

# Framingham Heart Study

## Original Cohort Exam 23

11/10/1992-03/19/1996

N=1026

Exam Form Version

No Version Number: Numerical Data, Procedure Sheet  
Medical History, Cancer Site or Type,  
Physical Exam, Electrocardiograph (I-II),  
Clinical Diagnostic Impression (I-III),  
Second Examiner Opinions, Cognitive  
Function (I-II), Sentence and Design  
Handout, Arthritis History & Lab Data

01-08-92 Activities (I-VI)

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

**Numerical Data--Part I**

(NURSE 1)

|0|3|1| FORM NUMBER

FP 001	Sex of patient (1=Male, 2=Female)	
FP 002	Age of patient (e.g. age 89=089, age 100=100)	
FP 003	Site of exam (0=Heart Study, 1=Nursing home, 2=Residence, 3=Other Inst) If other inst, write in: _____	
FP 004	Nursing Level of Care (0=None; 1=Skilled care 24hrs, Medicare; 2=Skilled care 24 hrs, Medicaid or private; 3=Skilled care 8-16 hrs; 9=Unk)	
FP 005	Marital status (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)	
FP 006	Nurse examiner's number	
FP 007	Weight (to nearest pound, without shoes in light clothes)	
FP 008	Height (inches, to next lower 1/4 inch)	
<b>Anthropometric Measurements</b>		
Left FP 009	Right FP 010	Triceps skinfold (millimeters)
FP 011	FP 012	Subscapular skinfold (millimeters)
FP 013		Abdominal skinfold (millimeters)
FP 014	* _ _	Right arm girth--upper third (inches, to next lower 1/4 in)
FP 015	* _ _	Waist Girth (inches, to next lower 1/4 inch)
FP 016	* _ _	Hip Girth (inches, to next lower 1/4inch)
FP 017	* _ _	Thigh Girth (inches, to next lower 1/4 inch)
FP 018	* _ _	Knee Height (centimeters)

BIOELECTRIC IMPEDANCE	Resistance	Reactance
Trial # 1	FP 019  _ _	FP 020  _ _
Trial # 2	FP 021  _ _	FP 022  _ _
Trial # 3	FP 023  _ _	FP 024  _ _

Systolic	Diastolic	FP 027
_ _  to nearest 2 mm Hg	FP 026  _ _  to nearest 2 mm Hg	Nurse's Blood Pressure  _ _  Nurse Id

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**Framingham Cohort Exam 23  
Procedures Sheet**

- FP028  **ECG done** (0=No, 1=Yes, 9=Unknown) (0=No, 1=Yes, 9=Unknown)
- FP029  **Blood** (0=No, 1=Yes, 9=Unknown)
- FP030  **Body composition** (0=No, 1=Yes, 9=Unknown)
- FP031  **Orthostatic blood pressures** (0=No, 1=Yes, 9=Unknown)
- FP032  **Cognitive function exam** (0=No, 1=Yes, 9=Unknown)
- FP033  **Echocardiogram and Echo Doppler** (0=No, 1=Yes, 9=Unknown)
- FP034  **Hearing study** (0=No, 1=Yes, 9=Unknown)



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EXAM 23 ID type/ID~ Last Name~, First Name~

|0|0|2| FORM NUMBER **Medical History-- Cardiovascular Medications** SCREEN2

FP 044	Number of aspirins per	FP 045 0=Never, 1=Day, 2=Week, 3=Month, 4=Year, 9=Unk
	FP 046 Usual aspirin dose for above	080=baby, 160=half dose, 325=nl, 500=extra or larger, 999=unk
FP 047	Currently receiving medication for treatment of hypertension? (0=No, 1=Yes, 9=Unk)	
FP 048	Any of the cardiovascular medications below taken in interim? (0=No, 1=Yes, 9=Unk) If yes, answer below:	

- FP 049 | Cardiac Glycosides Code for rest of screen  
(0=No; )  
(1=Yes,now; )  
(2=Yes,not now;)  
(3=Maybe )  
(9=Unknown; )
- FP 050 | Nitroglycerine
- FP 051 | Longer acting nitrates (Isordil, Cardilate, etc.)
- FP 052 | Calcium Channel Blockers (Nifedipine, Verapamil, Diltiazem)
- FP 053 | Beta Blockers (Specify) \_\_\_\_\_
- FP 054 | Beta Blocker Group (Propranolol=01 Timolol =02 Nadolol =03 Atenolol =04 Metoprolol=05  
Pindolol =06 Acebutolol=07 Labetalol=08 Other=09)
- FP 055 | Beta Blocker Dose (mg/day) (999=unknown)
- FP 056 | Loop Diuretics (Lasix, etc.)
- FP 057 | Thiazide/K-sparing diuretics (Dyazide, Maxide, etc.)
- FP 058 | Thiazide diuretics
- FP 059 | K-sparing diuretics (Aldactone, Triamterene, Amiloride) Write in Meds and Dose
- FP 060 | Potassium supplements \_\_\_\_\_
- FP 061 | Reserpine derivatives \_\_\_\_\_
- FP 062 | Methyl dopa (Aldomet) \_\_\_\_\_
- FP 063 | Alpha agonist (Clonidine, Wytensin, Guanabenz) \_\_\_\_\_
- FP 064 | Alpha blockers (Prazosin, Terazosin) \_\_\_\_\_
- FP 065 | Renin-angiotensin blocking drugs (Captopril, Enalapril, Lisinopril)
- FP 066 | Peripheral vasodilators (Hydralazine, Minoxidil, etc)
- FP 067 | Other anti-hypertensives (Specify) \_\_\_\_\_
- FP 068 | Antiarrhythmics (Quinidine, Procainamide, Norpace, Disopyramide, etc)
- FP 069 | Antiplatelet (Anturane, Persantine, etc.)
- FP 070 | Anticoagulants (Coumadin, Warfarin, etc.)
- FP 071 | Other cardiac medication (Specify) \_\_\_\_\_

Medical History-- Other Medications

FP072\* |\_\_| Any of the "non-cardiovascular" medications below taken in interim

FP073 |\_\_| Anti cholesterol drugs (Resins--e.g. Questran, Colestid)

FP074 |\_\_| Anti cholesterol drugs (Niacin or Nicotinic Acid)

FP075 |\_\_| Anti cholesterol drugs (Fibrates--e.g. Gemfibrozil)

FP076 |\_\_| Anti cholesterol drugs (Statins--e.g. Lovastatin, Pravastatin)

FP077 |\_\_| Anti cholesterol drugs (Other--Specify \_\_\_\_\_)

FP078 |\_\_| Antigout--uric acid lowering (Allopurinol, Probenecid etc)

FP079 |\_\_| Antigout--(Colchicine)

FP080 |\_\_| Thyroid extract (Dessicated Thyroid)

FP081 |\_\_| Thyroxine (Synthroid etc.)

FP082 |\_\_| Insulin

FP083 |\_\_| Total units of insulin a day

FP084 |\_\_| Oral hypoglycemics (Specify brand \_\_\_\_\_)

FP085 |\_\_| Oral/patch estrogen (for women users also see estrogen section)

FP086 |\_\_| Oral glucocorticoids (Prednisone, Cortisone, etc.)

FP087 |\_\_| Non-steroidal anti-inflammatory agents (Motrin, Ibuprofen, Naprosyn, Indocin, Clinoril)

FP088 |\_\_| If yes, do you take them every day? (Code: 0=No, 1=Yes, 9=Unk)

FP089 |\_\_| Analgesic-narcotics (Demerol, Codeine, Dilaudid, etc.)

FP090 |\_\_| Analgesic-non-narcotics (Acetaminophen etc.)

FP091 |\_\_| Bronchodilators, aerosols etc.

FP092 |\_\_| Antihistamines

FP093 |\_\_| Antiulcer (Tagamet, Ranitidine, Probanthine, H ion inhibitors)

FP094 |\_\_| Anti-anxiety, sedative/hypnotics etc. (Librium, Valium etc.)

FP095 |\_\_| Sleeping pills

FP096 |\_\_| Anti-depressants

FP097 |\_\_| Eyedrops

FP098 |\_\_| Antibiotics

FP099 |\_\_| Anti-parkinson drugs (Sinemet, L-Dopa, Symmetrel, Cogentin, etc)

FP100 |\_\_| Anticonvulsants (Dilantin, Phenobarb, Tegretol, Mysoline etc)

FP101 |\_\_| Others (including vitamins) Specify: \_\_\_\_\_

Code for entire screen

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

EXD-20001

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### Medical History-- Beverages and Thyroid

10|0|4| FORM NUMBER

(SCREEN4)

Thyroid	
FP 102	In the <b>interim</b> have you been diagnosed with a thyroid condition? (0=No, 1=Yes, 2=Maybe, 9=Unknown)
Comments _____	

Beverages							
Daily intake over past year							
Caffeinated				Decaffeinated			
	Unit	# per day (99=unk)	Method		Unit	# per day (99=unk)	Method
Coffee	cup	FP 103  _ _	FP 104  _ _	Coffee	cup	FP 105  _ _	FP 106  _ _
Tea	cup	FP 107  _ _		Tea	cup	FP 108  _ _	
Cola	12 oz	FP 109  _ _		Cola	12 oz	FP 110  _ _	

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

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/wk*, 99=unknown	Code 0-7 9=Unknown	Code number 99=Unknown
Beer	bottle,can,glass (12 oz)	FP 111  _ _	FP 112  _ _	FP 113  _ _
Wine	glass (4 oz)	FP 114  _ _	FP 115  _ _	FP 116  _ _
Liquor	cocktail,highball (1 oz)	FP 117  _ _	FP 118  _ _	FP 119  _ _

\*Code less than 1 per week as one

**Medical History-- Male/Female Genitourinary Disease**

|0|0|5| FORM NUMBER

(SCREEN 5)

Questions for women	
FP 120	<b>Hysterectomy in interim</b> (0=No, 1=Yes, 8=Not Applicable--man, 9=Unknown)
FP 121	<b>Using any female hormones in interim?</b> (0=No, 1=Yes, 8=N/A--man, 9=Unknown)
<b>If yes to female hormone use, answer questions below</b>	
FP 122	<b>Systemic estrogen (oral, patch, pellet, etc) use in interim</b> (0=No, 1=Yes,now; 2=Yes,not now, 9=Unknown)
123	<b>Oral dose/day of premarin or conjugated Estrogens</b> (0=No, 1=0.325mg, 2=0.625mg, 3=1.25mg, 4=2.5mg, 8=other,9=Unkn)
FP 124	<b>Other estrogen, write in _____</b>
	<b>Patch dose/day of estrogen</b> (0=No, 1=0.5, 2=larger dose, 9=Unknown)
	<b>Number of days a month taking estrogens</b> (99=Unknown)
FP 125	
FP 126	<b>Estrogen cream use interim</b> (0=No; 1=Yes,now; 2=Yes,not now; 9=Unkn)
FP 127	<b>Progesterone use interim</b> (0=No ; 1=Yes,now 2=Yes,not now; 9=Unkn)

Questions for men and women (0=No, 1=Yes, 2=Maybe, 9=Unknown )	
FP 128	<b>Urinary disease in interim</b>
FP 129	<b>Kidney disease in interim</b>
FA 130	<b>Kidney stones in interim</b>

Questions for men (0=No,1=Yes,2=Maybe, 8=N/A , woman,9=Unk)	
FP 131	<b>Prostate trouble in interim</b>
FP 132	<b>Prostate surgery in interim</b>

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EXAM 23 ID type/ID ~ Last Name ~ , First Name ~

**Medical History--Smoking**

|0|0|6| FORM NUMBER

(SCREEN 6)

<input type="checkbox"/> FP 133	<b>Smoked cigarettes regularly in the last year?</b> (0=No, 1=Yes, 9=Unk) (If yes, answer rest of boxes, including brand etc. below)				
	FP 134 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>How many cigarettes do/did you smoke a day?</b> (01=one or less, 99=unk)			
	FP 135 <input type="checkbox"/>	<b>Do you inhale?</b> (0=No, 1=Yes, 8=N/A, 9=Unknown)			
	<b>Cigarette Brand</b>  Code the first eight letters	<b>Strength</b>  Code 1=Normal 2=Lite 3=Ultralite 8=N/A 9=Unk	<b>Type</b>  Code 1=Regular 2=Menthol 8=N/A 9=Unk	<b>Filter</b>  Code 1=Nonfilter 2=Filter 8=N/A 9=Unk	<b>Length</b>  Code 1=Regular 2=King 3=100 mm 4=120 mm 8=N/A 9=Unk
	FP 136 <input type="checkbox"/>	FP 137 <input type="checkbox"/> <input type="checkbox"/>	FP 138 <input type="checkbox"/> <input type="checkbox"/>	FP 139 <input type="checkbox"/> <input type="checkbox"/>	FP 140 <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> FP	<b>How many hours since last cigarette?</b> (01=1 hour or less, 24=24 or more hours, 88=non-smoker,99=Unknown)			

<input type="checkbox"/> FP 141	<b>Do you now smoke cigars?</b>	(0=No) (1=Yes, inhale ) (2=Yes, no inhale) (9=Unknown)
<input type="checkbox"/> FP 142	<b>Do you now smoke pipes?</b>	

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Medical History-- Respiratory

|0|0|7| FORM NUMBER

(SCREEN 7)

FP 144 | | Chronic cough in interim (at least 3 months/year)
(0=No; 1=Yes, productive; 2=Yes, non-productive; 9=Unknown)

FP 145 | | Wheezing in interim (0=No, 1=Yes, 9=Unknown)

FP 146 | | Asthma in interim (0=No, 1=Yes, 9=Unknown)

FP 147 | | Dyspnea on exertion (0=No , 1=Climbing stairs or vigorous exertion )
(2=Rapid walking or moderate exertion )
(3=Any slight exertion, 9=Unk)

If yes to dyspnea on exertion,

FP 149 | | FP 148 | | Dyspnea has increased over the past two years
(0=No, 1=Yes, 9=Unknown)

| | Night cough

FP 150 | | Orthopnea (0=No )

FP 151 | | Paroxysmal nocturnal dyspnea (1=Yes-new in interim; )

(2=Yes-old complaint; )

(9=Unknown )

FP 152 | | Ankle edema bilaterally

FP 153 | | 1st Examiner believes CHF (need 2d opinion) (0=No, )

(1=Yes, )

FP 154 | | 1st Examiner believes Chronic Bronchitis (2=Maybe,)

(Cough that produces sputum at (9=Unk )

least 3 months in past 12 months)

No second opinion needed for bronchitis

Respiratory Comments \_\_\_\_\_

Multiple horizontal lines for writing respiratory comments.

Medical History-- Heart Part I

008 FORM NUMBER

(SCREEN 8)

FP 155

<input type="checkbox"/>	<b>Any chest discomfort since last exam?</b>	
FP 156	<input type="checkbox"/> Chest discomfort with exertion or excitement	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
FP 157	<input type="checkbox"/> Chest discomfort when quiet or resting	

**Chest Discomfort Characteristics** (must have checked first box above)

FP 158 *	FP 159	Date of onset (mo/yr, 99/99=Unknown)
<input type="checkbox"/>	FP 160	Usual duration (mins, 1 if ≤1 min, 900=15 hrs or more, 999=Unk)
<input type="checkbox"/>	FP 161	Longest duration
<input type="checkbox"/>	FP 162	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=Unk)
<input type="checkbox"/>	FP 163	Radiation (0=No, 1=L shoulder or L arm, 2=Neck, 3=R shoulder or arm, 4=Back, 5=Abdomen, 6=Other, 7=Combination, 9=Unknown)
<input type="checkbox"/>	FP 164	Frequency in past month (Number, 999=Unknown)
<input type="checkbox"/>	FP 165	Frequency in past year (Number in past year, 999=Unknown)
<input type="checkbox"/>	FP 166	Type (1=Pressure, heavy, vise; 2=Sharp; 3=Dull; 4=Other; 9=Unknown)

**Chest Discomfort relief.**

<input type="checkbox"/>	FP 167	Nitroglycerine tried for relief (0=No, 1=Yes,, 9=Unknown)
FP 168	<input type="checkbox"/>	If yes to having tried Nitroglycerine for relief, Nitroglycerine brings relief in <15 minutes (0=No, 1=Yes, 9=Unk)
<input type="checkbox"/>	FP 169	Rest brings relief in <15 minutes (0=No, 1=Yes, 8=Not tried, 9=Unknown)
<input type="checkbox"/>	FP 170	Spontaneous relief in <15 minutes (0=No, 1=Yes, 8=Not tried, 9=Unknown)
<input type="checkbox"/>	FP 171	Other cause for relief in <15 minutes (0=No, 1=Yes, 8=Not tried, 9=Unk)



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EXAM 23 ID type/ID~ Last Name~, First Name~

**Medical History-- Heart Part III**  
**Heart and Vascular Procedures**

|0|1|0| FORM NUMBER

(SCREEN 10)

Have you ever had the following?...

If unsure, please write in comments for later coding

Coding 0=No, 1=Yes, 2=Maybe, 9=Unk	Year done (00=not done, 99=Unk)	Type	Cardiovascular Procedure		
FP 176	19__ FP 177		Exercise Tolerance Test (most recent only) Location _____		
FP 178	19__ FP 178		Coronary arteriogram (most recent only)		
FP 180	19__ FP 181	FP 182	Coronary artery angioplasty Type: 1=balloon, 2=other, 9=unkn		
FP 183	19__ FP 184		Coronary bypass surgery		
FP 185	19__ FP 185		Permanent pacemaker insertion		
FP 187	19__ FP 188	FP 189	<table border="0"> <tr> <td style="vertical-align: top;"> <b>Aortic valve surgery</b>   <b>Mitral valve surgery</b>   <b>Tricuspid valve surgery</b>   <b>Pulmonic valve surgery</b> </td> <td style="vertical-align: top;"> <b>Type*:</b>             1 =Mechanical (Bjork, Starr Edwards)            2 =Bioprosthesis (Pig, homograft)            3 =Commissurotomy, Balloon valvuloplasty            4 =Repair (NOT A commissurotomy)            5 =Other            9 =Unknown         </td> </tr> </table>	<b>Aortic valve surgery</b>  <b>Mitral valve surgery</b>  <b>Tricuspid valve surgery</b>  <b>Pulmonic valve surgery</b>	<b>Type*:</b>  1 =Mechanical (Bjork, Starr Edwards) 2 =Bioprosthesis (Pig, homograft) 3 =Commissurotomy, Balloon valvuloplasty 4 =Repair (NOT A commissurotomy) 5 =Other 9 =Unknown
<b>Aortic valve surgery</b>  <b>Mitral valve surgery</b>  <b>Tricuspid valve surgery</b>  <b>Pulmonic valve surgery</b>	<b>Type*:</b>  1 =Mechanical (Bjork, Starr Edwards) 2 =Bioprosthesis (Pig, homograft) 3 =Commissurotomy, Balloon valvuloplasty 4 =Repair (NOT A commissurotomy) 5 =Other 9 =Unknown				
FP 190	19__ FP 191	FP 192			
FP 193	19__ FP 194	FP 195			
FP 196	19__ FP	FP 198			
FP 199	19__ FP 200				
FP 201	19__ FP 202		Carotid artery surgery		
FP 203	19__ FP 204		Thoracic aorta surgery		
FP 205	19__ FP 205		Abdominal aorta surgery		
FP 207	19__ FP 208		Femoral or lower extremity artery surgery		
			Lower extremity amputation		

Comments: \_\_\_\_\_

Medical History-- Syncope--Heart Part IV

<input type="checkbox"/> FP 209	<b>Have you fainted or lost consciousness in the interim?</b> Code (If event immediately preceded by head injury or accident code as 0=No) 0=No, 1=Yes <b>If yes, complete boxes below and on rest of page</b> 2=Maybe, 9=Unk)	
	FP 210	Number of episodes in the past two years (999=Unknown)
	FP 211	Date of first episode (mo/yr, 99/99=Unknown)
	FP 213	Usual duration of loss of consciousness (minutes, 999=Unkn)
	FP 214	(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. lying to standing), 8=Recent medication change or ingestion, 9=Other, or combination(specify) _____, 99=Unknown)
	<b>Symptoms noted before event(s)</b> (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
	FP 215	Nausea/vomiting
	FP 216	Warning signs (e.g. Aura)
	FP 217	Chest discomfort
	FP 218	Shortness of breath
	FP 219	Palpitations
	<b>Symptoms noted after event(s)</b> (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
	FP 220	Urinary/fecal incontinence
	FP 221	Confusion
	FP 222	Focal weakness (e.g. arm,leg)
FP 223	Other (specify) _____	
FP 224 Did you have any injury caused by the event? (0=No,1=Yes, 2=Maybe, 9=Unk)		
FP 225 Was seizure activity observed? (0=No, 1=Yes, 2=Maybe, 9=Unknown) Who observed event? _____		
FP 226 ER/hospitalized or saw M.D. (0=No, 1=E.R./Hosp., 2=Saw M.D., 9=Unknown) Hospitalized at: _____ M.D. seen: _____		

1st Examiner Opinions:

- FP 227  Cardiac Syncope (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown)  
 syncope needs second opinion
- FP 228  Seizure disorder (0=No, 1=Yes, 2=Maybe, 9=Unk)
- FP 229  Vasovagal episode (0=No, 1=Yes, 2=Maybe, 9=Unk)

FP 230  Other, Specify: \_\_\_\_\_

Comments (also use Cerebrovascular Part II) \_\_\_\_\_



EX 23-2510

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EXAM 23 ID type/ID ~ Last Name ~ ,First Name ~

### Medical History--Cerebrovascular in Interim--Part II

|0|1|3| FORM NUMBER

(SCREEN 13)

FP 249

Cerebrovascular Disease

(0=No)

(1=Yes)

FP 250

Stroke in Interim

(2= Maybe)

(9=Unknown)

FP 251

Transient Ischemic Attack in Interim (TIA)

Syncope and Neurology Comments \_\_\_\_\_

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EXAM 23 IDtype/ID~ Last Name~, First Name~

### Medical History--Peripheral Arterial

|0|1|4| FORM NUMBER

(SCREEN 14)

FP 253

<input type="checkbox"/>	Can you walk 50 feet without help? (e.g. no cane, walker, wheelchair) (0=Able to walk 50 feet without help, 1=Needs help, 9=Unkn)
If able to walk 50 feet without help, fill in below	
<input type="checkbox"/>	Do you have lower limb discomfort while walking (0=No, 1=Yes,9=Unkn)
If yes, fill in below	

Left	Right	Vascular symptoms (0=No, 1=Yes, 9=Unkn)
FP 254	FP 255	Discomfort in calf while walking
FP 256	FP 257	Discomfort in lower extremity (not calf) while walking
FP 258		Occurs with first steps
FP 259		After walking a while
FP 260		Related to rapidity of walking or steepness
FP 261		Forced to stop walking
FP 262		Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable)
FP 263		Number of days/month of lower limb discomfort (00=No, 88=N/A, 99=Unknown)

FP 264	Is one foot colder than the other? (0=No, 1=Yes, 9=Unknown) Ask all persons
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<input type="checkbox"/>	Have you ever had testing for cramping in your legs? (0=No, 1=Yes, 9=Unknown) (e.g. ankle/arm blood pressure testing, pulse volume recording, duplex ultrasound, arteriography)
FP 265	If yes, Give date (mm/dd/yy) <u>FP 266</u> / /
and hospital or office location _____	

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

FP 267  Intermittent Claudication (need second opinion)

Comments Peripheral Arterial Disease \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Medical History--Peripheral Venous

|0|1|5| FORM NUMBER

(SCREEN 15)

Left	Right	Venous Symptoms
Code: 0=No, 1=Yes, 9=Unknown		
FP 268	FP 269	Phlebitis
FP 270	FP 271	Leg ulcers
FP 272	FP 273	Blood clot in leg (venous thrombosis)
FP 274	FP 275	Treatment for varicose veins

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

|\_ | Venous Insufficiency (No second opinion needed)

FP 276

Comments Venous Disease (or additional Arterial)

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EX 23 - a 514

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EXAM 23 ID type/ID ~ Last Name ~ , First Name ~  
Cancer Site or Type

|0|1|6| FORM NUMBER

(SCREEN 16)

<sup>FP</sup> 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

Code	Site of Cancer or Tumor	Year First Diagnosed	Name Diagnosing M.D.	City of M.D.
FP 278	Esophagus			
FP 279	Stomach			
FP 280	Colon			
FP 281	Rectum			
FP 282	Pancreas			
FP 283	Larynx			
FP 284	Trachea/ Bronchus/Lung			
FP 285	Leukemia			
FP 286	Skin			
FP 287	Breast			
FP 288	Cervix/Uterus (include fibroids)			
FP 289	Ovary			
FP 290	Prostate			
FP 291	Bladder			
FP 292	Kidney			
FP 293	Brain			
FP 294	Lymphoma			
FP 295	Other/Unknown			

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

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EXAM 23. ID type/ID~ Last Name~ , First Name~

Physical Exam--Head, Neck and Respiratory

|0|1|7| FORM NUMBER

(SCREEN 17)

Physician Blood Pressure (first reading)	Systolic	Diastolic
	FP 296 to nearest 2 mm Hg	FP 297 to nearest 2 mm Hg

Eyes, Xanthomata, and Thyroid

FP 298 Corneal arcus (0=No, 1=Slight, 2=Moderate, 3=Marked, 9=Unknown)

FP 299 Xanthelasma Coding for xanthelasma and xanthomata

FP 300 Xanthomata (0=No, 1=Yes, 2=Maybe, 9=Unknown)

FP 301 Achilles tendon xanthomata

FP 302 Palmar xanthomata

FP 303 Tuberos xanthomata

Thyroid abnormality (0=No, 1=Yes, 2=Maybe, 9=Unknown) Code carotid bruits on vascular sheet

FP 304 Scar      FP 305 Single nodule      FP 307 Other

FP 308 Diffuse enlargement      FP 309 Multiple nodules

Comments about Thyroid \_\_\_\_\_

Respiratory

FP 310 increased a-p diameter (0=No, )

FP 311 Fixed thorax (1=Yes, )

FP 312 Wheezing on auscultation (2=Maybe,)

FP 313 Rales (9=Unknown )

FP 314 Other abnormal breath sounds

Comments about Respiratory \_\_\_\_\_

Physical Exam--Heart

R✓

FORM NUMBER

(SCREEN 18)

FP 315 Heart Enlargement (0=No, 1=Left only, 2=Right only, 3=Both, 9=Unknown)

**Abnormal Sounds**

FP 316 Gallop (0=No, 1=S3 only, 2=S4 only, 3=Both, 9=Unknown)

FP 317 Click (0=No, 1=Yes, 9=Unknown)

FP 318 Abnormally split S2 (0=No, 1=Yes, 9=Unknown)

FP 319 Diminished A2 (0=No, 1=Yes, 9=Unknown)

FP 320 Other (Specify below) (0=No, 1=Yes, 9=Unknown)

**Systolic murmur(s)**

FP 321 Systolic murmur present (0=No, 1=Yes, 2=Maybe, 9=Unknown)  
(If yes, fill in table below)

Systolic 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=No change, 1=Increase 2=Decrease 9=Unknown)	Origin 0=None, indet. 1=Mitral 2=Aortic 3=Tricuspid 4=Pulm 9=Unknown)
Apex	<u>FP 322</u>	<u>FP 323</u>	<u>FP 324</u>	<u>FP 325</u>	<u>FP 326</u>
Left Sternum	<u>FP 327</u>	<u>FP 328</u>	<u>FP 329</u>	<u>FP 330</u>	<u>FP 331</u>
Base	<u>FP 332</u>	<u>FP 333</u>	<u>FP 334</u>	<u>FP 335</u>	<u>FP 336</u>

**Diastolic murmur(s)**

FP 337 Diastolic murmur(s) present (0=No, 1=Yes, 2=Maybe, 9=Unknown)  
(If yes, fill in table below)

FP 338 Valve of origin for diastolic murmur(s)  
(0=No, 1=Mitral, 2=Aortic, 3=Both, 4=Other, 8=N/A, 9=Unk)

FP 339 Neck vein distention at 45 degrees (0=No, 1=Yes, 2=Maybe, 9=Unknown)

Comments \_\_\_\_\_

EXAM 23 ID type/ID ~ Last Name ~ , First Name ~

### Physical Exam--Breasts and Abdomen

|0|1|9| FORM NUMBER

(SCREEN 19)

Fill out for men and women

<input type="checkbox"/> <input type="checkbox"/> <b>FP 340</b>		<b>Breast Abnormality</b> (0=no, 1=yes, 2=maybe, 9=unknown), if yes answer below	
		<input type="checkbox"/> <input type="checkbox"/> <b>FP 341</b>	<b>Localized mass</b>
		<input type="checkbox"/> <input type="checkbox"/> <b>FP 342</b>	<b>Axillary nodes</b>
<input type="checkbox"/> <input type="checkbox"/> <b>FP 343</b>		<b>Breast Surgery</b> (0=no, 1=yes, 2=maybe, 9=unknown), If yes answer below	
	<b>Left</b> <input type="checkbox"/> <input type="checkbox"/> <b>FP 344</b>	<b>Right</b> <input type="checkbox"/> <input type="checkbox"/> <b>FP 345</b>	<b>Procedure</b> (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)

**FP 346**  
Liver enlarged

**FP 347**  
Abdominal aneurysm

**FP 348**  
Bruit

**FP 349**  
Surgical gallbladder scar

**FP 350**  
Other abdominal abnormality: \_\_\_\_\_

\_\_\_\_\_

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**Physical Exam--Peripheral Vessels--Part I**

|0|2|0| FORM NUMBER

(SCREEN 20)

Left	Right	Varicosities	
FP 351	FP 352	Stem	0=No abnormality 1=Uncomplicated 2=With skin changes 3=With ulcer 9=Unknown
FP 353	FP 354	Reticular	
FP 355	FP 356	Spider	

Left	Right	Lower Extremity Abnormalitiess	
FP 357	FP 358	Ankle edema	(0=No, 1,2,3,4=Grade ,9=Unknown) Please note grade  (0=no, 1=Yes, 2=Maybe, 9=Unknown)  (0=No, 1=Yes, 9=Unknown)  (0=No, 1=Toes only, 2=Ankle, 3=Knee, 4=Hip, 9=Unknown)
FP 359	FP 360	Foot cold	
FP 361	FP 362	Amputation	
FP 363	FP 364	Amputation level	

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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EXAM 23. ID type/ID ~ Last Name ~, First Name ~

### Physical Exam--Peripheral Vessels--Part II

|0|2|1| FORM NUMBER

(SCREEN 21)

Artery	Pulse (0=Normal, 1=Absent, 2=Abnl but present, 9=Unkn)		Bruit (0=No, 1=Yes, 9=Unknown)	
	Left	Right	Left	Right
Carotid			FP 365	FP 366
Radial	FP 367	FP 368		
Femoral	FP 369	FP 370	FP 371	FP 372
Mid-Thigh			FP 373	FP 374
Popliteal			FP 375	FP 376
Post Tibial	FP 377	FP 378		
Dorsalis Pedis	FP 378	FP 379		

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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EXAM 23 ID type/ID~ Last Name~, First Name~

### Physical Exam--Neurological and Final Blood Pressure

|0|2|2| FORM NUMBER

(SCREEN 22)

#### Neurological Exam

- <sup>FP 381</sup> Speech disturbance
- <sup>FP 382</sup> Gait disturbance (0=No)
- <sup>FP 383</sup> Localized muscle weakness (1=Yes)
- <sup>FP 384</sup> Visual field defect (2=Maybe)
- <sup>FP 385</sup> Abnormal reflexes (9=Unknown)
- <sup>FP 386</sup> Cranial nerve abnormality
- <sup>FP 387</sup> Cerebellar signs
- <sup>FP 388</sup> Sensory impairment

<sup>FP 389</sup>

1st Examiner believes residual of stroke (0=No, 1=Yes, 2=Maybe, 9=Unknown)  
(No second opinion needed for potential stroke residual)

Comments about Neurological findings \_\_\_\_\_

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Physician Blood Pressure (second reading)	Systolic	Diastolic
	<sup>FP 390</sup> _____ to nearest 2 mm Hg	<sup>FP 391</sup> _____ to nearest 2 mm Hg

### Electrocardiograph--Part I

|0|2|3| FORM NUMBER

(SCREEN 23)

FP 392 <input type="checkbox"/> ECG done (0=No, 1=Yes)	
<b>Rates and Intervals</b>	
FP 393 <input type="checkbox"/>	Ventricular rate per minute (999=Unknown)
FP 394 <input type="checkbox"/>	P-R Interval (hundreths of a second) (99=FullyPaced, Atrial Fib, or Unknown)
EP 395 <input type="checkbox"/>	QRS interval (hundreths of second) (99=Fully Paced, Unknown)
FP 396 <input type="checkbox"/>	Q-T interval (hundreths of second) (99=Fully Paced, Unknown)
FP 397 <input type="checkbox"/>	QRS angle (put plus or minus as needed) (e.g. -045 for minus 45 degrees, +090 for plus 90 degrees, 9999=Fully paced or Unknown)
<b>Rhythm</b>	
FP 398 <input type="checkbox"/>	0 or 1 = Sinus rhythm (incl sinus tachycardia, sinus bradycardia, sinus arrhythmia, 1st deg AV block) 2 = 2nd degree AV block, Mobitz I (Wenckebach) 3 = 2nd degree AV block, Mobitz II 4 = 3rd degree AV block / AV dissociation 5 = Atrial fibrillation / atrial flutter 6 = Nodal 7 = Paced 9 = Other or combination of above (list) _____
<b>Ventricular conduction abnormalities</b>	
FP 399 <input type="checkbox"/>	IV Block (0=No, 1=Yes, 9=Fully paced or Unknown)
FP 400 <input type="checkbox"/>	Pattern (1=Left, 2=Right, 3=Indeterminate)
FP 401 <input type="checkbox"/>	Complete (0=No, 1=Yes, if QRS interval $\geq$ .12 sec )
FP 402 <input type="checkbox"/>	Incomplete (0=No, 1=Yes, 9=Unk)
FP 403 <input type="checkbox"/>	Hemiblock (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)
FP 404 <input type="checkbox"/>	WPW Syndrome (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
<b>Arrhythmias</b>	
FP 405 <input type="checkbox"/>	Atrial premature beats (0=No, 1=Atr, 2=Atr Aber, 3=Run of atrial beats, 9=Unknown)
FP 406 <input type="checkbox"/>	Ventricular premature beats (0=No, 1=Simple 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)
FP 407 <input type="checkbox"/>	Number of ventricular premature beats in 10 secs (see 10 second rhythm strip, 99=unk)

**Electrocardiograph-Part II**

Myocardial Infarction Location	
FP 408	<b>Anterior</b> (0=No, 1=Yes, 2=Maybe, 9=Fully paced or LBBB)
FP 409	<b>Inferior</b> (0=No, 1=Yes, 2=Maybe, 9=Fully paced or LBBB)
FP 410	<b>True Posterior</b> (0=No, 1=Yes, 2=Maybe, 9=Fully paced or LBBB)
Left Ventricular Hypertrophy Criteria (0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)	
FP 411	R > 20mm in any limb lead
FP 412	R > 11mm in AVL
FP 413	R in lead I plus S in lead III ≥ 25mm
FP 414	R AVL in mm (at 1 mv = 10 mm standard) Always code these voltages
FP 415	S V3 in mm (at 1 mv = 10 mm standard) Always code these voltages
FP 416	R ≥ 25mm
FP 417	S ≥ 25mm
FP 418	R or S ≥ 30mm
FP 419	R + S ≥ 35mm
Criteria to left apply to R in V5 or V6-- --S in V1 or V2	
FP 420	<b>Intrinsicoid deflection</b> ≥ .05 sec
FP 421	<b>ST depression</b> (strain pattern, with down sloping ST)
Hypertrophy, enlargement, and other ECG Diagnoses	
FP 422	<b>Nonspecific S-T segment abnormality</b> (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
FP 423	<b>Nonspecific T-wave abnormality</b> (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
FP 424	<b>U-wave present</b> (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
FP 425	<b>Atrial enlargement</b> (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown )
FP 426	<b>RVH</b> (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unk; If complete LBBB present, RVH=9)
FP 427	<b>LVH</b> (0=No, 1=LVH with strain, 2=LVH with mild ST-T Segment Abn or nonspec. T-wave abn, 3=LVH by voltage only, 9=Fully paced or Unkn, If complete LBBB present, LVH=9 )

Comments and Diagnosis \_\_\_\_\_

\_\_\_\_\_

### Clinical Diagnostic Impression--Part I

|0|2|5| FORM NUMBER

(SCREEN 25)

#### Coronary Heart Disease in Interim

- FP 428  Angina Pectoris (0=No, 1=Yes, 2=Maybe, 9=Unknown)
- FP 429  Coronary Insufficiency
- FP 430  Myocardial Infarct

#### Other Heart Diagnoses in Interim

- FP 431  Rheumatic Heart Disease (0=No, 1=Yes, 2=Maybe, 9=Unknown)
- FP 432  Aortic Valve Disease
- FP 433  Mitral Valve Disease
- FP 434  Other Heart Disease (includes congenital)
- FP 435  Congestive Heart Failure
- FP 436  Functional Class
  - NYHA Classif 1,2,3,4)
  - (0=No heart disease)
  - (1=Class 1=Ordinary physical activity, does not cause symptoms)
  - (2=Class 2=Ordinary physical activity, results in symptoms)
  - (3=Class 3=Less than ordinary physical activity results in symptoms)
  - (4=Class 4=Any physical activity results in symptoms)

Comments CDI Heart \_\_\_\_\_

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EXAM 23 ID type/ID~ Last Name~, First Name~

### Clinical Diagnostic Impression--Part II

|0|2|6| FORM NUMBER

(SCREEN 26)

#### Peripheral Vascular Disease in Interim

FP 437  Intermittent Claudication (0=No, 1=Yes, 2=Maybe, 9=Unknown)

FP 438  Abdominal Aortic Aneurysm

FP 439  Stem Varicose Veins

FP 440  Phlebitis

FP 441  Other Vascular Diagnosis (Specify) \_\_\_\_\_

#### Neurological Disease in Interim

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

FP 442  Stroke

FP 443  Transient Ischemic Attack (TIA)

FP 444  Dementia

FP 445  Parkinson's Disease

FP 446  Other Neurological Disease (Specify) \_\_\_\_\_

FP 447  Depression

Comments CDI Neurological \_\_\_\_\_

EX 23 - 2502/

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EXAM 23 ID type/ID~ Last Name~ ,First Name~

### Clinical Diagnostic Impression--Part III

|0|2|7| FORM NUMBER

(SCREEN 27)

Non Cardiovascular Diagnoses in Interim (0=No, 1=Yes, 2=Maybe, 8=N/A, 9=Unknown)

- FP 448  Diabetes Mellitus
- FP 449  Urinary Tract Disease
- FP 450  Prostate Disease
- FP 451  Renal Disease
- FP 452  Emphysema
- FP 453  Chronic Bronchitis
- FP 454  Pneumonia
- FP 455  Asthma
- FP 456  Other Pulmonary Disease
- FP 457  Gout
- FP 458  Degerative joint disease
- FP 459  Rheumatoid arthritis
- FP 460  Gallbladder disease
- FP 461  Other non C-V Diagnosis (for cancer, see special page)

Comments CDI Other Diagnoses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Second Examiner Opinions in Interim

|0|2|8| FORM NUMBER

(SCREEN 28)

FP 462  
|\_|\_|\_| 2nd Examiner ID Number \_\_\_\_\_ 2nd Examiner Last Name

Coding for entire screen:

- 0=No,
- 1=Yes,
- 2=Maybe,
- 9=Unknown)

- FP 463  
 Congestive Heart Failure
- FP 464  
 Coronary Insufficiency
- FP 465  
 Angina Pectoris
- FP 466  
 Myocardial Infarction
- FP 467  
 Syncope
- FP 468  
 Intermittent Claudication

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Neurological Disease

- Stroke FP 469
- TIA FP 470

Comments about possible Neurological Disease \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ex 23-23060

EXAM 23 ID type/ID~ Last Name~, First Name~

### Cognitive Function--Part I

|0|6|0| FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9 Write all responses on exam form.

FP 471  
0 1 2 3 6 9

What is the date today? (Month, day, year, correct score=3)

FP 472  
0 1 6 9

What is the season?

FP 473  
0 1 6 9

What day of the week is it?

FP 474  
0 1 2 3 6 9

What town, county and state are we in?

FP 475  
0 1 6 9

What is the name of this place? (any appropriate answer ok.. my home, street address, heart study ... max. score = 1)

FP 476  
0 1 6 9

What floor of the building are we on?

FP 477  
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

FP 478  
|\_|\_|\_|\_|\_|

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)

FP 479  
0 1 2 3 6 9

What are the 3 objects I asked you to remember a few moments ago?

RV

EXAM 23 ID type/ID~ Last Name~, First Name~

### Cognitive Function --Part II

|0|6|1| FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9

FP-480  
0 1 6 9

What is this called? (Watch)

FP-481  
0 1 6 9

What is this called? (Pencil)

FP-482  
0 1 6 9

Please repeat the following: "No ifs, ands, or buts."  
(Perfect=1)

FP-483  
0 1 6 9

Please read the following and do what it says  
(performed=1, code 6 if low vision)

FP-484  
0 1 6 9

Please write a sentence (code 6 if low vision)

FP-485  
0 1 6 9

Please copy this drawing (code 6 if low vision)

FP-486  
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)

#### Examiner's Assessment of Subject's Mental Status

FP-487  
| | |

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

**Sentence and Design Handout for Patient**

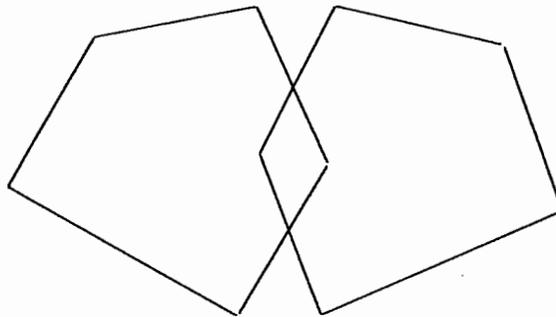
PLEASE WRITE A SENTENCE

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PLEASE COPY THIS DESIGN



EXAM 23 ID type/ID~ Last Name~, First Name~

### Activities I--Daily Living

(NURSE 2)

VERSION 01/08/92

|0|4|0| 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)

FP 488  Getting dressed and undressed

FP 489  Bathing

FP 490  Eating food and drinking liquids

FP 491  Getting in and out of a chair

FP 492  Using the toilet

FP 493  Walking on level surface about 50 yards (length of Thurber St.)

FP 494  Walking up and down one flight stairs (5 steps)

FP 495  Carrying a bundle (carry 10 lb. bundle 10 feet)

FP 496  Using a telephone

FP 497  Continence (bowel and bladder continence)  
(Coding: as above but 4 = Uses commercial product to maintain continence, e.g. Depends)

FP 498  Takes own medications (Coding: as above but 8 = takes no meds)

EXAM 23 ID type/ID~ Last Name~, First Name~

(INTERVIEW)

Activities II

CES-D Scale

|0|4|1| FORM NUMBER

|\_|\_|\_| ID NUMBER

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

FP 499 | | I was bothered by things that usually don't bother me.

FP 500 | | I did not feel like eating; my appetite was poor.

FP 501 | | I felt that I could not shake off the blues, even with help from my family and friends.

FP 502 | | I felt that I was just as good as other people.

FP 503 | | I had trouble keeping my mind on what I was doing.

FP 504 | | I felt depressed.

FP 505 | | I felt that everything I did was an effort.

FP 506 | | I felt hopeful about the future.

FP 507 | | I thought my life had been a failure.

FP 508 | | I felt fearful.

FP 509 | | My sleep was restless.

FP 510 | | I was happy.

FP 511 | | I talked less than usual.

FP 512 | | I felt lonely.

FP 513 | | People were unfriendly.

FP 514 | | I enjoyed life.

FP 515 | | I had crying spells.

FP 516 | | I felt sad.

FP 517 | | I felt that people disliked me.

FP 518 | | I could not "get going."

ex 23-23042

RV

EXAM 23 ID type/ID~ Last Name~, First Name~

INTERVIEW

Activities Part III

|0|4|2| FORM NUMBER (Demographics)

FP519 | | Where do you live?: (0 = Residence, 1 = Nursing home, 2 = Other institution, 3 = Retirement Home /Congregate Housing, 9=Unknown)

FP 520 | | Does anyone live with you: (0=No, 1=Yes, 9=Unknown) If yes to this question, ask below

FP 521 | | Spouse (0=No, 1=Yes, 9=Unknown) (Code Nursing Home Residents as NO to these questions )

FP 522 | | Children (0=No, 1=Yes, 9=Unknown)

FP 523 | | Friends (0=No, 1=Yes, 9=Unknown)

FP 524 | | Relatives (0=No, 1=Yes, 9=Unknown)

FP 525 | | Compare your health to most people your own age: (1=Better, 2=About the same, 3=Worse than most people your own age, 9=Unk)

FP 526 | | In what city or town do you currently live?

Geographical Coding:

FP 527 | | 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

FP 528 | | In what other area do you live?

FP 529 | | How many months of the year do you live there? (If less than 12 months total, continue) (99=Unknown)

FP 530 | | In what other area do you live?

FP 531 | | How many months of the year do you live there?

FP 532 | | \* | | In the summer, on average, about how many hours per day do you spend outside: (do not include time spent in cars/busses) (99\*99=Unknown) (Record less than one hour as decimal equivalents, e.g. one and 1/2 hr=01\*50)

FP 533 | | 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, 5=other combination, 9=Unknown)

ex 23 - 22043

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EXAM 23 ID type/ID~ Last Name~, First Name~

INTERVIEW

Activities -- Part IV

|0|4|3| FORM NUMBER

FP 534  
 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=Unk or Not sure)

FP 535  
 Do you need a special aid (wheelchair, cane, walker) to get around?  
(0=No; 1=Yes,always; 2=Yes,sometimes; 9=Unknown)

If use a special aid,which of the following equipment do you use?  
(0=No, 1=Yes,always; 2=Yes,sometimes; 9=Unknown)

FP 536  
 Cane or walking stick

FP 537  
 Wheelchair

FP 538  
 walker

FP 539  
 Other (Write in) \_\_\_\_\_

FP 540  
 Are you working now: (0=No, 1=Yes,Full time, 2=Yes, Part time, 9=Unknown)

FP 541  
 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)

FP 542  
 Are you able to do heavy work around the house, like shovel snow or wash windows, walls or floors without help?

FP 543  
 Are you able to walk up and down stairs to the second floor without any help?

FP 544  
 Are you able to walk a mile without help? (About 8 blocks)

FP 545  
 If you had to, could you do all the housekeeping yourself? (like washing clothes and cleaning)?

FP 546  
 If you had to, could you do all the cooking yourself?

FP 547  
 If you had to, could you do all the grocery shopping yourself?

FP 548  
 Do you drive? (0=No, 1=Yes,currently, 2=Yes, not now, 9=Unk)

FP 549  
 Reason for not driving now (1=Health, 2=Other non-health reason, 3=Never licensed, 8=N/A, current driver, 9=Unknown)

ex 23 - 22044

RW

EXAM 23 ID type/ID ~ Last Name ~, First Name ~

INTERVIEW

Activities Questions-- Part V

|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 for reason(s)

For each thing tell me whether you have

- (0) No difficulty
- (1) A little difficulty
- (2) Some difficulty
- (3) **A lot of difficulty--give reasons**
- (4) **Unable to do--give reasons**
- (5) Don't do on MD orders
- (9) Unknown

FP 550

Pulling or pushing large objects like a living room chair.  
If code 3 or 4, give reason \_\_\_\_\_

FP 551

Either stooping, crouching, or kneeling  
If code 3 or 4, give reason \_\_\_\_\_

FP 552

Reaching or extending arms below shoulder level  
If code 3 or 4, give reason \_\_\_\_\_

FP 553

Reaching or extending arms above shoulder level  
If code 3 or 4, give reason \_\_\_\_\_

FP 554

Either writing, handling, or fingering small objects.  
If code 3 or 4, give reason \_\_\_\_\_

FP 555

Standing in one place for long periods, say 15 minutes  
If code 3 or 4, give reason \_\_\_\_\_

FP 556

Sitting for long periods, say 1 hour  
If code 3 or 4, give reason \_\_\_\_\_

FP 557

Lifting a 10 pound object off the floor (sack of potatoes)  
If code 3 or 4, give reason \_\_\_\_\_

FP 558

Walking one half a mile (4-6 blocks)  
If code 3 or 4, give reason \_\_\_\_\_

ex 23 - 23045

RV

EXAM 23 ID type/ID ~ Last Name ~ , First Name ~

INTERVIEW

Activities Questions-- Part VI

|0|4|5| FORM NUMBER

59   FP 559	<b>In the past year have you accidentally fallen and hit the floor or ground?</b> (code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unknown)
If yes or maybe to question above, answer rest of this section	
FP 560	<b>How many times did you fall in the past year?</b> (88=N/A, 99=Unk)
FP 561	<b>Thinking of the falls you had in the past year, in what direction did you tend to fall?</b> (0=Forward, 1=Backward, 3=To The Side, 4=Varies, 5=Can't Recall, 8=N/A, 9=Unk)
<b>Did any of your falls in the past year result in a:</b> (Code: 0=No, 1=Yes, 2=Maybe, 8=N/A, 9=Unknown)	
FP 562	<b>Fracture</b>
FP 563	<b>Head injury requiring medical attention</b>
FP 564	<b>Dislocation</b>
FP 565	<b>Bruise, sprain, or cut</b>
FP 566	<b>Other</b>
FP 567	<b>Did you lose consciousness or black out before any falls in the past year?</b> (0=No, 1=Yes, 2=Maybe, 8=N/A, 9=Unknown)

68   FP 568	<b>Since your last clinic visit have you broken any bones?</b> (Code: 0=No, 1=Yes, 2=Maybe, 9=Unk)	
If yes or maybe, please specify below. (Code as no if under age 30, 00=No, for others give year)		
Left	Right	Location
19   569	19   570	Upper arm (humerus) or elbow
19   571	19   572	Forearm or wrist
19	FP 573	Back (If disc disease only, code as no)
19	FP 574	Pelvis
19   575	19   576	Hip
19   577		Other (specify)

EXAM 23 ID type/ID~ Last Name~, First Name~

INTERVIEW

Arthritis History-- Part I

|0|8|0| FORM NUMBER

Left Knee	Right Knee	Knee Symptoms
<input type="checkbox"/> FP 578	<input type="checkbox"/> FP 579	On most days do you have pain, aching or stiffness in either of your knees? (0=No; 1=Yes, 9=Unknown)
<input type="checkbox"/> FP 580	<input type="checkbox"/> FP 581	If yes to above, is the pain, aching, or stiffness - mild, moderate, or severe? (0=No, 1=Mild, 2=Moderate, 3=Severe, 9=Unknown)
<input type="checkbox"/> FP 582	<input type="checkbox"/> FP 583	In the past month have you had any pain, aching, or stiffness in either of your knees? (0=No; 1=Yes, 9=Unknown)

Back Symptoms	
<input type="checkbox"/> FP 584	On most days do you have pain, aching or stiffness in your back (excluding your neck)? (0=No; 1=Yes, 9=Unk)
<input type="checkbox"/> FP 585	If yes to above, is the pain, aching, or stiffness - mild, moderate, or severe? (0=No, 1=Mild, 2=Moderate, 3=Severe, 9=Unknown)
<input type="checkbox"/> FP 586	During the past year have you had an episode of pain, aching or stiffness in your back (excluding your neck)? (0=No, 1=Yes, Less than 1 week; 2= Yes, 1-4 weeks; 3= Yes, more than 4 weeks; 9=Unknown)

Arthritis Medication	
<input type="checkbox"/> FP 587	Do you take medication for joint pain, aching or stiffness? (0=No, 1=Yes, 9=Unknown)
<input type="checkbox"/> FP 588	If yes, what is the name of the medication? (1=Drug Named, 2=Drug Name Not Known, 8=N/A, 9=Unknown) Specify: _____
<input type="checkbox"/> FP 589	If yes, do you take it every day? (0=No, 1=Yes, 9=Unk)

Framingham Heart Study  
Lab Data

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Id: \_\_\_\_\_ Exam Date \_\_\_\_\_  
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FP595 Total Cholesterol (mg/dL)

FP596 HDL Cholesterol (mg/dL)

Cholesterol to HDL Ratio

FP598 Fibrinogen mg/dL

FP597 Glucose (mg/dL)

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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.