		DO YOU NOW SMOKE CIGARS?	
57 FK137	0	1	2	9		DO YOU NOW SMOKE PIPES?	
58-59 FK138						COFFEE-CUPS/DAY	CODE NO./DAY OR
60-61 FK139						COFFEE/DCAF-CUP/DAY	00=NEVER
62-63 FK140						TEA-CUPS/DAY	01=1/DAY OR <
64-65 FK141						BEER-BOTTLES, CANS, GLASSES/WEEK	99=UNKNOWN
66-67 FK142						WINE-GLASSES/WEEK	CODE NO./WEEK OR
68-69 FK143						COCKTAILS, HIGHBALL STRAIGHT DRINKS/WK	00=NEVER
70 FK144						BEER-BOTTLES, CANS, GLASSES	01=1 WEEK OR <
							99=UNKNOWN
							HOW MANY DAYS IN THE WEEK DO YOU

FK145 71			WINE-GLASSES	DRINK EACH OF THESE?
72 FK146			COCKTAILS, HIGHBALL STRAIGHT DRINKS	
73-74 FK147			BEER BOTTLES, CANS, GLASSES	WHAT IS YOUR LIMIT AT ONE PERIOD OF TIME?
75-76 FK148			WINE-GLASSES	
77-78 FK149			COCKTAILS, HIGHBALL STRAIGHT DRINKS	

RESPIRATORY SYMPTOMS & CHF COMPLAINTS:

	NO	YES PROD- DUC- TIVE	YES NON- PRO- DUCTIVE	UNK		DESCRIBE (COMMENTS)	
79 FK150	0	1	2	9	CHRONIC COUGH (3 MONTHS/YEAR)		
80 FK151	0		1	9	TROUBLE WITH WHEEZING ASTHMA		
81 FK152	0		1	9	LONG DURATION		
82 FK153	0		1	9	SEASONAL		
83 FK154	0		1	9	WITH RESPIRATORY INFECTION		
84 FK155	0	HIGHEST 1 2 3		9	DYSPNEA ON EXERTION: 1-VIGOROUS EXER., 2-RAPID WALKING, 3-ANY SLIGHT EXER.		
85 FK156	0	1	2	9	DYSPNEA INCREASED IN PAST TWO YEARS		
86 FK157	0	1	2	9	ORTHOPNEA, RECENT		
87 FK158	0	1	2	9	ORTHOPNEA, OLD COMPLAINT		
88 FK159	0	1	2	9	PAROXYSMAL NOCTURNAL DYSPNEA		
89 FK160	0	1	2	9	ANKLE EDEMA, BILATERAL		
90 FK161	0	1	2	9	1ST EXAM.SUBJECT HAD CHF SINCE LAST EXAM		
91 FK162	0	1	2	9	1ST EXAM.SUBJECT HAS PULMONARY DISEASE		
92 FK163	NO 2ND EXAM		NO	YES	MAY	UNK	
	3	0	1	2	9	2ND EXAM.SUBJECT HAD CHF SINCE LAST EXAM	
93 FK164	3	0	1	2	9	2ND EXAM.SUBJECT HAS PULMONARY DISEASE	

	NO	YES	MAYBE	UNK	CHEST IN INTERIM	
94 FK165	0	1	2	9	CHEST DISCOMFORT	
95 FK166	0	1	2	9	WITH EXERTION OR EXCITEMENT	
96 FK167	0	1	2	9	WHEN QUIET OR RESTING	
97 FK168	0				SHORT=1, LONG=2(>15 MIN), BOTH=3	
98-99 FK169	00				DATE AT ONSET (YEAR)	
100 FK170	0				LOCATION: 1=CONTRAL STERNAL AREA INCLUDING UPPER CHEST, 2=L UOQ, 3=L LOWER RIB CAGE, 4=R CHEST, 5=OTHER (SPECIFY)	
101 FK171	0				RADIATION: 1=L SHOULDER, L ARM, 2=NECK, 3=R SHOULDER OR ARM, 4=BACK, 5=ABDOMEN, 6=OTHER (SPECIFY)	
102 FK172	0				TYPE: 1=PRESSURE, HEAVY, VICE, 2=SHARP, 3=DULL, 4=OTHER (SPECIFY)	
103-05 FK173	000				USUAL DURATION, MINS. 998=998 OR GREATER	
106-08 FK174	000				LONGEST DURATION, MINS.	
109-11 FK175	000				DAYS PER YEAR	
	NO	YES	UNTRIED	UNK	PAIN RELIEVED BY:	
112 FK176	0	1	2	9	NITROGLYCERINE	
113 FK177	0	1	2	9	REST	
114 FK178	0	1	2	9	SPONT.	
115 FK179	0	1	2	9	OTHER	
	NO	YES	MAYBE	UNK	ANGINA PECTORIS	1ST EXAM OPINION
116 FK180	0	1	2	9		(COMMENTS)
117 FK181	0	1	2	9	CORONARY INSUFFICIENCY	
118 FK182	0	1	2	9	MYOCARDIAL INFARCTION	
	NO 2ND EXAM	YES	MAY	UNK	ANGINA PECTORIS	2ND EXAM OPINION
119 FK183	3	0	1	2		(COMMENTS)
120 FK184	3	0	1	2	CORONARY INSUFFICIENCY	
121 FK185	3	0	1	2	MYOCARDIAL	

	NO	YES	MAYBE	UNK	
141 FK205	0	1	2	9	GALLBLADDER DISEASE IN INTERIM
142 FK206	0	1	2	9	GALLBLADDER SURGERY
143 FK207	0	1	2	9	JAUNDICE
144 FK208	0	1	2	9	GALLBLADDER COLIC
145 FK209	0	1	2	9	GALLBLADDER X-RAY EXAM. (CHOLECYSTOGRAM)
146 FK210	0	1	2	9	FAT INTOLERANCE
147 FK211	0	1	2	9	FRIED FOOD INTOLERANCE
148 FK212	0	1	2	9	CABBAGE INTOLERANCE
149 FK213	0	1	2	9	DR. BELIEVES GALLBLADDER DISEASE

THYROID DISEASE

	NO	YES	MAYBE	UNK	
150 FK214	0	1	2	9	HAVE YOU IN INTERIM HAD THYROID SURGERY?
151 FK215	0	1	2	9	HAVE YOU IN INTERIM TAKEN THYROID MEDICATION?

PERIPHERAL VASCULAR DISEASE (LIFETIME HISTORY)

	NO	L	R	BOTH	MAY	UNK	
152 FK216	0	1	2	3	4	9	PHLEBITIS
153 FK217	0	1	2	3	4	9	SWELLING OF LEG, UNILATERAL
154 FK218	0	1	2	3	4	9	LEG ULCERS
155 FK219	0	1	2	3	4	9	TREATMENT FOR VARICOSE VEINS

ARTERIAL DISEASE

	NO	L	R	BOTH	MAY	UNK	DISCOMFORT IN LOWER LIMBS WHILE WALKING	COMMENTS:
156 FK220	0	1	2	3	4	9	LIMBS WHILE WALKING	
157 FK221	0	1	2	3	4	9	ONSET AT 1ST STEPS	
158 FK222	0	1	2	3	4	9	AFTER WALK AWHILE	
159 FK223	0	1	2	3	4	9	RAPID WALK RELATED TO	
160 FK224	0	1	2			9	FORCE STOP WALKING	
161-62 FK225	00						RELIEVE BY STOPPING IN HOW MANY MINUTES?	

FK226	NO	YES	MAYBE	UN	
	LEFT RIGHT				
163	0	1 2	3	9	IS ONE FOOT COLDER THAN THE OTHER?
164	0	1	2	9	1ST EXAM BELIEVES SUBJECT HAS IC
FK227	0	1	2	9	2ND EXAM BELIEVES SUBJECT HAS IC
165	0	1	2	9	
FK228					

ARTHRITIS HISTORY

FK229	NO	YES				HAVE YOU EVER HAD PAIN LASTING AT LEAST A MONTH IN OR AROUND THE KNEE, INCLUDING THE BACK OF THE KNEE? (IF YES, GO TO THE NEXT QUESTION, IF NO SKIP TO ** BELOW.
		L R	BOTH	UNK		
	0	1 2	3	9		
		L (YEAR)				WHEN DID THE PAIN START?
		FK230				
		R (YEAR)				
		FK231				
		L (YEAR)				WHEN WAS THE LAST TIME YOU HAD THIS PAIN?
		FK232				
		R (YEAR)				
		FK233				
FK234	L	L	L			IF THERE WAS PAIN HOW SEVERE IS/WAS THE PAIN USUALLY?
	MILD	MOD	SEV	UNK		
	0	1	2	9		
FK235	R	R	R			
	MILD	MOD	SEV	UNK		
	0	1	2	9		
**	YES					HAVE YOU EVER HAD A FRACTURE OR INJURY TO A KNEE REQUIRING THE USE OF CRUTCHES OR A CANE?
FK236	NO	L R	BOTH	UNK		
	0	1 2	3	9		
FK237	YES					HAVE YOU EVER HAD AN OPERATION ON THE KNEE OR ANY OTHER JOINT?
	NO	L R	BOTH	UNK		
	0	1 2	3	9		
FK238	NO		YES			DID YOU EVER ACTIVELY PARTICIPATE IN ORGANIZED SPORTS OR RECREATION? IF NO, GO TO 166
	0		1			

FK239	NO 0	YES 1			WHEN YOU WERE A TEENAGER OR IN THE EARLY TWENTIES?		
FK241	0	1	2	3	9	IF YES, WHAT SPORT? (SEE CODING BELOW)	
FK240	NO 0	YES 1				WHEN YOU WERE MIDDLE AGED?	
FK242	0	1	2	3	9	IF YES, WHAT SPORT? (SEE CODING BELOW)	
						CODING: 0=NONE 1=YES CATEGORY 1 (BOWLING, HIKING SWIMMING OR ANY OTHER) 2=YES CATEGORY 2 (FOOTBALL, BASEBALL, SOCCER, TRACK AND FIELD, CROSS-COUNTRY, BASKETBALL, HOCKEY, LACROSSE, TENNIS) 3=SPORTS IN BOTH CATEGORIES 1 & 2	
FK243	SCORE CORRECT NO TRY U						
166	0	1	2	3	6	9	WHAT IS THE DATE TODAY? (MONTH, DAY, YEAR CORRECT=SCORE 3)
167	0	1			6	9	WHAT IS THE SEASON?
168	0	1			6	9	WHAT DAY OF THE WEEK IS IT?
169	0	1	2	3	6	9	WHAT TOWN, COUNTY AND STATE ARE WE IN?
170	0	1			6	9	WHAT IS THE NAME OF THIS PLACE? (ANY APPROPRIATE ANSWER OK..MY HOME, STREET ADDRESS, HEART STUDY...MAX. SCORE =1)
171	0	1			6	9	WHAT FLOOR OF THE BUILDING ARE WE ON?
172	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
173							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)
174	0	1	2	3	6	9	WHAT ARE THE 3 OBJECTS I ASKED YOU TO REMEMBER A FEW MOMENTS AGO?
175	0	1			6	9	WHAT IS THIS CALLED? (WATCH)
176	0	1			6	9	WHAT IS THIS CALLED (PENCIL)
177	0	1			6	9	PLEASE REPEAT THE FOLLOWING: "NO IFS, ANDS, OR BUTS." (PERFECT=1)

178 FK255	0 1	6	9	PLEASE READ THE FOLLOWING & DO WHAT IT SAYS (PERFORMED=1)
179 FK256	0 1	6	9	PLEASE WRITE A SENTENCE
180 FK257	0 1	6	9	PLEASE COPY THIS DRAWING
181 FK258	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)
182 FK259	1 2 3 4			EXAMINER'S ASSESSMENT OF SUBJECT'S MENTAL STATUS: 1=NORMAL, 2=NORMAL BUT PHYSICALLY IMPAIRED, 3=POSSIBLE DEMENTIA, 4=DEMENTIA PRESENT
FK260	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 FK261, WHERE IS IT LOCATED (CITY) FK262.

FK263	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)
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DEPRESSION SCALE

FOR EACH OF THE FOLLOWING STATEMENTS, PLEASE TELL ME IF YOU FELT THIS WAY MUCH OF THE TIME DURING THE PAST WEEK:

	NO	YES	UNK	
FK264 183	0	1	9	I FELT THAT EVERYTHING I DID WAS AN EFFORT
184 FK265	0	1	9	MY SLEEP WAS RESTLESS
185 FK266	0	1	9	I FELT DEPRESSED
186 FK267	0	1	9	I WAS HAPPY
187 FK268	0	1	9	I FELT LONELY
188 FK269	0	1	9	PEOPLE WERE UNFRIENDLY
189 FK270	0	1	9	I ENJOYED LIFE
190 FK271	0	1	9	I FELT SAD
191 FK272	0	1	9	I FELT THAT PEOPLE DISLIKED ME
192 FK273	0	1	9	I COULD NOT GET 'GOING'

EYE HISTORY

FK274

NO	YES				UNK
0	L	R	BOTH		9
	1	2	3		

HAVE YOU EVER HAD A CATARACT OPERATION OR LENS IMPLANT IN EITHER EYE?

FK275

0	1	2	8	9
---	---	---	---	---

DURING YOUR WORKING YEARS, DID YOU SPEND A TYPICAL WORK DAY MOSTLY INDOORS OR OUTDOORS?
 0-ALL INDOORS, 1-LESS THAN 4 HOURS OUTDOORS,
 2-MORE THAN 4 HOURS OUTDOORS, 8-HOUSEWIFE,
 9-UNKNOWN

FK276

--	--

AS AN ADULT 40-60 YEARS OLD IN WHICH STATE DID YOU LIVE MOST OF THE TIME?
 (TWO LETTER CODE FOR STATE)

FK277

--

FROM AGE 60 YEARS TO THE PRESENT HAVE YOU USUALLY SPENT MORE THAN 3 MONTHS A YEAR IN A SUNNY CLIMATE (E.G. FLORIDA, CALIFORNIA, ARIZONA)? 0-NO, 1-YES

FK278

AS AN ADULT AGE 40-60 YEARS HOW MANY DAYS A YEAR DID YOU SPEND AT LEAST 1 HOUR OUTSIDE DOING THE FOLLOWING ACTIVITIES?

FK279

--	--	--

WALKING OR JOGGING

FK280

--	--	--

BOATING OR FISHING

FK281

--	--	--

GOLFING OR TENNIS

FK282

--	--	--

GARDENING, MOWING LAWN

FK283

--	--	--

SUNBATHING OR OUTDOOR SWIMMING

FK284

NO	YES	UNK
0	1	9

HAVE YOU HAD ANY FALLS?

FK285

0	1	9
---	---	---

HAVE YOU HAD ANY FRACTURES?

FK286

LOCATION OF FRACTURES:

FK287

NO	SLIGHT	MOD	MRK	UN
0	1	2	3	9

EYES: DESCRIBE
 CORNEAL ARCUS

FK288

NO	YES	MAYBE	UNK
0	1	2	9

XANTHELASMA

FK289	NO	YES	MAYBE	UNK		DESCRIBE
	0	1	2	9	XANTHOMATA	
FK290	0	1	2	9	TENDON	
FK291	0	1	2	9	PALMAR	
FK292	0	1	2	9	SUBCUTANEOUS	
FK293	NO	YES	MAYBE	UNK	THYROID	DESCRIBE
	0	1	2	9	SCAR	
FK294	0	1	2	9	SINGLE NODULE	
FK295	0	1	2	9	MULTIPLE NODULES	
FK296	0	1	2	9	DIFFUSE ENLARGE	
FK297	0	1	2	9	OTHER MANIFEST OF THYROID DISEASE	
FK298	NO	YES	MAYBE	UNK	RESPIRATORY SYSTEM:	DESCRIBE
	0	1	2	9	INCREASE ANTEROPOSTERIOR DIAMETER	
FK299	0	1	2	9	ABNORMAL BREATH SOUNDS	
FK300	0	1	2	9	WHEEZING	
FK301	0	1	2	9	OTHER	
FK302	0	1	2	9	RALES	
FK303	0	1	2	9	FIXED THORAX	
FK304	NO	LFT	RGHT	BOTH	UNK	HEART:
	0	1	2	3	9	ENLARGEMENT
FK305	S3	S4	BOTH	UNK		
	0	1	2	3	9	GALLOP
FK306	NO	CLICK	AF	BOTH	UNK	OTHER ABNORMAL SOUNDS I
	0	1	2	3	9	
FK307	NO	SPLIT	DIM	BOTH	UN	OTHER ABNORMAL SOUNDS II
	0	1	2	3	9	

PHYSICAL EXAMINATION

									SYSTOLIC MURMURS:	DESCRIBE SIGNIFICANT MURMURS	
		GRADE								HEARD MAXIMALLY AT:	
FK308	NO							UNK	APEX-REGURG. OR HOLO.		
	0	1	2	3	4	5	6	9			
FK309	0	1	2	3	4	5	6	9	APEX-EJECTION		
FK310	0	1	2	3	4	5	6	9	MIDPRECORDIUM-LEFT		
	0	1	2	3	4	5	6	9	STERNAL BORDER		
FK311	0	1	2	3	4	5	6	9	BASE		
FK312	NO	VALSALVA		OTH	B	UN				MURMUR INCREASES	
	0	1	2	3	9						
FK313	NO	MIT	AOR	BTH	OTH	U					FOR SYSTOLIC MURMURS EXAMINER'S OPINION VALVE ORIGIN
	0	1	2	3	4	9					
FK314	NO	MIT	AOR	BTH	OTH	U				DIASTOLIC MURMURS:	DESCRIBE
	0	1	2	3	4	9				LOCATION	
FK315	NO	YES	MAYBE	UNK							NECK VEINS: (SEMI-RECUMBENT)
	0	1	2	9						DISTENDED	
FK316	NO	YES	UNK								BREAST:
	0	1	9								ABNORMAL
FK317	MASTECTOMY						SCAR PRESENT			DESCRIBE ABNORMALITY	
	NO	RAD	SIM	BIO	OTH	U					
	0	1	2	3	4	9					LEFT
FK318	0	1	2	3	4	9					RIGHT
FK319	NO	YES	MAYBE	UNK							LOCALIZED MASS
	0	1	2	9							
FK320	0	1	2	9							AXILLARY NODES
FK321	ABDOMEN:										
	NO	YES	MAYBE	UNK						LIVER ENLARGED	DESCRIBE
	0	1	2	9							
FK322	0	1	2	9							ABDOMINAL ANEURYSM
FK323	0	1	2	9							BRUIT
FK324	0	1	2	9							SURGICAL SCAR
FK325	0	1	2	9							SURG. GALLBLAD. SCAR
FK326	0	1	2	9						OTHER ABDOMINAL ABNORMALITY DESCRIBE	

	NO	GRADE				UNK	PERIPHERAL VESSELS:	
		1	2	3	4			DESCRIBE
FK327	0	1	2	3	4	9	LEFT ANKLE EDEMA	
FK328	0	1	2	3	4	9	RIGHT ANKLE EDEMA	
		GRADE					VISIBLE VARICOSITIES	
FK329	NO					UNK	DESC CODE=GRADE	
	0	1	2	3		9	LEFT STEM	1=UNCOMPLICATED
							RIGHT STEM	2=WITH SKIN CHANGES
FK330	0	1	2	3		9	RETICULAR	3=WITH ULCER
FK331	0	1	2	3		9	SPIDER	
FK332	0	1	2	3		9	LEG AMPUTATION	
FK333	NO	L	R	BOTH		UNK	EXTENT	
	0	1	2	3		9		
FK334	NO	ABOVE KNEE		BELOW KNEE		UNK	TEMPERATURE DIFFERENCE IN FEET	
	0	1		2		9		
FK335	NO	YES		MAYBE		UNK	TEMPERATURE DIFFERENCE IN FEET	
	0	1	2	3		9		
FK336	NO	L	R	BOTH	MAY	UN	ABSENT OR FEEBLE PERIPHERAL PULSES	
	0	1	2	3	4	9		
FK337	0	1	2	3	4	9	DORSAL PEDIS	
FK338	0	1	2	3	4	9	POSTERIAL TIBIAL	
FK339	0	1	2	3	4	9	FEMORAL	
FK340	0	1	2	3	4	9	RADIAL	
FK341	0	1	2	3	4	9	FEMORAL BRUITS	
FK342	0	1	2	3	4	9	MID-THIGH BRUITS	
FK343	0	1	2	3	4	9	POPLITEAL BRUITS	
FK344	NO	YES	MAYBE			UNK	ART. PERIPHERAL VAS. DIS.	
	0	1	2			9		
FK345	0	1	2			9	CHRONIC VENOUS INSUFFICIENCY W/O STEM VAR. VEINS	
FK346	0	1	2			9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VAR. VEINS	

1ST EXAMINER
OPINION

FK347	NO 2ND EXAM	3	0	1	2	9	ART. PERIPHERAL VAS. DIS.	
FK348		3	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY W/O STEM VAR. VEINS	2ND EXAMINER OPINION
FK349		3	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VAR. VEINS	
FK350	NO YES MAYBE UNK	0	1	2	9	NEUROLOGICAL FINDINGS:		
FK351		0	1	2	9	SPEECH DISTURBANCE	DESCRIBE EACH ABNORMALITY	
FK352		0	1	2	9	DISTURBANCE IN GAIT		
FK353		0	1	2	9	LOCALIZED MUSCLE WEAKNESS		
FK354		0	1	2	9	VISUAL DISTURBANCE		
FK355		0	1	2	9	ABNORMAL REFLEXES		
FK356		0	1	2	9	CRANIAL NERVE ABNORMALITY		
FK357		0	1	2	9	CEREBELLAR SIGNS		
FK358	NO YES L R BOTH MAY UNK	0	1	2	3	4	9	CAROTID BRUITS
FK359	NO YES MAYBE UNK	0	1	2	9	1ST EXAM.-THIS IS RESIDUAL OF STROKE		
FK360	NO 2ND	3	0	1	2	9	2ND EXAM.-THIS IS RESIDUAL OF STROKE	

ARTHRITIS PHYSICAL

FK361	L	0	1	2	3	JOINT LINE TENDERNESS, GRADE: 0=NONE, 1=PAIN WHEN ASKED, 2=SPONTANEOUS RESPONSE TO PAIN, 3=WINCE OR ATTEMPT TO WITHDRAW		
FK362	R	0	1	2	3			
FK363	L	ABSENT 0		PRESENT 1		SWELLING (KNEE EFFUSION)		
FK364	R	ABSENT 0		PRESENT 1				

FK365	L				PAIN ON MOTION IN KNEE, GRADE: 0=ABSENT, 1=PAIN WHEN ASKED, 2=SPONTANEOUS
	0	1	2	3	

FK366	R				RESPONSE TO PAIN, 3=WINCE OR ATTEMPT TO WITHDRAW
	0	1	2	3	

FK367	L				FLEXION CONTRACTURE
	ABSENT 0		PRESENT 1		

FK368	R				
	ABSENT 0		PRESENT 1		

BLOOD PRESSURE

SYSTOLIC	DIASTOLIC	PHYSICIAN (SECOND READING)
FK369	XX FK370	

ELECTROCARDIOGRAPH

FK371					VENTRICULAR RATE PER MINUTE
-------	--	--	--	--	-----------------------------

FK372					P-R INTERVAL (HUNDREDTHS OF SECOND)
-------	--	--	--	--	-------------------------------------

FK373					QRS INTERVAL (HUNDREDTHS OF SECOND)
-------	--	--	--	--	-------------------------------------

FK374					QT INTERVAL (HUNDREDTHS OF SECOND)
-------	--	--	--	--	------------------------------------

-1 +2 FK375		FK376			A QRS
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COM- INCOM- INTRAVENTRICULAR BLOCK:

FK377	NO	PLETE	PLETE	IND	U	RIGHT (INCOMPLETE=S1,RV1) FOR INDETERMINATE BLOCK: CIRCLE 3
	0	1	2	3	9	

FK378	0	1	2	3	9	LEFT
-------	---	---	---	---	---	------

FK379	NO	LAH	LPH	UNK	HEMIBLOCK
	0	1	2	9	

FK380	NO	BI	TRI	UNK	FASCICULAR
	0	1	2	9	

FK381	NO	1ST	MOB1	MOB2	UNK	ATRIOVENTRICULAR BLOCK
	0	1	2	3	9	

FK382	NO	YES	UNK	AV DISSOCIATION
	0	1	9	

FK383	NO	YES	MAYBE	UNK						WOLFF-PARKINSON-WHITE (WPW) SYNDROME		
	0	1	2	9								
FK384	NO	ATR	ATR	ABER	NOD	COM	UNK				PREMATURE BEATS	
	0	1	2	3	4	9						
FK385	0	1	>=2	MF	PR	RUN	R	ON	T (6+2)	UNK	VENTRICULAR	
	0	1	2	3	4	5	6	7	9	PREMATURE BEATS		
FK386	NO	YES			UNK						ATRIAL FIBRILLATION	
	0	1			9							
FK387	0	1			9						ATRIAL FLUTTER	
FK388	NO	YES	MAYBE	UNK							U WAVE	
	0	1	2	9								
FK389	0	1	2	9							OTHER ECG ABNORMALITY	
FK390	0	1	2	9							RT ATRIAL ENLARGEMENT	
FK391	0	1	2	9							TAKING DIGITALIS	
FK392	NO	ANT	INF	POST	A+I	A+TP	I+TP	ALL3	MAYBE	UNK	MYOCRADIAL	
	0	1	2	3	4	5	6	7	8	9	INFARCTION	
FK393	NO	YES	MAYBE	UNK							RIGHT VENTRICULAR HYPERTROPHY	
	0	1	2	9								
FK394	0	1	2	9							LEFT VENTRICULAR HYPERTROPHY DEF.-INVERTED T PLUS ANY VOLTAGE POSS:-VOLTAGE BUT FLAT T	
FK395	0	1	2	9							R>20 MM STD	
FK396	0	1	2	9							R>=11 MM AV	
FK397	0	1	2	9							R>=25 MM PRE	
FK398	0	1	2	9							R OR S >=30 (R IN V5 OR V6, S IN V1 OR V2)	
FK399	0	1	2	9							R+S>=35 MM PRE	
FK400	0	1	2	9							R+S>=25 MM STD	
FK401	0	1	2	9							R OR S >=20 MM IN AV	
FK402	0	1	2	9							S>=25 IN PRE	
FK403	0	1	2	9							QRS>=.09,<=.11	
FK404	0	1	2	9							MORRIS P (DEPTH,DUR.>=-.04 MM-SEC)	
FK405	0	1	2	9							INTRINSICOID>=.05 M.SEC. (V5 OR V6)	
FK406	0	1	2	9							LAD<=-30	

FK407	0	1	2	9	S-T DEPRESSION "STRAIN PATTERN"- WITH DOWN-SLOPING ST
FK408	0	1	2	9	NON-SPECIFIC T-WAVE ABNORMALITY
FK409	0	1	2	9	MAX T WAVE >=-5 MM EXCL. AVR
FK410	0	1	2	9	NON-SPECIFIC S-T SEGMENT ABNORMALITY
FK411	NORM ABNORM DOUBT UNK				ECG CLINICAL READING-SPECIFY
	0	1	2	9	

COMMENTS:

CLINICAL DIAGNOSTIC IMPRESSION

FK412	DEF- BORDER				HEART:		
	NORMAL	INITE	LINE	UNK			
	0	1	2	9	HYPERTENSIVE STATUS		
FK413	NO	YES	MAYBE	UNK			
	0	1	2	9	UNDER TREATMENT FOR HYPERTENSION		
FK414	0	1	2	9	HYPERTENSIVE HEART DISEASE		
FK415	0	1		9	DIAGNOSIS OF HHD IS OUTSIDE OF CRITERIA		
FK416	CORONARY HEART DISEASE:						
	NO	YES		MAY UNK			
	NEW	OLD	RECR				
	0	1	2	3	4	9	ANGINA PECTORIS
FK417	0	1	2	3	4	9	CORONARY INSUFFICIENCY
FK418	0	1	2	3	4	9	MYOCARDIAL INFARCTION
FK419	NO	YES	MAYBE	UNK			
	0	1	2	9	RHEUMATIC HEART DISEASE		
FK420	0	1	2	9	AORTIC VALVE DISEASE	SPECIFY:	
FK421	0	1	2	9	MITRAL VALVE DISEASE		
FK422	0	1	2	9	OTHER HEART DISEASE (INCLUDES CONGENITAL)		
FK423	0	1	2	9	CONGESTIVE HEART FAILURE	ETIOLOGY:	
FK424	0	1	2	9	ARRHYTHMIA	TYPE:	

FK425	CLASS							FUNCTIONAL CLASS	
	NO	HD					UNK		
	0	1	2	3	4	9			
								PERIPHERAL VASCULAR DISEASE:	
FK426	NO	YES	MAYBE				UNK	ATHEROSCLEROTIC OCCLUSIVE PVD	
	0	1	2				9	WITH INTERMITTENT CLAUDICATION	
FK427	0	1	2				9	WITH OTHER MANIFESTATIONS	
								SPECIFY:	
FK428	0	1	2				9	VARICOSE VEINS (STEM)	
FK429	0	1	2				9	CHRONIC VENOUS INSUFFICIENCY WITHOUT VARICOSE VEINS	
FK430	0	1	2				9	PHLEBITIS, ACUTE OR CHRONIC	
FK431	NO	YES	MAYBE				UNK	OTHER VASCULAR DIAGNOSIS:	
	0	1	2				9	SPECIFY:	
FK432	NO	YES	MAY				UNK	VASCULAR DISEASE OF BRAIN:	
		NEW	OLD	REC.					
	0	1	2	3	4	9			
								ATHEROSCLEROTIC INFARCTION OF BRAIN	SPECIFY NEUROLOGICAL MANIFESTATIONS
FK433	0	1	2	3	4	9	EMBOLIC INFARCTION OF BRAIN		
FK434	0	1	2	3	4	9	HEMORRHAGE INTO BRAIN		
FK435	0	1	2	3	4	9	SUBARACHNOID HEMORRHAGE		
FK436	0	1	2	3	4	9	TRANSIENT ISCHEMIC ATTACKS		
FK437	0	1	2	3	4	9	OTHER		
FK438	NO	YES		MAY				UNK	CAROTID BRUITS
	0	1	2	3	4	9			
FK439	NO	YES	MAYBE				UNK	NON-CARDIOVASCULAR DIAGNOSIS:	
	0	1	2				9	DIABETES MELLITUS	
FK440	0	1	2				9	URINARY TRACT DISEASE	SPECIFY:
FK441	0	1	2	8				9	PROSTATE (8=F)
FK442	0	1	2				9	RENAL	
FK443	0	1	2				9	PULMONARY DISEASE	

FK444	0	1	2	9	CHRONIC OBSTRUCTIVE LUNG DISEASE
FK445	0	1	2	9	CHRONIC BRONCHITIS
FK446	0	1	2	9	GOUTY ARTHRITIS
FK447	0	1	2	9	OTHER ARTHRITIS
FK448	0	1	2	9	HAVE YOU HAD ANY FALLS?
FK449	0	1	2	9	HAVE YOU HAD ANY FRACTURES? WHERE?
FK450	0	1	2	9	GALLBLADDER DISEASE
FK451	0	1	2	9	OBESITY
FK452	0	1	2	9	CANCER LOCATION FK454
FK453	0	1	2	9	OTHER NON-CARDIOVASCULAR DIAGNOSIS

SUMMARY OF CLINICAL DIAGNOSIS

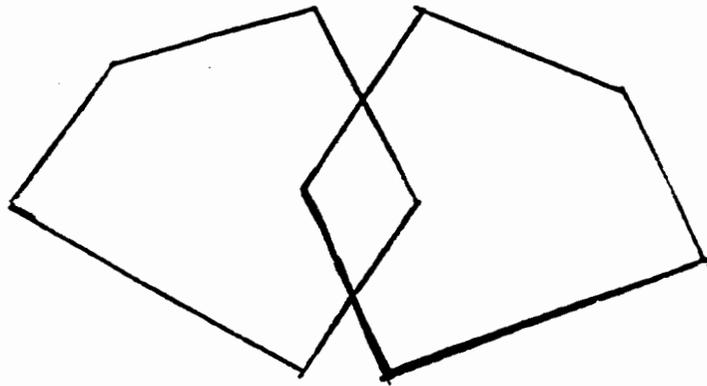
SIGNATURES	1ST EXAMINER	2ND EXAMINER

EXAM 18

PLEASE WRITE A SENTENCE:

+

PLEASE COPY THIS DESIGN:



NAME

PERMISSION FOR INTERVIEW, EXAMINATION, TESTS AND RECORD REVIEWS
(ONE COPY FOR PATIENT, ONE FOR CHART)

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 physicians'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, telephone 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

SIGNATURE