

Framingham Heart Study

Original Cohort Exam 20

11/24/1986-06/04/1990
N=1401

Exam Form Version

07-07-88 Dietary Supplemental Data, Procedures Sheet, Numerical Data, Cognitive Function (I-II), Functional *Performance*, Activities *Questions (A-F)*, Bone Density Data, Medical History, Physical Exam, *Electrocardiograph (I-II)*, Clinical *Diagnostic Impression (I-III)*, Cancer *Site or Type* & Second *Examiner* Opinions in Interim

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.

I need this back

ID=

NAME:

COHORT EXAM 20

Karin

DIETARY - SUPPLEMENTAL DATA

VERSION 07/07/88

{1-4} 111111 FM1 ID NUMBER

{5-7} 1017101 FORM NUMBER

11 FM2
{8} WAS DIETARY QUESTIONNAIRE FILLED OUT?
(0=No, and PUT 0's for rest of page
1=Yes, and continue below)

11 FM3
{9} AMOUNT OF HELP PARTICIPANT GOT WITH QUESTIONNAIRE
(0=Questionnaire not done
1=No help, did it myself
2=Help with a few questions
3=Help with at least half of the questions
4=Help with almost all of the questions
9=Unknown)

11 FM 4
{10} IF GOT HELP, WHO PROVIDED THE MOST HELP
(0=Questionnaire not done
1=Spouse
2=Someone who lives in home
3=Someone who does not live in home
4=Heart Study Interviewer
9=Unknown)

11 FM 5
{11} IN GENERAL, HOW WELL DOES THIS QUESTIONNAIRE
DESCRIBE YOUR DIET?
(0=Questionnaire not done
1=Very well
2=Moderately well
3=Not too well
4=Poorly
9=Unknown)

ID=

NAME:

COHORT EXAM 20

FRAMINGHAM COHORT EXAM 20 PROCEDURES SHEET

- FM6 | _ | HOLTER MONITOR (0=No, 1=Clinic only, 2=Worn home, 9=Unk)
FM7 | _ | ECHOCARDIOGRAM (0=No, 1=Yes, 9=Unk)
FM8 | _ | ECHO DOPPLER (0=No, 1=Yes, 9=Unk)
FM9 | _ | CAROTID DOPPLER (0=No, 1=Yes, 9=Unk)
FM10 | _ | DUAL PHOTON ABSORPTIOMETRY (0=No, 1=Yes, 9=Unk)
FM11 | _ | EXERCISE QUESTIONNAIRE (0=No, 1=Yes, 9=Unk)
FM12 | _ | SPIROMETRY DONE (0=No, 1=Yes, 9=Unkn)

ID=

NAME:

COHORT EXAM 20

(NURSE 1)

NUMERICAL DATA-PART I

VERSION 07/07/88

I _ I _ I _ I (1-4) ID NUMBER _____ PATIENT NAME

02 101311 (5-7) FORM NUMBER

FM13 I _ I SEX OF PATIENT (1=Male, 2=Female)
{8}

FM14 I _ I AGE OF PATIENT
{9-10}

FM15 I _ I SITE OF EXAM (0=Heart Study, 1=Nursing home, 2=Residence)
{11}

FM16 I _ I NURSING HOME LEVEL OF CARE (0=None,
{12} (1=Skilled care 24 hrs, Medicare)
(2=Skilled care 24 hrs, Medicaid or private)
(3=Skilled care 8-16 hrs, 4=Self care)

FM17 I _ I MARITAL STATUS {13} (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Sep)
{13}

FM18 I _ I NURSE EXAMINER'S NUMBER
{14-15}

FM19 I _ I _ I WEIGHT (to nearest pound)
{16-18}

FM20 I _ I * I _ I HEIGHT (inches, to next lower 1/4 inch)
{19-22}

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

FM21 I _ I I _ I FM22 I _ I SKINFOLD TRICEPS (millimeters)
{23-24} {25-26}

FM23 I _ I I _ I FM24 I _ I SKINFOLD SUBSCAPULAR (millimeters)
{27-28} {29-30}

FM25 I _ I I _ I SKINFOLD ABDOMEN (millimeters)
{31-33}

FM26 I _ I * I _ I BI-DELTOID GIRTH (inches with 2 decimals)
{34-37}

FM27 I _ I * I _ I RIGHT ARM GIRTH--UPPER THIRD (inches, 2 decimals)
{38-41}

FM28 I _ I * I _ I WAIST GIRTH (inches with 2 decimals)
{42-45}

FM29 I _ I * I _ I HIP GIRTH (inches with 2 decimals)
{46-49}

FM30 I _ I * I _ I THIGH GIRTH (inches with 2 decimals)
{50-53}

SYSTOLIC DIASTOLIC

FM31 I _ I I _ I I _ I I _ I FM32 NURSE'S BLOOD PRESSURE
{54-56} {57-59}

I _ I I CARBON MONOXIDE LEVEL
{60-61}

I _ I I R (RESISTANCE FROM BODY COMP ANALYZER)
{62-64}

I _ I I XC (REACTANCE FROM BODY COMP ANALYZER)
{65-67}

ID#

NAME:

COHORT EXAM 20

COGNITIVE FUNCTION-PART I

VERSION 07/07/88

SCORE CORRECT NO TRY=6 UNKNOWN=9

(1-4) 0 1 1 1 1 1

ID NUMBER

(5-7) 1 0 1 6 1 0 1

FORM NUMBER

FM33

{8} 0 1 2 3

6 9|WHAT IS THE DATE TODAY?

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

FM34

{9} 1 0 1

6 9|WHAT IS THE SEASON?

FM35

{10} 1 0 1

6 9|WHAT DAY OF THE WEEK IS IT?

FM36

{11} 1 0 1 2 3

6 9|WHAT TOWN, COUNTY AND STATE ARE WE IN?

FM37

{12} 1 0 1

6 9|WHAT IS THE NAME OF THIS PLACE? (any

| appropriate answer ok..my home street

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

FM38

{13} 1 0 1

6 9|WHAT FLOOR OF THE BUILDING ARE WE ON?

FM39

{14} 1 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

FM40

{15} 1 1 1

| REVERSE ORDER. _____

| (write in letters, scoring done later)

FM41

{16} 1 0 1 2 3

6 9|WHAT ARE THE 3 OBJECTS I ASKED YOU TO

| REMEMBER A FEW MOMENTS AGO?

ID=

NAME:

COHORT EXAM 20

COGNITIVE FUNCTION-PART II

SCORE CORRECT NO TRY=6 UNKNOWN=9

{1-4} |_|_|_|_|

ID NUMBER

{5-7} |0|6|1|1

FORM NUMBER

FM42

{8} |0|1

6 9|WHAT IS THIS CALLED? (WATCH)

FM43

{9} |0|1

6 9|WHAT IS THIS CALLED (PENCIL)

FM44

{10} |0|1

6 9|PLEASE REPEAT THE FOLLOWING: "NO IFS,
|ANDS, OR BUTS." (Perfect=1)

FM45

{11} |0|1

6 9|PLEASE READ THE FOLLOWING & DO WHAT IT
|SAYS (performed=1, code 6 if low vision)

FM46

{12} |0|1

6 9|PLEASE WRITE A SENTENCE (code 6 if low vision)

FM47

{13} |0|1

6 9|PLEASE COPY THIS DRAWING (code 6 if low vision)

FM48

{14} |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, code 6 if low vision)

FM49

{15} |1|2|3|4

9 |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

ID=

NAME:

COHORT EXAM 20

(NURSE 2)

FUNCTIONAL PERFORMANCE

VERSION 07/07/88

|_|_|_|_| {1-4} ID NUMBER _____ PATIENT NAME

|0|3|2| {5-7} FORM NUMBER

25

OBSERVED FUNCTIONAL PERFORMANCE TEST

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

FM50

|_| DRESSING (undressing and redressing)
{8}

FM51

|_| BATHING
{9}

FM52

|_| FEEDING (pour and drink glass of water)
{10}

FM53

|_| TRANSFERRING (getting in and out of chair)
{11}

FM54

|_| TOILETING ACTIVITIES (ability to use bathroom facilities
and handle clothing)
{12}

FM55

|_| CONTINENCE (bowel and bladder continence)
{13}

FM56

|_| WALKING ON LEVEL SURFACE (50 yard=3x hall length)
{14}

FM57

|_| UP AND DOWN ONE FLIGHT STAIRS (5 steps)
{15}

FM58

|_| CARRYING BUNDLES (carry 10 lb. bundle 10 feet)
{16}

FM59

|_| DIALING A TELEPHONE
{17}

FM60

|_| TAKES OWN MEDICATIONS
{18}

11

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NAME:

COHORT EXAM 20

INTERVIEW

ACTIVITIES QUESTIONS-PART A

VERSION 07/07/88

d6/ {1-4} ID NUMBER _____ PATIENT NAME _____
 {5-7} FORM NUMBER _____

FM61 WHERE DO YOU LIVE: (0=Residence, 1=Nursing home,) {8}
 (2=other institution, 9=Unkn)

FM62 DOES ANYONE LIVE WITH YOU: (0=No, 1=Yes, 9=Unkn) {9}

FM63 SPOUSE (0=No, 1=Yes, 9=Unkn) (Code nursing home) {10}

FM64 CHILDREN (0=No, 1=Yes, 9=Unkn) (residents as no to) {11}

FM65 FRIENDS (0=No, 1=Yes, 9=Unkn) (these questions) {12}

FM66 RELATIVES (0=No, 1=Yes, 9=Unkn) {13}

FM67 IN GENERAL, HOW IS YOUR HEALTH NOW: (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9=Unk) {14}

FM68 COMPARE YOUR HEALTH TO PEOPLE YOUR OWN AGE: (1=Better, 2>About the same, 3=Worse than most people your own age, 9=Unk) {15}

FM69 ARE YOU WORKING NOW (full or part-time) (0=No, 1=Yes, 9=Unk) {16}

FM70 DURING THE PAST 6 MONTHS (180 days) HOW MANY DAYS WERE YOU SO SICK THAT YOU WERE UNABLE TO CARRY OUT YOUR USUAL ACTIVITIES? (999=Unk) {17-19}

FM71 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=Unk) {20}

FM72 ARE YOU ABLE TO WALK UP AND DOWN STAIRS TO THE SECOND FLOOR WITHOUT ANY HELP? (0=No, 1=Yes, 9=Unk) {21}

FM73 ARE YOU ABLE TO WALK HALF A MILE WITHOUT HELP? (about 4 to 6 blocks: 0=No, 1=Yes, 9=Unk) {22}

FM74 DO YOU DRIVE? (0=No, 1=Yes, currently, 2=Yes not now, 9=Unk) {23} (Continue if answer to above is no)

FM75 REASON FOR NOT DRIVING NOW (1=Health, 2=Other non-health reason, 3=Never licensed, 8=N/A, 9=Unk) {24}

17

ID=

NAME:

COHORT EXAM 20

INTERVIEW

ACTIVITIES QUESTIONS-PART B

VERSION 07/07/88

d7 {1-4} ID NUMBER _____ PATIENT NAME _____
 {5-7} FORM NUMBER

FM76

DO YOU STAY IN BED ALL OR MOST OF THE TIME?
 {8} (To code as yes, must spend at least 4 waking hours/day
 in bed: 0=No, 1=Yes, 2=Unsure, 9=Unk)

HOW LONG HAVE YOU DONE THIS?

FM77 MONTHS FM78 YEARS (99=Unk)
 {9-10} {11-12}

FM79

DO YOU STAY IN THE HOUSE ALL OR MOST OF THE TIME?
 {13} (To code as yes, must go out less than once a week:
 0=No, 1=Yes, 2=Unsure, 9=Unk)

HOW LONG HAVE YOU DONE THIS?

FM80 MONTHS FM81 YEARS (99=Unkn), 98=N/A
 {14-15} {16-17}

FM82

DO YOU NEED A SPECIAL AID (WHEELCHAIR, CANE, WALKER)
 {18} TO GET AROUND? (0=No, 1=Yes, 2=Unsure, 9=Unk)

WHICH OF THE FOLLOWING EQUIPMENT DO YOU USE?

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

FM83

CANE OR WALKING STICK
 {19}

FM84

CRUTCHES
 {20}

FM85

WALKER
 {21}

FM86

WHEELCHAIR
 {22}

FM87

ARTIFICIAL LIMB
 {23}

FM88

BRACE OF ANY KIND
 {24}

FM89

GUIDE DOG
 {25}

FM90

SPECIAL SHOES
 {26}

FM91

OTHER (WRITE IN) _____
 {27}

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

20

ID=

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INTERVIEW

ACTIVITIES QUESTIONS-PART C

VERSION 07/07/88

1_1_1_1_1 (1-4) ID NUMBER

dbt 113131 (5-7) FORM NUMBER

FM92 1_1_1 HOW MANY FLIGHTS OF STAIRS DO YOU CLIMB UP EACH DAY?
{8-9} (Let 1 flight=10 steps, 99=Unk)

FM93 1_1_1 HOW MANY CITY BLOCKS (OR THEIR EQUIVALENT) DO YOU
{10-11} WALK EACH DAY? (Let 12 blocks= 1 mile, 99=Unk)

REST AND ACTIVITY FOR A TYPICAL DAY

HOURS/DAY

FM94 1_1_1 SLEEP--NUMBER OF HOURS THAT YOU TYPICALLY SLEEP?
{12-13}

FM95 1_1_1 SEDENTARY--NUMBER OF HOURS TYPICALLY SITTING?
{14-15}

FM96 1_1_1 SLIGHT ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
{16-17} SUCH AS STANDING, WALKING

FM97 1_1_1 MODERATE ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
{18-19} SUCH AS HOUSE WORK, YARD CHORES, CLIMBING STAIRS
LIGHT SPORTS SUCH AS BOWLING, GOLF

FM98 1_1_1 HEAVY ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
{20-21} SUCH AS HEAVY HOUSEHOLD WORK, EXERCISE SUCH
AS INTENSIVE SPORTS--JOGGING ETC.

FM99 -----
{22-23} HOURS (SHOULD BE THE TOTAL OF ABOVE ITEMS)

~~16~~

16

ID=

NAME:

COHORT EXAM 20

INTERVIEW

ACTIVITIES QUESTIONS-PART D

VERSION 07/07/88

{9} |1|1|1|1|1| (1-4) ID NUMBER

|1|1|3|4| (5-7) FORM NUMBER

FOR EACH THING TELL ME WHETHER YOU HAVE :

NO DIFFICULTY	(0)
A LITTLE DIFFICULTY	(1)
SOME DIFFICULTY	(2)
A LOT OF DIFFICULTY	(3)
UNABLE TO DO	(4)
DON'T DO ON MD ORDERS	(5)
UNKNOWN	(9)

FM100

{8} PULLING OR PUSHING LARGE OBJECTS LIKE A LIVING ROOM CHAIR.
DO YOU HAVE A LOT... REPEAT

FM101

{9} EITHER STOOPING, CROUCHING, OR KNEELING.
DO YOU HAVE A LOT... REPEAT

FM102

{10} REACHING OR EXTENDING ARMS BELOW SHOULDER LEVEL.
DO YOU HAVE A LOT... REPEAT

FM103

{11} REACHING OR EXTENDING ARMS ABOVE SHOULDER LEVEL.
DO YOU HAVE A LOT... REPEAT

FM104

{12} EITHER WRITING OR HANDLING OR FINGERING SMALL OBJECTS.
DO YOU HAVE A LOT... REPEAT

FM105

{13} STANDING IN ONE PLACE FOR LONG PERIODS, SAY 15 MINUTES.
DO YOU HAVE A LOT... REPEAT

FM106

{14} SITTING FOR LONG PERIODS, SAY 1 HOUR.
DO YOU HAVE A LOT... REPEAT

7

ID=

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INTERVIEW

ACTIVITIES QUESTIONS-PART E

VERSION 07/07/88

|_|_|_| (1-4) ID NUMBER

|1|3|5| (5-7) FORM NUMBER

FM107

IN THE PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND HIT THE FLOOR OR GROUND? (code as no if during sports activity)
(0=No, 1=Yes, 2=Unsure, 9=Unkn)

FM108

|_|_| IF YES, HOW MANY TIMES DID YOU FALL IN THE PAST YEAR?
{9-10} (99=Unk)

FM109

|_| SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES?
{11}

If yes, please specify below. Code as no if under age 30.
(0=No, 1=Yes, 2=Unsure, 9=Unkn)

LEFT RIGHT (00=No, for others give year)

FM110 19|_|_| 19|_|_| UPPER ARM (HUMERUS) OR ELBOW
{12-13} {14-15}

19|_|_| 19|_|_| FOREARM OR WRIST
{16-17} {18-19}

19|_|_| BACK (If disc disease only, code as No)
{20-21}

19|_|_| PELVIS
{22-23}

19|_|_| 19|_|_| HIP
{24-25} {26-27}

19|_|_| OTHER (specify) _____
{28-29}

22

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21

INTERVIEW

ACTIVITIES QUESTIONS-PART F

VERSION 07/07/88

d) | 1 | 1 | 1 | 1 | {1-4} ID NUMBER
 | 1 | 1 | 3 | 1 | 6 | {5-7} FORM NUMBER

NO	YES	BOTH	UNK	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 COLUMN 19 BELOW)
	L	R		
0	1	2	3 9	

{8} FM 119

LEFT (YEAR)	RIGHT	WHEN DID THE PAIN START?
FM 120	FM 121	
19 1 1	19 1 1	

{9-10} {11-12}

LEFT (YEAR)	RIGHT	WHEN WAS THE LAST TIME YOU HAD THIS PAIN?
FM 122	FM 123	
19 1 1	19 1 1	

{13-14} {15-16}

L	L	L	IF THERE WAS PAIN, HOW SEVERE IS/WAS THE PAIN USUALLY?
MILD	MOD	SEV UNK	
0	1	2 9	

{17} FM 124

R	R	R	IF THERE WAS PAIN, HOW SEVERE IS/WAS THE PAIN USUALLY?
MILD	MOD	SEV UNK	
0	1	2 9	

{18} FM 125

NO	YES	UNK	DURING THE PAST YEAR, HAVE YOU HAD PAIN OR STIFFNESS IN THE JOINTS? IF NO, SKIP TO COLUMN 27.
0	1	9	

{19} FM 126

NO	YES	BOTH	UNK	SHOULDERS
	L	R		
0	1	2	3 9	

{20} FM 127

0	1	2	3 9	ELBOWS

{21} FM 128

0	1	2	3 9	WRISTS

{22} FM 129

0	1	2	3 9	HANDS

{23} FM 130

0	1	2	3 9	HIPS

{24} FM 131

0	1	2	3 9	ANKLES

{25} FM 132

0	1	2	3 9	FEET

{26} FM 133

NO	YES	UNK	HAVE YOU EVER BEEN TOLD YOU HAD RHEUMATOID ARTHRITIS? IF NO, SKIP NEXT QUESTION.
0	1	9	

{27} FM 134

NO	YES	UNK	ARE YOU PRESENTLY UNDER TREATMENT FOR RHEUMATOID ARTHRITIS?
0	1	9	

{28} FM 135

ID=

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BONE DENSITY DATA

VERSION 07/07/88

{1-4} ^{d12} | | | | | | ID NUMBER

{5-7} | 2 | 0 | 1 | 1 | FORM NUMBER

FM136 | | WHAT CITY OR TOWN
{8} DO YOU CURRENTLY LIVE IN?

GEOGRAPHICAL CODING

- 1 = Framingham area
- 2 = Metropolitan Boston
- 3 = Cape Cod
- 4 = Other Mass. area
- 5 = Florida
- 6 = Arizona
- 7 = California
- 8 = Other State _____
- 9 = Unknown

FM137 | | HOW MANY MONTHS OF THE YEAR DO YOU
{9-10} LIVE THERE?
(If less than 12 mos. continue,
else skip to Column 17)

FM138 | | WHAT OTHER AREA DO YOU LIVE IN?
{11}

FM139 | | HOW MANY MONTHS OF THE YEAR DO YOU LIVE THERE?
{12-13} (If less than 12 mos. total continue,
else skip to Column 17)

FM140 | | WHAT OTHER AREA DO YOU LIVE IN?
{14}

FM141 | | HOW MANY MONTHS OF THE YEAR DO YOU LIVE THERE?
{15-16}

(6

FM142 | | FOR THE MAJORITY OF ACTIVITIES YOU DO (NOT JUST WRITING),
{17} WHICH HAND DO YOU USE?
(1 = Always right, 2 = Usually right, 3 = No preference,
4 = Usually left, 5 = Always left, 8 = Unable to use hands,
9 = Not sure or Unknown)

FM143 | | IN THE SUMMER, ON AVERAGE, ARE YOU OUTSIDE IN SUNLIGHT AT LEAST
{18} ONE HALF-HOUR A DAY, OR AT LEAST 3-4 HOURS A WEEK?
(0 = No, 1 = Yes, 9 = Not sure or Unknown)

FM144 | | DURING CHILDHOOD AND ADOLESCENCE DID YOU DRINK MILK?
{19} (1 = With every meal, 2 = Frequently, but not every meal,
3 = Sometimes, 4 = Rarely or never, 9 = Unknown)

FM145 | | [ASK WOMEN ONLY] HOW MANY BABIES HAVE YOU GIVEN BIRTH TO?
{20} _____ (NOTE: Include whether live or stillborn) (0-8+, 9 = Unknown)

FM146 | | [ONLY ASK WOMEN WITH CHILDREN] ON AVERAGE, DURING YOUR
{21} PREGNANCIES OR WHILE BREST FEEDING, DID YOU DRINK MILK?
(1 = With every meal, 2 = Frequently, but not every meal,
3 = Sometimes, 4 = Rarely or never, 9 = Unknown)

FM147 | | DO YOU STAY INDOORS MOST OR ALL OF THE DAY (ON AVERAGE)?
{22} (NOTE: THIS IS A LIFESTYLE QUESTION, NOT DUE TO HEALTH)
(0 = No, 1 = Yes, 9 = Not sure or Unknown)

FM148 | | ARE YOU IN BED OR IN A CHAIR FOR MOST OR ALL OF THE DAY
{23} (ON AVERAGE)? NOTE: THIS IS A LIFESTYLE QUESTION, NOT DUE
TO HEALTH) (0 = No, 1 = Yes, 9 = Not sure or Unknown)

ID=

NAME:

COHORT EXAM 20

(SCREEN 2)

MEDICAL HISTORY--CARDIOVASCULAR MEDICATIONS

1-1-1-1 {1-4} ID NUMBER

1010121 {5-7} FORM NUMBER

FM155 1-1 NUMBER OF ASPIRINS PER WEEK?
{8-9}

FM156 1-1 ANY OF THE CARDIOVASCULAR MEDICATIONS BELOW (0=No, 1=Yes, 9=Unkn)
{10}

FM157 1-1 CARDIAC GLYCOSIDES (0=No;)
{11}

FM158 1-1 NITROGLYCERINE (1=Yes, now;)
{12}

FM159 1-1 LONGER ACTING NITRATES (2=Yes, not now;)
{13} (Isordil, Cardilate, etc.)

FM160 1-1 CALCIUM CHANNEL BLOCKERS (Nifedipine etc) (3=Maybe;)
{14}

FM161 1-1 BETA BLOCKERS (Specify) _____ (9=Unknown)
{15}

FM162 1-1 ANTIARRHYTHMICS (Quinidine,
{16} Procaine, Norpace, etc.)

FM163 1-1 ANTIPLATELET
{17} (Anturane, Persantine, etc.)

FM164 1-1 ANTICOAGULANTS (Coumadin etc.)
{18}

FM165 1-1 THIAZIDE DIURETICS
{19}

FM166 1-1 LOOP DIURETICS (Lasix etc.) Medication scratch list_
{20}

FM167 1-1 K-SPARING DIURETICS (Aldactone,
{21} Triamterene)

FM168 1-1 RESERPINE DERIVATIVES _____
{22}

FM169 1-1 METHYLDOPA (Aldomet) _____
{23}

FM170 1-1 CLONIDINE (Catapres) _____
{24}

FM171 1-1 WYTENSIN,
{25}

FM172 1-1 GANGLIONIC BLOCKERS
{26}

FM173 1-1 RENIN-ANGIOTENSIN BLOCKING DRUGS (Captopril)
{27}

FM174 1-1 PERIPHERAL VASODILATORS
{28} (Hydralazine, Minipress, Minoxidil, etc)

FM175 1-1 OTHER ANTI-HYPERTENSIVES
{29}

FM176 1-1 OTHER CARDIAC MEDICATION (Specify) _____
{30}

ID=

NAME:

COHORT EXAM 20

(SCREEN 3) MEDICAL HISTORY--NON-CARDIOVASCULAR MEDICATIONS

|_|_|_|_| (1-4) ID NUMBER

dis

010131 (5-7) FORM NUMBER

FM177 |_| ANTI CHOLESTEROL DRUGS (Resins, Fibrates etc.) (0=No;)

{8} /

FM178 |_| ANTIGOUT--URIC ACID LOWERING (Allopurinol (1=Yes, now;)

{9} Probenecid etc)

FM179 |_| ANTIGOUT--(Colchicine) (2=Yes, not now)

{10} /

FM180 |_| THYROID EXTRACT (Dessicated Thyroid) (3=Maybe)

{11} 80

FM181 |_| THYROXINE (Synthroid etc.) (9=Unknown)

{12} /

FM182 |_| INSULIN

{13}

FM183 |_| TOTAL UNITS OF INSULIN A DAY

{14-16}

FM184 |_| ORAL HYPOLYCEMICS (Specify brand_____)

{17}

FM185 |_| ORAL ESTROGEN (for women users also see screen 6)

{18}

FM186 |_| ORAL GLUCOCORTICIDS (Prednisone, Cortisone etc.)

{19}

FM187 |_| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (Motrin, Ibuprofen,

{20} Naprosyn, Indocin, Clinoril)

FM188 |_| ANALGESIC-NARCOTICS (Demerol, Codeine, Dilaudid, etc.)

{21}

FM189 |_| ANALGESIC-NON-NARCOTICS (Acetaminophen etc.)

{22}

FM190 |_| BRONCHODILATORS, AEROSOLS ETC.

{23}

FM191 |_| ANTIHISTAMINES

{24}

FM192 |_| ANTIULCER (Tagamet, Ranitidine, Probanthine, H Ion Inhibitors)

{25}

FM193 |_| ANTI-ANXIETY, SEDATIVE/HYPNOTICS ETC. (Librium, Valium etc.)

{26}

FM194 |_| SLEEPING PILLS

{27}

FM195 |_| ANTI-DEPRESSANTS

{28}

FM196 |_| EYEDROPS

{29}

FM197 |_| POTASSIUM SUPPLEMENTS

{30}

FM198 |_| ANTIBIOTICS

{31}

FM199 |_| OTHERS Specify: _____

{32}

ID=

NAME:

COHORT EXAM 20

(SCREEN 4) MEDICAL HISTORY--FEMALE GENITOURINARY DISEASE

1_1_1_1_1 (1-4) ID NUMBER

015101 (5-7) FORM NUMBER

FM2001_1_1 AGE AT HYSTERECTOMY (years, 00=No, 99=Unknown)
{8-9}

FM2001_1 OVARY OR OVARIES REMOVED (0=No; 1=Yes,one; 2=Yes,two; 9=Unkn)
{10}

FM2001_1 CONJUGATED ESTROGEN USE IN INTERIM (e.g. Premarin)
{11} (0=No;1=Yes,now;2=Yes,not now,9=Unkn)

FM2003 1_1 DOSE/DAY OF PREMARIN (0=No,1=0.325mg,2=0.625mg,
{12} OR CONJ. ESTROGENS 3=1.25mg,4=2.5mg, 9=Unk)

FM2004 1_1_1 NUMBER OF DAYS A MONTH TAKING PREMARIN (99=Unkn)
{13-14}

FM2005 1_1 ESTRADGEN CREAM USE INTERIM (0=No;1=Yes,now;2=Yes,not now,9=Unkn)
{15}

FM2006 1_1 PROGESTERONE USE INTERIM (0=No;1=Yes,now;2=Yes,not now,9=Unkn)
{16}

FM2007 1_1 URINARY DISEASE IN INTERIM (0=No,1=Yes,)
{17}

FM2008 1_1 KIDNEY DISEASE IN INTERIM (2=Maybe,9=Unkn)
{18}

FM2009 1_1 KIDNEY STONES IN INTERIM
{19}

ID=

NAME:

COHORT EXAM 20

(SCREEN 5) MEDICAL HISTORY--MALE GENITOURINARY DISEASE

|_|_|_|_| (1-4) ID NUMBER

|0|5|1|1 (5-7) FORM NUMBER

FM200 |_| URINARY DISEASE IN INTERIM (0=No,)
{8}

FM211 |_| KIDNEY DISEASE IN INTERIM (1=Yes,)
{9}

FM212 |_| KIDNEY STONES IN INTERIM (2=Maybe,)
{10}

FM213 |_| PROSTATE TROUBLE IN INTERIM (9=Unkr)
{11}

FM214 |_| PROSTATE SURGERY IN INTERIM
{12}

////

ID=

NAME:

COHORT EXAM 20

(SCREEN 6)

MEDICAL HISTORY--BEVERAGES AND THYROID

1_1_1_1_1 ID NUMBER

1010161 {5-7} FORM NUMBER

FM215 1_1_1 COFFEE/CAFFEINATED (cups) {8-9}

FM216 1_1_1 COFFEE/DECAFF (cups) {10-11}

FM217 1_1_1 TEA/CAFFEINATED (cups) {12-13}

FM218 1_1_1 TEA/DECAFF (cups) {14-15}

FM219 1_1_1 COLA/CAFFEINATED (12 oz) {16-17}

FM220 1_1_1 COLA/DECAFF (12 oz) {18-19}

NUMBER OF DRINKS PER WEEK? (Coding below)

HOW MANY DAYS IN A WEEK DO YOU DRINK?

WHAT IS YOUR LIMIT AT ONE PERIOD OF TIME?

FM221 1_1_1 (00=Never, {20-21})

FM222 1_1_1 BEER-BOTTLES, CANS, GLASSES {22}

FM223 1_1_1 {23-24}

FM224 1_1_1 (01=1 or less, {25-26})

FM225 1_1_1 WINE-GLASSES {27}

FM226 1_1_1 {28-29}

FM227 1_1_1 (99=Unknown {30-31})

FM228 1_1_1 LIQUOR-COCKTAILS, H'GHBALLS {32}

FM229 1_1_1 {33-34}

FM230 1_1 HAVE YOU EVER HAD THYROID SURGERY? {35} (0=No, 1=Yes, 9=Unk)

COMMENTS (Procedure, where, when) _____

FM231 1_1 HAVE YOU EVER HAD ANY OTHER THYROID DISEASE? {36} (0=No, 1=Yes, 9=Unk)

COMMENTS _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 7)

MEDICAL HISTORY--SMOKING

|_|_|_|_| {1-4} ID NUMBER

|0|0|7| {5-7} FORM NUMBER

FM232 | | SMOKED CIGARETTES REGULARLY IN THE LAST YEAR?
{8} (0=No, 1=Yes, 9=Unk)

FM233 | | HOW MANY CIGARETTES DO/DID YOU SMOKE A DAY?
{9-10} (01=one or less, 99=unk)

FM234 | | DO YOU INHALE? (0=No, 1=Yes, 9=Unkn)
{11}

CIGARETTE BRAND	STRENGTH	TYPE	FILTER	LENGTH
FM235	FM236	FM237	FM238	FM239
{12-19}	{20}	{21}	{22}	{23}
(First eight letters)	(1=N1, 2=Lite, 3=Ultralite)	(1=Reg, 2=Menth)	(1=Nonfilter, 2=Filter)	(1=Regular, 2=King, 3=100mm)

|_|_| HOW MANY HOURS SINCE LAST CIGARETTE?
{24-25} FM240
(01=1 hour or less,)
(24=24 or more hours, 99=Unkn)

|_| DO YOU NOW SMOKE CIGARS?
{26} FM241

|_| DO YOU NOW SMOKE PIPES?
{27} (0=No; 1=Yes, inhale;)
(2=Yes, no inhale; 9=Unkn)

FM242

-----PASSIVE SMOKING-----

FM243 | | DOES YOUR SPOUSE SMOKE NOW? (0=No, 1=Yes, 2=Not Married, 9=Unkn)
{28}

IF YES, HOW MUCH DOES HE/SHE SMOKE A DAY? (Write number, 99=Unkn)

TOTAL |_|_| CIGARETTES/DAY |_|_| PIPES/DAY |_|_| CIGARS/DAY
{29-30} FM244 {31-32} FM245 {33-34} FM246

AT HOME |_|_| CIGARETTES/DAY |_|_| PIPES/DAY |_|_| CIGARS/DAY
{35-36} FM247 {37-38} FM248 {39-40} FM249

|_|_| EXCLUDING YOU AND YOUR SPOUSE, HOW MANY OTHER SMOKERS LIVE
{41-42} IN YOUR HOUSEHOLD? (Cigarette, cigar, or pipe smokers)
FM250 (0=None, 98=Nursing Home resident, 99=Unkn)

ON THE AVERAGE, HOW MANY HOURS PER WEEK ARE YOU EXPOSED TO
'CIGARETTE, PIPE, OR CIGAR SMOKE BECAUSE OF SMOKING BY OTHERS?
(999=Unknown)

|_|_|_| AT HOME?
{43-45} FM251

|_|_|_| AT WORK?
{46-48} FM252

|_|_|_| IN A CAR?
{49-51} FM253

|_|_|_| IN OTHER PLACES?
{52-54} FM254

ID=

NAME:

COHORT EXAM 20

(SCREEN 8)

MEDICAL HISTORY--RESPIRATORY

1-1-1-1-1 {1-4} ID NUMBER

d20 1010181 {5-7} FORM NUMBER

FM255 1-1 CHRONIC COUGH IN INTERIM (AT LEAST 3 MONTHS/YEAR) (0=No;1=Yes,productive;2=Yes,non-productive;9=Unkn)

FM256 1-1 WHEEZING OR ASTHMA (0=No,)

FM257 1-1 LONG DURATION (1=Yes,)

FM258 1-1 SEASONAL (9=Unkn)

FM259 1-1 WITH RESPIRATORY INFECTIONS (12)

FM260 1-1 DYSPNEA ON EXERTION (0=No,) (1=Climbing stairs or vigorous exertion,) (2=Rapid walking or moderate exertion,) (3=Any slight exertion,) (9=Unknown)

FM261 1-1 DYSPNEA HAS INCREASED OVER THE PAST TWO YEARS (0=No,1=Yes,9=Unkn)

FM262 1-1 ORTHOPNEA (0=No;1=Yes,new in interim;)

FM263 1-1 PAROXYSMAL NOCTURNAL DYSPNEA (2=Yes,old complaint;)

FM264 1-1 ANKLE EDEMA BILATERALLY (9=Unkn)

FM265 1-1 1ST EXAMINER BELIEVES CHF (0=No, 1=Yes,)

FM266 1-1 1ST EXAMINER BELIEVES PULMONARY DISEASE (2=Maybe, 9=Unkn)

RESPIRATORY COMMENTS

ID=

NAME:

COHORT EXAM 20

(SCREEN 9)

MEDICAL HISTORY--HEART PART I

d27 | 1 | 1 | 1 | 1 | 1 | (1-4) ID NUMBER

| 0 | 0 | 1 | 9 | (5-7) FORM NUMBER

FM267 | 1 | 1 | ANY CHEST DISCOMFORT SINCE LAST EXAM (0=No, 1=Yes,)
{8}

FM268 | 1 | 1 | CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT (2=Maybe,)
{9}

FM269 | 1 | 1 | CHEST DISCOMFORT WHEN QUIET OR RESTING (9=Unknown)
{10}

CHEST DISCOMFORT CHARACTERISTICS (must have first box checked above)

FM270A FM270B

| 1 | 1 | * | 1 | 1 | DATE OF ONSET (mo/yr, 99/99=Unkn)
{11-14}

FM271 | 1 | 1 | 1 | 1 | USUAL DURATION (minutes, 999=Unkn)
{15-17}

FM272 | 1 | 1 | 1 | 1 | LONGEST DURATION (minutes, 999=Unknown)
{18-20}

FM273 | 1 | 1 | LOCATION (0=No,1=Central sternum and upper chest,)
{21} (2=L Up Quadrant,3=L Lower ribcage,4=R Chest,5=Other,9=Unk)

FM274 | 1 | 1 | RADIATION (0=No,1=Left shoulder or L arm, 2=Neck,)
{22} (3=R shoulder or arm,4=Back,5=Abdomen,6=Other,

7=Combination,9=Unk)

FM275 | 1 | 1 | 1 | 1 | FREQUENCY (Number per year on average, 999=Unknown)
{23-25}

FM276 | 1 | 1 | TYPE (1=Pressure,heavy,vise;2=Sharp;3=Dull;4=Other;9=Unk)
{26}

FM277 | 1 | 1 | CHEST DISCOMFORT RELIEF WITH NITRO IN <15 MINS (0=No,)
{27}

FM278 | 1 | 1 | CHEST DISCOMFORT RELIEF WITH REST IN <15 MINS (1=Yes,)
{28}

FM279 | 1 | 1 | CHEST DISCOMFORT RELIEF SPONTANEOUSLY IN <15 MINS (9=Unk)
{29}

FM280 | 1 | 1 | CHEST DISCOMFORT RELIEF BY OTHER CAUSE IN <15 MINS
{30}

FM281 | 1 | 1 | 1ST EXAMINER BELIEVES ANGINA PECTORIS IN INTERIM (0=No, 1=Yes,)
{31}

FM282 | 1 | 1 | 1ST EXAMINER BELIEVES CORONARY INSUFF. IN INTERIM (2=Maybe,)
{32}

FM283 | 1 | 1 | 1ST EXAMINER BELIEVES MYOCARDIAL INFARCT IN INTERIM (9=Unkn)
{33}

COMMENTS

Angina Pectoris. Two or three of pain raised, severe, and
and managed to get down to rest and pain
disappeared after about 10 minutes. Pain spread
to upper arm, neck, jaw, and spread
to lower arm and stomach. Pain ended

ID=

NAME:

COHORT EXAM 20

(SCREEN 10)

MEDICAL HISTORY--HEART PART II

{1-4} ID NUMBER

101101 {5-7} FORM NUMBER

FM284

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

FM285

{9-11} NUMBER OF EPISODES IN PAST YEAR (999=Unkn)

FM286

{12-14} LONGEST DURATION OF EPISODE IN PAST YEAR
(0=No, 1=1 minute or less, 999=Unkn)

FM287

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

*Feeling
Faint*

FM288

{16-18} NUMBER OF EPISODES IN PAST YEAR (999=Unkn)

-----RAYNAUD'S QUESTIONS-----

FM289

{19} ARE EITHER YOUR FINGERTIPS OR TOES UNUSUALLY SENSITIVE TO
THE COLD? (0=No, 1=Yes, 9=Unkn) If no skip to end of section

FM290

{20} IF YES, DO THEY EVER SHOW UNUSUAL COLOR CHANGES?
(0=No, 1=Yes, 9=Unkn) If no, skip to {24} below.

FM291

{21} IF YES, DO THEY BECOME WHITE?
(0=No, 1=Yes, 9=Unkn)

FM292

{22} IF YES, DO THEY BECOME BLUE?
(0=No, 1=Yes, 9=Unkn)

FM293

{23} IF YES, DO THEY BECOME RED?
(0=No, 1=Yes, 9=Unkn)

FM294

{24} IF YES, HAVE YOU CONSULTED A DOCTOR FOR THIS PROBLEM?
(0=No, 1=Yes, 9=Unkn)

FM295

{25} IF YES, HAVE YOU EVER USED VIBRATING POWER TOOLS
IN YOUR EMPLOYMENT? (0=No, 1=Yes, 9=Unkn)

21

ID=

NAME:

COHORT EXAM 20

(SCREEN 11)

MEDICAL HISTORY--CEREBROVASCULAR IN INTERIM-PART I

|_|_|_|_| (1-4) ID NUMBER

10|1|1|1 (5-7) FORM NUMBER

FM296 |_| SUDDEN MUSCULAR WEAKNESS (0=No,)
{8}

FM297 |_| SUDDEN SPEECH DIFFICULTY (1=Yes,)
{9}

FM298 |_| SUDDEN VISUAL DEFECT (2=Maybe,)
{10}

FM299 |_| UNCONSCIOUSNESS (9=Unkn)
{11}

FM300 |_| DOUBLE VISION (If more than one event
{12}

FM301 |_| LOSS OF VISION IN ONE EYE specify in comments
{13}

FM302 |_| NUMBNESS, TINGLING on following screen)
{14}

FM303 |_| NUMBNESS AND TINGLING IS POSITIONAL
{15}

FM304A FM304B

|_|*|_| DATE (mo/yr, 99/99=Unkn) OBSERVED BY _____
{16-19}

|_| FM305 ONSET TIME (1=Active, 2=During sleep, 3=While arising, 9=Unkn)
{20} FM306B

|_|*|_|*|_| DURATION (use format days/hours/mins, 99/99/99=Unkn)

FM306A {21-26} FM306C
FM307 |_| HOSPITALIZED OR SAW M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unkn)
{27}

FM308 |_| NO. OF DAYS STAYED AT _____
{28-29}

FM309 |_| 1ST EXAMINER OPINIONS (0=No, 1=Yes, 2=Maybe, 9=Unk)
{30} CEREBROVASCULAR DISEASE

1 FM310 |_| STROKE IN INTERIM
{31}

FM311 |_| TRANSIENT ISCHEMIC ATTACK IN INTERIM (TIA)
{32}

NEUROLOGY COMMENTS _____

NAME:

COHORT EXAM 20

(SCREEN 13) MEDICAL HISTORY--PERIPH ARTERIAL AND VENOUS

d29
|_|_|_|_| {1-4} ID NUMBER
|0|1|1|3| {5-7} FORM NUMBER

LEFT	RIGHT	SYMPTOMS	(0=No,1=Yes,)
FM312 [_] _{8}	FMB13 [_] _{9}	PHLEBITIS IN INTERIM	(2=Maybe,9=Unkn.)
FM314 [_] _{10}	FM315 [_] _{11}	LEG ULCERS	
FM316 [_] _{12}	FM317 [_] _{13}	TREATMENT FOR VARICOSE VEINS	
FM318 [_] _{14}	FM319 [_] _{15}	DISCOMFORT IN CALF WHILE WALKING	
FM320 [_] _{16}	FM321 [_] _{17}	DISCOMFORT IN LOWER EXTR.(NOT CALF) WHILE WALK	

CHARACTERISTICS OF LOWER LIMB DISCOMFORT:

FM322 ^{|_|}_{18} OCCURS WITH FIRST STEPS ^{FM323} ^{|_|}_{19} AFTER WALKING A WHILE (0=No,)

~~FM324~~ ^{|_|}_{20} RELATED TO RAPIDITY OF ^{FM325} ^{|_|}_{21} FORCED TO STOP WALKING (1=Yes,)

WALKING OR STEEPNESS (9=Unkn)

FM326 ^{|_|_|}_{22-23} TIME FOR DISCOMFORT TO BE RELIEVED BY STOPPING (minutes)
(00=No relief with stopping)

FM327 ^{|_|_|}_{24-25} NUMBER OF DAYS/MONTH OF LOWER LIMB DISCOMFORT (00=No,99=Unk)

FM328 ^{|_|}_{26} IS ONE FOOT COLDER THAN THE OTHER? (0=No,1=Yes,9=Unkn)

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

FM329 ^{|_|}_{27} INTERMITTENT CLAUDICATION (Also see screen 14B for art. periph)

FM320-330 ^{|_|}_{28} VENOUS INSUFFICIENCY (vasc disease and varicose veins)

COMMENTS PERIPH.VASC.DIS. _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 14)

PHYSICAL EXAM--HEAD, NECK AND RESPIRATORY

|_|_|_|_| {1-4} ID NUMBER

428 |0|1|1|4| {5-7} FORM NUMBER

FM331

|_|_|_| PHYSICIAN SYSTOLIC
{8-10} PRESSURE (first
reading)

FM332

|_|_|_| PHYSICIAN DIASTOLIC
{11-13} PRESSURE (first
reading)

EYES AND XANTHOMATA

FM333

|_| CORNEAL ARCUS (0=No, 1=Slight, 2=Moderate, 3=Marked, 9=Unkn)
{14}

FM334

|_| XANTHELASMA (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{15}

FM335

|_| XANTHOMATA (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{16}

FM336

|_| ACHILLES TENDON XANTHOMATA (0=No,)
{17}

FM337

|_| PALMAR XANTHOMATA (1=Yes,)
{18}

FM338

|_| TUBEROUS XANTHOMATA (9=Unkn)
{19}

FM339

|_| THYROID ABNORMALITY (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{20}

FM340

|_| SCAR
{21}

FM342

|_| SINGLE NODULE
{23}

FM344

|_| OTHER
{25}

FM341

|_| DIFFUSE ENLARGEMENT
{22}

|_| MULTIPLE NODULES
{24} FM343

COMMENTS ABOUT THYROID _____

RESPIRATORY

FM345

|_| INCREASED A-P DIAMETER (0=No,)
{26}

FM346

|_| FIXED THORAX (1=Yes,)
{27}

FM347

|_| WHEEZING ON AUSCULTATION (2=Maybe,)
{28}

FM348

|_| RALES (9=Unk)
{29}

FM349

|_| OTHER ABNORMAL BREATH SOUNDS
{30}

COMMENTS ABOUT RESPIRATORY _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 15) PHYSICAL EXAM--HEART

|_|_|_|_| ID NUMBER

d26

|0|1|1|5| {5-7} FORM NUMBER

FM350 |_| ENLARGEMENT (0=No,1=Left only,2=Right only,3=Both,9=Unkn)

{8}

FM351 |_| GALLOP (0=No,1=S3 only,2=S4 only,3=Both,9=Unkn)

{9}

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

FM352 |_| CLICK FM353 |_| SPLIT S2 FM354 |_| DIM A2 FM355 |_| OTHER (Specify below)

{10} {11} {12} {13}

FM356 |_| SYSTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unkn)

{14}

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

(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=Pulm;9=Unk)

Location	Grade	Type	Radiation	Valsalva	Origin
APEX	FM357 _ {15}	FM358 _ {16}	FM359 _ {17}	FM360 _ {18}	FM361 _ {19}
LEFT STERNUM	FM362 _ {20}	FM363 _ {21}	FM364 _ {22}	FM365 _ {23}	FM366 _ {24}
BASE	FM367 _ {25}	FM368 _ {26}	FM369 _ {27}	FM370 _ {28}	FM371 _ {29}

FM372 |_| DIASTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unk)

{30}

FM373 |_| VALVE OF ORIGIN FOR DIASTOLIC MURMUR(S)

{31}

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

FM374 |_| NECK VEIN DISTENTION AT 45 DEGREES (0=No,1=Yes,2=Maybe,9=Unk)

{32}

COMMENTS

ID=

NAME:

COHORT EXAM 20

(SCREEN 16)

PHYSICAL EXAM--BREASTS AND ABDOMEN

|_|_|_|_| (1-4) ID NUMBER

127 |0|1|1|6| (5-7) FORM NUMBER

FM375 |_| BREAST ABNORMALITY (0=No,1=Yes,)
 {8} FM376
 |_| LOCALIZED MASS |_| AXILLARY NODES (2=Maybe,9=Unkn)
 {9} {10}

LEFT BREAST RIGHT BREAST

BREAST SURGERY

|_| FM378
{11}

|_| FM379
{12}

(Code for surgery:0=No,1=Radical mastectomy,) (Use lowest code)
(2=Simple mastectomy,3=Biopsy,4=Lump removal, 9=Unkn)

COMMENTS ABOUT ABNORMALITY: _____

ABDOMEN

FM380 |_| LIVER ENLARGED |_| SURGICAL SCAR (0=No,1=Yes,)
 {13} {14} FM381

FM382 |_| ABDOMINAL ANEURYSM |_| BRUIT (2=Maybe,9=Unkn)
 {15} {16} FM383

FM384 |_| SURGICAL GALLBLADDER SCAR
{17}

FM385 |_| OTHER ABDOMINAL ABNORMALITY: _____
{18}

ID=

NAME:

COHORT EXAM 20

(SCREEN 17)

PHYSICAL EXAM--PERIPHERAL VESSELS - PART I

1-1-1-1-1 {1-4} ID NUMBER

011171 {5-7} FORM NUMBER

LEFT

RIGHT

(0=No abnormality,)

FM386¹⁻¹_{8} FM387¹⁻¹_{9}

STEM VARICOSITIES

(1=Uncomplicated,)

FM388¹⁻¹_{10} FM389¹⁻¹_{11}

RETICULAR VARICOSITIES

(2=With skin changes,)

FM390¹⁻¹_{12} FM391¹⁻¹_{13}

SPIDER VARICOSITIES

(3=With ulcer,9=Unkn)

LEFT

RIGHT

FM392¹⁻¹_{14} FM393¹⁻¹_{15}

ANKLE EDEMA (0=No;1,2,3,4=Grade; 9=Unk)

FM394¹⁻¹_{16} FM395¹⁻¹_{17}

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

FM396¹⁻¹_{18} FM397¹⁻¹_{19}

AMPUTATION

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

FM398¹⁻¹_{20} FM399¹⁻¹_{21}

AMPUTATION LEVEL

(0=No, 1=Toes only, 2=Ankle,)
(3=Knee, 4=Hip, 9=Unknown)

COMMENTS _____

.ID=

NAME:

COHORT EXAM 20

(SCREEN 18)

PHYSICAL EXAM--PERIPHERAL VESSELS - PART II

|_ | _ | _ | _ | {1-4} ID NUMBER

029 | 0 | 1 | 1 | 8 | {5-7} FORM NUMBER

-----PULSE-----
(0=Normal, 1=Abnormal,)
(9=Unknown)

-----BRUIT-----
(0=Normal, 1=Abnormal,)
(9=Unknown)

	LEFT	RIGHT	LEFT	RIGHT
RADIAL	^{FM} _ 400 {8}	^{FM} _ 401 {9}		
FEMORAL	^{FM} _ 402 {10}	^{FM} _ 403 {11}	^{FM} _ 404 {12}	^{FM} _ 405 {13}
MID-THIGH			^{FM} _ 406 {14}	^{FM} _ 407 {15}
POPLITEAL			^{FM} _ 408 {16}	^{FM} _ 409 {17}
POST TIBIAL	^{FM} _ 410 {18}	^{FM} _ 411 {19}		
DORSALIS PEDIS	^{FM} _ 412 {20}	^{FM} _ 413 {21}		

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

^{FM414}
|_ | ARTER. PERIPH. VASC. DISEASE
{22}

^{FM415}
|_ | STEM VARICOSE VEINS
{23}

(For int. claudication and chronic venous insuff see screen 8)

COMMENTS _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 19)

PHYSICAL EXAM--NEUROLOGICAL AND FINAL BP

17

|_|_|_|_| (1-4) ID NUMBER

|0|1|9| (5-7) FORM NUMBER

FM416 |_| |
{8} LEFT CAROTID BRUIT

FM417 |_| |
{9} RIGHT CAROTID BRUIT

FM418 |_| |
{10} SPEECH DISTURBANCE

FM419 |_| | (0=No,)
{11} DISTURBANCE IN GAIT

FM420 |_| | (1=Yes,)
{12} LOCALIZED MUSCLE WEAKNESS

FM421 |_| | (2=Maybe,)
{13} VISUAL DISTURBANCE

FM422 |_| | (9=Unkn)
{14} ABNORMAL REFLEXES

FM423 |_| |
{15} CRANIAL NERVE ABNORMALITY

FM424 |_| |
{16} CEREBELLAR SIGNS

FM425 |_| |
{17} SENSORY IMPAIRMENT

FM426 |_| |
{18} 1ST EXAMINER BELIEVES RESIDUAL OF STROKE

COMMENTS ABOUT NEUROLOGICAL FINDINGS _____

SECOND BLOOD PRESSURE READING

FM427 |_|_| | |
{19-21} PHYSICIAN SYSTOLIC |
PRESSURE (second |
reading) *FM428* |_|_| | |
{22-24} PHYSICIAN DIASTOLIC
PRESSURE (second
reading)

IQ=

NAME:

COHORT EXAM 20

(SCREEN 26) SECOND EXAMINER OPINIONS IN INTERIM

⁰³⁷
|_|_|_|_| {1-4} ID NUMBER

|0|2|6| {5-7} FORM NUMBER

FM525

|_|_|_|_| 2D EXAMINER ID NUMBER
{8-10}

2D EXAMINER
LAST NAME

CODING FOR ENTIRE SCREEN: (0=No, 1=Yes, 2=Maybe, 9=Unkn)

FM526

|_| CONGESTIVE HEART FAILURE
{11}

FM528

|_| ANGINA PECTORIS
{13}

FM527

|_| PULMONARY DISEASE
{12}

FM529

|_| CORONARY INSUFFICIENCY
{14}

FM530

|_| MYOCARDIAL INFARCTION
{15}

COMMENTS ABOUT CHEST AND HEART DISEASE _____

FM531

|_| INTERMITTENT CLAUDICATION
{16}

FM532

|_| ARTER. PERIPH. VASC. DISEASE
{17}

FM533

|_| CHRONIC VENOUS INSUFFICIENCY
{18}

FM534

|_| STEM VARICOSE VEINS
{19}

COMMENTS PERIPH. VASC. DIS. _____

FM535

|_| STROKE
{20}

FM536

|_| TIA
{21}

COMMENTS ABOUT POSSIBLE CEREBROVASCULAR DISEASE _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 20) ELECTROCARDIOGRAPH-PART I

1 1 1 1 1 (1-4) ID NUMBER

1 0 1 2 1 0 1 (5-7) FORM NUMBER

FM429 1 1 ECG DONE (0=No,1=Yes)

{8}

FM430 1 1 PACEMAKER (0=None present, 1=Present, 9=Unkn) (9) (If paced, code only vent. rate below)

FM431 1 1 1 1 1 VENTRICULAR RATE PER MINUTE (999=Unkn)

{10-12}

FM432 1 1 P-R INTERVAL (HUNDRETHS OF SECOND) (99=Unkn or atrial fib)

{13-14}

FM433 1 1 QRS INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)

{15-16}

FM434 1 1 Q-T INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)

{17-18}

FM435 1 1 1 1 1 QRS ANGLE (put plus or minus as needed) (9999=Unkn)

{19-22}

ADD --LEFT RIGHT CONDUCTION ABNORMALITY --

FM436 1 1 I-V BLOCK (0=No,1=Incomp,2=Complete,9=Unkn)

{23}

FM437 1 1

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

{25}

FM439 1 1 HEMIBLOCK(0=No,1=Left Ant,2=Left Post,9=Unkn)

{26}

FM440 1 1 FASCICULAR BLOCK(0=No,1=Bi,2=Tri,9=Unkn)

{27}

FM441 1 1 1ST DEGREE A-V BLOCK (0=No,1=Yes,2=Maybe,9=Unkn)

{28}

FM442 1 1 2D DEGREE A-V BLOCK (0=No,1=Mobtz1,2=Mobtz2,3=Maybe,9=Unk)

{29}

FM443 1 1 A-V DISSOCIATION (0=No,1=Yes,2=Maybe,9=Unkn)

{30}

FM444 1 1 WPW SYNDROME(0=No,1=Yes,2=Maybe,9=Unkn)

{31}

-- ATRIAL ABNORMALITIES AND ARRHYTHMIAS --

FM445 1 1 ATRIAL FIBRILLATION FM446 1 1 ATRIAL FLUTTER (0=No,)

{32}

{33}

FM447 1 1 RT ATRIAL ENLG. (1=Yes,9=Unk)

{34}

FM448 1 1 ATRIAL PREMATURE BEATS (0=No,1=Atr,2=Atr Aber,9=Unk)

{35}

FM449 1 1 NODAL PREMATURE BEATS (0=No,1=Yes,9=Unkn)

{36}

FM450 1 1 VENTRICULAR PREMATURE BEATS (0=No,1=Simple,2=Multifoc,3=Pairs,4=Run,5=R on T,9=Unk)

{37}

FM451 1 1 1 NUMBER OF VENTRICULAR PREMATURE BEATS ON TRACING

{38-39}

ID=

NAME:

COHORT EXAM 20

(SCREEN 21) ELECTROCARDIOGRAPH-PART II

132 | 1 | 1 | 1 | 1 | (1-4) ID NUMBER
| 0 | 2 | 1 | 1 | (5-7) FORM NUMBER

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

FM452 | 1 | ANTERIOR (8)
FM453 | 1 | INFERIOR (9)
FM454 | 1 | TRUE POSTERIOR (10)

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

FM455 | 1 | R>20MM STD LEAD (11)
FM456 | 1 | R>11MM AV LEAD (12)
FM457 | 1 | R>=25MM PRECOR LEADS (13)
FM458 | 1 | R OR S>=30 (R in V5 or V6) (14)
FM459 | 1 | R+S >= 35MM PRECOR LEADS (15)
FM460 | 1 | R+S >=25MM STD LEADS (16)
FM461 | 1 | ST DEPRESSION (STRAIN PATTERN, WITH DOWN SLOPING ST) (17)

FM462 | 1 | R OR S>=20MM IN AV LEAD (18)
FM463 | 1 | QRS DUR >=.09,<=.11 (19)
FM464 | 1 | S>=25MM IN PRECOR LEAD (20)
FM465 | 1 | MORRIS P(Depth,Dur>=.04 mm-sec) (21)
FM466 | 1 | INTRINS >=.05 SEC(R--V5 or V6) (22)
FM467 | 1 | LAD<=-30 DEGREES (23)

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

FM 468 | 1 | NON-SPECIFIC S-T SEGMENT ABNORMALITY (24)
FM 469 | 1 | NON-SPECIFIC T-WAVE ABNORMALITY (25)
FM 470 | 1 | MAXIMUM T WAVE AMPLITUDE LESS THAN MINUS 5 MM (0=No,) (26)
FM 471 | 1 | U-WAVE PRESENT (1=Yes,) (27)
FM 472 | 1 | RIGHT VENTRICULAR HYPERTROPHY (2=Maybe,) (28)
FM 473 | 1 | LEFT VENTRICULAR HYPERTROPHY (9=Unkn) (29)

FM474 | 1 | ECG CLINICAL READING (0=Normal,1=Abnormal,2=Doubtful,9=Unkn) (30)
COMMENTS _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 22) CLINICAL DIAGNOSTIC IMPRESSION-PART I

|_|_|_|_| {1-4} ID NUMBER

|0|2|2| {5-7} FORM NUMBER

BLOOD PRESSURE DIAGNOSES (Circle only, not coded)

FM540 NORMAL DEFINITE BORDERLINE ----HYPERTENSION
 FM474A ON THERAPY = 1 0=NOT ON THERAPY ----HYPERTENSION TREATMENT
 NO YES ----HYPERTENSIVE HT DISEASE
 NO YES ----HHD OUTSIDE CRITERIA

CORONARY HEART DISEASE

FM475 |_| ANGINA PECTORIS (0=No, 1=Yes-New, 2=Yes-Old,
 {8} 3=Yes-Recurrent, 4=Maybe, 9=Unknown)
 FM476 |_| CORONARY INSUFFICIENCY
 {9}
 FM477 |_| MYOCARDIAL INFARCT
 {10}

OTHER HEART DIAGNOSES IN INTERIM

FM478 |_| RHEUMATIC HEART DISEASE (0=No, 1=Yes, 2=Maybe, 9=Unknown)
 {11}
 FM479 |_| AORTIC VALVE DISEASE
 {12}
 FM480 |_| MITRAL VALVE DISEASE
 {13}
 FM481 |_| OTHER HEART DISEASE (INCLUDES CONGENITAL)
 {14}
 FM482 |_| CONGESTIVE HEART FAILURE
 {15}
 FM483 |_| ARRHYTHMIA
 {19}
 FM484 |_| FUNCTIONAL CLASS (0=None; NYHA Classif 1,2,3,4)
 {20}

COMMENTS CDI HEART _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 23) CLINICAL DIAGNOSTIC IMPRESSION-PART II

|_|_|_|_| (1-4) ID NUMBER

d397 |0|2|3| (5-7) FORM NUMBER

PERIPHERAL VASCULAR DISEASE IN INTERIM

FM485

|_| INTERMITTENT CLAUDICATION (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{8}

FM486

|_| OTHER PERIPH. VASC. DISEASE
{9}

FM487

|_| STEM VARICOSE VEINS
{10}

FM488

|_| PHLEBITIS
{11}

FM489

|_| OTHER VASCULAR DIAGNOSIS (Specify) _____
{12}

CEREBROVASCULAR DISEASE (0=No, 1=Yes-New, 2=Yes-Old, 3=Yes-Recurrent, 4=Maybe, 9=Unknown)

FM490

|_| STROKE
{13}

FM491

|_| TRANSIENT ISCHEMIC ATTACK (TIA)
{14}

FM492

|_| OTHER
{15} FM493

|_| DEMENTIA
{16}

FM494

|_| OTHER CEREBROVASCULAR DISEASE (Specify) _____
{17}

COMMENTS CDI NEUROLOGICAL _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 24) CLINICAL DIAGNOSTIC IMPRESSION-PART III

d₃₅ |_|_|_|_| (1-4) ID NUMBER

|0|2|4| (5-7) FORM NUMBER

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

FM495 |_| DIABETES MELLITUS
{8}

FM496 |_| URINARY TRACT DISEASE
{9}

FM497 |_| PROSTATE DISEASE
{10}

FM498 |_| RENAL DISEASE
{11}

FM499 |_| EMPHYSEMA
{12}

FM500 |_| CHRONIC BRONCHITIS
{13}

FM501 |_| PNEUMONIA
{14}

FM502 |_| ASTHMA
{15}

FM503 |_| OTHER PULMONARY DISEASE
{16}

FM504 |_| GOUT
{17}

FM505 |_| DEGEN. JOINT DISEASE
{18}

FM506 |_| RHEUMATOID ARTHRITIS
{19}

FM507 |_| GALLBLADDER DISEASE
{20}

FM508 |_| CANCER (if yes, also
{21}

go to screen 24

FM509 |_| OTHER NON C-V DIAGNOSIS
{22}

COMMENTS CDI OTHER DIAGNOSES _____

ID=

NAME:

COHORT EXAM 20

(SCREEN 25)

CANCER SITE OR TYPE

D36

|_|_|_|_| {1-4} ID NUMBER

10|2|5| {5-7} FORM NUMBER

- FMS10 | | | | LUNG {8}
- FMS11 | | | | BREAST (0=No,) {9}
- FMS12 | | | | SKIN (1=Yes,) {10}
- FMS13 | | | | STOMACH (2=Maybe,) {11}
- FMS14 | | | | PANCREAS (9=Unkn) {12}
- FMS15 | | | | COLON {13}
- FMS16 | | | | LIVER {14}
- FMS17 | | | | PROSTATE {15}
- FMS18 | | | | BLADDER {16}
- FMS19 | | | | LEUKEMIA {17}
- FMS20 | | | | LYMPHOMAS {18}
- FMS21 | | | | CERVIX {19}
- FMS22 | | | | UTERUS {20}
- FMS23 | | | | OVARY {21}
- FMS24 | | | | OTHER {22}

COMMENTS

Framingham Heart Study
Lab Data

Id:

Exam Date

FM545 Total Cholesterol (mg/dL)

FM544 HDL Cholesterol (mg/dL)

Cholesterol to HDL Ratio

FM542 Glucose (mg/dL)

Interpretation:

Total Cholesterol Level (mg/dL)	Heart Disease Risk
under 200	Low
200 - 240	Average
over 240	Above average

Cholesterol to HDL Ratio:	
Good	under 4.5
Ideal	under 3.5

The normal range for non-fasting glucose values is
between 50 and 250 mg/dL.

ID=

NAME:

COHORT EXAM 20

PERMISSION FOR BONE MASS MEASUREMENT
OSTEOPOROSIS STUDY
(ONE COPY FOR PATIENT, ONE COPY FOR HEART STUDY)

I understand that the purpose of this study is to collect information on bone mass or osteoporosis and its causes and consequences.

I hereby authorize the Framingham Heart Study to measure my bone mass in the wrist and the hip using an xray-type machine. This measurement is associated with a small amount of radiation exposure to the part of the body studied equal to 10-50 % of the radiation in a chest xray. Measurement will take approximately 30 minutes. During this measurement I will be asked questions related to osteoporosis. I will be able to find out the results of the study and they will be sent to my doctor.

I understand that I will probably be asked to return to the clinic for further bone mass testing with the same machine. On the return visit, my spine and arm will be measured.

Each of the test procedures and their risks and discomforts have been explained to me and all 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 David Felson, M.D. in Boston (1-424-5126) or Peter Wilson, M.D., at the Framingham Heart Study at (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 638-7226.

Results of the osteoporosis measurement will be confidential and my results will be disclosed only with my permission.

Date

Signature

(Valid for use through 5/31/90
Per IRB--LLF 5/10/89

ID=

NAME:

COHORT EXAM 20

FRAMINGHAM HEART STUDY
CONSENT FORM

Name

Permission for Interview, Examination, Tests, and Record Review
(One copy for patient, one copy 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, including stroke and dementia.

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 (e.g., weight, blood pressure, respiratory test, electrocardiogram); 3) perform non-invasive heart and artery evaluations; 4) obtain samples of blood; 5) 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. 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.

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 associated risks and discomforts has 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 638-7266.

Date

Patient Signature

(Valid for use through 5/31/90
Per IRB--LLF 5/10/89

Witness