

Framingham Heart Study

Original Cohort Exam 19

04/29/1985-06/30/1988

N=1541

Exam Form Version

01-02-86 Numerical Data (I-II), Activities *Questions (I-V)*,
Cognitive Function (I-II), Medical History,
Electrocardiograph (I-II), Physical Exam, *Clinical*
Diagnostic Impression (I-III), Cancer Site or Type,
Second Examiner Opinions, Vascular Surgery
History & *Sentence and Design Handout*

No Version Number: 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.

ID= NAME:

COHORT EXAM 19

BUMC-FRAMINGHAM STUDY

DATE OF THIS EXAM

E 19 CODE SHEET

(SCREEN 1)

NUMERICAL DATA-PART I

VERSION 01/02/86

101111 ID NUMBER _____ PATIENT NAME

F003 1 SEX OF PATIENT (1=Male, 2=Female)

F004 1 AGE OF PATIENT

F005 1 SITE OF EXAM (0=Heart Study, 1=Nursing home, 2=Residence)

F006 1 NURSING HOME LEVEL OF CARE (0=None, 1=Skilled care 24 hrs, Medicare) (2=Skilled care 24 hrs, Medicaid or private) (3=Skilled care 8-16 hrs, 4=Self care)

F007 1 MARITAL STATUS (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Sep)

F008 1 NURSE EXAMINER'S NUMBER

F009 1 WEIGHT (to nearest pound)

F010 1 HEIGHT (inches, to next lower 1/4 inch)

LEFT RIGHT (Code boxes below with 9's in unknown)

F011 11 F012 1 SKINFOLD TRICEPS (millimeters)

F013 11 F014 1 SKINFOLD SUBSCAPULAR (millimeters)

F015 11 SKINFOLD ABDOMEN (millimeters) *****

F016 1.1* 1 BI-DELTOID GIRTH (inches with 2 decimals)

F017 1.1* 1 RIGHT ARM GIRTH--UPPER THIRD (inches with 2 decimals)

F018 1.1* 1 WAIST GIRTH (inches with 2 decimals)

F019 1.1* 1 HIP GIRTH (inches with 2 decimals)

F020 1.1* 1 THIGH GIRTH (inches with 2 decimals)

SYSTOLIC DIASTOLIC F021 F022 11 11 NURSE'S BLOOD PRESSURE

F023 11 CARBON MONOXIDE LEVEL

F024 1 SPIROMETRY DONE (0=No, 1=Yes, 9=Unkn)

F025 11 R (RESISTANCE FROM BODY COMP ANALYZER)

F026 11 XC (REACTANCE FROM BODY COMP ANALYZER)

ID=

NAME:

COHORT EXAM 19

(SCREEN 1A)

NUMERICAL DATA-PART II

1_1_1 HOW MANY DIFFERENT TIMES DURING THE PAST

FLO27 2 YEARS HAVE YOU BEEN ADMITTED TO A NURSING
HOME, CONVALESCENT HOSPITAL, OR PERSONAL
CARE HOME (if one or more, ask next
question---Code number of stays, 99=Unkn)

FLO28 1_1_1 NUMBER OF MONTHS SPENT IN NURSING HOME
IN PAST 12 MONTHS? (99=Unknown)

NOW I'D LIKE TO ASK SOME QUESTIONS ABOUT THE NURSING HOME

WHERE YOU STAYED MOST RECENTLY: ITS NAME_____

WHERE IS IT LOCATED (CITY)_____.

FLO29 1_1_1 WHAT WAS THE MAIN REASON FOR ADMISSION
(fracture=1; neuro=2 (stroke, parkinsons, dementia etc.);
heart trouble=3; arthritis=4; bed sore, skin ulcer=5;
diabetes=6; other medical reason=7; other
non-medical reason=8; no admission=0;
unknown=9)

ID=

NAME:

COHORT EXAM 19

(SCREEN 2)

ACTIVITIES QUESTIONS-PART I

VERSION 01/02/86

DO YOU STAY IN BED ALL OR MOST OF THE TIME?

FLO30

(To code as yes, must spend at least 4 waking hours/day in bed)

(0=No, 1=Yes, 2=Unsure, 9=Unkn)

HOW LONG HAVE YOU DONE THIS?

FLO31

FLO32

MONTHS YEARS (99=Unkn)

DO YOU STAY IN THE HOUSE ALL OR MOST OF THE TIME?

FLO33

(To code as yes, must go out less than once a week)

(0=No, 1=Yes, 2=Unsure, 9=Unkn)

HOW LONG HAVE YOU DONE THIS?

FLO34

FLO35

MONTHS YEARS (99=Unkn)

DO YOU NEED A SPECIAL AID (WHEELCHAIR, CANE, WALKER)

FLO36

TO GET AROUND?

(0=No, 1=Yes, 2=Unsure, 9=Unkn)

WHICH OF THE FOLLOWING EQUIPMENT DO YOU USE?

(Coding: 0=No, 1=Yes, 2=Maybe or Unsure, 9=Unkn)

FLO37

CANE OR WALKING STICK

FLO38

CRUTCHES

FLO39

WALKER

FLO40

WHEELCHAIR

FLO41

ARTIFICIAL LIMB

FLO42

BRACE OF ANY KIND

FLO43

GUIDE DOG

FLO44

SPECIAL SHOES

FLO45

OTHER (WRITE IN) _____

(Try to restrict number of write in responses, making an estimate of person's actual needs)

ID=

NAME:

COHORT EXAM 19

(SCREEN 2A) ACTIVITIES QUESTIONS-PART II

FLO46 | WHERE DO YOU LIVE: (0=Residence, 1=Nursing home,
(2=other institution, 9=Unkn)

FLO47 | DOES ANYONE LIVE WITH YOU: (0=No, 1=Yes, 9=Unkn)

FLO48 | SPOUSE (0=No, 1=Yes, 9=Unkn) (Code nursing home)

FLO49 | CHILDREN (0=No, 1=Yes, 9=Unkn) (residents as no to)

FLO50 | FRIENDS (0=No, 1=Yes, 9=Unkn) (these questions)

FLO51 | RELATIVES (0=No, 1=Yes, 9=Unkn)

FLO52 | IN GENERAL, HOW IS YOUR HEALTH NOW: (1=Excellent, 2=Good, 3=Fair,
(4=Poor, 9=Unkn)

FLO53 | COMPARE YOUR HEALTH TO PEOPLE YOUR OWN AGE: (1=Better,
(2>About the same, 3=Worse than most people your own age, 9=Unkn)

FLO54 | ARE YOU WORKING NOW (full or part-time, 0=No, 1=Yes, 9=Unk)

1 | DURING THE PAST 6 MONTHS (180 days) HOW MANY DAYS

FLO55

WERE YOU SO SICK THAT YOU WERE UNABLE TO CARRY OUT
YOUR USUAL ACTIVITIES (999=Unkn)

FLO56 | ARE YOU ABLE TO DO HEAVY WORK AROUND THE HOUSE, LIKE
SHOVEL SNOW OR WASHING WINDOWS, WALLS OR FLOORS WITHOUT
HELP? (0=No, 1=Yes, 9=Unkn)

FLO57 | ARE YOU ABLE TO WALK UP AND DOWN STAIRS TO THE SECOND
FLOOR WITHOUT ANY HELP? (0=No, 1=Yes, 9=Unkn)

FLO58 | ARE YOU ABLE TO WALK HALF A MILE WITHOUT HELP? (about
4 to 6 blocks: 0=No, 1=Yes, 9=Unkn)

FLO59 | DO YOU DRIVE? (0=No; 1=Yes, currently; 2=Yes, not now; 9=Unkn)
(Continue if answer to above is no)

FLO60 | REASON FOR NOT DRIVING NOW (1=Health, 2=Other non-health)
reason, 3=Never licensed, 9=Unkn)

ID= NAME:

COHORT EXAM 19

(SCREEN 2B)

ACTIVITIES QUESTIONS-PART III

WHO USUALLY DOES THE FOLLOWING CHORES:

- FLO61
1 HOUSEKEEPING (Coding for this section:
FLO62
1 COOKING (1=self, 2=spouse, 3=other
FLO63
1 GROCERY SHOPPING (household members, 4=outside help,
FLO64
1 OUTSIDE WORK (5=nursing home staff, 9=Unkn)
FLO65
1 DISPENSE MEDICATIONS
-

FUNCTIONAL PERFORMANCE TEST

(Coding: 0=No help, 1=Uses device, 2=Human assist., 3=Dependent, 9=Unkn)

- FLO66
1 DRESSING (undressing and redressing)
FLO67
1 GROOMING/BATHING (able to comb hair, report on bathing)
FLO68
1 FEEDING (pour and drink glass of water)
FLO69
1 TRANSFERRING (getting in and out of chair)
FLO70
1 TOILETING ACTIVITIES (report on ability to use bathroom facilities)
1 CONTINENCE (report on bowel and bladder continence)
FLO71
FLO72
1 WALKING ON LEVEL SURFACE (50 yard=3x hall length)
FLO73
1 UP AND DOWN ONE FLIGHT STAIRS (10 steps, self report)
FLO74
1 CARRYING BUNDLES (will carry 10 lb. bundle 10 feet)
FLO75
1 DIALING A TELEPHONE (patient to perform)

ID=

NAME:

COHORT EXAM 19

(SCREEN 2C)

ACTIVITIES QUESTIONS-PART IV

FLO76

1 IN THE PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND HIT THE FLOOR
JR GROUND? (code as no if during sports activity,)

(0=No, 1=Yes, 2=Unsure, 9=Unkn)

FLO77 1 1 IF YES, HOW MANY TIMES DID YOU FALL IN THE PAST YEAR?

(99=Unkn)

FLO78

1 1 SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES?

(If yes, please specify below)

(0=No, 1=Yes, 2=Unsure, 9=Unkn)

LEFT RIGHT (0=No, 1=Yes, 2=Maybe, 9=Unkn)

FLO79 1 1 FLO80 1 1 UPPER ARM (HUMERUS) OR ELBOW

FLO81 1 1 FLO82 1 1 FOREARM OR WRIST

FLO83 1 1 BACK (If disc disease only, code as No)

FLO84 1 1 PELVIS

FLO85 1 1 FLO86 1 1 HIP

ID=

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(SCREEN 2D)

ACTIVITIES QUESTIONS-PART V

FLO87

1_1_1

HOW MANY FLIGHTS OF STAIRS DO YOU CLIMB UP EACH DAY?

(Let 1 flight=10 steps, 99=Unkn)

FLO88

1_1_1

HOW MANY CITY BLOCKS (OR THEIR EQUIVALENT) DO YOU

WALK EACH DAY? (Let 12 blocks= 1 mile, 99=Unkn)

REST AND ACTIVITY FOR A TYPICAL DAY

HOURS/DAY

FLO89 1_1_1 SLEEP--NUMBER OF HOURS THAT YOU TYPICALLY SLEEP?

FLO90 1_1_1 SEDENTARY--NUMBER OF HOURS TYPICALLY SITTING?

FLO91 1_1_1 SLIGHT ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
SUCH AS STANDING, WALKING

FLO92 1_1_1 MODERATE ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
SUCH AS HOUSE WORK, YARD CHORES, CLIMBING STAIRS
LIGHT SPORTS SUCH AS BOWLING, GOLF

FLO93 1_1_1 HEAVY ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
SUCH AS HEAVY HOUSEHOLD WORK, EXERCISE SUCH
AS INTENSIVE SPORTS--JOGGING ETC.

FLO94 -----

24 HOURS (SHOULD BE THE TOTAL OF ABOVE ITEMS)

ID=

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COHORT EXAM 19

(SCREEN 3)

COGNITIVE FUNCTION-PART I

VERSION 01/02/86

RE CORRECT NO TRY UNK

FL095

0 1 2 3

6

9|WHAT IS THE DATE TODAY?

|

|(Month, day, year correct=score 3)

FL096

0 1

6

9|WHAT IS THE SEASON?

FL097

0 1

6

9|WHAT DAY OF THE WEEK IS IT?

FL098

1 2 3

6

9|WHAT TOWN, COUNTY AND STATE ARE WE IN?

FL099

0 1

6

9|WHAT IS THE NAME OF THIS PLACE? (any

|

|appropriate answer ok..my home, street

|

|address, heart study...max. score =1)

FL100

0 1

6

9|WHAT FLOOR OF THE BUILDING ARE WE ON?

FL101

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

|

|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

|

FL102 |REVERSE ORDER. _____

|

|(write in letters, scoring done later)

FL103

0 1 2 3

6

9|WHAT ARE THE 3 OBJECTS I ASKED YOU TO

|

|REMEMBER A FEW MOMENTS AGO?

ID=

NAME:

COHORT EXAM 19

(SCREEN 3A)

COGNITIVE FUNCTION-PART II

S RE CORRECT NO TRY UNK

FL104	1		6	9	WHAT IS THIS CALLED? (WATCH)
FL105	1		6	9	WHAT IS THIS CALLED (PENCIL)
FL106	1		6	9	PLEASE REPEAT THE FOLLOWING: "NO IFS, ANDS, OR BUTS." (Perfect=1)
FL107	1		6	9	PLEASE READ THE FOLLOWING & DO WHAT IT SAYS (performed=1, code 6 if low vision)
FL108	1		6	9	PLEASE WRITE A SENTENCE (code 6 if low vision)
FL109	1		6	9	PLEASE COPY THIS DRAWING (code 6 if low vision)
FL110	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, code 6 if low vision)
FL111	1	2	3	4	EXAMINER'S ASSESSMENT OF SUBJECT'S MENTAL STATUS: 1=normal, 2=possible dementia 3=factors such as illiteracy, not fluent in English, or depression cause poor testing 4=dementia present, 9=Unknown

HANDEDNESS QUESTIONS

FL112 | | HAND USED TO WRITE NOW (Preferably observed from above task)
(1=Left, 2=Right, 9=Unkn)

FL113 | | DID YOU WRITE WITH YOUR LEFT HAND AS A CHILD?
(0=No, 1=Yes, 9=Unkn)

ID=

NAME:

COHORT EXAM 19

(SCREEN 5) MEDICAL HISTORY--CARDIOVASCULAR MEDICATIONS

- FL119 1 CARDIAC GLYCOSIDES (0=No;)
- FL120 1 NITROGLYCERINE (1=Yes,now;)
- FL121 1 LONGER ACTING NITRATES (2=Yes,not now;)
- FL121 (ISORDIL, CARDILATE, ETC.) (3=Maybe;)
- FL122 CALCIIUM CHANNEL BLOCKERS (Nifedipine etc) (9=Unknown)
- FL123 BETA BLOCKERS
- FL124 ANTIARRHYTHMICS (QUINIDINE, FL130 1 PERIPHERAL VASODILATORS
PROCAINE, NORPACE, ETC.) (HYDRALZINE, MINIPRES)
- FL125 1 ANTIPLATELET (MINOXIDIL, ETC)
- (ANTURANE,PERSANTINE, ETC.) FL131 1 OTHER ANTI-HYPERTENSIVES
- FL126 1 ANTICOAGULANTS (COUMADIN ETC.) FL131 1 OTHER CARDIAC MEDICATION
- FL127 1 THIAZIDE DIURETICS FL138 (Specify below)
- FL128 1 LOOP DIURETICS (LASIX ETC.)
- FL129 1 K-SPARING DIURETICS (ALDACTONE,
TRIAMTERENE)
- FL129 RESERPINE DERIVATIVES
- FL131 1 METHYLDOPA (ALDOMET)
- FL132 1 CLONIDINE (CATAPRES)
- FL133 1 WYTENSIN
- FL134 1 GANGLIONIC BLOCKERS
- FL135 1 RENIN-ANGIOTENSIN BLOCKING DRUGS (CAPTOPRIL)

ID=

NAME:

COHORT EXAM 19

(SCREEN 5A) MEDICAL HISTORY--NON-CARDIOVASCULAR MEDICATIONS

- FL139 ANTI CHOLESTEROL DRUGS (RESINS, FIBRATES ETC.) (0=No;)
- FL140 ANTIGOUT--URIC ACID LOWERING (ALLOPURINOL (1=Yes, now;)
PROBENECID ETC)
- FL141 ANTIGOUT--COLCHICINE (2=Yes, not now)
- FL142 THYROID EXTRACT (DESSICATED THYROID) (3=Maybe)
- FL143 THYROXINE (SYNTHROID ETC.) (9=Unknown)
- FL144 INSULIN
- FL145 TOTAL UNITS OF INSULIN A DAY
- FL146 ORAL HYPOGLYCEMICS (Specify brand _____)
- FL147 ORAL ESTROGEN (for women users also see screen 6)
- FL148 ORAL GLUCOCORTICOIDS (prednisone, cortisone etc.)
- FL149 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (MOTRIN, IBUPROFEN,
NAPROSYN, INDOCIN, CLINORIL)
- FL150 ANALGESIC-NARCOTICS (DEMEROL, CODEINE, DILAUDID, ETC.)
- FL151 ANALGESIC-NON-NARCOTICS (ACETAMINOPHEN ETC.)
- FL152 BRONCHODILATORS, AEROSOLS ETC.
- FL153 ANTIHISTAMINES
- FL154 ANTIULCER (TAGAMET, PROBANTHINE, H ION INHIBITORS)
- FL155 ANTI-ANXIETY, SEDATIVE/HYPNOTICS ETC. (LIBRIUM, VALIUM ETC.)
- FL156 SLEEPING PILLS
- FL157 ANTI-DEPRESSANTS
- FL158 EYEDROPS
- FL159 POTASSIUM SUPPLEMENTS
- FL160 ANTIBIOTICS
- FL161 OTHERS Specify: _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 5B) MEDICAL HISTORY--ASPIRIN, VITAMINS, AND CALCIUM INTAKE ESTIMATE

1 1 1 NUMBER OF ASPIRINS PER WEEK (99=Unkn)

FL162

_____ ASPIRIN NAME & DOSE

DOSE: CODER USE ONLY

1 1 1 NUMBER OF MULTIVITAMINS PER WEEK (99=Unkn)

FL163

_____ MULTIVITAMIN NAME & DOSE

VIT D CALCIUM

1 1 1 1 1 1 1 1 1 1

1 1 1 NUMBER OF VITAMIN C TABS PER WEEK (99=Unkn)

FL164

_____ VITAMIN C TAB NAME & DOSE

1 1 1 NUMBER OF VITAMIN D TABS PER WEEK (99=Unkn)

FL165

_____ VIT D TAB NAME & DOSE

1 1 1 1 1 1 1 1 1 1

1 1 1 NUMBER OF CALCIUM SUPPLEMENT TABS PER WEEK (99=Unkn)

FL166

_____ CALCIUM SUPP NAME & DOSE

1 1 1 1 1 1 1 1 1 1

1 1 1 NUMBER OF ANTACID TABS PER WEEK (99=Unkn)

FL167

_____ ANTACID TAB NAME & DOSE

1 1 1 1 1 1 1 1 1 1

1 1 1 NUMBER OF ANTACID TABLESPOONS PER WEEK (99=Unkn)

FL168

_____ ANTACID LIQ NAME & DOSE

1 1 1 1 1 1 1 1 1 1

FL169 1 1 1 MILK--SKIM OR LOW FAT--GLASSES A WEEK

(glass=8oz=1cup, include milk for cereal which is about 1/2 cup, 99=Unkn)

FL170 1 1 1 MILK--WHOLE--GLASSES A WEEK

(glass=8oz=1 cup, include milk for cereal,99=Unkn)

FL171 1 1 1 ICE CREAM--PORTIONS A WEEK

(portion=1/2 cup=1 scoop=2 heaping tablespoons,99=Unkn)

FL172 1 1 1 YOGURT--PORTIONS A WEEK

(portion=1 cup=1 Dannon or Columbo,99=Unkn)

FL173 1 1 1 CHEESE PORTIONS A WEEK--AMERICAN, CHEDDAR, OR OTHER TYPES YOU CAN SLICE

(portion=1oz=1 Velveeta type slice)

(portion=2 Cracker barrel slices,99=Unkn)

(Don't count cottage,ricotta, or cream cheese, as they are low in calcium)

ID=

NAME:

COHORT EXAM 19

(SCREEN 6) MEDICAL HISTORY--FEMALE GENITOURINARY DISEASE

FL174 | CONJUGATED ESTROGEN USE IN INTERIM (e.g. Premarin)
(0=No;1=Yes,now;2=Yes,not now,9=Unkn)

FL175 | DOSE/DAY OF PREMARIN (0=No,1=0.625mg,2=1.25mg,
OR CONJ. ESTROGENS 3=2.5mg, 9=Unk)

FL176 | NUMBER OF DAYS A MONTH TAKING PREMARIN (99=Unkn)

FL177 | PROGESTERONE USE INTERIM (0=No;1=Yes,now;2=Yes,not now,9=Unkn)

FL178 | URINARY DISEASE IN INTERIM (0=No,1=Yes,)

FL179 | KIDNEY DISEASE IN INTERIM (2=Maybe,9=Unkn)

FL180 | KIDNEY STONES IN INTERIM

ID=

NAME:

COHORT EXAM 19

(SCREEN 6A) MEDICAL HISTORY--MALE GENITOURINARY DISEASE

- 5181
| URINARY DISEASE IN INTERIM (0=No,)
- 7182
| KIDNEY DISEASE IN INTERIM (1=Yes,)
- 7183
| KIDNEY STONES IN INTERIM (2=Maybe,)
- 7184
| PROSTATE TROUBLE IN INTERIM (9=Unkn)
- 7185
| PROSTATE SURGERY IN INTERIM

ID=

NAME:

COHORT EXAM 19

(SCREEN 7)

MEDICAL HISTORY--SMOKING AND DRINKING-PART I

FL186 SMOKED CIGARETTES REGULARLY IN THE LAST YEAR? (0=No,1=Yes,9=Unk)

FL187 1_1 HOW MANY CIGARETTES DO/DID YOU SMOKE A DAY?
(01=one or less, 99=unk)

FL188 1_1 DO YOU INHALE? (0=No,1=Yes,9=Unkn)

CIGARETTE BRAND	STRENGTH	TYPE	FILTER	LENGTH
_____	FL189 1_1	FL190 1_1	FL191 1_1	FL192 1_1

(First eight letters) (1=N1,2=Lite,) (1=Reg,) (1=Nonfilter,) (1=Regular,) (3=Ultralite) (2=Menth) (2=Filter) (2=King,3=100mm)

FL193 1_1_1 HOW MANY HOURS SINCE LAST CIGARETTE?
(00=non-smoker, 01=1 hour or less)
(24=24 or more hours, 99=unkn)

FL194 DO YOU NOW SMOKE CIGARS?

1_1 DO YOU NOW SMOKE PIPES?

FL195 (0=No; 1=Yes,inhale;)

(2=Yes,no inhale; 9=Unkn)

ID=

NAME:

COHORT EXAM 19

(SCREEN 7A)

MEDICAL HISTORY--SMOKING AND DRINKING-PART II

FL196 _ _	COFFEE/CAFFEINATED (cups/day)	FL197 _ _	COFFEE/DECAFF (cups/day)
FL198 _ _	TEA/CAFFEINATED (cups/day)	FL199 _ _	TEA/DECAFF (cups/day)
FL200 _ _	COLA/CAFFEINATED (12 oz units/day)	FL201 _ _	COLA/DECAFF (12 oz units/day)

NUMBER OF DRINKS HOW MANY DAYS WHAT IS YOUR LIMIT

PER WEEK? IN A WEEK DO AT ONE PERIOD OF

(Coding below) YOU DRINK? TIME?

FL202 _ _	(00=Never,	FL203 _ _	FL204 _ _	BEER-BOTTLES,CANS,GLASSES
FL205 _ _	(01=1 or less,	FL206 _ _	FL207 _ _	WINE-GLASSES
FL208 _ _	(99=Unknown	FL209 _ _	FL210 _ _	LIQUOR-COCKTAILS,HIGHBALLS

ID=

NAME:

COHORT EXAM 19

(SCREEN 8)

MEDICAL HISTORY--RESPIRATORY

FL211

CHRONIC COUGH IN INTERIM (AT LEAST 3 MONTHS/YEAR)

(0=No;1=Yes,productive;2=Yes,non-productive;9=Unkn)

FL212

WHEEZING OR ASTHMA (0=No,)

FL213 LONG DURATION (1=Yes,)

FL214 SEASONAL (9=Unkn)

FL215 WITH RESPIRATORY INFECTIONS

FL216

DYSPNEA ON EXERTION

(0=No,)

(1=Climbing stairs or vigorous exertion,)

(2=Rapid walking or moderate exertion,)

(3=Any slight exertion,)

(9=Unknown)

FL217

DYSPNEA HAS INCREASED OVER THE PAST TWO YEARS (0=No,1=Yes,9=Unkn)

FL218

ORTHOPNEA (0=No;1=Yes,new in interim;)

FL219

PAROXYSMAL NOCTURNAL DYSPNEA (2=Yes,old complaint;)

FL220

ANKLE EDEMA BILATERALLY (9=Unkn)

FL221

1ST EXAMINER BELIEVES CHF (0=No, 1=Yes,)

FL222

1ST EXAMINER BELIEVES PULMONARY DISEASE (2=Maybe, 9=Unkn)

RESPIRATORY COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 9)

MEDICAL HISTORY--HEART PART I

F ~~FL223~~ ANY CHEST DISCOMFORT SINCE LAST EXAM (0=No, 1=Yes,)

FL224 CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT (2=Maybe,)

FL225 CHEST DISCOMFORT WHEN QUIET OR RESTING (9=Unknown)

CHEST DISCOMFORT CHARACTERISTICS (must have first box checked above)

FL226 DATE OF ONSET (mo/yr, 99/99=Unkn)

FL227 USUAL DURATION (minutes, 999=Unkn)

FL228 LONGEST DURATION (minutes, 999=Unknown)

FL229 LOCATION (0=No, 1=Central sternum and upper chest,)
(2=L Up Quadrant, 3=L Lower ribcage, 4=R Chest, 5=Other, 9=Unk)

FL230 RADIATION (0=No, 1=Left shoulder or L arm, 2=Neck,)
(3=R shoulder or arm, 4=Back, 5=Abdomen, 6=Other, 7=Combination, 9=Unk)

FL231 FREQUENCY (Number of times a year on average, 999=Unknown)

FL232 TYPE (1=Pressure, heavy, vise; 2=Sharp; 3=Dull; 4=Other; 9=Unk)

FL233 CHEST DISCOMFORT RELIEF WITH NITRO IN <15 MINUTES (0=No,)

FL234 CHEST DISCOMFORT RELIEF WITH REST IN <15 MINUTES (1=Yes,)

FL235 CHEST DISCOMFORT RELIEF SPONTANEOUSLY IN <15 MINUTES (9=Unk)

FL236 CHEST DISCOMFORT RELIEF BY OTHER CAUSE IN <15 MINUTES

FL237 1ST EXAMINER BELIEVES ANGINA PECTORIS IN INTERIM (0=No, 1=Yes,)

FL238 1ST EXAMINER BELIEVES CORONARY INSUFF. IN INTERIM (2=Maybe,)

FL239 1ST EXAMINER BELIEVES MYOCARDIAL INFARCT IN INTERIM (9=Unknown)

COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 9A)

MEDICAL HISTORY--HEART PART II

FL240 1 HAD PALPITATIONS OR A SENSATION OF THE HEART BEATING
IN AN UNUSUALLY RAPID, IRREGULAR OR FORCEFUL PATTERN
IN THE PAST YEAR (0=No, 1=Yes, 2=Maybe, 9=Unkn)

FL241 1 1 1 1 NUMBER OF EPISODES IN PAST YEAR (999=Unkn)

FL242 1 1 1 1 LONGEST DURATION OF EPISODE IN PAST YEAR
(0=No, 1=1 minute or less, 999=Unkn)

FL243 1 1 FAINTED IN THE PAST YEAR?
(0=No, 1=Yes, 2=Maybe, 9=Unkn)

FL244 1 1 1 1 NUMBER OF EPISODES IN PAST YEAR (999=Unkn)

FL245 1 1 AT ANY TIME IN YOUR LIFE HAVE YOU SUSTAINED A HEAD INJURY
WHICH CAUSED YOU TO LOSE CONSCIOUSNESS (BE KNOCKED OUT)?
(0=No, 1=Yes, 2=Maybe, 9=Unkn)

IF YES, TO ABOVE THEN ANSWER THE FOLLOWING (99=Unkn)

FL246 1 1 1 1 NUMBER OF EPISODES LESS THAN 5 MINS DURATION

FL247 1 1 1 1 NUMBER OF EPISODES MORE THAN 5 MINS DURATION

ID=

NAME:

COHORT EXAM 19

(SCREEN 10) MEDICAL HISTORY--CEREBROVASCULAR--PART I

- FL248 SUDDEN ONSET OF UNILATERAL MUSCLE WEAKNESS (0=No,)
- FL249 SUDDEN SPEECH DIFFICULTY (1=Yes,)
- FL250 SUDDEN VISUAL DEFECT (2=Maybe,)
- FL251 UNCONSCIOUSNESS (9=Unkn)
- FL252 SUDDEN DOUBLE VISION (If more than one event
- FL253 LOSS OF VISION IN ONE EYE specify in comments
- FL254 NUMBNESS, TINGLING on following screen)
- FL255 NUMBNESS AND TINGLING IS POSITIONAL

- FL256 DATE (mo/yr,99/99=Unkn)OBSERVED BY _____
- FL257 ONSET TIME(1=Active,2=During sleep,3=While arising,9=Unkn)
- FL258 DURATION (use format days/hours/mins, 99/99/99=Unkn)
- FL259 HOSPITALIZED OR SAW M.D. (0=No,1=Hosp.,2=Saw M.D.,9=Unkn)
- NO. OF DAYS STAYED AT _____
- FL260

ID=

NAME:

COHORT EXAM 19

(SCREEN 10A)

MEDICAL HISTORY--CEREBROVASCULAR-PART II

1ST EXAMINER OPINIONS

(0=No, 1=Yes, 2=Maybe, 9=Unk)

FL2601 CEREBROVASCULAR DISEASE

FL2602 STROKE

FL2603 BRAIN INFARCTION (ABI)

FL2604 CEREBRAL EMBOLUS (CE)

FL2605 INTRACEREBRAL HEMORRHAGE (IH)

FL2606 SUBARACHNOID HEMORRHAGE (SH)

FL2607 OTHER STROKE (Specify below)

FL2608 TRANSIENT ISCHEMIC ATTACK (TIA)

FL2609 TIA ALONE

FL2610 STROKE PRECEDED BY TIA

FL2611 STROKE FOLLOWED BY TIA

NEUROLOGY COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 11)

MEDICAL HISTORY--PERIPH ARTER. AND VENOUS

LEFT	RIGHT	SYMPTOMS	(0=No,1=Yes,)
FL272	FL273	PHLEBITIS IN INTERIM	(2=Maybe,9=Unkn)
FL274	FL275	LEG ULCERS	
FL276	FL277	TREATMENT FOR VARICOSE VEINS	
FL278	FL279	DISCOMFORT IN CALF WHILE WALKING	
FL280	FL281	DISCOMFORT IN LOWER EXTR.(NOT CALF) WHILE WALK	

CHARACTERISTICS OF LOWER LIMB DISCOMFORT:

FL282 | | OCCURS WITH FIRST STEPS ^{FL283} 1 | AFTER WALKING A WHILE (0=No,)

FL284 | | RELATED TO RAPIDITY OF ^{FL285} 1 | FORCED TO STOP WALKING (1=Yes,)
WALKING OR STEEPNESS (9=Unkn)

FL286 | | TIME FOR DISCOMFORT TO BE RELIEVED BY STOPPING (minutes)
(00=No relief with stopping)

FL287 | | NUMBER OF DAYS/MONTH OF LOWER LIMB DISCOMFORT (00=No, 99=Unkn)

FL288 | | IS ONE FOOT COLDER THAN THE OTHER? (0=No,1=Yes,9=Unkn)

1ST EXAMINER OPINIONS: (0 = No, 1 = Yes, 2 = Maybe, 9 = Unk)

FL289 | | INTERMITTENT CLAUDICATION (Also see screen 14B for art. periph)

FL290 | | VENOUS INSUFFICIENCY (vasc disease and varicose veins)

COMMENTS PERIPH.VASC.DIS. _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 12) PHYSICAL EXAM--HEAD, NECK AND RESPIRATORY VERSION 01/02/86

^{FL291} | | | PHYSICIAN SYSTOLIC PRESSURE ^{FL292} | | | PHYSICIAN DIASTOLIC PRESSURE
 (first reading) (first reading)

EYES AND XANTHOMATA

^{FL293} | | | CORNEAL ARCUS (0=No, 1=Slight, 2=Moderate, 3=Marked, 9=Unkn)

^{FL294} | | | XANTHELASMA (0=No, 1=Yes, 2=Maybe, 9=Unkn)

^{FL295} | | | XANTHOMATA (0=No, 1=Yes, 2=Maybe, 9=Unkn)

^{FL296} | | | ACHILLES TENDON XANTHOMATA (0=No,)

^{FL297} | | | PALMAR XANTHOMATA (1=Yes,)

^{FL298} | | | TUBEROUS XANTHOMATA (9=Unkn)

^{FL299} | | | THYROID ABNORMALITY (0=No, 1=Yes, 2=Maybe, 9=Unkn)

^{FL300} | | | SCAR ^{FL301} | | | SINGLE NODULE ^{FL302} | | | OTHER

^{FL303} | | | DIFFUSE ENLARGEMENT ^{FL304} | | | MULTIPLE NODULES

COMMENTS ABOUT THYROID _____

RESPIRATORY

^{FL305} | | | INCREASED A-P DIAMETER (0=No,)

^{FL306} | | | FIXED THORAX (1=Yes,)

^{FL307} | | | WHEEZING ON AUSCULTATION (2=Maybe,)

^{FL308} | | | RALES (9=Unk)

^{FL309} | | | OTHER ABNORMAL BREATH SOUNDS

COMMENTS ABOUT RESPIRATORY _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 13) PHYSICAL EXAM--HEART

FL310
 ENLARGEMENT (0=No,1=Left only,2=Right only,3=Both,9=Unkn)

FL311
 GALLOP (0=No,1=S3 only,2=S4 only,3=Both,9=Unkn)

OTHER ABNORMAL SOUNDS (0=No,1=Yes)

FL312 CLICK *FL313* SPLIT S2 *FL314* DIM A2 *FL315* OTHER (Specify below)

FL316
 SYSTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unkn)

(Grade--0=No sound heard; 1 to 6 for grade of sound heard, 9=Unkn)

(Type--0=None,1=Ejection,2=Regurgitant,3=Other,9=Unkn)

(Radiation--0=None,1=Axilla,2=Neck,3=Back,4=Right chest,9=Unkn)

(Valsalva--0=No change,1=Increase,2=Decrease,9=Unkn)

(Origin--0=None,indet.;1=Mitral;2=Aortic;3=Tricuspid;4=Pulmonic;9=Unkn)

Location	Grade	Type	Radiation	Valsalva	Origin
APEX	<i>FL317</i> <input type="checkbox"/>	<i>FL318</i> <input type="checkbox"/>	<i>FL319</i> <input type="checkbox"/>	<i>FL320</i> <input type="checkbox"/>	<i>FL321</i> <input type="checkbox"/>
LEFT STERNUM	<i>FL322</i> <input type="checkbox"/>	<i>FL323</i> <input type="checkbox"/>	<i>FL324</i> <input type="checkbox"/>	<i>FL325</i> <input type="checkbox"/>	<i>FL326</i> <input type="checkbox"/>
BASE	<i>FL327</i> <input type="checkbox"/>	<i>FL328</i> <input type="checkbox"/>	<i>FL329</i> <input type="checkbox"/>	<i>FL330</i> <input type="checkbox"/>	<i>FL331</i> <input type="checkbox"/>

FL332
 DIASTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unk)

FL333
 VALVE OF ORIGIN FOR DIASTOLIC MURMUR(S)

(0=No,1=Mitral,2=Aortic,3=Both,4=Other,9=Unk)

FL334
 NECK VEIN DISTENTION AT 45 DEGREES (0=No,1=Yes,2=Maybe,9=Unk)

COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 14) PHYSICAL EXAM--BREASTS AND ABDOMEN

~~FL335~~ BREAST ABNORMALITY (0=No,1=Yes,)

FL336 | _ | LOCALIZED MASS ^{FL337} | _ | AXILLARY NODES (2=Maybe,9=Unkn)

LEFT BREAST RIGHT BREAST

BREAST SURGERY FL338 | _ | FL339 | _ |

(Code for surgery:0=No,1=Radical mastectomy,) (Use lowest code)

(2=Simple mastectomy,3=Biopsy,9=Unkn)

COMMENTS ABOUT ABNORMALITY: _____

ABDOMEN

FL340 | _ | LIVER ENLARGED ^{FL341} | _ | SURGICAL SCAR (0=No,1=Yes,)

FL342 | _ | ABDOMINAL ANEURYSM ^{FL343} | _ | BRUIT (2=Maybe,9=Unkn)

FL344 | _ | SURGICAL GALLBLADDER SCAR

FL345 | _ | OTHER ABDOMINAL ABNORMALITY: _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 15)

PHYSICAL EXAM--PERIPHERAL VESSELS - PART I

LEFT	RIGHT		(0=No abnormality,)
FL346	FL347	STEM VARICOSITIES	(1=Uncomplicated,)
FL348	FL349	RETICULAR VARICOSITIES	(2=With skin changes,)
FL350	FL351	SPIDER VARICOSITIES	(3=With ulcer, 9=Unkn)
LEFT	RIGHT		
FL352	FL353	ANKLE EDEMA	(0=No; 1,2,3,4=Grade; 9=Unk)
FL354	FL355	FOOT IS COLD	(0=No, 1=Yes, 2=Maybe, 9=Unk)
FL356	FL357	AMPUTATION	(0=No, 1=Yes, 2=Maybe, 9=Unk)
FL358	FL359	AMPUTATION LEVEL	(0=No, 1=Toes only, 2=Ankle,)
			(3=Knee, 4=Hip, 9=Unknown)

COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 15A)

PHYSICAL EXAM--PERIPHERAL VESSELS - PART II

-----PULSE-----

-----BRUIT-----

(0=Normal, 1=Abnormal,)

(0=Normal, 1=Abnormal,)

(9=Unknown)

(9=Unknown)

LEFT

RIGHT

LEFT

RIGHT

RADIAL	FL360 _1	FL361 _1		
FEMORAL	FL362 _1	FL363 _1	FL364 _1	FL365 _1
MID-THIGH			FL366 _1	FL367 _1
POPLITEAL			FL368 _1	FL369 _1
POST TIBIAL	FL370 _1	FL371 _1		
DORSALIS PEDIS	FL372 _1	FL373 _1		

1ST EXAMINER OPINIONS (0=No, 1=Yes, 2=Maybe, 9=Unkn)

FL374
 |_1 ARTER. PERIPH. VASC. DISEASE FL375
 |_1 STEM VARICOSE VEINS

(For int. claudication and chronic venous insuff see screen 11)

COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 16)

PHYSICAL EXAM--NEUROLOGICAL AND FINAL BP

- FL376 LEFT CAROTID BRUIT
- FL377 RIGHT CAROTID BRUIT
- FL378 SPEECH DISTURBANCE
- FL379 DISTURBANCE IN GAIT (0=No,)
- FL380 LOCALIZED MUSCLE WEAKNESS (1=Yes,)
- FL381 VISUAL DISTURBANCE (2=Maybe,)
- FL382 ABNORMAL REFLEXES (9=Unkn)
- FL383 CRANIAL NERVE ABNORMALITY
- FL384 CEREBELLAR SIGNS
- FL385 SENSORY IMPAIRMENT
- FL386 OBSERVED GAIT (0=Normal, 1=Unable to walk, 2=Wide based)
(3=Shuffling, 4=Abn. from orthopedic problem, 5=Hemiparetic)
(6=Other, 9=Unkn) Comment _____
- FL387 1ST EXAMINER BELIEVES RESIDUAL OF STROKE

COMMENTS ABOUT NEUROLOGICAL FINDINGS _____

SECOND BLOOD PRESSURE READING

FL388 |_|_|_ PHYSICIAN SYSTOLIC PRESSURE |_|_|_ PHYSICIAN DIASTOLIC PRESSURE
 FL389

ID=

NAME:

COHORT EXAM 19

(SCREEN 17) ELECTROCARDIOGRAPH-PART I

¹/₁ ECG DONE (0=No,1=Yes)
FL390

¹/₁ PACEMAKER (0=None present, 1=Present, 9=Unkn)
FL391 (If paced, code only vent. rate below)

¹/₁ VENTRICULAR RATE PER MINUTE (999=Unkn)
FL392

¹/₁ P-R INTERVAL (HUNDRETHS OF SECOND) (99=Unkn or atrial fib)
FL393

¹/₁ QRS INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)
FL394

¹/₁ Q-T INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)
FL395

¹/₁ QRS ANGLE (put plus or minus as needed) (9999=Unkn)
FL396

--LEFT RIGHT CONDUCTION ABNORMALITY --

¹/₁ IV BLOCK (0=No,1=Incomp,2=Complete,9=Unkn)
FL397 FL398

FL399 INDETERMINATE IV BLOCK (0=No,1=Yes,2=Maybe,9=Unkn)

FL400 HEMIBLOCK(0=No,1=Left Ant,2=Left Post,9=Unkn)

FL401 FASCICULAR BLOCK(0=No,1=Bi,2=Tri,9=Unkn)

FL402 1ST DEGREE A-V BLOCK (0=No,1=Yes,2=Maybe,9=Unkn)

FL403 2D DEGREE A-V BLOCK (0=No,1=Mobtz1,2=Mobtz2,3=Maybe,9=Unk)

FL404 A-V DISSOCIATION (0=No,1=Yes,2=Maybe,9=Unkn)

FL405 WPW SYNDROME(0=No,1=Yes,2=Maybe,9=Unkn)

-- ATRIAL ABNORMALITIES AND ARRHYTHMIAS --

¹/₁ ATRIAL FIBRILLATION ^{FL407} ¹/₁ ATRIAL FLUTTER (0=No,)

¹/₁ RT ATRIAL ENLG. (1=Yes,9=Unk)

¹/₁ ATRIAL PREMATURE BEATS (0=No,1=Atr,2=Atr Aber,9=Unk)

¹/₁ NODAL PREMATURE BEATS (0=No,1=Yes,9=Unkn)

¹/₁ VENTRICULAR PREMATURE BEATS (0=No,1=Multifoc,2=Pairs,3=Run,4=R on T,9=Unk)

¹/₁ NUMBER OF VENTRICULAR PREMATURE BEATS ON TRACING

ID=

NAME:

COHORT EXAM 19

((SCREEN 17A) ELECTROCARDIOGRAPH-PART II

MYOCARDIAL INFARCT LOCATION (0=No,1=Yes,2=Maybe,9=Unkn)

FL413|_ | ANTERIOR ^{FL414} |_ | INFERIOR ^{FL415} |_ | TRUE POSTERIOR

LEFT VENTRICULAR HYPERTROPHY CRITERIA (0=No,1=Yes,9=Unkn)

FL416|_ | R>20MM STD LEAD

FL417|_ | R OR S>=20MM IN AV LEAD

FL418|_ | R>11MM AV LEAD

FL419 |_ | QRS DUR >=.09,<=.11

FL420|_ | R>=25MM PRECOR LEADS

FL421 |_ | S>=25MM IN PRECOR LEAD

FL422|_ | R OR S>=30 (R in V5 or V6)

^{FL423} |_ | MORRIS P(Depth,Dur>=.04 MM-sec)

(S in V1 or V2)

FL424|_ | R+S >= 35MM PRECOR LEADS

^{FL425} |_ | INTRINS >=.05 SEC(R in V5 or 6)

FL426|_ | R+S >=25MM STD LEADS

FL427 |_ | LAD<=-30 DEGREES

FL428|_ | ST DEPRESSION (STRAIN PATTERN, WITH DOWN SLOPING ST)

OTHER ECG DIAGNOSES (0=No,1=Yes,2=Maybe,9=Unkn)

~~FL429~~

|_ | NON-SPECIFIC S-T SEGMENT ABNORMALITY

FL430|_ | NON-SPECIFIC T-WAVE ABNORMALITY

FL431|_ | MAXIMUM T WAVE AMPLITUDE >= 5MM (disregard AVR) (0=No,)

FL432|_ | U-WAVE PRESENT (1=Yes,)

FL433|_ | RIGHT VENTRICULAR HYPERTROPHY (2=Maybe,)

FL434|_ | LEFT VENTRICULAR HYPERTROPHY (9=Unkn)

FL435|_ | ECG CLINICAL READING (0=Normal,1=Abnormal,2=Doubtful,9=Unkn)

COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 18) CLINICAL DIAGNOSTIC IMPRESSION-PART I VERSION 01/02/86

FL436

HYPERTENSION (0=No,1=Definite,2=Borderline,9=Unknown)

FL437

ON HYPERTENSIVE THERAPY (0=No, 1=Yes,)

FL438

HYPERTENSIVE HEART DISEASE (2=Maybe,)

FL439

HYPERTENSIVE HEART DISEASE (DX OUTSIDE CRITERIA) (9=Unkn)

CORONARY HEART DISEASE

FL440

ANGINA PECTORIS (0=No; 1=Yes,new;)

FL441

CORONARY INSUFFICIENCY (2=Yes,old; 3=Yes,recur;)

FL442

MYOCARDIAL INFARCT (4=Maybe; 9=Unkn)

OTHER HEART DIAGNOSES

FL443

RHEUMATIC HEART DISEASE (0=No, 1=Yes,)

FL444

AORTIC VALVE DISEASE (2=Maybe,)

FL445

MITRAL VALVE DISEASE (9=Unkn)

FL446

OTHER HEART DISEASE(INCLUDES CONGENITAL)

Specify _____

FL447

CONGESTIVE HEART FAILURE

FL448

ATRIAL OR NODAL ARRHYTHMIA

FL449

VENTRICULAR ARRHYTHMIA

FL450

FUNCTIONAL CLASS (0=None;NYHA Classif 1,2,3,4)

COMMENTS CDI HEART _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 18A)

CLINICAL DIAGNOSTIC IMPRESSION-PART II

PERIPHERAL VASCULAR DISEASE

INTERMITTENT CLAUDICATION (0=No,)

FL452 OTHER PERIPH. VASC. DISEASE (1=Yes,)

FL453 STEM VARICOSE VEINS (2=Maybe,)

FL454 PHLEBITIS (9=Unk)

FL455 OTHER VASCULAR DIAGNOSIS (Specify) _____

CEREBROVASCULAR DISEASE

FL456 STROKE (0=No; 1=Yes,new;)

FL457 BRAIN INFARCTION (ABI) (2=Yes,old; 3=Yes,recur;)

FL458 CEREBRAL EMBOLUS (CE) (4=Maybe; 9=Unknown)

FL459 INTRACEREBRAL HEMORRHAGE (IH)

FL460 SUBARACHNOID HEMORRHAGE (SH)

FL461 OTHER STROKE (Specify below)

FL462 TRANSIENT ISCHEMIC ATTACK (TIA)

FL463 TIA ALONE

FL464 STROKE PRECEDED BY TIA FL465 STROKE FOLLOWED BY TIA

LEFT RIGHT

FL466 ~~FL467~~ CAROTID BRUIT (0=No, 1=Yes, 2=Maybe, 9=Unkn)

COMMENTS CDI NEUROLOGICAL _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 18B)

CLINICAL DIAGNOSTIC IMPRESSION-PART III

IN CARDIOVASCULAR DIAGNOSES (0=No, 1=Yes, 2=Maybe, 9=Unkn)

FL468 1_1	DIABETES MELLITUS	FL480 1_1	GALLBLADDER DISEASE
FL469 1_1	URINARY TRACT DISEASE	FL481 1_1	OBESITY
FL470 1_1	PROSTATE DISEASE (Female=0 or 9)	FL482 1_1	CANCER (if positive response,
FL471 1_1	RENAL DISEASE		type can be specified
FL472 1_1	EMPHYSEMA		on screen 18C)
FL473 1_1	CHRONIC BRONCHITIS	FL483 1_1	OTHER NON C-V DIABNOSIS
FL474 1_1	PNEUMONIA		
FL475 1_1	ASTHMA		
FL476 1_1	OTHER PULMONARY DISEASE		
FL477 1_1	GOUT		
FL478 1_1	DEGEN. JOINT DISEASE		
FL479 1_1	RHEUMATOID ARTHRITIS		

COMMENTS CDI OTHER DIAGNOSES _____

ID=

NAME:

COHORT EXAM 19

(SCREEN 18C)

CANCER SITE OR TYPE

F ~~FL484~~
LUNG

~~FL485~~
 BREAST (0=No,)

~~FL486~~
 SKIN (1=Yes,)

~~FL487~~
 STOMACH (2=Maybe,)

~~FL488~~
 PANCREAS (9=Unkn)

~~FL489~~
 COLON

~~FL490~~
 LIVER

~~FL491~~
 PROSTATE

~~FL492~~
 BLADDER

~~FL493~~
 LEUKEMIA

~~FL494~~
 LYMPHOMAS

~~FL495~~
 CERVIX

~~FL496~~
 UTERUS

F. ~~FL497~~
 OVARY

~~FL498~~
 OTHER

COMMENTS _____

ID=

NAME:

COHORT EXAM 19

(SCREEN E2) SECOND EXAMINER OPINIONS

~~FL499~~ | | 2D EXAMINER ID NUMBER _____ 2D EXAMINER LAST NAME

CODING FOR ENTIRE SCREEN: (0=No; 1=Yes,new; 2=Yes,old;)

(3=Yes,recur; 4=Maybe; 9=Unknown or not reviewed)

FL500

| | CONGESTIVE HEART FAILURE

FL501

| | ANGINA PECTORIS

FL502

PULMONARY DISEASE

FL503

| | CORONARY INSUFFICIENCY

FL504

| | MYOCARDIAL INFARCTION

COMMENTS ABOUT CHEST AND HEART DISEASE _____

FL505

| | INTERMITTENT CLAUDICATION

FL506

| | ARTER. PERIPH. VASC. DISEASE

FL507

| | CHRONIC VENOUS INSUFFICIENCY

FL508

| | STEM VARICOSE VEINS

COMMENTS PERIPH.VASC.DIS. _____

Z, FL509

| | BRAIN INFARCTION

FL510

| | OTHER STROKE (specify below)

FL511

| | CEREBRAL EMBOLUS

FL512

| | TIA ALONE

FL513

| | INTRACEREBRAL HEMORRHAGE

FL514

| | STROKE PRECEDED BY TIA

FL515

| | SUBARACHNOID HEMORRHAGE

FL516

| | STROKE FOLLOWED BY TIA

COMMENTS ABOUT POSSIBLE CEREBROVASCULAR DISEASE _____

ID=

NAME:

COHORT EXAM 19

VASCULAR SURGERY HISTORY
(DONE AT TIME OF REVIEW, NOT AT EXAM)

HISTORY OF CORONARY ARTERIOGRAM (Coding for all 0=No, 1=Yes,)
19|_|_| YEAR FIRST DONE

HISTORY OF CORONARY ARTERY ANGIOPLASTY (2=Maybe, 9=Unkn)
19|_|_| YEAR FIRST DONE

HISTORY OF CORONARY ARTERY BYPASS SURGERY
19|_|_| YEAR FIRST DONE

HISTORY OF OTHER VASCULAR ARTERY SURGERY (CAROTID, AORTA, ETC)
19|_|_| YEAR FIRST DONE

HISTORY OF VALVULAR SURGERY
19|_|_| YEAR FIRST DONE

HISTORY OF PERMANENT PACEMAKER
19|_|_| YEAR FIRST DONE

COMMENTS ABOUT HEART DISEASE AND HEART SURGERY

ID=

NAME :

COHORT EXAM 19

VERSION 01/02/86

EXAM 19

SENTENCE AND DESIGN HANDOUT FOR PATIENT

PLEASE WRITE A SENTENCE

PLEASE COPY THIS DESIGN

ID=

NAME:

COHORT EXAM 19

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 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. This form is valid for use through 3/31/88 per IRB--NJO 3/16/87.

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 638-7266.

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

ID=

NAME:

COHORT EXAM 19

_____ DATE

_____ NAME

_____ PERSONAL
PHYSICIAN

_____ PATIENT ADDRESS

FRAMINGHAM HEART STUDY

SUMMARY SHEET TO

PERSONAL PHYSICIAN

EXAM 19

	FIRST READING	SECOND READING
Systolic blood pressure	_____	_____
Diastolic blood pressure	_____	_____
ECG Diagnosis	_____	

The following tests are done on a routine basis. Only abnormal findings will be forwarded at a later date.

- HOLTER MONITORING
- SERUM GLUCOSE
- HEMATOCRIT
- CAROTID DOPPLER

SUMMARY OF FINDINGS:

Summary Check

 EXAMINING PHYSICIAN
 Framingham Heart Study
 118 Lincoln St.
 Framingham, MA 01701