Framingham Heart Study

Original Cohort Exam 27

01/17/2002-11/19/2003
N=414

Exam Form Version	
#1 Numerical Data, *CES-D Scale, Cognitive Function (I-II),* Sentence and Design Handout, Self-Reported Performance (I-II), Activities Questions (A-D), Berkman Social Network Questionnaire (I-II), Observed Performance (I-II), Medical History, Blood Pressure (first reading) Cancer Site or Type, Second Blood Pressure, Electrocardiograph (I-II) & Clinical Diagnostic Impression (III)	
No Version Number:	Laboratory Report

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.

Numerical Data--Part I

FORM #27_01 OMB No=0925-0216

Basic Information

ft001 |__| **Site of Exam** (0=Heart Study, 1=Nursing home, 2=Residence, 3=Other, 9=Unknown)

ft002 |__| **Marital Status** (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)

ft003 |__|__|__| **Examiner's Number** for weight and height (999= unknown)

ft004 |__|__|__| **Weight** (to nearest pound, 999=Unknown) | ft005 |__| **Protocol modification** write in _____ 0=No1=Yes 9=Unk/ND

ft006 |__| **Method used to obtain weight** (0=FHS protocol, clinic or field visit with portable scale, 1=recorded in NH chart, 2=Other write in _____)

ft007 |__|__|*|__|__|*|__|__| **Date weight obtained** (mm/dd/yy)

ft008 |__|__|*|__|__| **Height** (inches, to next lower 1/4 inch, 999=Unknown) 88/88=field visit | ft009 |__| **Protocol modification** write in _____ 0=No1=Yes 9=Unk/ND

ft010 |__| **Proxy used to complete this exam** (0=No, 1=Yes, 9=Unknown)

if yes, fill ☞

Proxy Name _____

ft011 |__| **Relationship** (1=1st Degree Relative(spouse, child), 2=Other relative, 3=Friend, 4=Health Care Professional, 5=Other, 9=Unknown

ft012 |__|__|*|__|__| ft013 **How long have you known the participant?** (Years, months; 99.99=Unk, example: 3 months=00*03)

ft014 |__| **Are you currently living in the same household with the participant?** (0=No, 1=Yes, 9=Unknown)

ft015 |__| **How often did you talk with the participant during the prior 11 months?** (1=Almost every day, 2=Several times a week, 3=Once a week, 4=1 to 3 times per month, 5=Less than once a month, 9=Unknown)

Offsite only:

ft016 |__| **Participant able to respond to interview?** (0=No, 1=Yes, 2=Other, 9=Unknown)
If not, why?_____

Clinic only:

Technician's Blood Pressure to nearest 2 mm Hg ft017 |__|__|__| **Examiner's Number**

Systolic	Diastolic	BP cuff size	Protocol modification
ft018 |__|__|__| 999=Unk/ND	ft019 |__|__|__| 999=Unk/ND	ft020 |__| 0=pediatric, 1=regular, 2=large ad., 3=thigh 9=Unknown/not done	ft021 |__| 0=No, 1=Yes _____ 9=Unk/ND

EXAM 27 Procedures Sheet

ft022 |__|	ECG Done	0=No 1=Yes 9=Unknown
ft023 |__|	Blood Drawn	
ft024 |__|	Observed Physical Performance	

+2

CES-D Scale

FORM #27_02 OMB No=0925-0216

ft025

_|_|_| ✓	**Examiner's Number** for CES-D Scale

The questions below ask about your feelings. For each of the following statements, please say if you felt that way during the past week.

Questions to be answered Circle best answer for each question	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	Unknown
ft026 ✓ 1. I was bothered by things that usually don't bother me.	0	1	2	3	9
ft027 ✓ 2. I did not feel like eating; my appetite was poor.	0	1	2	3	9
ft028 ✓ 3. I felt that I could not shake off the blues, even with help from my family and friends.	0	1	2	3	9
ft029 ✓ 4. I felt that I was just as good as other people.	0	1	2	3	9
ft030 ✓ 5. I had trouble keeping my mind on what I was doing.	0	1	2	3	9
ft031 ✓ 6. I felt depressed.	0	1	2	3	9
ft032 ✓ 7. I felt that everything I did was an effort.	0	1	2	3	9
ft033 ✓ 8. I felt hopeful about the future.	0	1	2	3	9
ft034 ✓ 9. I thought my life had been a failure.	0	1	2	3	9
ft035 ✓ 10. I felt fearful.	0	1	2	3	9
ft036 ✓ 11. My sleep was restless.	0	1	2	3	9
ft037 ✓ 12. I was happy.	0	1	2	3	9
ft038 ✓ 13. I talked less than usual.	0	1	2	3	9
ft039 ✓ 14. I felt lonely.	0	1	2	3	9
ft040 ✓ 15. People were unfriendly.	0	1	2	3	9
ft041 ✓ 16. I enjoyed life.	0	1	2	3	9
ft042 ✓ 17. I had crying spells.	0	1	2	3	9
ft043 ✓ 18. I felt sad.	0	1	2	3	9
ft044 ✓ 19. I felt that people disliked me	0	1	2	3	9
ft045 ✓ 20. I could not "get going"	0	1	2	3	9

Cognitive Function--Part I

FORM #27_03 OMB No=0925-0216

ft046	|__|__|__|	**Examiner's Number** for Cognitive Function -- Part I+II

	SCORE CORRECT No Try=6 Unknown=9	Write all responses on exam form (score 1 point for each correct response)
ft047	0 1 2 3 6 9	**What Is the Date Today?** (Month, day, year, correct score=3)
ft048	0 1 6 9	**What Is the Season?**
ft049	0 1 6 9	**What Day of the Week Is it?**
ft050	0 1 2 3 6 9	**What Town, County and State Are We in?**
ft051	0 1 6 9	**What Is the Name of this Place?** (any appropriate answer all right, for instance my home, nursing home, street address, heart study...max score=1)
ft052	0 1 6 9	**What Floor of the Building Are We on?**
ft053	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**
ft054	|__|__|__|__|__|	**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) Score as: 66666=Not administered for reason unrelated to cognitive status 00000=Administered, but couldn't do 99999=Unknown
ft055	0 1 2 3 6 9	**What are the 3 objects I asked you to remember a few moments ago?**

+24

Cognitive Function --Part II

FORM #27_04 OMB No=0925-0216

	SCORE CORRECT No Try=6 Unknown=9	Write all responses on exam form. (score 1 point for each correct answer)
ft056	0 1 6 9	**What Is this Called?** (Watch)
ft057	0 1 6 9	**What Is this Called?** (Pencil)
ft058	0 1 6 9	**Please Repeat the Following: "No Ifs, Ands, or Buts."** (Perfect=1)
ft059	0 1 6 9	**Please Read the Following & Do What it Says** (performed=1, code 6 if low vision)
ft060	0 1 6 9	**Please Write a Sentence** (code 6 if low vision)
ft061	0 1 6 9	**Please Copy this Drawing** (code 6 if low vision)
ft062	0 1 2 3 6 9	**Take this piece of paper in your right hand, fold it in half with both hands, and put in your lap** (score 1 for each correctly performed act, code 6 if low vision)

	No Yes Maybe Unk (coding below)	Factor Potentially Affecting Mental Status Testing
ft063	0 1 2 9	Illiterate or low education
ft064	0 1 2 9	Not fluent in English
ft065	0 1 2 9	Poor eyesight
ft066	0 1 2 9	Poor hearing
ft067	0 1 2 9	Depression / possible depression
ft068	0 1 2 9	Aphasia
ft069	0 1 2 9	Coma
ft070	0 1 2 9	Parkinsonism or neurologically impaired
ft071	0 1 2 9	Other

+22

OMB No=0925-0216

Sentence and Design Handout for Patient

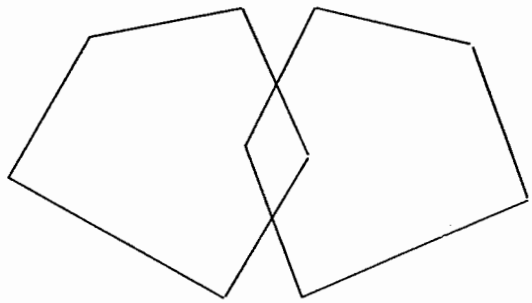
PLEASE WRITE A SENTENCE

_____

_____

_____

PLEASE COPY THIS DESIGN



Self-Reported Performance -- Part I

FORM #27_05 OMB No=0925-0216

ft072 ✓

|__|__|__|	**Examiner's Number** for Socio-demographics

Socio-demographics

ft073 ✓ |___| **Where do you live?** (0=Private residence, 1=Nursing home, 2=Other institution, such as: assisted living or retirement community, 9=Unknown)

ft074 ✓ |___| **Does anyone live with you?** (0=No, 1=Yes, 9=Unknown)
Code Nursing Home Residents as NO to these questions

If Yes ☞ If 0 or 9, skip down

ft075 ✓	|___|	Spouse	0=No 1=Yes, less than 3 months per year 2=Yes, more than 3 months per year 9=Unknown
ft076 ✓	|___|	Significant Other	
ft077 ✓	|___|	Children	
ft078 ✓	|___|	Friends	
ft079 ✓	|___|	Relatives	
ft080 ✓	|___|	Pets	

ft081 ✓ |___| **Are you Currently working at a paying job?** (0=No, 1=Yes, full time (≥32 hours), 2=Yes, part time (<32 hours), 9=Unknown

ft082 ✓ |___| **Do you currently do unpaid volunteer or community work?** (0=No, 1=Yes, 9 =Unknown)

ft083 ✓ |___|___|___| **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)

** Proxy may NOT be used to help complete this section **

ft084 ✓ |___| **In general, how is your health now**: (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9=Unkn)

ft085 ✓ |___| **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)

+23

Self-Reported Performance--Part 2

FORM #27_06 OMB No=0925-0216

Activities of Daily Living

ft086

|_|_|_|✓	**Examiner's Number** for Activities of Daily Living

During the Course of a Normal Day, Can you do the following activities independently or do you need human assistance or the use of a device? Coding: 0=No help needed, independent, 1=Uses device, independent, 2=Human assistance needed, minimally dependent, 3=Dependent, 4=Do not do during a normal day, 9=Unknown

ft087 |_|✓	**Dressing** (undressing and redressing) Devices such as: velcro, elastic laces.
ft088 |_|✓	**Bathing** (including getting in and out of tub or shower) Devices such as: bath chair, long handled sponge, hand held shower, safety bars.
ft089 |_|✓	**Eating** Devices such as: rocking knife, spork, long straw, plate guard.
ft090 |_|✓	**Transferring**(getting in and out of a chair) Devices such as: sliding board, grab bars, special seat.
ft091 |_|✓	**Toileting Activities** (using bathroom facilities and handle clothing) Devices such as: special toilet seat, commode.
ft092 |_|✓	**Bladder Continence** (ask if person has "accidents") (code=5 if use special products) Devices such as: external catheter, drainage bags, ileal appliance, protective devices.
ft093 |_|✓	**Bowel Continence** (ask if person has "accidents") (code=5 if use special products) Devices such as: suppositories, bedpan, regular enemas, colostomy
ft094 |_|✓	**Walking on Level Surface about 50 Yards** Devices such as: cane, crutches, or walker.
ft095 |_|✓	**Walking up and down One Flight Stairs** Devices such as: handrail, cane.
ft096 |_|✓	**Using a Telephone** Devices such as: large numbers, voice activation, amplication.
ft097 |_|✓	**Preparing and Taking Own Medications** (code=8 if takes no medications regularly) Specify device (write in)_____

123

done
part which was "Acti
-Part II) 7 variables move
to next page

Activities Questions- Part A

FORM #27_07 OMB No=0925-0216

ft098

|_|_|_|	**Examiner's Number** for Activities-Part A Questions

Use of Nursing and Community Services

ft099 |_| **Have you been admitted to a nursing home (or skilled facility) in the past two years?** (0=No, 1=Yes, 9=Unknown)

ft100 |_| **In the past two years, have you been visited by a nursing service, or used home, community, or outpatient programs?** (0=No, 1=Yes, 9=Unknown)

if yes, continue ☞ and below

Currently	Since last exam	# months used
0=No At least once per, 1=Day 2=Week 3=Month 4=Other(write in)_____ 9=Unknown		0=None 1=One month or less 2-98=Put in actual number of months used 99=Unknown

Currently	Since Last Exam	# Months Used Since Last Exam	
ft101 |_|	ft102 |_|	ft103 |_|_|	**Home health aides**
ft104 |_|	ft105 |_|	ft106 |_|_|	**Homemaker visits**
ft107 |_|	ft108 |_|	ft109 |_|_|	**Visiting Nurses**
ft110 |_|	ft111 |_|	ft112 |_|_|	**Personal Care Attendant (PCA)**
ft113 |_|	ft114 |_|	ft115 |_|_|	**Rehabilitation services** (such as physical therapy, occupational therapy, speech therapy)
ft116 |_|	ft117 |_|	ft118 |_|_|	**Cardiac rehabilitation**
ft119 |_|	ft120 |_|	ft121 |_|_|	**Meals on Wheels**
ft122 |_|	ft123 |_|	ft124 |_|_|	**Community Day Programs**
ft125 |_|	ft126 |_|	ft127 |_|_|	**Other** (specify_____)

+16

Activities Questions- Part B

FORM #27_08 OMB No=0925-0216

ft128

____	**Examiner's Number** for Activities and Rosow-Breslau Questions

ft 129 __ **Are you in bed or 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)

ft 130 __ **Do you need a special aid (wheelchair, cane, walker) to get around?**
(0=No, 1=Yes, 9=Unknown)
If yes, which of the following equipment do you use?

if yes then ☞

- ft 131 __ **Cane or walking stick**
- ft 132 __ **Wheelchair**
- ft 133 __ **Walker**
- ft 134 __ **Other** (Write in) _____

0=No
1=Yes, always
2=Yes, sometimes
9=Unknown

Rosow-Breslau Questions

ft 135 __ **Are you able to do heavy work around the house, like shovel snow or wash windows, walls or floors without help?**

ft 136 __ **Are you able to walk half a mile without help?** (About 4-6 blocks)

ft 137 __ **If you had to, could you do all the housekeeping yourself?** (like washing clothes and cleaning)

ft 138 __ **If you had to, could you do all the cooking yourself?**

ft 139 __ **If you had to, could you do all the grocery shopping yourself?**

0=No, unable to do
1=Yes, independent
2=Does not do
9=Unknown

ft 140 __ **Do you drive now?**

0=No
1=Yes, currently
2=Yes, not now
9=Unknown

if no then ☞

- ft 141 __ **Reason for <u>not</u> driving now**
(1=Health, 2=Other non-health reason, 3=never licensed, 8=N/A, current driver, 9=Unknown)

+ 22

Activities Questions - Part C

FORM #27_09 OMB No=0925-0216

ft142

|_|_|_| ✓	**Examiner's Number** for Activities - Part C
	Nagi Questions
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**	
ft143 |_| ✓	**Pulling or pushing large objects like a living room chair**
ft144 |_| ✓	**Either stooping, crouching, or kneeling**
ft145 |_| ✓	**Reaching or extending arms below shoulder level**
ft146 |_| ✓	**Reaching or extending arms above shoulder level**
ft147 |_| ✓	**Either writing, or handling, or fingering small objects**
ft148 |_| ✓	**Standing in one place for long periods, say 15 minutes**
ft149 |_| ✓	**Sitting for long periods, say 1 hour**
ft150 |_| ✓	**Lifting or carrying weights under 10 pounds (like a bag of potatoes)**
ft151 |_| ✓	**Lifting or carrying weights over 10 pounds (like a very heavy bag of groceries)**
ft152 |_| ✓	**Getting in and out of car**
ft153 |_| ✓	**Putting on socks or stockings**

+22

Activities Questions -- Part D

FORM #27_10 OMB No=0925-0216

ft 154

|_|_|_| ✓	**Examiner's Number** for Activities - Part D

ft155 |_| ✓ **In the past year have you accidentally fallen and hit the floor or ground?**

if yes, fill ☞ **(code as no if during sports activity)** **(0=No, 1=Yes, 2=Maybe, 9=Unk)**

ft156 |_|_| ✓ **How many times did you fall in the past year? (99=Unknown)**

Fractures

ft157 |_| ✓ **Since Your Last Clinic Visit Have You Broken Any Bones?**
(Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

If 1,2 fill ☞

Code year of fracture, example: If fracture occurred in 1999, code 1999 9999=Unknown		
Left	**Right**	**Location**
✓ft158 |_|_|_|_|	✓ft159 |_|_|_|_|	**Clavicle (collar bone)**
✓ft160 |_|_|_|_|	✓ft161 |_|_|_|_|	**Upper arm (humerus) or elbow**
✓ft162 |_|_|_|_|	✓ft163 |_|_|_|_|	**Forearm or wrist**
✓ft164 |_|_|_|_|	✓ft165 |_|_|_|_|	**Hand**
✓ft166 |_|_|_|_|		**Back (If disc disease only, code as no)**
✓ft167 |_|_|_|_|		**Pelvis**
✓ft168 |_|_|_|_|	✓ft169 |_|_|_|_|	**Hip**
✓ft170 |_|_|_|_|	✓ft171 |_|_|_|_|	**Leg**
✓ft172 |_|_|_|_|	✓ft173 |_|_|_|_|	**Foot**
✓ft174 |_|_|_|_|	✓ft175 |_|_|_|_|	**Toe**
✓ft176 |_|_|_|_|		**Other (specify)** ft 177 ✓

+22

EXAM 27 «ID» «LName», «FName» 19 «Examsite»

Berkman Social Network Questionnaire. Part I

FORM #27_11 OMB No=0925-0216

The following two-page questionnaire asks about your social support. Please read the following questions and circle the response that most closely describes your current situation.

ft178 ✓

|_|_|_|	**Examiner's Number** for Berkman Questionnaire.

For each question please circle one answer

Coding scheme	(Code=0)	(Code=1)	(Code=2)	(Code=3)	(Code=4)	(Code=9)
1. How many *close friends* do you have, people that you feel at ease with, can talk to about private matters? ft179 ✓	**None**	**1 or 2**	**3 to 5**	**6 to 9**	**10 or more**	**Unknown**
2. How many of these *close friends* do you see at least once a month? ft180 ✓	**None**	**1 or 2**	**3 to 5**	**6 to 9**	**10 or more**	**Unknown**
3. How many *relatives* do you have, people, that you feel at ease with, can talk to about private matters? ft181 ✓	**None**	**1 or 2**	**3 to 5**	**6 to 9**	**10 or more**	**Unknown**
4. How many of these *relatives* do you see at least once a month? ft182 ✓	**None**	**1 or 2**	**3 to 5**	**6 to 9**	**10 or more**	**Unknown**

5. Do you participate in any groups such as a senior center, social or work group, religious connected group, self-help group, or charity, public service or community group?

Circle one answer

ft183 ✓ **No (Code=0)**	**Yes (Code=1)**	**Unknown (Code=9)**

6. About how often do you go to religious meetings or services? ft184 ✓

Circle one answer

Never or almost never (Code=0)	Once or twice a year (Code=1)	Every few months (Code=2)	Once or twice a month (Code=3)	Once a week (Code=4)	More than once a week (Code=5)	Unknown (Code=9)

#2

Berkman Social Network Questionnaire. Part II

FORM #27_12 OMB No=0925-0216

7. Do you have Medicare or Medicaid?		
ft185 ✓ Circle one answer		
No (Code=0)	**Yes** (Code=1)	**Unknown** (Code=9)

8. Do you have health insurance?		
ft186 ✓ Circle one answer		
No (Code=0)	**Yes** (Code=1)	**Unknown** (Code=9)

For each question please circle one answer						
Coding Scheme	(Code=0)	(Code=1)	(Code=2)	(Code=3)	(Code=4)	(Code=9)
9. Is there someone available to you whom you can count on to listen to you when you need to talk? ft187 ✓	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
10. Is there someone available to give you good advice about a problem? ft188 ✓	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
11. Is there someone available to you who shows you love and affection? ft189 ✓	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
12. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)? ft190 ✓	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
13. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide? ft191 ✓	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**

+2

EXAM 27 «ID» «LName», «FName» 21 «Examsite»

Observed performance. Part 1

FORM #27_13 OMB No=0925-0216

ft192 |_|_|_| ✓	**Examiner's Number**

HAND GRIP TEST Measured to the nearest kilogram

Right hand

Trial 1	99=Unknown	ft193 |_|_|✓
Trial 2	99=Unknown	ft194 |_|_|✓
Trial 3	99=Unknown	ft195 |_|_|✓

Left hand

Trial 1	99=Unknown	ft196 |_|_|✓
Trial 2	99=Unknown	ft197 |_|_|✓
Trial 3	99=Unknown	ft198 |_|_|

Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown) ft199 \|_\|✓

If not attempted or completed, why not? ft200 \|_\|✓
1=Physical limitation 3=Other _____ write in
2=Refused 9=Unknown

PHYSICAL FUNCTION TEST 10 seconds stand

Side by Side

Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown) ft201 \|_\|✓

If not attempted or completed, why not? ft202 \|_\|✓
1=Physical limitation 3=Other _____ write in
2=Refused 9=Unknown

Number of seconds held if less than 10 9.99=Unknown ft203✓ ft204✓ \|_\|*\|_\|_\|✓

Semi-Tandem

Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown) ft205 \|_\|✓

If not attempted or completed, why not? ft206 \|_\|✓
1=Physical limitation 3=Other _____ write in
2=Refused 9=Unknown

Number of seconds held if less than 10 9.99=Unknown ft207✓ ft208✓ \|_\|*\|_\|_\|✓

Tandem

Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown) ft209 \|_\|✓

If not attempted or completed, why not? ✓ft210 \|_\|✓
1=Physical limitation 3=Other _____ write in
2=Refused 9=Unknown

Number of seconds held if less than 10 9.99=Unknown ft211✓ ft212✓ \|_\|*\|_\|_\|✓

Observed performance. Part 2

FORM #27_14 OMB No=0925-0216

ft213 |_|_|_| i2 **Examiner's Number**

REPEATED CHAIR STANDS

Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown) ft214 |_|

If not attempted or completed, why not? ft215 |_|
1=Physical limitation 3=Other _____ write in
2=Refused 4=Test stopped at 60 sec 9=Unknown

IF OFFSITE visit, Chair height (in inches, 99.99=Unknown) ft216 |_|_| ft217 |_|_|

Time to complete five stands in seconds (If not completed in 60 sec – STOP)(99.99=Unk) ft218 |_|_|*|_|_| ft219

If less than five stands, enter the number (9=Unk) ft220 |_|

Post-Repeated chair stand 30 second heart rate (999=Unknown) ft221 |_|_|_| i2

MEASURED WALKS

Walking aid used: 0=No aid, 1=Cane, 2=Walker, 3=Wheelchair, 4=Other, 9=Unknown ft222 |_|

First Walk

Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown) ft223 |_|

If not attempted or completed, why not? ft224 |_|
1=Physical limitation 3=Other _____ write in
2=Refused 9=Unknown

Walk time (in seconds, 99.99=Unknown) ft225 |_|_|*|_|_| ft226

Second Walk

Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown) ft227 |_|

If not attempted or completed, why not? ft228 |_|
1=Physical limitation 3=Other _____ write in
2=Refused 9=Unknown

Walk time (in seconds, 99.99=Unknown) ft229 |_|_|*|_|_| ft230

Quick Walk

Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown) ft231 |_|

If not attempted or completed, why not? ft232 |_|
1=Physical limitation 3=Other _____ write in
2=Refused 9=Unknown

Walk time (in seconds, 99.99=Unknown) ft233 |_|*|_|_| ft234

Medical History--Hospitalizations

COHORT EXAM 27 **DATE** _____

FORM #27_15 OMB No=0925-0216 (SCREEN 1)

Health Care	
ft235 _| ✓	**Examiner prefix** (0=MD, 1=Tech)
ft 236 ___| ✓	**Examiner ID** _____ Examiner Name
ft237 _| ✓	**Hospitalization** (not just E.R.) in Interim (0=No, 1=yes, hospitalization, 2=yes, more than 1 hospitalization, 9=Unknown)
ft238 _| ✓	**E.R. Visit in Interim** (0=No; 1=Yes, 1 or more Emergency Room visit, 9=Unknown)
ft239 _| ✓	**Day Surgery** (0=No, 1=Yes, 9=Unknown)
ft240 _| ✓	**Illness with visit to doctor** (0=No, 1=Yes, 1 visit; 2=Yes, more than 1 visit; 9=Unk)
ft241 _| ✓	**Check up** in interim by doctor (0=No, 1=Yes, 9=Unknown)
ft 242 ✓ MM DD YYYY	**Date** of this FHS exam (Today's date - See above)

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

+7

EXAM 27 «ID» «LName», «FName» 24 «Examsite»

Medical History--Cardiovascular Medications

FORM #27_16 OMB No=0925-0216 (SCREEN 2)

t243 |__| In the interim have you taken medication for the treatment of hypertension? (0=No, 1=Yes, 2=Yes, not now, 9=Unk)

t244 |__| If yes, continue — Any of the cardiovascular medications in the following section (0=No, 1=Yes, 9=Unk) (interim)

ft 245 |__| Cardiac Glycosides

ft 246 |__| Nitroglycerine

ft 247 |__| Longer acting nitrates (Isordil, Cardilate, etc.)

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

ft 248 |__| Calcium Channel Blockers (specify) _____

if yes fill ft249 |__|__| Calcium Channel Blocker Group (Verapamil=01 Diltiazem=02 Nifedipine=03 Nicardipine=04 Isradipine=05 Amlodipine=06 Felodipine=07 Nimodipine=08 Mibefradil=09 Nisoldipine=10 Bepridil=11 Other=12 Unknown=99)

ft250 |__|__|__| Tablet size of Calcium Channel Blocker (number of mg, 999=unknown)

ft251 |__|__| Number of times Calcium Channel Blocker taken per day (99=unknown)

ft 252 |__| Beta Blockers (specify) _____

if yes fill and continue ft253 |__|__| Beta Blocker Group (Propranolol=01 Timolol =02 Nadolol=03 Atenolol=04 Metoprolol=05 Pindolol =06 Carvedilol=07 Labetalol=08 Other=09 Unk=99)

ft 254 |__|__|__| Dose (mg/day) of Beta Blocker (999=unknown)

ft 255 |__| Loop Diuretics (Lasix, etc.)

ft 256 |__| Thiazide/K-sparing diuretics (Dyazide, Maxide, etc.)

ft 257 |__| Thiazide diuretics

ft 258 |__| K-sparing diuretics (Aldactone, Triamterene)

ft 259 |__| Potassium supplements

ft 260 |__| Reserpine derivatives

ft 261 |__| Methyldopa (Aldomet)

ft 262 |__| Alpha-1 agonist (Clonidine, Wytensin, Guanabenz)

ft 263 |__| Alpha-2 blockers (Prazosin, Terazosin, Doxazosin)

ft 264 |__| Renin-angiotensin blocking drugs (ACE) (Captopril, Enalapril, Lisinopril)

ft 265 |__| Peripheral vasodilators (Hydralazine, Minoxidil, etc)

ft 266 |__| Angiotensin II antagonists (Losartan etc)_____

ft 267 |__| Other anti-hypertensives(Specify)_____

CODING FOR REST OF PAGE
0=No;
1=Yes, now,
2=Yes, not now
3=Maybe,
9=Unknown

All Medicines-- Scratch Sheet

_____
_____
_____
_____
_____
_____

ft 268 |__| Antiarrhythmics (Quinidine, Procainamide, Amiodarone, Sotalol, Disopyramide, etc)

ft 269 |__| Antiplatelet (Anturane, Persantine, Ticlopidine,) Specify_____

ft 270 |__| Anticoagulants (Coumadin, Warfarin, etc.)

ft 271 |__| Other cardiac medication (Specify)_____

Medical History--Aspirin

FORM #27_17 OMB No=0925-0216 (SCREEN 3)

ft 272 |__|✓ **Take aspirin regularly?** (0=No, 1=Yes, 9=Unk)

If yes, fill

ft273 |__|__|✓ **Number aspirins taken regularly** (99=Unknown)

ft274 |__|✓ **Aspirin frequency**- number taken regularly (0=Never, 1=Day, 2=Week 3=Month, 4=Year, 9=Unk)

ft275 |__|__|__|✓ **Usual aspirin dose for above** 081=baby,160=half dose, 325=nl, 500=extra or larger,999=unk

Medical History--Interim Noncardiovascular Medications I

CODING
0=No
1=Yes, now
2=Yes, not now
3=Maybe
9=Unknown

ft 276 |__|✓ **Anti cholesterol drugs** (Resins - e.g. Questran, Colestid)

ft 277 |__|✓ **Anti cholesterol drugs** (Niacin or Nicotinic Acid)

ft 278 |__|✓ **Anti cholesterol drugs** (Fibrates- e.g. Gemfibrozil)

ft 279 |__|✓ **Anti cholesterol drugs** (Statins- e.g. Lovastatin, Pravastatin)

ft 280 |__|✓ **Anti cholesterol drugs** (Other--Specify_____)

ft 281 |__|✓ **Antigout--uric acid lowering** (Allopurinol, Probenecid etc)

ft 282 |__|✓ **Antigout--** (Colchicine)

ft 283 |__|✓ **Thyroid extract** (Dessicated Thyroid)

ft 284 |__|✓ **Thyroxine** (Synthroid etc.)

ft 285 |__|✓ **Insulin** 0=No, 1=Yes, now 2=Yes, not now 3=Maybe 9=Unknown

if yes fill in dose ft286 |__|__|✓| Total units of insulin a day 999=Unknown

ft 287 |__|✓ **Oral hypoglycemics**

if yes fill in dose

ft288 |__|✓ **Metformin**

ft289 |__|✓ **Rosiglitazone**

ft290 |__|✓ **Glipizide**

ft291 |__|✓ **Glyburide**

ft292 |__|✓ **Repaglinide**

ft293 |__|✓ **Glimepriride**

ft294 |__|✓ **Chlorpropamide**

ft295 |__|✓ **Other (specify_____)**

ft296 |__|✓ **Unknown**

ft 297 |__|✓ **Oral/patch estrogen (for women users also see estrogen section)**

ft 298 |__|✓ **Oral glucocorticoids (Prednisone, Cortisone, etc)**

+7

Medical History--Noncardiovascular Medications II

FORM #27_18 OMB No=0925-0216 (SCREEN 4)

Interim Medications

CODING
0=No
1=Yes, now
2=Yes, not now
3=Maybe
9=Unknown

ft	299	✓	**Non-steroidal anti-inflammatory agents (NSAIDS)** (Motrin, Ibuprofen, Naprosyn, Indocin, Clinoril)
ft	300	✓	**Analgesic-narcotics** (Demerol, Codeine, Dilaudid, etc.)
ft	301	✓	**Analgesic-non-narcotics** (Acetaminophen etc.)
ft	302	✓	**Antihistamines**
ft	303	✓	**Antiulcer** (Tagamet, Ranitidine, Probanthine, H ion inhibitors)
ft	304	✓	**Anti-anxiety, Sedative/Hypnotics etc.** (Librium, Valium etc.)
ft	305	✓	**Sleeping pills**
ft	306	✓	**Anti-depressants**
ft	307	✓	**Eye drops**
ft	308	✓	**Antibiotics**
ft	309	✓	**Anti-parkinson drugs** (Sinemet, L-Dopa, Symmetrel, Cogentin, etc)
ft	310	✓	**Medications for memory loss or dementia** (Tacrine, Donepezil)
ft	311	✓	**Anticonvulsants** (Dilantin, Phenobarbital, Tegretol, Mysoline etc)
ft	312	✓	**Bronchodilators and aerosols**
ft	313	✓	**Osteoporosis medications**
	ft 3191	✓	Bisphosphorates (Alendronate (Fosamax), Etidronate)
	ft 315	✓	Calcitonin
	ft 316	✓	SERMS, Evista (Raloxifene)
	ft 317	✓	Other_____
ft	318	✓	**Others Specify** (include vitamins):_____

+7

BPs moved to other page

(+5) ✓

Medical History – Prescription and Non-Prescription Medications

FORM #27_19 OMB NO=0925-0216 (SCREEN 5)

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections.

medTable (table field) i1 i1 i1

med **Medication name** (First 20 letters) Med, c 20	str **Strength** (incl mg,IU,etc) Str, c 15	num per **Number per** day/week/month num (circle)	prn **Prn** 0=no,1=ye 9=Unkn.
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	

fields to be passed to this table:
idtype
id
keyer
dentry

Medical History— Prescription and Non-Prescription Medications

FORM #27_20 OMB NO=0925-0216 (SCREEN 6)

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. Include herbal, alternative, and soy-based preparations.

Medication name (First 20 letters)	**Strength** (incl mg,IU,etc)	**Number per** day/week/month (circle)	**Prn** 0=no,1=ye 9=Unkn
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	
		_____D W M	

Blood Pressure
(first reading)

For clinic and offsite visits Examiner ID# equals Examiner ID# in Health Care section.

Systolic	**Diastolic**	**BP cuff size**	**Protocol modification**
ft319 |__|__|__|	ft320 |__|__|__|	ft321 |__|	ft322 |__|
to nearest 2 mm Hg 999=Unknown	to nearest 2 mm Hg 999=Unknown	0=pedi,1=reg adult, 2=large adult, 3= thigh, 9=unknown	0=No, 1=Yes, 9=Unknown write in _____

Medical History–Genitourinary and Thyroid Disease

FORM #27_21| OMB No=0925-0216 (Screen 7)

Instructions: If taking combination pill i.e. prempro or premphase be sure to code both estrogen and progesterone dose below. If participant is male, leave questions blank or fill in with man code.

Female Hormone Replacement

ft 323 |__| **Estrogen replacement in interim** (e.g. Premarin)
(fs 314) (0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

If yes, ft 324 |__| **Dose/day of premarin conjugated Estrogens, or other oral estrogen** (0=No, 1=0.3 mg, 2=0.625 mg, 3=0.9 mg, 4=1.25 mg, 5=2.5mg, 6=other_____(write in), 8= man, 9=Unk)

ft 325 |__| **Patch dose of estrogen** (0=No, 1=0.5 mg/wk, 2=other_____(write in), 8=Man, 9=Unk)

ft 326 |__|__| **Number of days a month taking estrogens** (88=Man, 99=Unknown)

ft 327 |__| **Estrogen Cream Use in Interim** (0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

ft 328 |__| **Progestin replacement in interim** (e.g. Provera) (0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

If yes, ft 329 |__| **Dose/day of progestin:** (0=No, 1=1.25 mg, 2=2.5 mg, 3=5.0 mg, 4=10.0mg, 5=other_____(write in), 8=Man, 9=Unk)

ft 330 |__|__| **Number of days a month taking progestins** (88=Man, 99=Unknown)

Prostate Disease

ft 331 |__|	**Prostate trouble in interim**	**Code 0=No, 1=Yes, 2=Maybe, 8=Woman, 9=Unknown**
ft 332 |__|	**Prostate surgery in interim**	

Thyroid

ft 333 |__| Interim diagnosis of a **thyroid** condition? (0=No, 1=Yes, 9=Unknown)

324 Comments_____

Medical History –Alcohol Consumption.

FORM #27_22 OMB NO=0925-0216 (SCREEN 8)

Do you drink any of the following beverages at least once a month?
(0=no, 1=yes, 9=unknown)

ft 334 |__|	326 327	Beer
ft 335 |__|	331	White wine
ft 336 |__|	335	Red wine
ft 337 |__|	339	Liquor/spirits
ft 338 |__|	343	other

What is your average number of servings in a typical week or month over the past year?
(999=Unknown)

Code alcohol intake as EITHER weekly OR monthly as appropriate.

Beverage	Per week (i 2)	Per month (i 2)
Beer (12oz bottle, glass, can)	ft 339 329 |__|__|__|	ft 340 330 |__|__|__|
White wine (4oz glass)	ft 341 333 |__|__|__|	ft 342 334 |__|__|__|
Red wine (4oz glass)	ft 343 337 |__|__|__|	ft 344 338 |__|__|__|
Liquor/spirits (1oz cocktail/highball)	ft 345 341 |__|__|__|	ft 346 342 |__|__|__|
Other	ft 347 345 |__|__|__|	ft 348 346 |__|__|__|

Medical History--Smoking

ft 349 347 \|__\| **Smoked cigarettes regularly in the last year?** (0=No, 1=Yes, 9=Unknown)

if yes fill ☞ ft 350 348 \|__\|__\| How many cigarettes do/did you smoke a day?
(01=one or less, 99=unknown)

Medical History-- Respiratory and Heart

FORM #27_23 OMB No=0925-0216 (SCREEN 9)

Respiratory Symptoms

ft 357 749	|__|	**Do you usually cough on most days for 3 consecutive months or more during the year?** (0=No; 1=Yes, new in interim; 2=Yes, old; 9=Unknown)	
ft3 52	|__|	**Do you usually bring up phlegm from your chest on most days for 3 consecutive months or more during the year?** (0=No, 1=Yes, 9=Unknown)	
ft3 53	|__|	**Have you had asthma in the interim?** (0=No, 1=Yes, new 2=Yes, old 9=Unknown)	
ft3 54	|__|	**Have you had wheezing or whistling in your chest at any time in the last 12 months?** (0=No, 1=Yes, 9=Unknown)	
ft3 55	|__|	**Night Cough** (0=No, 1=Yes, 9=Unknown)	
ft 3 56	|__|	**Dyspnea on exertion** (0=No, 1=Climbing stairs or vigorous exertion, 2=Rapid walking or moderate exertion, 3=Any slight exertion, 9=Unknown)	
ft3 57	|__|	**Dyspnea has increased over the past two years** (0=No, 1=Yes, 9=Unknown)	
ft3 58	|__|	**Sleep on 2 or more pillows to help you breathe**	(0=No, 1=Yes, 9=Unknown)
ft3 59	|__|	**Have you awakened suddenly very short of breath, gasping, or choking (PND)** Code most severe symptoms in interim	(0=Never, 1=1 or 2x/year, 2=few nights/month (less than 1 time/week, 3=1 to 2 nights/week, 4=3 to 4 nights/week, 5=5 to 7 nights/week, 9=don't know)
ft3 60	|__|	**Ankle edema bilaterally**	(0=No, 1=Yes, 9=Unknown)
ft3 61	|__|	**Been told you have had heart failure or congestive heart failure in the interim**	(0=No, 1=Yes, 9=Unknown)
ft3 62	|__|	**Been hospitalized for heart failure in interim**	(0=No, 1=Yes, 9=Unknown)

Respiratory First Opinions

ft 363	|__|	**1st Examiner believes CHF**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
ft 364	|__|	**1st Examiner believes Chronic Bronchitis** (Cough that produces sputum at least 3 months in past 12 months)	

Respiratory Comments _____

_____

_____

_____

Medical History-- Heart Part I

FORM #27_24 OMB No=0925-0216 (SCREEN 10)

ft 365 |__| **Any chest discomfort since last exam (0=No, 1=Yes, 2=Maybe, 9=Unknown)**
(please provide narrative comments in addition to checking the appropriate boxes)

if yes, fill ft 366 and below ft 367

ft 366 |__| Chest discomfort with exertion or excitement (0=No, 1=Yes, 2=Maybe, 9=Unknown)

ft 367 |__| Chest discomfort when quiet or resting

Chest Discomfort Characteristics (must have checked box at top of table)

ft 368 |__|__|*ft 369 |__|__|__|__|	Date of onset	mo/yr, 99/9999=Unknown)
ft 370 |__|__|__|	Usual duration	(minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
ft 371 |__|__|__|	Longest duration	(minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
ft 372 |__|	Location	(0=No, 1=Central sternum and upper chest, 2=L Up Quadrant, 3=L Lower ribcage, 4=R Chest, 5=Other, 6=Combination, 9=Unknown)
ft 373 |__|	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)
ft 374 |__|__|__|	Frequency (number in past month)	999=Unknown
ft 375 |__|__|__|	Frequency (number in past year)	999=Unknown
ft 376 |__|	Type	(1=Pressure, heavy, vise, 2=Sharp, 3=Dull, 4=Other, 9=Unk)
ft 377 |__|	Relief by Nitroglycerine in <15 minutes	0=No
ft 378 |__|	Relief by Rest in <15 minutes	1=Yes,
ft 379 |__|	Relief Spontaneously in <15 minutes	8=Not tried
ft 380 |__|	Relief by Other cause in <15 minutes	9=Unknown

CHD First Opinions

ft 381 |__| **Angina pectoris in interim**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
ft 382 |__| **Angina pectoris since revascularization procedure**	
ft 383 |__| **Coronary insufficiency in interim**	
ft 384 |__| **Myocardial infarct in interim**	

382

Comments_____

_____

_____

Medical History-- Syncope and Neurology

FORM #27_24 OMB No=0925-0216 (SCREEN 11)

ft385 __	**Have you fainted or lost consciousness in the interim?** (If due to stroke skip to screen 11) If event immediately preceded by head injury or accident code 0=No)	Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown
if yes, fill all ☞ ft386 ___	Number of episodes in the past two years	(999=Unknown)
ft387 __*____ ft388	Date of first episode (use 4 digits for year, i.e. 1998)	(mo/yr, 99/9999=Unknown)
ft389 ___	Usual duration of loss of consciousness	(minutes, 999=Unkn)
ft390 __	Did you have any injury caused by the event? (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
if yes, fill ☞ ft391 __	ER/hospitalized or saw M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unkn) Hospitalized at: _____ M.D. seen: _____	

Syncope First Opinions

ft392 __ **Syncope** (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown)

ft393 __	**Cardiac syncope**	0=No, 1=Yes, 2=Maybe, 9=Unknown
ft394 __	**Vasovagal syncope**	
ft395 __	**Other-Specify:** _____	

ft396 __ **Seizure Disorder** (0=No, 1=Yes, 2=Maybe,, 9=Unknown)

Comments

Medical History--Cerebrovascular

FORM #27_25 OMB No=0925-0216 (SCREEN 12)

Cerebrovascular Episodes in Interim

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

ft 397 |__| **Sudden muscular weakness**

ft 398 |__| **Sudden speech difficulty**

ft 399 |__| **Sudden visual defect**

ft 400 |__| **Double vision**

ft 401 |__| **Loss of vision in one eye**

ft 402 |__| **Unconsciousness**

ft 403 |__| **Numbness, tingling**

if yes, fill ☞ ft 404 |__| Numbness and tingling is positional

ft 405 |__| **Head CT or MRI scan since last exam** (date/place_____)
(0=No, 1=CT, 2=MRI, 3=both, 9=Unknown)

ft 406 |__| **Seen by neurologist since last exam** (write in who and when below)

_____

Details for "Serious" Cerebrovascular Event in Interim

ft 407 |__| **Examiner's opinion that TIA or stroke took place in interim**
(0=No, 1=Yes, 2=Maybe, 9=Unknown)

if yes or maybe fill all to ☞

ft 408 ft 409 |__|__|*|__|__|__|__| **Date** (mo/yr, 99/9999=Unkn)
Observed by_____

ft 410 |__| **Onset time**
(1=Active, 2=During sleep, 3=While arising, 9=Unkn)

ft 411 |__|__|*|__|__| ft 412 **Exact/approximate time** (use 24-hour military time, 99/99=unkn)

ft 413 |__|__|*|__|__|*|__|__| ft 414 ft 415 **Duration** (use format days/hours/mins, 99/99/99=Unknown)

ft 416 |__| **Hospitalized or saw M.D.** (0=No, 1=Hosp.2=Saw M.D, 9=Unk)
Name_____Address_____

ft 417 |__|__| **Number of days stayed at** (90=90 or more, 99=Unk.)
_____

Neurology First Opinions

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

ft 418 |__| **Stroke in Interim**

ft 419 |__| **TIA**

ft 420 |__| **Dementia**

ft 421 |__| **Parkinson's Disease**

ft 422 |__| **Other-- Specify:** _____

Neurology Comments_____

_____

Medical History--Peripheral Arterial and Venous

FORM #27_26 OMB No=0925-0216 (SCREEN 13)

ft 423 |__| 420 **Can you walk 50 feet without help?** (0=Able to walk 50 feet without help, 1=Needs help, 2=Can't walk, 9=Unknown)

ft 424 |__| **Do you have lower limb discomfort while walking?** (0=No, 1=Yes, 2=Can't walk, 9=Unknown)

if yes fill ☞

ft 425 |__|__| **If walking on level ground, how many city blocks until symptoms develop** (00=no, 99=unknown) where 10 blocks=1 mile, code as no if more than 98 blocks required to develop symptoms

ft 426 |__|__|__|__| **Year symptoms started** (00=no, 9999=unknown)

if yes fill in below

Left	Right	Vascular symptoms (0=No, 1=Yes, 9=Unkn)
ft 427 |__|	ft 428 |__|	Discomfort in calf while walking
ft 429 |__|	ft 430 |__|	Discomfort in lower extremity (not calf) while walking
ft 431 |__|		Occurs with first steps (code worse leg)
ft 432 |__|		After walking a while (code worse leg)
ft 433 |__|		Related to rapidity of walking or steepness
ft 434 |__|		Forced to stop walking
ft 435 |__|__|		Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable, 99=Unknown)
ft 436 |__|__|		Number of days/month of lower limb discomfort (00=No, 88=N/A, 99=Unknown)

Venous Disease

ft 437 |__| ✓ **Deep Vein Thrombosis (blood clots in legs or arms)** fs 435 — 0=No, 1=Yes, 9=Unknown

PAD First Opinions

ft 438 |__| **Intermittent Claudication** — 0=No, 1=Yes, 2=Maybe, 9=Unknown

Comments Peripheral Vascular Disease_____

_____

_____

Medical History-- CVD Procedures

FORM #27_27 OMB No=0925-0216 (SCREEN 14)

Coding: 0=No, 1=Yes 2=Maybe, 9=Unkn	Cardiovascular Procedures in Interim (if procedure was repeated code only first in interim and provide narrative) (write 4 digits for year, i.e. 1998, 1999, 2000)
ft439 |__| if yes fill ☞	**Heart Valvular Surgery (most recent only)**
ft440	|__|__|__|__| Year done (9999=Unk) Location and description_____
ft441 |__| if yes fill ☞	**Exercise Tolerance Test (most recent only)**
ft442	|__|__|__|__| Year done (9999=Unk) Location_____
ft443 |__| if yes fill ☞	**Coronary arteriogram (most recent only)**
ft444	|__|__|__|__| Year done (9999=Unk)
	Coronary artery angioplasty
ft445 |__| if yes fill ☞	
ft446	|__|__|__|__| Year done (9999=Unk)
ft447 NA	Type of procedure (0=none, 1=balloon, 2=stent, 3=other, 9=unkn)
ft448 |__| if yes fill ☞	**Coronary bypass surgery**
ft449	|__|__|__|__| Year done (9999=Unk)
ft450 |__| if yes fill ☞	**Permanent pacemaker insertion**
ft451	|__|__|__|__| Year done (9999=Unk)
ft452 |__| if yes fill ☞	**Carotid artery surgery**
ft453	|__|__|__|__| Year done (9999=Unk)
ft454 |__| if yes fill ☞	**Thoracic aorta surgery**
ft455	|__|__|__|__| Year done (9999=Unk)
ft456 |__| if yes fill ☞	**Abdominal aorta surgery**
ft457	|__|__|__|__| Year done (9999=Unk)
ft458 |__| if yes fill ☞	**Femoral or lower extremity surgery**
ft459	|__|__|__|__| Year done (9999=Unk)
ft460 |__| if yes fill ☞	**Lower extremity amputation**
ft461	|__|__|__|__| Year done (9999=Unk)
ft462 |__| if yes fill ☞	**Other Cardiovascular Procedure (write in below)**
ft463	|__|__|__|__| Year done (9999=Unk) Description_____

Working classification

Comments: 459

Version #1 01-16-02

Cancer Site or Type

FORM #27_28 OMB No=0925-0216 (SCREEN 15)

ft 464 |__| **Have you, since your last clinic visit, had a cancer or a tumor?**
0=No - skip to next screen
1=Yes, fill in table below, using the following code:
Code each "site", putting "0" for all sites having no interim tumor.

1= Definite cancer
2=Tumor, nature unknown
3=Definitely benign
9=Unknown

Code	Site of Cancer or Tumor	Year First Diagnosed	Name Diagnosing M.D.	City of M.D.
ft 465 |__|	Esophagus			
ft 466 |__|	Stomach			
ft 467 |__|	Colon			
ft 468 |__|	Rectum			
ft 469 |__|	Pancreas			
ft 470 |__|	Larynx			
ft 471 |__|	Trachea/Bronchus/Lung			
ft 472 |__|	Leukemia			
ft 473 |__|	Skin			
ft 474 |__|	Breast			
ft 475 |__|	Cervix/Uterus			
ft 476 |__|	Ovary			
ft 477 |__|	Prostate			
ft 478 |__|	Bladder			
ft 479 |__|	Kidney			
ft 480 |__|	Brain			
ft 481 |__|	Lymphoma			
ft 482 478 |__|	Other/Unknown _____			

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

Second Blood Pressure

FORM #27_29 OMB No=0925-0216 (SCREEN 16)

Blood Pressure (second reading)			
For clinic and offsite visits Examiner ID# equals Examiner ID# in Health Care section			
Systolic ft 483 |__|__|__| to nearest 2 mm Hg 999=Unknown	**Diastolic** ft 484 |__|__|__| to nearest 2 mm Hg 999=Unknown	**BP cuff size** ft 485 |__| 0=pedi, 1=reg. adult, 2=large adult, 3= thigh, 9=unknown	**Protocol modification?** ft 486 |__| 0=No, 1=Yes, 9=Unknown write in _____

Electrocardiograph--Part I

FORM #27_30 OMB No=0925-0216 (SCREEN 17)

ft 487|__|__|481 **Examiner ID Number** _____ **Examiner Last Name**

ft 488|__| **ECG done** (0=No, 1=Yes)
if Yes, fill out rest of form

Rates and Intervals

ft 489|__|__|__| **Ventricular rate per minute** (999=Unknown)

ft 490|__|__| **P-R Interval** (hundredths of a second) (99=Fully Paced, Atrial Fib, or Unknown)

ft 491|__|__| **QRS interval** (hundredths of second) (99=Fully Paced, Unknown)

ft 492|__|__| **Q-T interval** (hundredths of second) (99=Fully Paced, Unknown)

ft 493|__|__|__| **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--predominant

ft 494|__| **0 or 1 = Normal sinus,** (including s.tach, s.brady, s arrhy, 1 degree AV block)
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

ft 495|__| **IV Block** (0=No, 1=Yes, 9=Fully paced or Unknown)

if yes, fill ☞ ft 496|__| **Pattern** (1=Left, 2=Right, 3=Indeterminate, 9=Unknown)

ft 497|__| **Complete (QRS interval=.12 sec or greater)**(0=No, 1=Yes, 9=Unknown)

ft 498|__| **Incomplete (QRS interval = .10 or .11 sec)** (0=No, 1=Yes, 9=Unknown)

ft 499|__| **Hemiblock** (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)

ft 500|__| **WPW Syndrome** (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)

Arrhythmias

ft 501|__| **Atrial premature beats** (0=No, 1=Atr, 2=Atr Aber, 9=Unknown)

ft 502|__| **Ventricular premature beats** (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)

ft 503|__|__| **Number of ventricular premature beats in 10 seconds** (see 10 second rhythm strip, 99=Unknown)

Electrocardiograph-Part II

FORM #27_31 OMB No=0925-0216 (SCREEN 18)

Myocardial Infarction Location

ft	504 |__|	Anterior	(0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
ft	505 |__|	Inferior	
ft	506 |__|	True Posterior	

Left Ventricular Hypertrophy Criteria

ft	507 |__|	R > 20mm in any limb lead	(0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)
ft	508 |__|	R > 11mm in AVL	
ft	509 |__|	R in lead I plus S ≥ 25mm in lead III	

Measured Voltage

ft	510* |__|__|	R AVL in mm (at 1 mv = 10 mm standard) Be sure to code these voltages
ft	511* |__|__|	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

ft	512 |__|	R≥ 25mm	(0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)
ft	513 |__|	S≥ 25mm	
ft	514 |__|	R or S ≥ 30mm	
ft	515 |__|	R + S ≥ 35mm	
ft	516 |__|	Intrinsicoid deflection ≥ .05 sec	
ft	517 |__|	S-T depression (strain pattern)	

Hypertrophy, enlargement, and other ECG Diagnoses

ft	518 |__|	Nonspecific S-T segment abnormality (0=No, 1=S-T depression, 2=S-T flattening, 3=Other, 9=Fully paced or unknown)
ft	519 |__|	Nonspecific T-wave abnormality (0=No, 1=T inversion, 2=T flattening, 3=Other, 9=Fully paced or unknown)
ft	520 |__|	U-wave present (0=No, 1=Yes, 2=Maybe, 9=Paced or Unknown)
ft	521 |__|	Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown)
ft	522 |__|	RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete RBBB present, RVH=9)
ft	523 |__|	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 LBBB present, LVH=9)

Comments and Diagnosis_____

Clinical Diagnostic Impression--Part III

FORM #27_32 OMB No=0925-0216 (SCREEN 19)

		Non Cardiovascular Diagnoses First Examiner Opinions	
ft5	24 __	Diabetes Mellitus ✓	
ft5	25 __	Prostate disease	
ft5	26 __	Renal disease (specify)_____	0=No, 1=Yes, 2=Maybe, 9=Unknown
ft5	27 __	Emphysema	
ft5	28 __	Chronic bronchitis	
ft5	29 __	Pneumonia	
ft5	30 __	Asthma	
ft5	31 __	Other pulmonary disease	
ft5	32 __	Gout	
ft5	33 __	Degenerative joint disease	
ft5	34 __	Rheumatoid arthritis	
ft5	35 __	Gallbladder disease	
ft5	36 __	Other non C-V diagnosis (for cancer, see special screen)	

Comments CDI Other Diagnoses_____

Version #1 $ version	**01-16-02** **GM** verdate

Framingham Heart Study
Laboratory Report

ID:
Exam date:

Please note: These results are from a non-fasting sample.

Test	Result	Interpretation	
FT545 Total cholesterol (mg/dl)		less than 200	desirable
		200-239	borderline high
		greater than 239	high
FT544 HDL cholesterol (mg/dl)		less than 40	undesirable
		greater than 60	desirable
Total cholesterol to HDL ratio		less than 3.5	ideal
		less than 4.5	good
FT546 Triglycerides (mg/dl)		greater than 150 is considered elevated	
FT543 Random glucose (mg/dl) [blood sugar]		less than 50	hypoglycemia [low blood sugar]
		greater than 160	hyperglycemia [high blood sugar]

Please be advised that laboratory testing at the Framingham Study is done for research purposes only. Blood test results provide a guide to participants and their physicians. Framingham laboratory results should not be used in place of regular clinical care.