

Framingham Heart Study

Original Cohort Exam 21

10/18/1988-05/20/1992

N=1319

Exam Form Version

05-07-90 Numerical Data, Sentence and Design
Handout, Cognitive Function (I-II),
Functional Performance, Activities
Questions (A-C), 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.

ID=

NAME:

COHORT EXAM 21

(NURSE 1)

NUMERICAL DATA-PART I

VERSION 05/07/90

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

| 0 | 3 | 1 | 1 | {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 59/END)

FN2 | _ | _ | SEX OF PATIENT (1=Male, 2=Female)
{8}

FN3 | _ | _ | _ | AGE OF PATIENT
{9-10}

FN4 | _ | _ | SITE OF EXAM (0=Heart Study, 1=Nursing home, 2=Residence)
{11}

FN5 | _ | _ | 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)

FN6 | _ | _ | MARITAL STATUS {13} (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Sep)
{13}

FN7 | _ | _ | _ | NURSE EXAMINER'S NUMBER
{14-15}

FN8 | _ | _ | _ | WEIGHT (to nearest pound)
{16-18}

FN9 | _ | _ | * | _ | _ | HEIGHT (inches, to next lower 1/4 inch)
{19-22}

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

FN10 | _ | _ | _ | FN11 | _ | _ | SKINFOLD TRICEPS (millimeters)
{23-24} {25-26}

FN12 | _ | _ | _ | FN13 | _ | _ | SKINFOLD SUBSCAPULAR (millimeters)
{27-28} {29-30}

FN14 | _ | _ | _ | SKINFOLD ABDOMEN (millimeters)
{31-33}

FN15 | _ | _ | * | _ | BI-DELTOID GIRTH (inches with 2 decimals)
{34-37}

FN16 | _ | _ | * | _ | RIGHT ARM GIRTH--UPPER THIRD (inches, 2 decimals)
{38-41}

FN17 | _ | _ | * | _ | WAIST GIRTH (inches with 2 decimals)
{42-45}

FN18 | _ | _ | * | _ | HIP GIRTH (inches with 2 decimals)
{46-49}

FN19 | _ | _ | * | _ | THIGH GIRTH (inches with 2 decimals)
{50-53}

FN20 | _ | _ | CARBON MONOXIDE LEVEL
{54-55}

FN21 | _ | _ | _ | FN22 | _ | _ | NURSE'S BLOOD PRESSURE
{56-58} {59-61}

SYSTOLIC DIASTOLIC

ID=

NAME:

COHORT EXAM 21

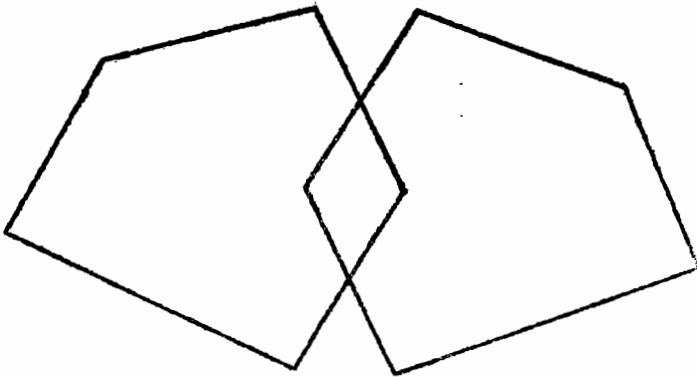
VERSION 05/07/90

EXAM 21

SENTENCE AND DESIGN HANDOUT FOR PATIENT

PLEASE WRITE A SENTENCE

PLEASE COPY THIS DESIGN



ID=

NAME:

COHORT EXAM 21

COGNITIVE FUNCTION-PART I

VERSION 05/07/90

SCORE CORRECT NO TRY=6 UNKNOWN=9

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

ID NUMBER

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

FORM NUMBER (EXAM 20/21 DELTA COLUMNS 15/END)

FN23 {8} |0 1 2 3

6 9|WHAT IS THE DATE TODAY?

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

FN24 {9} |0 1

6 9|WHAT IS THE SEASON?

FN25 {10} |0 1

6 9|WHAT DAY OF THE WEEK IS IT?

FN26 {11} |0 1 2 3

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

FN27 {12} |0 1

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

| appropriate answer ok..my home, street

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

FN28 {13} |0 1

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

FN29 {14} |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

FN30 {15} | | | |_|

| |REVERSE ORDER. _____

| |(write in letters, scoring done later)

FN31 {16} |0 1 2 3

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

| |REMEMBER A FEW MOMENTS AGO?

ID=

NAME:

COHORT EXAM 21

COGNITIVE FUNCTION-PART II

SCORE CORRECT NO TRY=6 UNKNOWN=9

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

ID NUMBER

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

FORM NUMBER (EXAM 20/21 DELTA COLUMNS 14/END)

FN32
{8}

|0 1

6 9|WHAT IS THIS CALLED? (WATCH)

FN33
{9}

|0 1

6 9|WHAT IS THIS CALLED (PENCIL)

FN34
{10}

|0 1

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

FN35
{11}

|0 1

6 9|PLEASE READ THE FOLLOWING & DO WHAT IT

|

|SAYS (performed=1, code 6 if low vision)

FN36
{12}

|0 1

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

FN37
{13}

|0 1

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

FN38
{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)

FN39
{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 21

(NURSE 2)

FUNCTIONAL PERFORMANCE

VERSION 05/07/90

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

|0|3|2| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 17/END)

FUNCTIONAL PERFORMANCE TEST

(Coding: 0=No help needed, independent; 1=Uses device, independent; 2=Human assistance needed, minimally dependent; 3=Dependent; 9=Unkn

FN40 |_| | DRESSING (undressing and redressing)
{8}

FN41 |_| | BATHING
{9}

FN42 |_| | FEEDING (pour and drink glass of water)
{10}

FN43 |_| | TRANSFERRING (getting in and out of chair)
{11}

FN44 |_| | TOILETING ACTIVITIES (ability to use bathroom facilities
and handle clothing)
{12}

FN45 |_| | CONTINENCE (bowel and bladder continence)
{13}

FN46 |_| | WALKING ON LEVEL SURFACE (50 yard=3x hall length)
{14}

FN47 |_| | UP AND DOWN ONE FLIGHT STAIRS (5 steps)
{15}

FN48 |_| | CARRYING BUNDLES (carry 10 lb. bundle 10 feet)
{16}

FN49 |_| | DIALING A TELEPHONE
{17}

FN50 |_| | TAKES OWN MEDICATIONS
{18}

ID=

NAME:

COHORT EXAM 21

INTERVIEW

ACTIVITIES QUESTIONS-PART A

VERSION 05/07/90

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

|1|3|1| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS NONE)

FN51 |_| WHERE DO YOU LIVE: (0=Residence, 1=Nursing home,)
{8} (2=other institution, 9=Unkn)

FN52 |_| DOES ANYONE LIVE WITH YOU: (0=No, 1=Yes, 9=Unkn)
{9}

FN53 |_| SPOUSE (0=No, 1=Yes, 9=Unkn) (Code nursing home)
{10}

FN54 |_| CHILDREN (0=No, 1=Yes, 9=Unkn) (residents as no to)
{11}

FN55 |_| FRIENDS (0=No, 1=Yes, 9=Unkn) (these questions)
{12}

FN56 |_| RELATIVES (0=No, 1=Yes, 9=Unkn)
{13}

FN57 |_| IN GENERAL, HOW IS YOUR HEALTH NOW: (1=Excellent, 2=Good, 3=Fair,
{14} 4=Poor, 9=Unk)

FN58 |_| COMPARE YOUR HEALTH TO PEOPLE YOUR OWN AGE: (1=Better,
{15} 2>About the same, 3=Worse than most people your own age, 9=Unk)

FN59 |_| ARE YOU WORKING NOW (full or part-time) (0=No, 1=Yes, 9=Unk)
{16}

FN60 |_|_|_| DURING THE PAST 6 MONTHS (180 days) HOW MANY DAYS
{17-19} WERE YOU SO SICK THAT YOU WERE UNABLE TO CARRY
OUT YOUR USUAL ACTIVITIES? (999=Unk)

FN61 |_| ARE YOU ABLE TO DO HEAVY WORK AROUND THE HOUSE, LIKE
{20} SHOVEL SNOW OR WASHING WINDOWS, WALLS OR FLOORS
WITHOUT HELP? (0=No, 1=Yes, 9=Unk)

FN62 |_| ARE YOU ABLE TO WALK UP AND DOWN STAIRS TO THE SECOND
{21} FLOOR WITHOUT ANY HELP? (0=No, 1=Yes, 9=Unk)

FN63 |_| ARE YOU ABLE TO WALK HALF A MILE WITHOUT HELP? (about
{22} 4 to 6 blocks: 0=No, 1=Yes, 9=Unk)

FN64 |_| DO YOU DRIVE? (0=No, 1=Yes, currently, 2=Yes not now, 9=Unk)
{23} (Continue if answer to above is no)

FN65 |_| REASON FOR NOT DRIVING NOW (1=Health, 2=Other non-health reason,
{24} 3=Never licensed, 8=N/A, 9=Unk)

ID=

NAME:

COHORT EXAM 21

INTERVIEW

ACTIVITIES QUESTIONS-PART B

VERSION 05/07/90

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

|1|3|4| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS NONE)

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)

FN66 |_| PULLING OR PUSHING LARGE OBJECTS LIKE A LIVING ROOM CHAIR.
 {8} DO YOU HAVE A LOT... REPEAT

FN67 |_| EITHER STOOPING, CROUCHING, OR KNEELING.
 {9} DO YOU HAVE A LOT... REPEAT

FN68 |_| REACHING OR EXTENDING ARMS BELOW SHOULDER LEVEL.
 {10} DO YOU HAVE A LOT... REPEAT

FN69 |_| REACHING OR EXTENDING ARMS ABOVE SHOULDER LEVEL.
 {11} DO YOU HAVE A LOT... REPEAT

FN70 |_| EITHER WRITING OR HANDLING OR FINGERING SMALL OBJECTS.
 {12} DO YOU HAVE A LOT... REPEAT

FN71 |_| STANDING IN ONE PLACE FOR LONG PERIODS, SAY 15 MINUTES.
 {13} DO YOU HAVE A LOT... REPEAT

FN72 |_| SITTING FOR LONG PERIODS, SAY 1 HOUR.
 {14} DO YOU HAVE A LOT... REPEAT

ID=

NAME:

COHORT EXAM 21

INTERVIEW

ACTIVITIES QUESTIONS-PART C

VERSION 05/07/90

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

|1|3|5| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS NONE)

FN73 |_|_| IN THE PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND HIT THE FLOOR
 {8} OR GROUND? (code as no if during sports activity)
 (0=No, 1=Yes, 2=Unsure, 9=Unkn)

FN74 |_|_| IF YES, HOW MANY TIMES DID YOU FALL IN THE PAST YEAR?
 {9-10} (99=Unk)

FN75 |_|_| 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)	
<i>FN76</i>	19 _ _ {12-13}	<i>FN77</i> 19 _ _ {14-15}	UPPER ARM (HUMERUS) OR ELBOW
<i>FN78</i>	19 _ _ {16-17}	<i>FN79</i> 19 _ _ {18-19}	FOREARM OR WRIST
<i>FN80</i>	19 _ _ {20-21}		BACK (If disc disease only, code as No)
<i>FN81</i>	19 _ _ {22-23}		PELVIS
<i>FN82</i>	19 _ _ {24-25}	<i>FN83</i> 19 _ _ {26-27}	HIP
<i>FN84</i>	19 _ _ {28-29}		OTHER (specify) _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 2) MEDICAL HISTORY--CARDIOVASCULAR MEDICATIONS

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

1010121 {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 15/END)

FN93 |_|_| NUMBER OF ASPIRINS PER WEEK?
{8-9}

FN94 |_| ANY OF THE CARDIOVASCULAR MEDICATIONS BELOW (0=No, 1=Yes, 9=Unkn)
{10}

FN95 |_| CARDIAC GLYCOSIDES (0=No;)
{11}

FN96 |_| NITROGLYCERINE (1=Yes,now;)
{12}

FN97 |_| LONGER ACTING NITRATES (2=Yes,not now;)
{13} (Isordil, Cardilate, etc.)

FN98 |_| CALCIUM CHANNEL BLOCKERS (Nifedipine, (3=Maybe;)
{14} Verapamil, Diltiazem)

FN99 |_| BETA BLOCKERS (Specify)_____ (9=Unknown)
{15}

FN100 |_| LOOP DIURETICS (Lasix, etc.)
{16}

FN101 |_| THIAZIDE/K-SPARING DIURETICS (Dyazide, Maxide, etc.)
{17}

FN102 |_| THIAZIDE DIURETICS WRITE IN MEDS AND DOSE
{18}

FN103 |_| K-SPARING DIURETICS (Aldactone, _____
{19} Triamterene, Amiloride)

FN104 |_| POTASSIUM SUPPLEMENTS _____
{20}

FN105 |_| RESERPINE DERIVATIVES _____
{21}

FN106 |_| METHYLDOPA (Aldomet) _____
{22}

FN107 |_| ALPHA-1 AGONIST (Clonidine, Wytensin, Guanabenz)
{23}

FN108 |_| ALPHA-2 BLOCKERS (Prazosin, Terazosin)
{24}

FN109 |_| RENIN-ANGIOTENSIN BLOCKING DRUGS (Captopril, Enalapril, Lisinopril)
{25}

FN110 |_| PERIPHERAL VASODILATORS (Hydralazine, Minoxidil, etc)
{26}

FN111 |_| OTHER ANTI-HYPERTENSIVES (Specify) _____
{27}

FN112 |_| ANTIARRHYTHMICS (Quinidine, Procainamide, Norpace,)
{28} Disopyramide, etc)

FN113 |_| ANTIPLATELET (Anturane, Persantine, etc.)
{29}

FN114 |_| ANTICOAGULANTS (Coumadin, Warfarin, etc.)
{30}

FN115 |_| OTHER CARDIAC MEDICATION (Specify) _____
{31}

ID=

NAME:

COHORT EXAM 21

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

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

|0|0|3| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 29/END)

- FN116 |_| ANTI CHOLESTEROL DRUGS (Resins, Fibrates, (0=No;)
{8} Lovastatin, etc.)
- FN117 |_| ANTIGOUT--URIC ACID LOWERING (Allopurinol, (1=Yes,now;)
{9} Probenecid etc)
- FN118 |_| ANTIGOUT--(Colchicine) (2=Yes,not now;)
{10}
- FN119 |_| THYROID EXTRACT (Dessicated Thyroid) (3=Maybe;)
{11}
- FN120 |_| THYROXINE (Synthroid etc.) (9=Unknown)
{12}
- FN121 |_| INSULIN
{13}
- FN122 |_|_|_| TOTAL UNITS OF INSULIN A DAY
{14-16}
- FN123 |_| ORAL HYPOGLYCEMICS (Specify brand_____)
{17}
- FN124 |_| ORAL ESTROGEN (for women users also see screen 6)
{18}
- FN125 |_| ORAL GLUCOCORTICOIDS (Prednisone, Cortisone, etc.)
{19}
- FN126 |_| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (Motrin, Ibuprofen,
{20} Naprosyn, Indocin, Clinoril)
- FN127 |_| ANALGESIC-NARCOTICS (Demerol, Codeine, Dilaudid, etc.)
{21}
- FN128 |_| ANALGESIC-NON-NARCOTICS (Acetaminophen etc.)
{22}
- FN129 |_| BRONCHODILATORS, AEROSOLS ETC.
{23}
- FN130 |_| ANTIHISTAMINES
{24}
- FN131 |_| ANTIULCER (Tagamet, Ranitidine, Probanthine, H ion inhibitors)
{25}
- FN132 |_| ANTI-ANXIETY, SEDATIVE/HYPNOTICS ETC. (Librium, Valium etc.)
{26}
- FN133 |_| SLEEPING PILLS
{27}
- FN134 |_| ANTI-DEPRESSANTS
{28}
- FN135 |_| EYEDROPS
{29}
- FN136 |_| ANTIBIOTICS
{30}
- FN137 |_| ANTI-PARKINSON DRUGS (Sinemet, L-Dopa, Symmetrel, Cogentin, etc)
{31}
- FN138 |_| ANTICONVULSANTS (Dilantin, Phenobarb, Tegretol, Mysoline etc)
{32}
- FN139 |_| OTHERS Specify: _____
{33}

ID=

NAME:

COHORT EXAM 21

(SCREEN 4) MEDICAL HISTORY--MALE/FEMALE GENITOURINARY DISEASE

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

|0|0|4| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 8/END)

CANCER SCREENING QUESTIONS

EVER PAST TWO YEARS CODE: 0=No or Not Applicable, 1=Yes, 2=Maybe, 9=Unkn

BREAST EXAM

FN140|_|_|
{8}

FN141|_|_|
{9}

Self exam for lumps or cancer

FN142|_|_|
{10}

FN143|_|_|
{11}

Performed by personal physician (not at the Heart Study)

FN144|_|_|
{12}

FN145|_|_|
{13}

Mammogram

GYNECOLOGICAL EXAM

FN146|_|_|
{14}

FN147|_|_|
{15}

Pap smear of cervix

FN148|_|_|
{16}

FN149|_|_|
{17}

Pelvic exam for abnormalities of uterus or ovaries

FN150|_|_| AGE AT HYSTERECTOMY (years, 00=No or Not Applicable, 99=Unknown)
{18-19}

FN151|_|_| OVARY OR OVARIES REMOVED (0=No or Not Applicable; 1=Yes,one;
{20} 2=Yes,two; 9=Unkn)

FN152|_|_| CONJUGATED ESTROGEN USE IN INTERIM (e.g. Premarin)
{21} (0=No or Not Applicable; 1=Yes,now; 2=Yes,not now, 9=Unkn)

FN153|_|_| DOSE/DAY OF PREMARIN (0=No or Not Applicable, 1=0.325mg,
{22} OR CONJ. ESTROGENS 2=0.625mg, 3=1.25mg, 4=2.5mg, 9=Unkn)

FN154|_|_| NUMBER OF DAYS A MONTH TAKING PREMARIN (99=Unkn)
{23-24}

FN155|_|_| ESTROGEN CREAM USE INTERIM (0=No or Not Applicable; 1=Yes,now;
{25} 2=Yes,not now; 9=Unkn)

FN156|_|_| PROGESTERONE USE INTERIM (0=No or Not Applicable; 1=Yes,now;
{26} 2=Yes,not now; 9=Unkn)

FN157|_|_| PROSTATE TROUBLE IN INTERIM (0=No/Not Applicable, 1=Yes, 2=Maybe, 9=Unkr
{27} (such as: freq, nocturia, incontinence, hesitancy, etc)

FN158|_|_| PROSTATE SURGERY IN INTERIM (0=No/Not Applicable, 1=Yes, 2=Maybe, 9=Unkr
{28}

ID=

NAME:

COHORT EXAM 21

(SCREEN 5) MEDICAL HISTORY--MALE/FEMALE GENITOURINARY DISEASE

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

|0|0|5| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 8/END)

FN159 |_| KIDNEY DISEASE IN INTERIM (0=No,)
{8} (1=Yes,)

FN160 |_| KIDNEY STONES IN INTERIM (2=Maybe,)
{9} (9=Unkn)

EVER PAST TWO YEARS

FN161 |_| FN162 |_|
{10} {11}

FN163 |_| FN164 |_|
{12} {13}

FN165 |_| FN166 |_|
{14} {15}

RECTAL EXAM

Test for occult blood in stool
(0=No, 1=Yes, 2=Maybe, 9=Unkn)

Told had colon or rectal polyps
CODE HIGHEST DEGREE
(0=No,)
(1=Yes-Barium enema only,)
(2=Yes-seen at colonoscopy,)
(3=Yes-removed,)
(Date of removal: _____)
(4=Maybe,)
(9=Unknown)

Rectal exam by physician
(0=No, 1=Yes, 2=Maybe, 9=Unkn)

ID=

NAME:

COHORT EXAM 21

(SCREEN 6)

MEDICAL HISTORY--BEVERAGES AND THYROID

|_|_|_| ID NUMBER

|0|0|6|

{5-7} FORM NUMBER

(EXAM 20/21 DELTA COLUMNS 9/END)

----- DAILY INTAKE OVER PAST YEAR -----

FN167 _ _ COFFEE/CAFF {8-9} (cups)	FN168 PREDOMINANT _ METHOD {10}	FN169 _ _ COFFEE/DECAFF {11-12} (cups)	FN170 PREDOMINANT _ METHOD {13}
FN171 _ _ TEA/CAFF (cups) {14-15}		FN172 _ _ TEA/DECAFF (cups) {16-17}	
FN173 _ _ COLA/CAFF (12 oz) {18-19}		FN174 _ _ COLA/DECAFF (12 oz) {20-21}	

PREDOMINANT METHOD: 0=Non drinker, 1=Filter, 2=Perc, 3=Boil, 4=Instant, 8=Other, 9=Unk.

ON AVERAGE, OVER THE COURSE OF THE YEAR, NUMBER OF DRINKS PER WEEK?
(Coding below)

HOW MANY DAYS IN A WEEK DO YOU DRINK?

ON AVERAGE, OVER THE COURSE OF THE YEAR, WHAT IS YOUR LIMIT AT ONE PERIOD OF TIME?

FN175
|_|_| (00=Never,)
{22-23}

FN178
|_|_| (01=1 or less,)
{27-28}

FN181
|_|_| (99=Unknown)
{32-33}

FN176
|_|
{24}

FN179
|_|
{29}

FN182
|_|
{34}

FN177
|_|_| BEER-BOTTLES, CANS
{25-26} GLASSES

FN180
|_|_| WINE-GLASSES
{30-31}

FN183
|_|_| LIQUOR-COCKTAILS,
{35-36} HIGBALLS

FN184

|_| IN THE INTERIM HAVE YOU BEEN DIAGNOSED WITH A THYROID CONDITION?
{37} (0=No, 1=Yes, 9=Unk)

COMMENTS _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 7)

MEDICAL HISTORY--SMOKING

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

|0|0|7| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 28/END)

FN185

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

FN186

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

FN187

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

CIGARETTE BRAND	STRENGTH	TYPE	FILTER	LENGTH
FN188	FN189	FN190	FN191	FN192
_ _	_	_	_	_
{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,4=120mm)

FN193

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

FN194

|_| DO YOU NOW SMOKE CIGARS? (0=No; 1=Yes, inhale;)
{26}

FN195

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

ID=

NAME:

COHORT EXAM 21

(SCREEN 8)

MEDICAL HISTORY--RESPIRATORY

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

|0|0|8| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 9/END)

FN196

|_| CHRONIC COUGH IN INTERIM (AT LEAST 3 MONTHS/YEAR)
{8}

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

FN197

|_| WHEEZING OR ASTHMA
{9}

FN198

|_| TYPE (0=None, 1=New in interim, 2=Old, 9=Unk)
{10}

FN199

|_| DYSPNEA ON EXERTION
{11}

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

FN200

|_| DYSPNEA HAS INCREASED OVER THE PAST TWO YEARS
{12}

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

FN201

|_| ORTHOPNEA
{13}

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

FN202

|_| PAROXYSMAL NOCTURNAL DYSPNEA
{14}

(2=Yes-old complaint;)

FN203

|_| ANKLE EDEMA BILATERALLY
{15}

(9=Unkn)

FN204

|_| 1ST EXAMINER BELIEVES CHF
{16}

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

FN205

|_| 1ST EXAMINER BELIEVES CHRONIC BRONCHITIS
{17} (Cough that produces sputum at least 3 months in past 12 months)
NO SECOND OPINION NEEDED FOR BRONCHITIS

RESPIRATORY COMMENTS _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 9)

MEDICAL HISTORY--HEART PART I

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

10|0|9| | {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 20/END)

FN206 |_| ANY CHEST DISCOMFORT SINCE LAST EXAM (0=No, 1=Yes,)
{8}

FN207 |_| CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT (2=Maybe,)
{9}

FN208 |_| CHEST DISCOMFORT WHEN QUIET OR RESTING (9=Unknown)
{10}

CHEST DISCOMFORT CHARACTERISTICS (must have first box checked above)

FN209A |_|*FN209B |_| DATE OF ONSET (mo/yr, 99/99=Unkn)
{11-14}

FN210 |_|_|_| USUAL DURATION (minutes, 999=Unkn)
{15-17}

FN211 |_|_|_| LONGEST DURATION (minutes: 1=1 min or less,
{18-20} 900=15 hrs or more, 999=Unkn)

FN212 |_| LOCATION (0=No, 1=Central sternum and upper chest,
{21} 2=L Up Quadrant, 3=L Lower ribcage, 4=R Chest,
5=Epigastric, 6=Lower sternum, 7=Left ant chest,
8=Other, 9=Unk)

FN213 |_| 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)

FN214 |_|_|_| FREQUENCY (Number in past month, 999=Unknown)
{23-25}

FN215 |_|_|_| FREQUENCY (Number in past year, 999=Unknown)
{26-28}

FN216 |_| TYPE (1=Pressure,heavy,vise; 2=Sharp; 3=Dull; 4=Other; 9=Unk)
{29}

FN217 |_| CHEST DISCOMFORT RELIEF WITH NITRO IN <15 MINS (0=No,)
{30}

FN218 |_| CHEST DISCOMFORT RELIEF WITH REST IN <15 MINS (1=Yes,)
{31}

FN219 |_| CHEST DISCOMFORT RELIEF SPONTANEOUSLY IN <15 MINS (8=Not tried,)
{32}

FN220 |_| CHEST DISCOMFORT RELIEF BY OTHER CAUSE IN <15 MINS (9=Unkn)
{33}

FN221 |_| 1ST EXAMINER BELIEVES ANGINA PECTORIS IN INTERIM (0=No, 1=Yes,)
{34}

FN222 |_| 1ST EXAMINER BELIEVES CORONARY INSUFF. IN INTERIM (2=Maybe,)
{35}

FN223 |_| 1ST EXAMINER BELIEVES MYOCARDIAL INFARCT IN INTERIM (9=Unkn)
{36}

COMMENTS

ID=

NAME:

COHORT EXAM 21

(SCREEN 10)

MEDICAL HISTORY--HEART PART II

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

|0|1|1|1| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 8/END)

HISTORY OF HEART SURGERY (NOT CORONARY SURGERY)

If unsure, please write in comments for later coding

	AORTIC	MITRAL	TRICUSPID	PULMONIC
Procedure :	FN224 _ {8}	FN225 _ {9}	FN226 _ {10}	FN227 _ {11}
0 =No			4 =Repair (NOT A commissurotomy)	
1 =Mechanical (Bjork, Starr Edwards)			5 =Other SPECIFY: _____	
2 =Bioprosthesis (Pig, homograft)			9 =Unknown	
3 =Commissurotomy, Baloon valvuloplasty				
Year:	FN228 19 _ _ {12-13}	FN229 19 _ _ {14-15}	FN230 19 _ _ {16-17}	FN231 19 _ _ {18-19}

COMMENTS _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 10A)

MEDICAL HISTORY--SYNCOPE--HEART PART III

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

10|1|2| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 8/END)

IF YOU SIT OR STAND UP QUICKLY DO YOU GET:

FN232 |_| DIZZY/VERTIGO {8}

FN233 |_| LIGHTHEADED/UNSTABLE {9}

FN234 |_|_|_| NUMBER OF EPISODES PER YEAR (999=Unkn) {10-12}

FN235 |_|_|_| USUAL DURATION FROM ONSET TO RECOVERY (minutes, 1=1 minute or less, 999=Unkn) {13-15}

FN236 |_| HAVE YOU FAINTED OR LOST CONSCIOUSNESS IN THE INTERIM? {16} (If event immediately preceded by head injury or accident code to 0=No) (0=No, 1=Yes, 2=Maybe, 9=Unkn)

FN237 |_|_|_| NUMBER OF EPISODES IN THE PAST TWO YEARS (999=Unkn) {17-19}

FN238 |_|_|/|_|_| DATE OF FIRST EPISODE (mo/yr, 99/99=Unkn) {20-23}

FN239 |_|_|_| USUAL DURATION OF LOSS OF CONSCIOUSNESS {24-26} (minutes, 999=Unkn)

FN240 |_|_| (USUAL) ACTIVITY PRECEDING EVENT (0=None, 1=Exertion, 2=Rest, 3=Defecation/Micturation/Cough, 4=Emotional upset, 5=Alcohol consumption, 6=Turning neck (e.g. shaving), 7=Postural change (e.g. laying to standing), 8=Recent medication change or ingestion, 9=Other, or combination(specify) _____, 99=Unkn) {27-28}

SYMPTOMS PRECEEDING EVENT(S)

SYMPTOMS NOTED AFTER EVENT(S)

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

FN241 |_| NAUSEA/VOMITING {29}

FN242 |_| URINARY/FECAL INCONTINENCE {30}

FN243 |_| WARNING SIGNS (e.g. Aura) {31}

FN244 |_| CONFUSION {32}

FN245 |_| CHEST DISCOMFORT {33}

FN246 |_| FOCAL WEAKNESS(e.g. arm,leg) {34}

FN247 |_| SHORTNESS OF BREATH {35}

FN248 |_| OTHER (SPECIFY _____) {36}

FN249 |_| PALPITATIONS {37}

FN250 |_| DID YOU HAVE ANY INJURY, CAUSED BY THE EVENT? {38} (0=No, 1=Yes, 2=Maybe, 9=Unkn)

FN251 |_| WAS SEIZURE ACTIVITY OBSERVED? (0=No, 1=Yes, 2=Maybe, 9=Unkn) {39} WHO OBSERVED EVENT? _____

FN252 |_| ER/HOSPITALIZED OR SAW M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unkn) {40} Hospitalized at: _____

M.D. seen: _____

1ST EXAMINER OPINIONS:

FN253 |_| CARDIAC SYNCOPE (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unkn) {41} NEED SECOND OPINION

FN254 |_| SEIZURE DISORDER (0=No, 1=Yes) {42}

FN255 |_| VASOVAGAL EPISODE (2=Maybe, 9=Unkn) {43}

FN256 |_| OTHER (Specify: _____) {44}

ID=

NAME:

COHORT EXAM 21

COMMENTS

ID=

NAME:

COHORT EXAM 21

(SCREEN 11)

MEDICAL HISTORY--CEREBROVASCULAR IN INTERIM--PART I

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

|0|1|3| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 16/END)

FN257|_| SUDDEN MUSCULAR WEAKNESS (0=No,)
{8}

FN258|_| SUDDEN SPEECH DIFFICULTY (1=Yes,)
{9}

FN259|_| SUDDEN VISUAL DEFECT (2=Maybe,)
{10}

FN260|_| UNCONSCIOUSNESS (9=Unkn)
{11}

FN261|_| DOUBLE VISION (If more than one event
{12}

FN262|_| LOSS OF VISION IN ONE EYE specify in comments
{13}

FN263|_| NUMBNESS, TINGLING on following screen)
{14}

FN264|_| NUMBNESS AND TINGLING IS POSITIONAL
{15}

FN265|_| CT SCAN (HEAD) SINCE LAST EXAM (DATE/PLACE _____)
{16}

FN266|_| SEEN BY NEUROLOGIST SINCE LAST EXAM (WRITE IN WHO & WHEN BELOW)
{17}

FN267A|_|_*_|_| FN267B DATE (mo/yr,99/99=Unkn)OBSERVED BY _____
{18-21}

FN268|_| ONSET TIME(1=Active, 2=During sleep, 3=While arising, 9=Unkn)
{22}

FN269A|_|_*_|_|_*_|_| FN269B FN269C DURATION (use format days/hours/mins, 99/99/99=Unkn)
{23-28}

FN270|_| HOSPITALIZED OR SAW M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unkn)
{29}

FN271|_|_| NO. OF DAYS STAYED AT _____
{30-31}

FN272|_| 1ST EXAMINER OPINIONS (0=No, 1=Yes, 2=Maybe, 9=Unk)
{32} CEREBROVASCULAR DISEASE

FN273|_| STROKE IN INTERIM
{33}

FN274|_| TRANSIENT ISCHEMIC ATTACK IN INTERIM (TIA)
{34}

NEUROLOGY COMMENTS _____

ID=

NAME:

COHORT EXAM 21

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

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

|0|1|4| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 17/END)

LEFT RIGHT SYMPTOMS (0=No, 1=Yes,)

FN275|_| FN276|_| PHLEBITIS IN INTERIM (2=Maybe, 9=Unkn)
{8} {9}

FN277|_| FN278|_| LEG ULCERS
{10} {11}

FN279|_| FN280|_| TREATMENT FOR VARICOSE VEINS
{12} {13}

FN281|_| FN282|_| DISCOMFORT IN CALF WHILE WALKING
{14} {15}

FN283|_| FN284|_| DISCOMFORT IN LOWER EXTR.(NOT CALF) WHILE WALK
{16} {17}

FN285|_| FN286|_| IS ONE FOOT COLDER THAN THE OTHER? (0=No,
{18} {19} 1=Yes, 9=Unkn)

CHARACTERISTICS OF LOWER LIMB DISCOMFORT:

FN287|_| OCCURS WITH FIRST STEPS FN288|_| AFTER WALKING A WHILE (0=No,)
{20} {21}

FN289|_| RELATED TO RAPIDITY OF FN290|_| FORCED TO STOP WALKING (1=Yes,)
{22} WALKING OR STEEPNESS {23} (9=Unkn)

FN291|_| TIME FOR DISCOMFORT TO BE RELIEVED BY STOPPING (minutes)
{24-25} (00=No relief with stopping)

FN292|_| NUMBER OF DAYS/MONTH OF LOWER LIMB DISCOMFORT (00=No,99=Unk)
{26-27}

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

FN293|_| INTERMITTENT CLAUDICATION (Also see screen 18 for art. periph vasc)
{28}

FN294|_| VENOUS INSUFFICIENCY (disease and screen 17 for varicose veins)
{29}

COMMENTS PERIPH.VASC.DIS. _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 10)

MEDICAL HISTORY--CHD AND COMPLICATIONS

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

|0|1|0| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 8/END)

Coding: 0=No, 1=Yes, 2=Maybe, 9=Unkn.

FN295
|_|
{8}

HISTORY OF CORONARY ARTERIOGRAM

FN296
19|_|_| Year first done
{9-10}

FN297
|_|
{11}

HISTORY OF CORONARY ARTERY ANGIOPLASTY

FN298
19|_|_| Year first done
{12-13}
FN299 |_| Type of procedure (0=None, 1=Balloon,)
{14} (2=Other _____)

FN300
|_|
{15}

HISTORY OF CORONARY BYPASS SURGERY

FN301
19|_|_| Year first done
{16-17}

FN302
|_|
{18}

HISTORY OF CAROTID ARTERY SURGERY

FN303
19|_|_| Year first done
{19-20}

FN304
|_|
{21}

HISTORY OF ABDOMINAL AORTA SURGERY

FN305
19|_|_| Year first done
{22-23}

FN306
|_|
{24}

HISTORY OF FEMORAL OR LOWER EXTREMITY SURGERY

FN307
19|_|_| Year first done
{25-26}

FN308
|_|
{27}

HISTORY OF PERMANENT PACEMAKER INSERTION

FN309
19|_|_| Year first done
{28-29}

ID=

NAME:

COHORT EXAM 21

(SCREEN 14) PHYSICAL EXAM--HEAD, NECK AND RESPIRATORY

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

10|1|5| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS NONE)

FN310

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

FN311

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

EYES AND XANTHOMATA

FN312

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

FN313 {14}

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

FN314 {15}

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

FN315 {16}

FN315

|_| ACHILLES TENDON XANTHOMATA (0=No,)

FN316 {17}

|_| PALMAR XANTHOMATA (1=Yes,)

FN317 {18}

FN317

|_| TUBEROUS XANTHOMATA (9=Unkn)

{19}

CODE CAROTID BRUITS ON SCREEN 18

FN318

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

{20}

FN319

|_| SCAR

FN320

|_| SINGLE NODULE

FN321

|_| OTHER

{21}

{22}

{23}

FN322

|_| DIFFUSE ENLARGEMENT

|_|

MULTIPLE NODULES

{24}

FN323 {25}

COMMENTS ABOUT THYROID

RESPIRATORY

FN324 {26}

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

FN325 {27}

|_| FIXED THORAX (1=Yes,)

FN326 {28}

|_| WHEEZING ON AUSCULTATION (2=Maybe,)

FN327 {29}

|_| RALES (9=Unk)

FN328 {30}

|_| OTHER ABNORMAL BREATH SOUNDS

COMMENTS ABOUT RESPIRATORY

ID=

NAME:

COHORT EXAM 21

(SCREEN 15) PHYSICAL EXAM--HEART

|_|_|_| ID NUMBER

10|1|6| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS NONE)

FN329 |_| ENLARGEMENT (0=No, 1=Left only, 2=Right only, 3=Both, 9=Unkn)

{8}

FN330 |_| GALLOP (0=No, 1=S3 only, 2=S4 only, 3=Both, 9=Unkn)

{9}

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

FN331 |_| CLICK FN332 |_| SPLIT S2 FN333 |_| DIM A2 FN334 |_| OTHER (Specify below)

{10}

{11}

{12}

{13}

FN335

|_| 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)

Table with 6 columns: Location, Grade, Type, Radiation, Valsalva, Origin. Rows include APEX, LEFT STERNUM, and BASE with handwritten form numbers (FN336-FN352) in the Grade, Type, and Origin columns.

FN351 |_| DIASTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unk) {30}

FN352 |_| VALVE OF ORIGIN FOR DIASTOLIC MURMUR(S) {31}

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

FN353

|_| NECK VEIN DISTENTION AT 45 DEGREES (0=No, 1=Yes, 2=Maybe, 9=Unk) {32}

COMMENTS _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 16)

PHYSICAL EXAM--BREASTS AND ABDOMEN

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

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

(EXAM 20/21 DELTA COLUMNS NONE)

FN354

|_| BREAST ABNORMALITY

(0=No, 1=Yes,)

{8}

FN356

FN355

|_| LOCALIZED MASS

|_|

AXILLARY NODES

(2=Maybe, 9=Unkn)

{9}

{10}

LEFT BREAST

RIGHT BREAST

BREAST SURGERY

FN357

|_|

{11}

FN358

|_|

{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

FN359

|_|

LIVER ENLARGED

(0=No, 1=Yes,)

{13}

FN360

|_|

SURGICAL SCAR

{14}

FN361

|_|

ABDOMINAL ANEURYSM

(2=Maybe, 9=Unkn)

{15}

FN362

|_|

BRUIT

{16}

FN363

|_|

SURGICAL GALLBLADDER SCAR

{17}

FN364

|_|

OTHER ABDOMINAL ABNORMALITY: _____

{18}

ID=

NAME:

COHORT EXAM 21

(SCREEN 17)

PHYSICAL EXAM--PERIPHERAL VESSELS - PART I

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

|0|1|8| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS NONE)

LEFT	RIGHT		(0=No abnormality,)
FN365 _ _ _ {8}	FN366 _ _ _ {9}	STEM VARICOSITIES	(1=Uncomplicated,)
FN367 _ _ _ {10}	FN368 _ _ _ {11}	RETICULAR VARICOSITIES	(2=With skin changes,)
FN369 _ _ _ {12}	FN370 _ _ _ {13}	SPIDER VARICOSITIES	(3=With ulcer,9=Unkn)

LEFT	RIGHT		
FN371 _ _ _ {14}	FN372 _ _ _ {15}	ANKLE EDEMA	(0=No; 1,2,3,4=Grade; 9=Unk)
FN373 _ _ _ {16}	FN374 _ _ _ {17}	FOOT IS COLD	(0=No, 1=Yes, 2=Maybe, 9=Unk)
FN375 _ _ _ {18}	FN376 _ _ _ {19}	AMPUTATION	(0=No, 1=Yes, 2=Maybe, 9=Unk)
FN377 _ _ _ {20}	FN378 _ _ _ {21}	AMPUTATION LEVEL	(0=No, 1=Toes only, 2=Ankle,) (3=Knee, 4=Hip, 9=Unknown)

COMMENTS _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 18)

PHYSICAL EXAM--PERIPHERAL VESSELS - PART II

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

|0|1|9| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 8/END)

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

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

LEFT

RIGHT

LEFT

RIGHT

CAROTID

FN381
|_|
{10}

FN382
|_|
{11}

FN379
|_|
{8}

FN380
|_|
{9}

RADIAL

FEMORAL

FN383
|_|
{12}

FN384
|_|
{13}

FN385
|_|
{14}

FN386
|_|
{15}

MID-THIGH

FN387
|_|
{16}

FN388
|_|
{17}

POPLITEAL

FN389
|_|
{18}

FN390
|_|
{19}

POST TIBIAL

FN391
|_|
{20}

FN392
|_|
{21}

DORSALIS PEDIS

FN393
|_|
{22}

FN394
|_|
{23}

(For int. claudication and chronic venous insuff see screen 13)

COMMENTS

ID=

NAME:

COHORT EXAM 21

(SCREEN 19)

PHYSICAL EXAM--NEUROLOGICAL AND FINAL BP

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

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

(EXAM 20/21 DELTA COLUMNS 8/END)

- FN395 | | | | SPEECH DISTURBANCE
- {8}
- FN396 | | | | DISTURBANCE IN GAIT (0=No,)
- {9}
- FN397 | | | | LOCALIZED MUSCLE WEAKNESS (1=Yes,)
- {10}
- FN398 | | | | VISUAL FIELD DEFFECT (2=Maybe,)
- {11}
- FN399 | | | | ABNORMAL REFLEXES (9=Unkn)
- {12}
- FN400 | | | | CRANIAL NERVE ABNORMALITY
- {13}
- FN401 | | | | CEREBELLAR SIGNS
- {14}
- FN402 | | | | SENSORY IMPAIRMENT
- {15}

FN403 | | | | 1ST EXAMINER BELIEVES RESIDUAL OF STROKE
{16}

COMMENTS ABOUT NEUROLOGICAL FINDINGS _____

SECOND BLOOD PRESSURE READING

FN404

|_|_|_| PHYSICIAN SYSTOLIC
{17-19} PRESSURE (second reading)

FN405

|_|_|_| PHYSICIAN DIASTOLIC
{20-22} PRESSURE (second reading)

ID=

NAME:

COHORT EXAM 21

(SCREEN 20) ELECTROCARDIOGRAPH-PART I

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

|0|2|1| | {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 8/END)

FN406 |_| ECG DONE (0=No,1=Yes)
{8}

FN407 |_| PACEMAKER (0=None present, 1=Present-paced,)
{9} (2=Present-not fully paced, 9=Unk)

FN408 |_|_|_| VENTRICULAR RATE PER MINUTE (999=Unkn)
{10-12}

FN409 |_|_| P-R INTERVAL (HUNDRETHS OF SECOND) (99=Unkn or atrial fib)
{13-14}

FN410 |_|_| QRS INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)
{15-16}

FN411 |_|_| Q-T INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)
{17-18}

FN412 |_|_|_| QRS ANGLE (put plus or minus as needed) (9999=Unkn)
{19-22}

--LEFT RIGHT CONDUCTION ABNORMALITY --

FN413 |_| FN414 |_| IV BLOCK (0=No, 1=Incomp, 2=Complete, 9=Unkn)
{23} {24}

FN415 |_| INDETERMINATE IV BLOCK (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{25}

FN416 |_| HEMIBLOCK (0=No, 1=Left Ant, 2=Left Post, 9=Unkn)
{26}

FN417 |_| 1ST DEGREE A-V BLOCK (0=No, 1=Yes: >=0.20 sec,
{27} 2=Maybe, 9=Unkn)

FN418 |_| 2D DEGREE A-V BLOCK (0=No, 1=Mobtz1, 2=Mobtz2,
{28} 3=Maybe, 9=Unk)

FN419 |_| A-V DISSOCIATION (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{29}

FN420 |_| WPW SYNDROME (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{31}

-- ATRIAL ABNORMALITIES AND ARRHYTHMIAS --

FN421 |_| ATRIAL FIBRILLATION OR ATRIAL FLUTTER (0=No,)
{32}

FN422 |_| RT ATRIAL ENLG. FN423 |_| LEFT ATRIAL ENLG (1=Yes, 9=Unk)
{33} {34}

FN424 |_| ATRIAL PREMATURE BEATS (0=No, 1=Atr, 2=Atr Aber, 9=Unk)
{35}

FN425 |_| NODAL PREMATURE BEATS (0=No, 1=Yes, 9=Unkn)
{36}

FN426 |_| VENTRICULAR PREMATURE BEATS (0=No, 1=Simple, 2=Multifoc,)
{37} 3=Pairs, 4=Run, 5=R on T, 9=Unk)

FN427 |_|_| NUMBER OF VENTRICULAR PREMATURE BEATS IN 10 SECONDS
{38-39} (SEE 10 SECOND RHYTHM STRIP)

ID=

NAME:

COHORT EXAM 21

(SCREEN 21) ELECTROCARDIOGRAPH-PART II

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

|0|2|2| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 18/END)

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

FN428 |_| ANTERIOR FN429 |_| INFERIOR FN430 |_| TRUE POSTERIOR
 {8} {9} {10}

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

FN431 |_| R>20MM STD LEAD FN438 |_| R OR S>=20MM IN AV LEAD
 {11} {18}

FN432 |_| R>11MM AV LEAD FN439 |_| S>=25MM IN PRECOR LEAD
 {12} {19}

FN433 |_| R>=25MM PRECOR LEADS FN440 |_| INTRINS >=.05 SEC(R--V5 or V6)
 {13} {20}

FN434 |_| R OR S>=30 NOTE: FOR 14-15
 {14} R in V5 or V6
 OR
 S in V1 or V2

FN435 |_| R+S >= 35MM PRECOR LEADS
 {15}

FN436 |_| R+S >=25MM STD LEADS
 {16}

FN437 |_| ST DEPRESSION (STRAIN PATTERN, WITH DOWN SLOPING ST)
 {17}

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

FN441 |_| NON-SPECIFIC S-T SEGMENT ABNORMALITY
 {21}

FN442 |_| NON-SPECIFIC T-WAVE ABNORMALITY
 {22}

FN443 |_| U-WAVE PRESENT
 {23}

FN444 |_| RIGHT VENTRICULAR HYPERTROPHY
 {24}

FN445 |_| LEFT VENTRICULAR HYPERTROPHY (0=No, 1=LVH with strain,)
 {25} (2=LVH with mild S-T Segment Abn,)
 (3=LVH by voltage only)

FN446 |_| ECG CLINICAL READING (0=Normal, 1=Abnormal, 2=Doubtful, 9=Unkn)
 {26}

COMMENTS _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 22) CLINICAL DIAGNOSTIC IMPRESSION-PART I

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

|0|2|3| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS 19/END)

CORONARY HEART DISEASE

FN447
{8}
FN448
{9}
FN449
{10}

|_| ANGINA PECTORIS

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

|_| CORONARY INSUFFICIENCY

|_| MYOCARDIAL INFARCT

OTHER HEART DIAGNOSES IN INTERIM

FN450
{11}
FN451
{12}
FN452
{13}
FN453
{14}
FN454
{15}
FN455
{16}

|_| RHEUMATIC HEART DISEASE (0=No, 1=Yes, 2=Maybe, 9=Unknown)

|_| AORTIC VALVE DISEASE

|_| MITRAL VALVE DISEASE

|_| OTHER HEART DISEASE (INCLUDES CONGENITAL)

|_| CONGESTIVE HEART FAILURE

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

COMMENTS CDI HEART _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 23)

CLINICAL DIAGNOSTIC IMPRESSION-PART II

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

10|2|4| {5-7} FORM NUMBER

(EXAM 20/21 DELTA COLUMNS 14/END)

PERIPHERAL VASCULAR DISEASE IN INTERIM

- FN456 |_| INTERMITTENT CLAUDICATION (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{8}
- FN457 |_| ABDOMINAL AORTIC ANEURYSM
{9}
- FN458 |_| STEM VARICOSE VEINS
{10}
- FN459 |_| PHLEBITIS
{11}
- FN460 |_| OTHER VASCULAR DIAGNOSIS (Specify) _____
{12}

NEUROLOGICAL DISEASE

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

- FN461 |_| STROKE
{13}
- FN462 |_| TRANSIENT ISCHEMIC ATTACK (TIA)
{14}
- FN463 |_| DEMENTIA
{15}
- FN464 |_| PARKINSON'S DISEASE
{16}
- FN465 |_| OTHER NEUROLOGICAL DISEASE (Specify) _____
{17}

COMMENTS CDI NEUROLOGICAL _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 24)

CLINICAL DIAGNOSTIC IMPRESSION-PART III

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

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

(EXAM 20/21 DELTA COLUMNS 21/END)

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

- FN466 |_| DIABETES MELLITUS
- FN467 {8} |_| URINARY TRACT DISEASE
- FN468 {9} |_| PROSTATE DISEASE
- FN469 {10} |_| RENAL DISEASE
- FN470 {11} |_| EMPHYSEMA
- FN471 {12} |_| CHRONIC BRONCHITIS
- FN472 {13} |_| PNEUMONIA
- FN473 {14} |_| ASTHMA
- FN474 {15} |_| OTHER PULMONARY DISEASE
- FN475 {16} |_| GOUT
- FN476 {17} |_| DEGEN. JOINT DISEASE
- FN477 {18} |_| RHEUMATOID ARTHRITIS
- FN477 {19} |_|

- FN478 |_| GALLBLADDER DISEASE
- FN479 {20} |_| CANCER (if yes, also
- FN479 {21} |_| go to screen 25
- FN480 |_| OTHER NON C-V DIAGNOSIS
- FN480 {22} |_|

COMMENTS CDI OTHER DIAGNOSES _____

ID=

NAME:

COHORT EXAM 21

(SCREEN 25)

CANCER SITE OR TYPE

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

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

(EXAM 20/21 DELTA COLUMNS 21/END)

- FN481 |_| LUNG
- {8}
- FN482 |_| BREAST (0=No,)
- {9}
- FN483 |_| SKIN (1=Yes,)
- {10}
- FN484 |_| STOMACH (2=Maybe,)
- {11}
- FN485 |_| PANCREAS (9=Unkn)
- {12}
- FN486 |_| COLON
- {13}
- FN487 |_| LIVER
- {14}
- FN488 |_| PROSTATE
- {15}
- FN489 |_| BLADDER
- {16}
- FN490 |_| LEUKEMIA
- {17}
- FN491 |_| LYMPHOMAS
- {18}
- FN492 |_| CERVIX
- {19}
- FN493 |_| UTERUS
- {20}
- FN494 |_| OVARY
- {21}
- FN495 |_| OTHER
- {22}

COMMENTS

ID#

NAME:

COHORT EXAM 21

(SCREEN 26)

SECOND EXAMINER OPINIONS IN INTERIM

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

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

(EXAM 20/21 DELTA COLUMNS 12/END)

FN496

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

2D EXAMINER
LAST NAME

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

FN497

|_| CONGESTIVE HEART FAILURE
{11}

FN498

|_| CORONARY INSUFFICIENCY
{12}

FN499

|_| ANGINA PECTORIS
{13}

FN500

|_| MYOCARDIAL INFARCTION
{14}

FN501

|_| SYNCOPE
{15}

COMMENTS ABOUT CHEST AND HEART DISEASE _____

FN502

|_| INTERMITTENT CLAUDICATION
{16}

COMMENTS PERIPH.VASC.DIS. _____

FN503

|_| STROKE
{17}

FN504

|_| TIA
{18}

COMMENTS ABOUT POSSIBLE NEUROLOGICAL DISEASE _____

Framingham Heart Study
Lab Data

Id:

Exam Date

Hematocrit (%) FN 511

Glucose (mg/dL) FN 510

Interpretation:

The normal range for hematocrit values is:

Women 36-50

Men 40-54

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