

Framingham Heart Study

Original Cohort Exam 22

12/06/1990-04/25/1994
N=1166

Exam Form Version

01-08-92 Numerical Data, Procedures Sheet,
Cognitive Function (I-II), CES-D Scale,
Activities of Daily Living, Functional
Performance Test, Activities Questions (A-E)
Arthritis History (A-C) & Osteoarthritis

09-30-92 Medical History, *Cancer Site or Type*,
Physical Exam, *Electrocardiograph (I-II)*,
Clinical Diagnostic Impression (I-III),
& 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.

EXAM 22 ID

VERSION 01/08/92

Numerical Data--Part I

(NURSE 1)
10|3|1| FORM NUMBER

table 22031
form 22031
ex22 nurse
ex22 nurse

fo 001 | | SEX OF PATIENT (1=Male, 2=Female)

fo 002 | | AGE OF PATIENT

fo 003 | | SITE OF EXAM (0=Heart Study, 1=Nursing home, 2=Residence, 3=Other Inst)
If other inst, write in: _____

fo 004 | | Nursing Home Level of Care (0=None; 1=Skilled care 24hrs, Medicare;
2=Skilled care 24 hrs, Medicaid or private; 3=Skilled care 8-16 hrs; 4=Self care)

fo 005 | | MARITAL STATUS (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)

fo 006 | | NURSE EXAMINER'S NUMBER

fo 007 | | ⁱ² WEIGHT (to nearest pound)

fo 008 | | * | | HEIGHT (inches, to next lower 1/4 inch)
75.2

XXXXX

Left Right (Code boxes below with 9's if unknown)

fo 009 | | fo 010 | | SKINFOLD TRICEPS (millimeters)

fo 011 | | fo 012 | | SKINFOLD SUBSCAPULAR (millimeters)

fo 013 | | SKINFOLD ABDOMEN (millimeters)

^{f4} fo 014 | | * | | BI-DELTOID GIRTH (inches, to next lower 1/4 inch)

-1
default

fo 015 ^{f4} | | * | | RIGHT ARM GIRTH--UPPER THIRD (inches, to next lower 1/4 inch)

fo 016 ^{f4} | | * | | WAIST GIRTH (inches, to next lower 1/4 inch)

fo 017 ^{f4} | | * | | HIP GIRTH (inches, to next lower 1/4 inch)

fo 018 ^{f4} | | * | | THIGH GIRTH (inches, to next lower 1/4 inch)

fo 019 ^{f4} | | * | | KNEE HEIGHT (centimeters)

SYSTOLIC DIASTOLIC

fo 020 | | | | NURSE'S BLOOD PRESSURE

fo 021

12

12

EXAM 22 ID type/ID ~ Last Name ~ ,First Name ~

**FRAMINGHAM COHORT EXAM 22
PROCEDURES SHEET**

- fo φ22 ECG DONE (0=No, 1=Yes, 9=Unknown) (0=No, 1=Yes, 9=Unknown)
- fo φ23 BLOOD (0=No, 1=Yes, 9=Unknown)
- fo φ24 BODY COMPOSITION (0=No, 1=Yes, 9=Unknown)
- fo φ25 ORTHOSTATIC BLOOD PRESSURES (0=No, 1=Yes, 9=Unknown)
- fo φ26 COGNITIVE FUNCTION EXAM (0=No, 1=Yes, 9=Unknown)
- fo φ27 BONE STUDY (0=No, 1=Yes, 9=Unknown)
- fo φ28 ARTHRITIS STUDY (0=No, 1=Yes, 9=Unknown)
- fo φ29 ECHOCARDIOGRAM AND ECHO DOPPLER (0=No, 1=Yes, 9=Unknown)

check field

EXAM 22 ID type/ID~ Last Name~ ,First Name~

VERSION 01/08/92

table^{ex22} 22060 ex22 cognitive
form 22060 Cognitive Function--Part I

|0|6|0| FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9

Write all responses on exam form.

f0 φ 30
0 1 2 3 6 9 WHAT IS THE DATE TODAY? (Month, day, year, correct score=3)

f0 φ 31
0 1 6 9 WHAT IS THE SEASON?

f0 φ 32
0 1 6 9 WHAT DAY OF THE WEEK IS IT?

f0 φ 33
0 1 2 3 6 9 WHAT TOWN, COUNTY AND STATE ARE WE IN?

f0 φ 34
0 1 6 9 WHAT IS THE NAME OF THIS PLACE? (any appropriate answer ok..
my home, street address, heart study ... max. score = 1)

f0 φ 35
0 1 6 9 WHAT FLOOR OF THE BUILDING ARE WE ON?

f0 φ 36
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

f0 φ 37
|_|_|_|_|_|
char
NOW I AM GOING TO SPELL A WORD FORWARD AND I WANT
YOU TO SPELL IT BACKWARDS. THE WORD IS WORLD.
W-O-R-L-D. PLEASE SPELL IT IN REVERSE ORDER. Write in
letters, _____ (letters are entered and scored later)

0 1 2 3 6 9
f0 φ 38
WHAT ARE THE 3 OBJECTS I ASKED YOU TO
REMEMBER A FEW MOMENTS AGO?

Cognitive Function --Part II

|0|6|1| FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9

f0 φ39
0 1 6 9

WHAT IS THIS CALLED? (WATCH)

f0 φ40
0 1 6 9

WHAT IS THIS CALLED? (PENCIL)

f0 φ41
0 1 6 9

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

f0 φ42
0 1 6 9

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

f0 φ43
0 1 6 9

PLEASE WRITE A SENTENCE (code 6 if low vision)

f0 φ44
0 1 6 9

PLEASE COPY THIS DRAWING (code 6 if low vision)

f0 φ45
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)

f0 φ46

1 1 1

Examiner's Assessment of Subject's Mental Status

- 1 = normal,
- 2 = possible dementia,
- 4 = dementia present,
- 5 = illiterate / low education,
- 6 = not fluent in English,
- 7 = pooreyesight / blind,
- 8 = poorhearing / deaf,
- 11 = depression present,
- 22 = aphasic,
- 33 = coma,
- 44 = Parkinsonian features / tremors,
- 55 = other
- 99 = unknown

Sentence and Design Handout for Patient

PLEASE WRITE A SENTENCE

PLEASE COPY THIS DESIGN

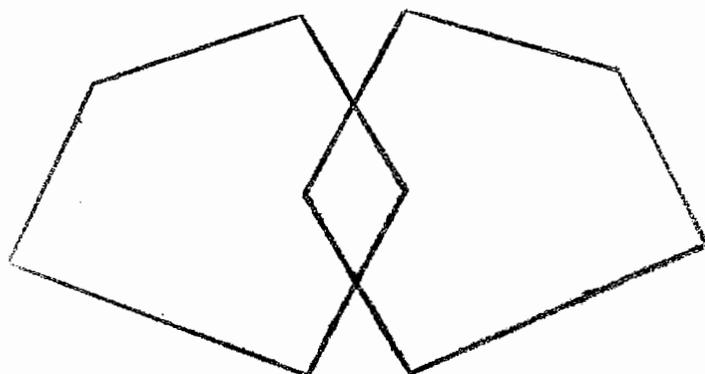


table 22040
form

ex22-CESD

EXAM 22 ID type/ID~ Last Name~ ,First Name~
CES-D Scale

|0|4|0| FORM NUMBER

VERSION 01/08/92

The next few questions are about your feelings during the past week. For each of the following statements, please tell me if you felt that way much of the time during the past week.

CODES: 0 =Rarely or none of the time (less than 1 day)

1 =Some or a little of the time (1-2 days)

2 =Occasionally or moderate amount of time (3-4 days)

3 =Most or all of the time (5-7 days)

9 =Unknown

fo 047 | | I was bothered by things that usually don't bother me.

fo 048 | | I did not feel like eating; my appetite was poor.

fo 049 | | I felt that I could not shake off the blues, even with help from my family and friends.

fo 050 | | I felt that I was just as good as other people.

fo 051 | | I had trouble keeping my mind on what I was doing.

fo 052 | | I felt depressed.

fo 053 | | I felt that everything I did was an effort.

fo 054 | | I felt hopeful about the future.

fo 055 | | I thought my life had been a failure.

fo 056 | | I felt fearful.

fo 057 | | My sleep was restless.

fo 058 | | I was happy.

fo 059 | | I talked less than usual.

fo 060 | | I felt lonely.

fo 061 | | People were unfriendly.

fo 062 | | I enjoyed life.

fo 063 | | I had crying spells.

fo 064 | | I felt sad.

fo 065 | | I felt that people disliked me.

fo 066 | | I could not "get going."

Table 22032 ex 22 act fen
form

EXAM 22 ID type/ID~ Last Name~ ,First Name~

Activities of Daily Living

(NURSE 2)

VERSION 01/08/92

|0|3|2| FORM NUMBER

Activities of Daily Living - Self-Reported Performance

"Do you get assistance from another person to do the following activities during a normal day?"

Coding:

- (0=No help needed, independent)
- (1=Uses device, independent)
- (2=Human assistance needed, minimally dependent)
- (3=Dependent)
- (9=Unknown)

fo 067 |__| GETTING DRESSED AND UNDRESSED

fo 068 |__| BATHING

fo 069 |__| EATING FOOD AND DRINKING LIQUIDS

fo 070 |__| GETTING IN AND OUT OF A CHAIR

fo 071 |__| USING THE TOILET

fo 072 |__| WALKING ON LEVEL SURFACE ABOUT 50 YARDS (length of Thurber St.)

fo 073 |__| WALKING UP AND DOWN ONE FLIGHT STAIRS (5 steps)

fo 074 |__| CARRYING A BUNDLE (carry 10 lb. bundle 10 feet)

fo 075 |__| USING A TELEPHONE

fo 076 |__| CONTINENCE (bowel and bladder continence)
(Coding: as above but 4 = Uses commercial product to maintain continence, e.g. Depends)

fo 077 |__| TAKES OWN MEDICATIONS (Coding: as above but 8 = takes no meds)

Functional Performance Test

|0|4|1| FORM NUMBER

Coding:

Functional Performance Test

(0=No help needed, independent)

(1=Uses device, independent)

(2=Human assistance needed, minimally dependent)

(3=Dependent)

(9=Unknown)

fo 078 | | DRESSING

fo 079 | | TRANSFERRING

fo 080 | | WALKING (50 FEET IN CORRIDOR)

fo 081 | | CARRYING A 10 POUND BUNDLE

fo 082 | | POURING LIQUID FROM A PITCHER INTO A GLASS

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Table 22001

EXAM 22 ID type/ID ~ Last Name ~ , First Name ~

Medical History--Hospitalizations

(SCREEN 1)

VERSION 09/30/92

--COHORT EXAM 22--

DATE _____

|0|0|1| FORM NUMBER

f0 083 |__| Sex of Patient (1=Male, 2=Female)

f0 084 |__|__|__| 1st Examiner ID _____ 1st Examiner Name
i2

f0 085 |__| Hospitalization or E.R. visit in interim

- (0=No; 1=yes, hospitalization)
- (2=yes, more than 1 hospital)
- (3=Emergency Room visit)
- (9=Unknown)

f0 086 |__| Illness with visit to doctor (0=No, 1=Yes, 1 visit; 2=Yes, more than 1 visit; 9=Unknown)

f0 087 |__| Check up in interim by doctor (0=No, 1=Yes, 9=Unknown)

f0 088 ^{date} _____ Date of this FHS exam (Today's date - See above)
MM DD YY

f0 089 |__| Heart study examiner type (1=M.D., 2=Nurse)

f0 090 |__|__| Exam number

Medical Encounter	Month/Year (of last visit)	Site of Hospital or Office	Doctor

table 22002

Medical History--Cardiovascular Medications

01021 FORM NUMBER

(SCREEN 2)

fo 091

fo 092

Number of aspirins per (0=Never, 1=Day, 2=Week, 3=Month, 4=Year, 9=Unknown)

fo 093 | | Currently receiving medication for the treatment of hypertension? (0=No, 1=Yes, 9=Unknown)

fo 094 | | Any of the cardiovascular medications below (0=No, 1=Yes, 9=Unkn)

- fo 095 | | Cardiac Glycosides CODE (0=No;)
- fo 096 | | Nitroglycerine (1=Yes,now;)
- fo 097 | | Longer acting nitrates (Isordil, Cardilate, etc.) (2=Yes,not now;)
- fo 098 | | Calcium Channel Blockers (Nifedipine, Verapamil, Diltiazem) (3=Maybe)
- fo 099 | | Beta Blockers (Specify) (9=Unknown;)

fo 100 | | GROUP (Propranolol=01 Timolol =02 Nadolol =03 Atenolol =04 Metoprolol=05 Pindolol =06 Acebutolol=07 Labetalol=08 Other=09)

fo 101 | | Dose (mg/day) (999=unknown)

fo 102 | | Loop Diuretics (Lasix, etc.)

fo 103 | | Thiazide/K-sparing diuretics (Dyazide, Maxide, etc.)

fo 104 | | Thiazide diuretics Write in Meds and Dose

fo 105 | | K-sparing diuretics (Aldactone, Triamterene, Amiloride)

fo 106 | | Potassium supplements

fo 107 | | Reserpine derivatives

fo 108 | | Methyldopa (Aldomet)

fo 109 | | Alpha-1 agonist (Clonidine, Wytensin, Guanabenz)

fo 110 | | Alpha-2 blockers (Prazosin, Terazosin)

fo 111 | | Renin-angiotensin blocking drugs (Captopril, Enalapril, Lisinopril)

fo 112 | | Peripheral vasodilators (Hydralazine, Minoxidil, etc)

fo 113 | | Other anti-hypertensives (Specify)

fo 114 | | Antiarrhythmics (Quinidine, Procainamide, Norpace, Disopyramide, etc)

fo 115 | | Antiplatelet (Anturane, Persantine, etc.)

fo 116 | | Anticoagulants (Coumadin, Warfarin, etc.)

fo 117 | | Other cardiac medication (Specify)

Label ^{ex 22-22} 22003

EXAM 22 ID type/ID~ Last Name~ ,First Name~

Medical History-- Other Medications

[0|0|3] FORM NUMBER

(SCREEN 3)

fo 118 | | Any of the "non-cardiovascular" medications below (0=No,1=Yes, 9=Unknown)

- fo 119 | | Anti cholesterol drugs (Resins--e.g. Questran, Colestid)
- fo 120 | | Anti cholesterol drugs (Niacin or Nicotinic Acid)
- fo 121 | | Anti cholesterol drugs (Fibrates--e.g. Gemfibrozil)
- fo 122 | | Anti cholesterol drugs (Statins--e.g. Lovastatin, Pravastatin)
- fo 123 | | Anti cholesterol drugs (Other--Specify _____)
- fo 124 | | Antigout--uric acid lowering (Allopurinol, Probenecid etc)

fo 125 | | Antigout--(Colchicine)

CODE FOR ENTIRE SCREEN

fo 126 | | Thyroid extract (Dessicated Thyroid)

- (0=No)
- (1=Yes,now)
- (2=Yes,not now)
- (3=Maybe)
- (9=Unknown)

fo 127 | | Thyroxine (Synthroid etc.)

fo 128 | | Insulin

fo 129 | | Total units of insulin a day

fo 130 | | Oral hypoglycemics (Specify brand _____)

fo 131 | | Oral/patch estrogen (for women users also see estrogen section)

fo 132 | | Oral glucocorticoids (Prednisone, Cortisone, etc.)

fo 133 | | Non-steroidal anti-inflammatory agents (Motrin, Ibuprofen, Naprosyn, Indocin, Clinoril)

fo 134 | | If yes, do you take them every day?

fo 135 | | Analgesic-narcotics (Demerol, Codeine, Dilaudid, etc.)

fo 136 | | Analgesic-non-narcotics (Acetaminophen etc.)

fo 137 | | Bronchodilators, aerosols etc.

fo 138 | | Antihistamines

fo 139 | | Antiulcer (Tagamet, Ranitidine, Probanthine, H ion inhibitors)

fo 140 | | Anti-anxiety, sedative/hypnotics etc. (Librium, Valium etc.)

fo 141 | | Sleeping pills

fo 142 | | Anti-depressants

fo 143 | | Eyedrops

fo 144 | | Antibiotics

fo 145 | | Anti-parkinson drugs (Sinemet, L-Dopa, Symmetrel, Cogentin, etc)

fo 146 | | Anticonvulsants (Dilantin, Phenobarb, Tegretol, Mysoline etc)

fo 147 | | Others Specify: _____

E
E
C
E
F
S
T
D
V
V

*table 22004
et 22-22004*

Medical History-- Male/Female Genitourinary Disease

|0|0|4| FORM NUMBER

(SCREEN 4)

Questions for women

fo 148 |__|__| Age at hysterectomy (years), (00=No, 88=Not Applicable--man, 9=Unknown)

fo 149 |__| Ovary or ovaries removed (0=No; 1=Yes,one; 2=Yes,two; 8=Not Applicable-man; 9=Unkn)

fo 150 |__|__| Number of live births (88=Not Applicable-man, 99=Unknown)

fo 151 |__| Conjugated estrogen use in interim (e.g. Premarin)
(0=No, 1=Yes,now; 2=Yes,not now, 8=Not applicable-man, 9=Unknown)

fo 152 |__| Oral dose/day of premarin or conjugated Estrogens
(0=No, 1=0.325mg, 2=0.625mg, 3=1.25mg, 4=2.5mg, 8=Not Applicable-man, 9=Unknown)

fo 153 |__| Patch dose/day of estrogen (0=No, 1=0.5, 9=Unknown)

fo 154 |__|__| Number of days a month taking estrogens (99=Unknown)

fo 155 |__| Estrogen cream use interim (0=No or Not Applicable; 1=Yes,now; 2=Yes,not now; 9=Unkn)

fo 156 |__| Progesterone use interim (0=No or Not Applicable; 1=Yes,now; 2=Yes,not now; 9=Unkn)

Questions for men and women

fo 157 |__| Urinary disease in interim (0=No,)

fo 158 |__| Kidney disease in interim (1=Yes,)

fo 159 |__| Kidney stones in interim (2=Maybe,)
(9=Unknown)

Questions for men

fo 160 |__| Prostate trouble in interim (0=No)

fo 161 |__| Prostate surgery in interim (1=Yes)
(2=Maybe,)
(8=N/A , woman)
(9= Unknown)

Medical History-- Beverages and Thyroid

|0|0|5| FORM NUMBER

(SCREEN5)

Thyroid

fo 162 | | In the interim have you been diagnosed with a thyroid condition?
 (0=No, 1=Yes, 9=Unknown)

Comments _____

Beverages

--- Daily intake over past year ---

Caffeinated				Decaffeinated			
	Unit	# per day	Method		Unit	# per day	Method
Coffee	cup	fo 163	fo 164	Coffee	cup	fo 165	fo 166
Tea	cup	fo 167		Tea	cup	fo 168	
Cola	12 oz	fo 169		Cola	12 oz	fo 170	

Method used predominantly: 0=Non drinker, 1=Filter, 2=Perc, 3=Boil, 4=Instant, 8=Other, 9=Unkown

Alcohol Consumption

Beverage	Unit	Number of drinks per week over course of year	Number days drink per week	Limit for number of drinks at one period of time
		Code 00=never, 01=1 or less, 99=unknown	Code 0-7 9=Unknown	Code number 99=Unknown
Beer	bottle, can, glass (12 oz)	fo 171	fo 172	fo 173
Wine	glass (4 oz)	fo 174	fo 175	fo 176
Liquor	cocktail, highball	fo 177	fo 178	fo 179

Medical History--Smoking

|0|0|6| FORM NUMBER

(SCREEN 6)

fo 180 * |__| Smoked cigarettes regularly in the last year? (0=No, 1=Yes, 9=Unk)

fo 181 |__| |__| How many cigarettes do/did you smoke a day? (01=one or less, 99=unk)

fo 182 |__| Do you inhale? (0=No, 1=Yes, 8=N/A, 9=Unknown)

Cigarette Brand	Strength	Type	Filter	Length
Code the first eight letters	Code 1=Normal 2=Lite 3=Ultralite 8=N/A 9=Unknown	Code 1=Regular 2=Menthol 8=N/A 9=Unknown	Code 1=Nonfilter 2=Filter 8=N/A 9=Unknown	Code 1=Regular 2=King 3=100 mm 4=120 mm 8=N/A 9=Unknown
fo 183 _ _ _ _ _ _ _ _	fo 184 _	fo 185 _	fo 186 _	fo 187 _

fo 188 |__| |__| How many hours since last cigarette?
 (01=1 hour or less, 24=24 or more hours,)
 (88=currently non-smoker, 99=Unknown)

fo 189 |__| Do you now smoke cigars?

(0=No)
 (1=Yes, inhale)
 (2=Yes, no inhale)
 (9=Unknown)

fo 190 |__| Do you now smoke pipes?

ex22-22007

Medical History-- Respiratory

|0|0|7| FORM NUMBER

(SCREEN 7)

fo 191 |__| Chronic cough in interim (at least 3 months/year)
(0=No; 1=Yes, productive; 2=Yes, non-productive; 9=Unknown)

fo 192 |__| Wheezing or asthma (0=No, 1=Yes, 9=Unknown)

fo 193 |__| Type (0=None, 1=New in interim, 2=Old, 8=N/A, 9=Unknown)

fo 193⁴ |__| Dyspnea on exertion
(0=No)
(1=Climbing stairs or vigorous exertion)
(2=Rapid walking or moderate exertion)
(3=Any slight exertion)
(9=Unknown)

fo 195 |__| Dyspnea has increased over the past two years
(0=No, 1=Yes, 9=Unknown)

fo 196 |__| Orthopnea (0=No)

(1=Yes-new in interim;)

fo 197 |__| Paroxysmal nocturnal dyspnea (2=Yes-old complaint;)

(9=Unknown)

fo 198 |__| Ankle edema bilaterally

fo 199 |__| 1st Examiner believes CHF (0=No,)

(1=Yes,)

fo 200 |__| 1st Examiner believes Chronic Bronchitis (2=Maybe,)

(Cough that produces sputum at least 3 months in past 12 months) (9=Unknown)

No second opinion needed for bronchitis

Respiratory Comments _____

Medical History-- Heart Part I

|0|0|8| FORM NUMBER

(SCREEN 8)

- fo 201 * | | Any chest discomfort since last exam (0=No,)
 (1=Yes,)
 fo 202 | | Chest discomfort with exertion or excitement (2=Maybe,)
 (9=Unknown)
 fo 203 | | Chest discomfort when quiet or resting

Chest Discomfort Characteristics (must have checked first box above)

- fo 204 | | fo 205 | | Date of onset (mo/yr, 99/99=Unknown)
 fo 206 | | Usual duration (minutes, 999=Unknown)
 fo 207 | | Longest duration (minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
 fo 208 | | Location (0=No, 1=Central sternum and upper chest, 2=L Up Quadrant, 3=L Lower ribcage,
 4=R Chest, 5=Epigastric, 6=Lower sternum, 7=Left ant chest, 8=Other, 9=Unknown)
 fo 209 | | 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=Unknown)
 fo 210 | | Frequency (Number in past month, 999=Unknown)
 fo 211 | | Frequency (Number in past year, 999=Unknown)
 fo 212 | | Type (1=Pressure, heavy, vise; 2=Sharp; 3=Dull; 4=Other; 9=Unknown)

Chest Discomfort relief (0=No, 1=Yes, 8=Not tried, 9=Unknown)	
fo 213	Nitroglycerine in <15 minutes
fo 214	Rest in <15 minutes
fo 215	Spontaneously in <15 minutes
fo 216	Other cause in <15 minutes

- fo 217 | | 1st Examiner believes angina pectoris in interim (0=No,)
 (1=Yes,)
 fo 218 | | 1st Examiner believes coronary insuff. in interim (2=Maybe,)
 (9=Unknown)
 fo 219 | | 1st Examiner believes myocardial infarct in interim

Comments _____

Medical History-- Heart Part II

|0|0|9| FORM NUMBER

(SCREEN 9)

History of Heart Surgery (Not Coronary Surgery)

If unsure, please write in comments for later coding

Procedure	Aortic	Mitral	Tricuspid	Pulmonic
	_ fo 220	_ fo 221	_ fo 222	_ fo 223

- 0 = No
- 1 = Mechanical (Bjork, Starr Edwards)
- 2 = Bioprosthesis (Pig, homograft)
- 3 = Commissurotomy, Balloon valvuloplasty
- 4 = Repair (NOT A commissurotomy)
- 5 = Other
- 9 = Unknown

Specify: _____

Year of Procedure	Aortic	Mitral	Tricuspid	Pulmonic
	19 _ _ fo 224	19 _ _ fo 225	19 _ _ fo 226	19 _ _ fo 227

Comments _____

Medical History-- CHD and Complications--Heart Part III

|0|1|0| FORM NUMBER

(SCREEN 10)

Coding: 0=No, 1=Yes 2=Maybe, 9=Unkn	Cardiovascular Procedure
fo 228	fo 229 Coronary arteriogram 19 _ _ Year first done (99=unknown)
fo 230	Coronary artery angioplasty 19 _ _ fo 231 Year first done (99=unknown) Type of procedure (0=none, 1=balloon, 2=other, 9=unkn) fo 232 _____
fo 233	Coronary bypass surgery 19 _ _ fo 234 Year first done (99=unknown)
fo 235	Carotid artery surgery 19 _ _ fo 236 Year first done (99=unknown)
fo 237	Abdominal aorta surgery 19 _ _ fo 238 Year first done (99=unknown)
fo 239	Femoral or lower extremity surgery 19 _ _ fo 240 Year first done (99=unknown)
fo 241	Permanent pacemaker insertion 19 _ _ fo 242 Year first done (99=unknown)

Medical History-- Syncope--Heart Part IV

|0|1|1| FORM NUMBER

(SCREEN 11)

If you sit or stand up quickly do you get: (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)	Number of episodes per year (999=Unknown)	Usual duration from onset to recovery (minutes, 1=1 minute or less, 999=Unknown)
<input type="checkbox"/> Dizzy/vertigo fo 243	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fo 245	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fo 246
<input type="checkbox"/> Lightheaded/unstable fo 244	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

fo 247
 Have you fainted or lost consciousness in the interim?
 (If event immediately preceded by head injury or accident code to 0=No)
 (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo 248
 | | | | Number of episodes in the past two years (999=Unknown)
 fo 249 fo 250
 | | / | | | Date of first episode (mo/yr, 99/99=Unknown)
 fo 251
 | | | Usual duration of loss of consciousness (minutes, 999=Unkn)
 fo 252
 | | (usual) Activity preceding event (0=None, 1=Exertion, 2=Rest, 3=Defecation/Micturition/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=Unknown)

Symptoms noted before event(s) (0=No, 1=Yes, 2=Maybe, 9=Unkn)		Symptoms noted after event(s) (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
<input type="checkbox"/> fo 253	Nausea/vomiting	fo 258	Urinary/fecal incontinence
fo 254	Warning signs (e.g. Aura)	fo 259	Confusion
fo 255	Chest discomfort	fo 260	Focal weakness (e.g. arm, leg)
fo 256	Shortness of breath	fo 261	Other (specify) _____
fo 257	Palpitations		_____

fo 262
 Did you have any injury caused by the event? (0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo 263
 Was seizure activity observed? (0=No, 1=Yes, 2=Maybe, 9=UnknOWN)
 Who observed event? _____

fo 264
 ER/hospitalized or saw M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unknown)
 Hospitalized at: _____
 M.D. seen: _____

Over for 1st Examiner Opinions

Medical History--Syncope--Heart Part V

|0|1|2| FORM NUMBER

(SCREEN 12)

1st Examiner Opinions:

fo265 **Cardiac Syncope** (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown)
needs second opinion

fo266 **Seizure disorder** (0=No,)

fo267 **Vasovagal episode** (1=Yes,)

fo268 **Other** (2=Maybe,)
Specify: _____ (9=Unknown)

Comments _____

Medical History--Cerebrovascular in Interim--Part I

|0|1|3| FORM NUMBER

(SCREEN 13)

Cerebrovascular episodes since last exam (0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo269 | | Sudden muscular weakness

fo270 | | Sudden speech difficulty

fo271 | | Sudden visual defect (If more than one event specify in comments on bottom of screen)

fo272 | | Unconsciousness

fo273 | | Double vision

fo274 | | Loss of vision in one eye

fo275 | | Numbness, tingling

fo276 | | Numbness and tingling is positional

fo277 | | CT scan (head) since last exam (date/place _____)

fo278 | | Seen by neurologist since last exam (write in who & when below)

fo279 | | fo280 | | Date (mo/yr,99/99=Unkn)

Observed by _____

fo281 | | Onset time(1=Active, 2=During sleep, 3=While arising, 9=Unknown)

fo282 | | fo283 | | fo284 | | Duration (use format days/hours/mins, 99/99/99=Unknown)

fo285 | | Hospitalized or saw M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unknown)

fo286 | | Number of days stayed at _____

1st Examiner Opinions

fo287 | | Cerebrovascular Disease (0=No, 1=Yes, 2= Maybe, 9=Unkown)
fo288 | | Stroke in Interim
fo289 | | Transient Ischemic Attack in Interim (TIA)

Neurology Comments _____

Medical History--Peripheral Arterial and Venous

|0|1|4| FORM NUMBER

(SCREEN 14)

* |__| Do you have lower limb discomfort while walking (0=No, 1=Yes, 9=Unkn)

fo 290

If yes, fill in below

Left	Right	Vascular symptoms (0=No, 1=Yes, 9=Unkn)
fo 291 __	fo 292 __	Discomfort in calf while walking
fo 293 __	fo 294 __	Discomfort in lower extremity (not calf) while walking
fo 295 __		Occurs with first steps
fo 296 __		After walking a while
fo 297 __		Related to rapidity of walking or steepness
fo 298 __		Forced to stop walking
fo 299 __		Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable)
fo 300 __		Number of days/month of lower limb discomfort (00=No, 88=N/A, 99=Unknown)

fo 301 * |__| Is one foot colder than the other? (0=No, 1=Yes, 9=Unknown)

Left	Right	Venous Symptoms
Code: 0=No, 1=Yes, 9=Unknown		
__ fo 302	__ fo 303	Phlebitis
__ fo 304	fo 305 __	Leg ulcers
__ fo 306	fo 307 __	Treatment for varicose veins

1st Examiner Opinions: (0 = No, 1 = Yes, 2 = Maybe, 9 = Unknown)

fo 308 |__| Intermittent Claudication (Also see peripheral vessels III screen)

fo 309 |__| Venous Insufficiency (Also see peripheral vessel I screen)

Comments Peripheral Vascular Disease _____

Cancer Site or Type

|0|1|5| FORM NUMBER

(SCREEN 15)

Po 310

|_| **Have you ever had cancer or a tumor?**

(0=No and skip to next screen, 1=Yes, 2=Maybe, 9=Unknown -- for these responses, please continue)

Code for table: 0=No, 1=Yes, Cancerous, 2=Maybe, Possible Cancer, 3=Benign, 9=Unknown

Po 311
Po 312
Po 313
Po 314
Po 315
Po 316
Po 317
Po 318
Po 319
Po 320
Po 321
Po 322
Po 323
Po 324
Po 325
Po 326
Po 327
Po 328

Code	Site of Cancer or Tumor	Year First Diagnosed	Name Diagnosing M.D.	City of M.D.
_	Esophagus			
_	Stomach			
_	Colon			
_	Rectum			
_	Pancreas			
_	Larynx			
_	Trachea/ Bronchus/Lung			
_	Leukemia			
_	Skin			
_	Breast			
_	Cervix/Uterus			
_	Ovary			
_	Prostate			
_	Bladder			
_	Kidney			
_	Brain			
_	Lymphoma			
_	Other/Unknown			

Comment (If participant has more details concerning tissue diagnosis, other hospitalization, procedures, treatments)

Physical Exam--Head, Neck and Respiratory

|0|1|6| FORM NUMBER

(SCREEN 16)

Physician Blood Pressure (first reading)	Systolic	Diastolic
	fo 329 _ _ _	fo 330 _ _ _

Eyes, Xanthomata, and Thyroid

fo 331
|_| Corneal arcus (0=No, 1=Slight, 2=Moderate, 3=Marked, 9=Unknown)

fo 332
|_| Xanthelasma (0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo 333
|_| Xanthomata (0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo 334
|_| Achilles tendon xanthomata (0=No,)

fo 335
|_| Palmar xanthomata (1=Yes,)

fo 336
|_| Tuberous xanthomata (9=Unknown)

(Code carotid bruits on vascular exam screen)

fo 337
|_| Thyroid abnormality (0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo 338 fo 340 fo 339 fo 340
|_| Scar |_| Single nodule |_| Other

fo 339 fo 341 fo 342
|_| Diffuse enlargement |_| Multiple nodules

Comments about Thyroid _____

Respiratory

fo 343
|_| Increased a-p diameter (0=No,)

fo 344
|_| Fixed thorax (1=Yes,)

fo 345
|_| Wheezing on auscultation (2=Maybe,)

fo 346
|_| Rales (9=Unknown)

fo 347
|_| Other abnormal breath sounds

Comments about Respiratory _____

Physical Exam--Heart

|0|1|7| FORM NUMBER

(SCREEN 17)

f0348 Enlargement (0=No, 1=Left only, 2=Right only, 3=Both, 9=Unknown)

f0349 Gallop (0=No, 1=S3 only, 2=S4 only, 3=Both, 9=Unknown)

Other abnormal Sounds (0=No, 1=Yes, 9=Unknown)

f0350 Click

f0351 Abnormally split S2

f0352 Diminished A2

f0353 Other (Specify below)

f0354 Systolic murmur(s) (0=No, 1=Yes, 2=Maybe, 9=Unknown)

Murmur Location	Grade 0=No sound 1 to 6 for grade of sound heard)	Type 0=None, 1=Ejection, 2=Regurgitant 3=Other 9=Unknown)	Radiation 0=None, 1=Axilla, 2=Neck, 3=Back, 4=Rt chest, 9=Unknown	Valsalva 0=Nochange, 1=Increase 2=Decrease 9=Unknown)	Origin 0=None,indet. 1=Mitral 2=Aortic 3=Tricuspid 4=Pulm 9=Unknown)
Apex	f0355 <input type="checkbox"/>	f0356 <input type="checkbox"/>	f0357 <input type="checkbox"/>	f0358 <input type="checkbox"/>	f0359 <input type="checkbox"/>
Left Sternum	f0360 <input type="checkbox"/>	f0361 <input type="checkbox"/>	f0362 <input type="checkbox"/>	f0363 <input type="checkbox"/>	f0364 <input type="checkbox"/>
Base	f0365 <input type="checkbox"/>	f0366 <input type="checkbox"/>	f0367 <input type="checkbox"/>	f0368 <input type="checkbox"/>	f0369 <input type="checkbox"/>

f0370 Diastolic murmur(s) (0=No, 1=Yes, 2=Maybe, 9=Unknown)

f0371 Valve of origin for diastolic murmur(s)
(0=No, 1=Mitral, 2=Aortic, 3=Both, 4=Other, 8=N/A, 9=Unk)

f0372 Neck vein distention at 45 degrees (0=No, 1=Yes, 2=Maybe, 9=Unknown)

Comments _____

Physical Exam--Breasts and Abdomen

|0|1|8| FORM NUMBER

(SCREEN 18)

- fo 373 |__| Breast abnormality (0=No)
 fo 374 |__| Localized mass (1=Yes)
 fo 375 |__| Axillary nodes (2=Maybe)
 (9=Unknown)

	Left	Right	Breast Surgery
fo 376 __			Breast Surgery (0=No, 1=Yes, 9=Unknown)
	__ fo 377	__ fo 378	Procedure Use lowest code: (0=No, 1=Radical mastectomy, 2=Simple mastectomy, 3=Biopsy, 4=Lump removal, 5=Cosmetic, 9=Unknown)

Comments about abnormality: _____

Abdominal abnormalities (0=No, 1=Yes, 2=Maybe, 9=Unknown)

- fo 379 |__| Liver enlarged
 fo 380 |__| Surgical scar
 fo 381 |__| Abdominal aneurysm
 fo 382 |__| Bruit
 fo 383 |__| Surgical gallbladder scar
 fo 384 |__| Other abdominal abnormality: _____

Physical Exam--Peripheral Vessels--Part I

|0|1|9| FORM NUMBER

(SCREEN 19)

Left	Right	Varicosities
fo 385 <input type="checkbox"/> <input type="checkbox"/>	fo 386 <input type="checkbox"/> <input type="checkbox"/>	Stem (0=No abn, 1=Uncomplicated 2=With skin changes, 3=With ulcer 9=Unknown)
fo 387 <input type="checkbox"/> <input type="checkbox"/>	fo 388 <input type="checkbox"/> <input type="checkbox"/>	Reticular (0=No abn, 1=Uncomplicated 2=With skin changes, 3=With ulcer 9=Unknown)
fo 389 <input type="checkbox"/> <input type="checkbox"/>	fo 390 <input type="checkbox"/> <input type="checkbox"/>	Spider (0=No abn, 1=Uncomplicated 2=With skin changes, 3=With ulcer 9=Unknown)

Left	Right	Lower Extremity Abnormalitiess
fo 391 <input type="checkbox"/> <input type="checkbox"/>	fo 392 <input type="checkbox"/> <input type="checkbox"/>	Ankle edema (0=No, 1,2,3,4=Grade ,9=Unknown)
fo 393 <input type="checkbox"/> <input type="checkbox"/>	fo 394 <input type="checkbox"/> <input type="checkbox"/>	Foot cold (0=no, 1=Yes, 2=Maybe, 9=Unknown)
fo 395 <input type="checkbox"/> <input type="checkbox"/>	fo 396 <input type="checkbox"/> <input type="checkbox"/>	Amputation (0=No, 1=Yes, 9=Unknown)
fo 397 <input type="checkbox"/> <input type="checkbox"/>	fo 398 <input type="checkbox"/> <input type="checkbox"/>	Amputation level (0=No, 1=Toes only, 2=Ankle, 3=Knee, 4=Hip, 8=N/A,9=Unknown)

Comments _____

Physical Exam--Peripheral Vessels--Part II

|0|2|0| FORM NUMBER

(SCREEN 20)

Artery	Pulse (0=Normal, 1=Absent, 2=Abnl but present, 9=Unkn)		Bruit (0=No, 1=Yes, 9=Unknown)	
	Left	Right	Left	Right
Carotid			f0399 __	f0400 __
Radial	f0401 __	f0402 __		
Femoral	f0403 __	f0404 __	f0405 __	40406 __
Mid-Thigh			f0407 __	f0408 __
Popliteal			f0409 __	f0410 __
Post Tibial	f0411 __	f0412 __		
Dorsalis Pedis	f0413 __	f0414 __		

(For intermittent claudication and chronic venous insufficiency - See screen 14)

Comments _____

Physical Exam--Neurological and Final Blood Pressure

|0|2|1| FORM NUMBER

(SCREEN 21)

- f0415 | | Speech disturbance
- f0416 | | Gait disturbance (0=No)
- f0417 | | Localized muscle weakness (1=Yes)
- f0418 | | Visual field defect (2=Maybe)
- f0419 | | Abnormal reflexes (9=Unknown)
- f0420 | | Cranial nerve abnormality
- f0421 | | Cerebellar signs
- f0422 | | Sensory impairment

f0423 | | 1st Examiner believes residual of stroke

Comments about Neurological findings _____

Physician Blood Pressure (second reading)	Systolic	Diastolic
	_ _ _ f0424	_ _ _ f0425

Electrocardiograph--Part I

|0|2|2| FORM NUMBER

(SCREEN 22)

fo 426 |__| ECG done (0=No, 1=Yes)

Rates and Intervals	
_ _ _ fo 427	Ventricular rate per minute (999=Unknown)
_ _ _ fo 428	P-R Interval (hundreths of a second) (99=Fully Paced, Atrial Fib, or Unknown)
_ _ _ fo 429	QRS interval (hundreths of second) (99=Fully Paced, Unknown)
_ _ _ fo 430	Q-T interval (hundreths of second) (99=Fully Paced, Unknown)
_ _ _ fo 431	QRS angle (put plus or minus as needed) (e.g. -045 for minus 45 degrees, +090 for plus 90, 9999=Fully paced or Unknown)

Rhythm	
fo 432	0 or 1 = Normal sinus
_	2 = Sinus rhythm with 1st degree AV block (PR interval \geq .20 sec.)
	3 = 2nd degree AV block, Mobitz I (Wenckebach)
	4 = 2nd degree AV block, Mobitz II
	5 = 3rd degree AV block / AV dissociation
	6 = Atrial fibrillation / atrial flutter
	7 = Nodal
	8 = Paced
	9 = Other or combination of above
	(list) _____

Ventricular conduction abnormalities	
fo 433	IV Block (0=No, 1=Yes, 9=Fully paced or Unknown)
fo 434	_ Pattern (1=Left, 2=Right, 3=Indeterminate) 0=no lubb
fo 435	_ Complete (QRS interval=.12 sec or greater) 0
fo 436	_ Incomplete (0=No, 1=Yes, 9=Unknown)
fo 437	Hemiblock (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)
fo 438	WPW Syndrome (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)

Arrhythmias	
fo 439	Atrial premature beats (0=No, 1=Atr, 2=Atr Aber, 9=Unknown)
fo 440	Ventricular premature beats (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)
fo 441	_ _ Number of ventricular premature beats in 10 seconds (see 10 second rhythm strip)

Electrocardiograph-Part II

Myocardial Infarction Location	
P0 442	Anterior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
P0 443	Inferior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
P0 444	True Posterior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
Left Ventricular Hypertrophy Criteria (0=No, 1=Yes, 9=Fully paced, Complete BBB or Unk)	
P0 445	R > 20mm in any limb lead
P0 446	R > 11mm in AVL
P0 447	R in lead I plus S ≥ 25mm in lead III
P0 448	R AVL in mm (at 1 mv = 10 mm standard) Be sure to code these voltages
P0 449	S V3 in mm (at 1 mv = 10 mm standard) Be sure to code these voltages
R in V5 or V6—S in V1 or V2	
P0 450	R ≥ 25mm
P0 451	S ≥ 25mm
P0 452	R or S ≥ 30mm
P0 453	R + S ≥ 35mm
P0 454	Intrinsicoid deflection ≥ .05 sec
P0 455	ST depression (strain pattern, with down sloping ST)
Hypertrophy, enlargement, and other ECG Diagnoses	
P0 456	Nonspecific S-T segment abnormality (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
P0 457	Nonspecific T-wave abnormality (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
P0 458	U-wave present (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
P0 459	Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown)
P0 460	RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete BBB present, RVH=9)
P0 461	LVH (0=No, 1=LVH with strain, 2=LVH with mild S-T Segment Abn, 3=LVH by voltage only, 9=Fully paced or Unkn, If complete BBB present, LVH=9)

Comments and Diagnosis _____

Clinical Diagnostic Impression--Part I

|0|2|4| FORM NUMBER

(SCREEN 24)

Coronary Heart Disease

f0462 | | Angina Pectoris (0=No, 1=Yes-New, 2=Yes-Old, 3=Yes-Recurrent, 4=Maybe, 9=Unknown)

f0463 | | Coronary Insufficiency

f0464 | | Myocardial Infarct

Other Heart Diagnoses in Interim

f0465 | | Rheumatic Heart Disease (0=No, 1=Yes, 2=Maybe, 9=Unknown)

f0466 | | Aortic Valve Disease

f0467 | | Mitral Valve Disease

f0468 | | Other Heart Disease (includes congenital)

f0469 | | Congestive Heart Failure

f0470 | | Functional Class (0=None; NYHA Classif 1,2,3,4)

(Class 1=Ordinary physical activity, does not cause symptoms)

(Class 2=Ordinary physical activity, results in symptoms)

(Class 3=Less than ordinary physical activity results in symptoms)

(Class 4=Any physical activity results in symptoms)

Comments CDI Heart _____

Clinical Diagnostic Impression--Part II

|0|2|5| FORM NUMBER

(SCREEN 25)

Peripheral Vascular Disease in Interim

f0471 | | Intermittent Claudication (0=No, 1=Yes, 2=Maybe, 9=Unknown)

f0472 | | Abdominal Aortic Aneurysm

f0473 | | Stem Varicose Veins

f0474 | | Phlebitis

f0475 | | Other Vascular Diagnosis (Specify) _____

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

f0476 | | Stroke

f0477 | | Transient Ischemic Attack (TIA)

f0478 | | Dementia

f0479 | | Parkinson's Disease

f0480 | | Other Neurological Disease (Specify) _____

f0481 | | Depression

Comments CDI Neurological _____

Clinical Diagnostic Impression--Part III

|0|2|6| FORM NUMBER

(SCREEN 26)

Non Cardiovascular Diagnoses in Interim (0=No, 1=Yes, 2=Maybe, 9=Unknown)

- fo 482 |__| Diabetes Mellitus
- fo 483 |__| Urinary Tract Disease
- fo 484 |__| Prostate Disease
- fo 485 |__| Renal Disease
- fo 486 |__| Emphysema
- fo 487 |__| Chronic Bronchitis
- fo 488 |__| Pneumonia
- fo 489 |__| Asthma
- fo 490 |__| Other Pulmonary Disease
- fo 491 |__| Gout
- fo 492 |__| Degerative joint disease
- fo 493 |__| Rheumatoid arthritis
- fo 494 |__| Gallbladder disease
- fo 495 |__| Other non C-V Diagnosis (for cancer, see special page)

Comments CDI Other Diagnoses _____

Second Examiner Opinions in Interim

|0|2|7| FORM NUMBER

(SCREEN 27)

f0496 |__|__|__| 2nd Examiner ID Number _____ 2nd Examiner Last Name

Coding for entire screen: (0=No, 1=Yes, 2=Maybe, 9=Unknown)

f0497 |__| Congestive Heart Failure

f0498 |__| Coronary Insufficiency

f0499 |__| Angina Pectoris

f0500 |__| Myocardial Infarction

f0501 |__| Syncope

f0502 |__| Intermittent Claudication

Comments _____

Neurological Disease

f0503 |__| Stroke

f0504 |__| TIA

Comments about possible Neurological Disease _____

ex22-22042

EXAM 22 ID type/ID~ Last Name~ ,First Name~

INTERVIEW

VERSION 01/08/92

Activities Questions-- Part A

|0|4|2| FORM NUMBER

f0595 |__| Where do you live: (0 = Residence, 1 = Nursing home, 2 = Other institution,)
(3 = Retirement Home /CongregateHousing, 9=Unknown)

f0596 |__| Does anyone live with you: (0=No, 1=Yes, 9=Unknown)

f0597 |__| Spouse (0=No, 1=Yes, 9=Unknown) (Code Nursing Home Residents as NO to

f0598 |__| Children (0=No, 1=Yes, 9=Unknown) these questions)

f0599 |__| Friends (0=No, 1=Yes, 9=Unknown)

f0590 |__| Relatives (0=No, 1=Yes, 9=Unknown)

f0511 |__| In general, how is your health now: (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9= Unk)

f0512 |__| Compare your health to most people your own age: (1=Better, 2=About the same,
3=Worse, than most people your own age, 9=Unknown)

f0513 |__| In what city or town do you currently live?

Geographical Coding:

f0514 |__| How many months of the year do you live there
(If less than 12 months, continue) (99=Unknown)

- 1 = Framingham Area
- 2 = Metro Boston
- 3 = Cape Cod
- 4 = Other MA areas
- 5 = Florida
- 6 = Arizona
- 7 = California
- 8 = Other _____
- 9 = Unknown
- 0, 00 = N/A

f0515 |__| In what other area do you live?

f0516 |__| How many months of the year do you
live there? (If less than 12 months
total, continue) (99=Unknown)

f0517 |__| In what other area do you live?

f0518 |__| How many months of the year do you live there?

f0519 ~~f05~~

|__|*|__| In the summer, on average, about how many hours per day do you spend outside:
decimal (do not include time spent in cars/busses) (99=Unknown)
(Record less than one hour as decimal equivalents, e.g. 1/2 hr=0.5)

f0520

|__| In the summer when you were outside, how much of your skin was usually exposed to the sun?
(1=Face only, 2=Face and hands, 3=Face, hands, and arms, 4= Face, hands, arms, legs, 9=Unknown)

ex 22-22043

EXAM 22 ID type/ID~ Last Name~ ,First Name~

INTERVIEW

VERSION 01/08/92

Activities Questions-- Part B

10|4|3| FORM NUMBER

f0521 |__| Are you in bed or in a chair for most or all of the day (on the average)? (Note: this is a lifestyle question, not due to health) (0=No, 1=Yes, 9=Unknown or Not sure)

f0522 |__| Do you need a special aid (wheelchair, cane, walker) to get around? (0=No, 1=Yes, 2=Sometime, 9=Unknown)

If yes, which of the following equipment do you use? (0=No, 1=Yes, 2=Sometimes, 9=Unknown)

f0523 |__| Cane or walking stick

f0524 |__| Wheelchair

f0525 |__| Walker

f0526 |__| Other (Write in) _____

f0527 |__| Are you working now: (0=No, 1=Yes, Full time, 2=Yes, Part time, 9=Unknown)

f0528 |__| 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=Unknown)

(CODES FOR NEXT 6 QUESTIONS: (0=No, Unable to do; 1=Yes, Independent; 2=Yes, with Human Assistance; 9=Unknown)

f0529 |__| Are you able to do heavy work around the house, like shovel snow or wash windows, walls or floors without help?

f0530 |__| Are you able to walk up and down stairs to the second floor without any help?

f0531 |__| Are you able to walk a mile without help? (About 8 blocks)

f0532 |__| If you had to, could you do all the housekeeping yourself? (like washing clothes and cleaning)?

f0533 |__| If you had to, could you do all the cooking yourself?

f0534 |__| If you had to, could you do all the grocery shopping yourself?

f0535 |__| Do you drive? (0=No, 1=Yes, currently, 2=Yes, not now, 9=Unk)

f0536 |__| Reason for not driving now (1=Health, 2=Other non-health reason, 3=Never licensed, 8=N/A, current driver, 9=Unknown)

Activities Questions-- Part C

|0|4|4| FORM NUMBER

For each activity that subject had a lot of difficulty doing or was unable to do (codes 3 or 4), ask attribution of health problem,

SYMPTOMS

For each thing tell me whether you have

- (0) No Difficulty
- (1) A Little Difficulty
- (2) Some Difficulty
- (3) A Lot Of Difficulty
- (4) Unable To Do
- (5) Don't Do On MD Orders
- (9) Unknown

- 01 Chest Pain
- 02 Arthritis / Joint
- 03 Back Pain / Stiffness
- 04 Prior Stroke
- 05 Hip Fracture
- 06 Feeling Sad Or Tense

- Health problems or symptoms
- 07 Shortness Of Breath
- 08 Diabetes Symptoms
- 09 Parkinson's Disease
- 10 Other Problem (write in)
- 88 N / A
- 99 Unknown

<p>f0 537 _ Pulling or pushing large objects like a living room chair. Other or Add/l (write in) _____</p> <p>f0 541 _ Either stooping, crouching, or kneeling Other (write in) _____</p> <p>f0 545 _ Reaching or extending arms below shoulder level Other (write in) _____</p> <p>f0 549 _ Reaching or extending arms above shoulder level Other (write in) _____</p> <p>f0 553 _ Either writing, handling, or fingering small objects. Other (write in) _____</p> <p>f0 557 _ Standing in one place for long periods, say 15 minutes Other (write in) _____</p> <p>f0 561 _ Sitting for long periods, say 1 hour Other (write in) _____</p> <p>f0 565 _ Getting in and out of a car Other (write in) _____</p> <p>f0 569 _ Lifting a 10 pound object off the floor (sack of potatoes) Other (write in) _____</p> <p>f0 573 _ Putting socks or stockings on Other (write in) _____</p> <p>f0 577 _ Walking one half a mile (4-6 blocks) Other (write in) _____</p>	<p>f0 538 f0 539 f0 540 _ </p> <p>f0 542 f0 543 f0 544 _ </p> <p>f0 546 f0 547 f0 548 _ </p> <p>f0 550 f0 551 f0 552 _ </p> <p>f0 554 f0 555 f0 556 _ </p> <p>f0 558 f0 559 f0 560 _ </p> <p>f0 562 f0 563 f0 564 _ </p> <p>f0 566 f0 567 f0 568 _ </p> <p>f0 570 f0 571 f0 572 _ </p> <p>f0 574 f0 575 f0 576 _ </p> <p>f0 578 f0 579 f0 580 _ </p>
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ex 22-22045

EXAM 22 ID type/ID ~ Last Name ~ , First Name ~

INTERVIEW

VERSION 01/08/92

Activities Questions-- Part D

|0|4|5| FORM NUMBER

fo 581

|_| 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=Maybe, 9=Unknown)

fo 582

|_| If yes, how many times did you fall in the past year? (88=N/A, 99=Unk)

fo 583

|_| If yes, thinking of the falls you had in the past year, in what direction did you tend to fall? (0=Forward, 1=Backward, 3=To The Side, 4=Varies, 5=Can't Recall, 8=N/A, 9=Unknown)

If yes, did any of your falls in the past year result in a:

(Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo 584

|_| Fracture

fo 585

|_| Head injury requiring medical attention

fo 586

|_| Dislocation

fo 587

|_| Bruise, sprain, or cut

fo 588

|_| Other _____

fo 589

|_| If yes, did you lose consciousness or black out before any falls in the past year? (0=No, 1=Yes, 2=Maybe, 9=Unknown)

fo 590

|_| Are you afraid you may fall? (0=No, 1=Yes, 9=Unknown)

If yes, how much does your fear of falling interfere with the following activities? (0=None, 1=Some, 2=A lot, 9=Unknown)

fo 591

|_| Bathing

fo 592

|_| Reaching into cabinets or closets

fo 593

|_| Walking outside your home (e.g. at a grocery store or Mall)

fo 594

|_| Walking inside your home

fo 595

|_| Climbing stairs (up and down)

fo 596

|_| Other _____

EXAM 22

ID type/ID~ Last Name~ ,First Name~

ex 22-22046

INTERVIEW

VERSION 01/08/92

Activities Questions-- Part E

| 0 | 4 | 6 | FORM NUMBER

fo 597 | SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES?
(Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

If yes, please specify below. Code as no if under age 30.
(Code: 00=No, for others give year)

Left	Right	Location
fo 598 19 _ _	fo 597 19 _ _	Upper arm (humerus) or elbow
fo 600 19 _ _	fo 601 19 _ _	Forearm or wrist
fo 602 19 _ _		Back (If disc disease only, code as no)
fo 603 19 _ _		Pelvis
fo 604 19 _ _	fo 605 19 _ _	Hip
fo 606 19 _ _		Other (specify) _____

KNEE OSTEOARTHRITIS PHYSICAL EXAM CODING FORM

Codes: (0=Absent or negative test, 1=Present or positive test, 9=Unknown)

Knee location	Grind	Tender	Enlargement
Left	fo 607 _	fo 608 _	fo 609 _
Right	_ fo 610	fo 611 _	fo 612 _

ex22-22047

EXAM 22 ID type/ID~ Last Name~ ,First Name~

INTERVIEW

VERSION 01/08/92

Arthritis History-- Part A

|0|4|7| FORM NUMBER

KNEES - NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR KNEES. EACH QUESTION ASKS ABOUT SYMPTOMS DIFFERENTLY.

f0613

|_| Have you ever had pain lasting at least a month in or around the knee including the back of the knee? (0=No; 1=Yes,Left; 2=Yes,Right; 3=Yes, Both; 9=Unk)

If yes, what year did the pain start?

f0614

f0615

19|_|_| LEFT

19|_|_| RIGHT

If yes, when was the last time you had this pain?

f0616

f0617

19|_|_| LEFT

19|_|_| RIGHT

If yes, how severe is/was the pain usually? (1=Mild, 2=Moderate, 3=Severe, 8=N/A, 9=Unk)

f0618

f0619

|_| LEFT

|_| RIGHT

f0620

|_| Have you every had a fracture or injury to a knee requiring the use of crutches or a cane? (0=No; 1=Yes, Left; 2=Yes, Right; 3=Yes, Both; 9=Unk)

f0621

|_| On most days do you have pain, aching or stiffness in either of your knees? (0=No; 1=Yes, Left; 2=Yes, Right; 3=Yes, Both; 9=Unknown)

If yes, is the pain, aching, or stiffness - mild, moderate, or severe?

(0=No, 1=Mild, 2=Moderate, 3=Severe, 9=Unknown)

f0622

f0623

|_| LEFT KNEE

|_| RIGHT KNEE

f0624

|_| In the past month have you had any pain, aching, or stiffness in either of your knees? (0=No; 1=Yes, Left; 2=Yes,Right; 3=Yes, Both; 9=Unknown)

HANDS - NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR HANDS. EACH QUESTION ASKS ABOUT SYMPTOMS DIFFERENTLY.

f0625

|_| On most days do you have pain, aching or stiffness in the joints of your hands or wrists? (0=No; 1=Yes,Left; 2=Yes,Right; 3=Yes,Both; 9=Unknown)

If yes, is the pain, aching, or stiffness - mild, moderate or severe?

(0=None, 1=Mild, 2=Moderate, 3=Severe, 8=N/A, 9=Unknown)

f0626

f0627

|_| LEFT HAND

|_| RIGHT HAND

f0628

|_| In the past month have you had any pain, aching or stiffness in the joints of your hands or wrists? (0=No; 1=Yes, Left; 2=Yes, Right; 3=Yes, Both; 9=Unk)

ex22-22048

EXAM 22 ID type/ID~ Last Name~ ,First Name~

INTERVIEW

VERSION 01/08/92

Arthritis History-- Part B

|0|4|8| FORM NUMBER

BACK - NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR BACK. EACH QUESTION ASKS ABOUT SYMPTOMS DIFFERENTLY.

f0629 | | Have you ever had any back pains or aches that were persistent or troublesome to you anytime in your life? (0=No, 1=Yes, 2=Don't Remember, 9=Unknown)

If yes, at what ages was your pain troublesome?

f0630 | | CHILDHOOD

0=No

f0631 | | TEENAGE YEARS

1=Yes

f0632 | | 20 TO < 40 YEARS

2=Don't Remember

f0633 | | 40-65 YEARS

8=N/A

f0634 | | > 65 YEARS

9=Unknown

f0635 | | On most days do you have pain, aching, or stiffness in your back (excluding your neck)? (0=No; 1=Yes, Mild; 2=Yes, Moderate; 3=Yes, Severe; 9=Unk)

f0636 | | During the past year have you had an episode of pain, aching or stiffness in your back (excluding your neck)? How long has it lasted? (0=No, 1=Yes, Less than 1 week; 2= Yes, 1-4 weeks; 3= Yes, more than 4 weeks; 9=Unknown)

f0637 | | Has a doctor ever told you that you had any of the following ? (0=No, 1=Yes, 9=Unkn)

f0638 | | OSTEOARTHRITIS (also called DEGENERATIVE ARTHRITIS)

0=No

f0639 | | RHEUMATIOD ARTHRITIS

1=Yes

f0640 | | ARTHRITIS, NOT SURE WHAT TYPE

8=N/A

f0641 | | GOUT

9=Unknown

f0642 | | OTHER (write-in) _____

f0643 | | Do you take medication daily for your joint pain, aching or stiffness? (0=No, 1=Yes, 9=Unknown)

f0644 | | If yes, what is the name of the medication? (1=Drug Named, 2=Drug Name Not Known, 8=N/A, 9=Unknown) Specify _____

ex22-22049

EXAM 22 ID type/ID~ Last Name~ ,First Name~

INTERVIEW

VERSION 01/08/92

Arthritis History -- Part C

|0|4|9| FORM NUMBER

fo645

On most days, do you have pain, aching or stiffness in any of your joints? (0=No, 1=Yes, 9=Unknown) (If NO, skip to next page.) (If YES, to any question regarding pain, aching, or stiffness in knees, wrists, back please mark below.)

Please point to the circle where you have pain, aching or stiffness on most days

(Show picture) (0=None, 1=Yes, 8=N/A, 9=Unknown)

Location	Right	Left	Location	
Shoulders	fo646_1	fo647_1	Neck	fo648_1
Elbows	fo649_1	fo650_1	Upper back	fo651_1
Hips	fo652_1	fo653_1	Mid-back	fo654_1
Wrists	fo655_1	fo656_1	Lower back	fo657_1
Knees	fo658_1	fo659_1		
Ankles	fo660_1	fo661_1		

Location	Left Hand			Right Hand		
	Top	Mid	Knuckle	Top	Mid	Knuckle
Pinkie	fo662	fo663	fo664	fo665	fo666	fo667
Ring	fo668	fo669	fo670	fo671	fo672	fo673
Middle	fo674	fo675	fo676	fo677	fo678	fo679
Index	fo680	fo681	fo682	fo683	fo684	fo685
Thumb	fo686	fo687	fo688	fo689	fo690	fo691

Base of toes	Left	Right
Toe 5	fo692	fo693
Toe 4	fo694	fo695
Toe 3	fo696	fo697
Toe 2	fo698	fo699
Big toe	fo700	fo701

ex22-22050

EXAM 22 ID type/ID ~ Last Name ~ , First Name ~

(SCREEN ZZ)

VERSION 01/08/92

Osteoarthritis --Physical Exam

| 0 | 5 | 0 | FORM NUMBER

Codes: 0=Normal, 1=Bony enlargement, 9=Unknown

Location	Right Hand		Left Hand	
	DIP	PIP	DIP	PIP
Pinkie	f0702	f0703	f0704	f0705
Ring	f0706	f0707	f0708	f0709
Middle	f0710	f0711	f0712	f0713
Index	f0714	f0715	f0716	f0717
Thumb	IP	CMC	IP	CMC
	f0718	f0719	f0720	f0721

COMMENTS (e.g.) R.A. noted at MCP joints

CREPITUS CODES (0=Absent, 1=Moderate, 2=Severe, 9=Unknown)

LEFT KNEE RIGHT KNEE

f0722

f0723

X-RAY QUALITY QUESTIONS: DID SUBJECT HAVE:.....

Code:(0=No; 1=Yes, right; 2=Yes, left; 3=Yes, both; 9=Unknown)

KNEE REPLACEMENT HIP REPLACEMENT

f0724

f0725

Field name: id
Field title:
Data type:
Display format:
Background color:

Framingham Heart Study
Lab Data

Id: _____

Exam Date _____

F0731 Total Cholesterol (mg/dL)

F0732 HDL Cholesterol (mg/dL)

Cholesterol to HDL Ratio

F0734 Fibrinogen mg/dL

F0733 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

Cholesterols are frequently higher in older patients

The 10% - 90% range for fibrinogen values is 251 - 431 (mg/dL)

The normal range for non-fasting glucose values is
between 50 and 200 mg/dL.