Framingham Heart Study Original Cohort Exam 5

05/02/1956-11/26/1960 N=4421

Exam Form Versions

- 4-53 Summary of findings
- 12-56 Interval Medical History and Physical Examination
- 2-58 Exam V Code Sheets: Card No. 1, 2 & 4
- 4-58 Exam V Code Sheet: Card No. 3

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.

PHS-	1995
4-53	

SUMMARY OF FINDINGS

Reco rd N	0	ID
Record N	0.	

		MF290/	
Name	sex <u>11F3</u>	Height NF291	ın

		I	П	Ш	IA	¥					
Exa	m. Number and Date	//	/ /	/ /	/ /	/ /	//	/ /	/ /	/ /	//
	Admission	/				ME MF 306					
LABP	lst Examiner	/				MF 307 MF 308					
	2nd Examiner	/	/	/	/	309 MF 300 MF		/			
	Weight in Ibs.					MF292					
	Vital Capacity					MF299					
PE	·										
1											
ΑΥ*	Doubtful										
	Abnormal										
*	Doubtful										
ECG**	Abnormai				-						
	BCG (Grade)									-	
1											

(*) If Doubtful or Abnormal, indicate:
Gr.V.—great vessels
GCE—generalized cardiac enlargement MF352
MF353 LVH—left ventricular hypertrophy
Oth Cont—other contour MF356
Non CV—non CV disease

(**) If Doubtful or Abnormal, indicate:
Myo Inf—myocardial infarct MF367
MF368LVH—left ventricular hypertrophy
IVB—IV block MF369
MF370AVB—AV block
NS T—wave—nonspecific T—wave MF371
MF373 Arr—arrhythmia

Reviewer's initials

sex_MF3

	//	//	//	Age at initial examination
				ADDITIONAL NOTES
ļ	,			Exam I
				Exam 🎞
				Exam TTT
				777
				E×am IV
				Exam. \(\frac{\mathbb{T}}{}\)
				Exam
				E×am
				Exam
				Exam
				Exam
	:			1/ Indicate in examination columns which items of the following are found on the X—Ray: AH, GCE, LVH, PPA (prominent pulmonary artery), SLB (straight—ened left border), or OMC (other mitral contour).
				2/ List in stub any of the following known from history, or found
				to be present: Congenital HD (Specify type), Luetic HD, Thyrotoxic HD, Myocarditis, Pericarditis, SBE, Other (specify).
		-		3/ Indicate in examination columns which functional class is appropriate: 工,Ⅲ,Ⅲ,Ⅳ•
				List in stub any of the following known from history or found to be present: anemia, arthritis, asthma, cancer, chronic pulmonary disease, gallbladder disease, kidney disease, liver disease, CCA
				gallbladder disease, kidney disease, liver disease, (CA) MF37 peptic ulcer, syphilis, thyroid disease, toxemia of pregnancy. 5/ Enter in examination column the number for the appropriate
				letter, as follows: 1 No CVD 2 Minor condition 3 See your doctor
				4 No change since previous exam 5 Non—CV abnormality
				Symbols: 0 Negative finding - (Dash) No data or unknown + Positive finding present ? Borderline or doubtful finding present

		I	п	ш	巫	A							
Ехап	. Number and Date	//	//	//	//	//	//	//	/	/	/	/	//
	STS										<u> </u>		
	Cholesterol					MF311							
	Hemoglobin.					MF312							
	Phospholipid							<u> </u>					
	Sugar												
	Uric Acid												
												_	
S									<u> </u>				
ANALYSIS									ļ				
ANA									<u> </u>				
4									ļ			-	
BLOOD	-							<u> </u>	-	-		_	
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NALYSIS	Specific Gravity					MF316			 				
IALY	Sugar					MF317	-						
URIN	Albumin					111 317			 			\dashv	
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PHS-1446-3 REV. 12-56
DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
3 LIC HEALTH SERVICE

FRAMINGHAM HEART EPIDEMIOLOGY STUDY INTERVAL MEDICAL HISTORY AND

FORM APPROVED BUDGET BUREAU NO. 68-R433.3

INTERVAL MEDICAL HISTORY AND PHYSICAL EXAMINATION - V

NAME (LAST) (FIRST)		DATE LAST EX.	DATE THIS EX.	RECORD NO.	
					ID	
1.	HOSPITALIZATION (lifetime histo	ry)				
Re a.	MF 318- MF 3	325	Mo yr.	Hospital (nam	e & town)	
ь.						
- + c.						
d.		<u></u>				
				4,000		
_	DOCTOR'S VISITS: Have you gone	to a doctor since la	st visit here?			
	eason			Name of M.D.	Mo Yr.	
- + a.						
ь.						
c.						
3.	ILLNESS: Have you lost work beca	use of illness since	last visit here?			
	Iness				Day's lost	
- + a.						
b.						
с.			NF327			
4320	ENDOCRINE (women) - + a. Have your periods stopped changed?	or noticeably (Age	- + d. Have	you been pregnant?	Mo Yr.	
- + -	+ b. Do you have hot flashes?		- + e. Compl Outco		Other*	
· -	- + c. Have you taken female horm MF 325	nones?* Specify:	Birth weig	ht: Ibs.	oz.	
	SMOKING					
-	- + a. Do you smoke? MF330 Cigarettes/d	oy MF331 C	Cigars/day <u>HF2</u>	33_ Pipes/d	loy MF 332	
334	- + b. Have you changed your smo habits in the past 2 yrs.?				Other	
7	+ c. Was your weight affected?	Decreased [Increased	lbs. in	mos.	
NO	OTES (required for all items with *):					

NTERV	AL HISTORY AND EXAM - V - page 2	TD
	6. BREATHING	
-+	a. Do you notice breathlessness while doing things - + which would not cause breathlessness in most men (women) at your age?	- + b. Has the breathlessness increased in the past two years? - + c. Does the breathlessness vary with the seasons?
	Grade 0 1 2 3	Greatest?Least?
	7. RESPIRATORY DISEASE	
	- + a. EVER HAD? Pulmonary tuberculosis?	Pleurisy? Operation in which chest cavity opened?+
	- + b. PAST 2 YEARS? Pneumonia or any lung infection	Dates:
	c. NOW, has patient a persistent cough? <- MF336	,
	May occur at any time of day or year	
	(1) Usually confined to morning	•
	Usually confined to certain seasons	1F337:
- +	(2) Usually produces some sputum	
- 1	Does not usually produce sputum	38
	Often interferes with sleep	
	(3) Often requires cough medicine	
	Does not interfere with sleep or require me	dicine
	(4) Associated with spasms of wheezing Associated with breathlessness	٠.
	- + d. EVER HAD? Hay fever	Age at 1st attack
	Asthma MF339	Age at last attack
	- + e. LAST YEAR? No. of colds MF340 Usual duration (including cough):	· · · · · · · · · · · · · · · · · · ·
	- + f. NOW, are you bothered by a persistent sinus infec	tion or nasal discharge?
	8. CARDIOVASCULAR, GENERAL	
	- + a. Do you have fainting spells?*	- + f. Do your feet or ankles swell? hot weather
	- + b. Do you sleep flat, or do you have to be propped up?	- + g. Do your leg muscles cramp when you walk?*
-+	to. Do you have palpitations or fluttering of your	- + g. Do your leg muscles cramp when you walk?"
,	heart?*	- + h. Have you taken medicine for your heart or circu-
	_ + d. Do you have to get up at night because of breath-	
	ing trouble?*	MF344 Indian ? Digitalis Nitroglycerin Quinidine
	- + e. Do you avoid salt in your food?	
	ME342	Other

NOTES (required for all items with *):

IN É ERVA	L HISTORY AND EXAM • V • page 3	RECORD NO.
	9. CHEST DISCOMFORT	
	- + a. Have you had a heart - attack of any kind?	- + b. Do you ever have chest pain or discomfort?*
	- + c. Do you ever have chest pain or discomfort who	en you are hurrying or excited?
- +	Date of onset:	Radiation:
- 1	Location:	Precipitated by:
	Туре:	Relieved by:
	Duration:	Frequency:
	– + d. Does this discomfort occur when you are quiet	or resting?
-	10. EXAMINER: Do you believe this patient had AP since last exam? Def. AP	Uncertain AP NOT AP
?	Do you now believe this patient EVER had AP? No]?
- ? +	11. EXAMINER: Do you believe patient had myocardial infarct since last exam? No]?
T	NOTES (required for all items with *):	? Yes

MEASUREMENTS	6. GIRTH (cm)	7. SKIN FOLDS (right)
1. Height MF290 MF291	a. Waist MF294	a. Pectoralis
2. Weight Ibs. MF292	b. Rt. lower MP 295	b. Flank HF303
3. Index	c. Rt. upper arm relax. MF 296	c. Scapula
4. VC MF299	d. Rt. lower HF297	
5. Chest MF293		
8. BLOOD PRESSURE (left arm)	Nurse 45305 45306	1st Exam. 4 (30)

INTERV	AL HISTORY AND EXAM - V - page 4	RECORD NO.
	9. Skin	
MF3W	- + a. Pallor	- + e. Xanthomata*
•	- + b. Jaundice	- + f. Other lesions*
- +	- + c. Cyanosis	- + g. Spoon nails
	- + d. Xanthelasma	h. Hirsutism (hairs/cm²)
		Chest Abdomen Back Face
	10. BONES AND JOINTS	
	- + a. Swelling	- + c. Clubbing
- +	- + b. Inflamation	- + d. Other*
	e. Impression: Osteo-Rheumatoi MF346 Arthritis Arthritis	d Gout Other *
	11. MOUTH	
- +	- + a. Cheilosis	- + c. Abnormal Smooth Magenta
	- + b. Denudation of lips	- + d. Dental Good Competency Poor Bad
	12. RESPIRATION	,
	-+ a. Wheezing Transient or isolated Widespread or persistent	
	- + b. Deformity of chest MF348	
-+ .	Kyphosis 1 2 3 4 Scolios	sis 1 2 3 4 Other*
	- + c. Breath Sounds What:	Where:
1F3495	- + d. Rales: Type:	Location:
	- + e. Other abnormality*	- + f. Has the patient coughed while under your observation? *
	13. Breasts	
- +	- + a. Masses (locate and describe)	
	+ b. Significant axillary nodes*	
- +	14. Breathlessness Grade 1 · 2	3

NOTES (required for all items with*):

· CERVA	L HISTO	ORY AND EXAM - V -	page 5												RE	CORD	II.	>
-+	15.	Abnormal heart sounds] 1-M ₁ *		2-P	2*			3-A ₂ *	,								
	16. SYSTOLIC MURMURS (patient recumbent)																	
		AREA	Ti	MING		QU.	AL IT	Y				GRA	DE			РІТСН		
		a. Apex	E	M L	BL	На	Μυ	С	De	1	2	3	4	5	6	Lo	Мо	н
		b. Mid Precordium	E	M L	BL	Ha	Mu	С	Dc	1	2	3	4	5	6	Lo	Мо	Hi
- +		c. Left Base	E	M L	BL	На	Mυ	С	Dc	1	2	3	4	5	6	Lo	Мо	Hi
		d. Right Base	E	M L	BL	На	Мυ	С	Dc	1	2	3	4	5	6	Lo	Me	Нì
		e. Transmission] None	A B	С	D	to	A	AL	<u></u> В М	AL.		C Bacl	k	□ D	ock.	
	- +	f. Is this a signifi	cant mu	rmur?														
	17. DI	ASTOLIC MURMUR	5			· · · · · · · · · · · · · · · · · · ·												
		a.	AREA		TI	TIMING		QUALITY		Y	Befo	ore rcise	0		SRADI 1		3 4	ļ
		Mitral			_		.	_		_	Afte							
+ ;		- + b.	A MP	AAL	E	M	L	Rυ		Cr	exer	cise	0		1	2 :	3 4	l
		Aortic	A MP															
		- + L	B RB		E	M	L	BL		Der			0		l 	2 3	3 4	ļ
		c. Patient was exerc	ised		Yes			<u></u> №	•									
	18. AB	DOMEN AND EXTR	EMITIE	S				·····				1.	. 1			,		
	- + a	. Palpable liver									/	<u>く</u>				~		_
	- + b	. Palpable spleen				·				- (Š	ý		\mathbf{M}		1 (
+	- + c	. Masses								į	4	٠ {	۶٠	}	۲۷	∇	' \	7
	- + d.	. Operative scars (d	iagram)								1	Ì	٦	1		\		
	- + e	. Peripheral edema:									٦	_	· `.	1		1-		. (
		Left 1 2 Right 1 2	3	4 4							1		/				. /	
	NOTES	5 (required for all its	ems with	*):						-		T		1		-	人	1

INTERVAL HISTORY AND EXAM - V - Page 6		,	RECORD NO.	(F)
19. SECOND OBSERVERS NOTES	20. Left arm	MF 30	9 MF30	

1 C

DIAGNO	OSTIC IMPRESSION	F	IRST OBSE	RVER	SECOND	OBSERVER		
	21. CARDIOVASCULAR							
	a.							
	ь.					•		
-+	c.	:						
	d. CHF during MF 376	☐ No		Yes	□ No	Yes		
	e. CVA during interim	☐ No		Yes	□ No	Yes		
	22. AMER. HT. ASSN. CLASSIFIC	CATION						
	a. Etiological							
	b. Anatomical							
	c. Physiological					,		
	d. Functional class MF375	ı	11 111	IV	1 11	III IV		
	23. NON-CARDIOVASCULAR							
	α.		11-2-11-2					
	b.							
- +	c.		,					
	d.							
	e. Bronchitis, asthma, emphysema	☐ No	Yes	Specify:	☐ No ☐ Yes	Specify:		
	f. Raynaud's phenomenon	. □ No	Yes		No Yes			
SI GN A TU	RES OF EXAMINERS					·		

		•					
PHS-2895-1 2-58				Code	d by:	Date:	
	ODE SHEET n Heart Study			Vorif	fied by:	Date:	
Date of Exam	Name				Age	Type (S or Sx)	
I	1 - 4 D rd Number	Card No. 1			NUMERICAL DA	ATA	
PHYSICAL EXAM	5 - 8 MF / M 290 / 20 Height 28 - 29 MF 299 Dyn.	30 - 31 WF 290	MF 300 3	15 - 18 MF AGY Waist - 36 37 - 1F Mf OI 30 meter Rati	2	22 - 24 MF296 Rt. upper arm rel ax 39 - 40 MF303 Fl ank	25 - 27 MF297 Rt. upper arm flex 41 - 42 MF 304 Scapula
BLOOD PRESSURE	43 - 45 MF 305, Systolic Nu	46 - 48 MF 306 Diastolic	49 - 51 MF 307 Systolic First	52 - 54 MF 30B Diastolic	Systal Systal	7 3(0	,
BLOOD ANALYSIS Type:	61 - 63 MF 311 Cholester	64 - 66 BIF31 Il Hemoglob	a MF 313		314 MF3	Bls.	
			75 MF316 Sugar	76 MF 317 Albumin			

URINALYSIS

Sugar

Negative
1 Positive
2 Doubtful
9 Unknown

Albumin

agative

0 None
1 10 mg.
2 20 mg.
3 30 mg.
4 40 mg.
5 50 mg.
6 75 mg.
7 100 mg.
9 Unknown

PHS-2895-2 2-58		Coded by: Date:
NAM V COL		Verified by: Date:
	Card No. 2	HISTORY AND PHYSICAL EXAMINATIO
HOSPITAL- IZATIONS	MF MF MF M 318 319 320 36	
ENDOCRINE HISTORY	326 327 328 329	21 22 · 23 24 25 26 27 · 28 MF MF MF MF MF 330 331 332 333 334 Smokes Cig. Pipe Cigar Change Wt. change
PULMONARY	29 30 31 32 33 MF MF 335 336 Breath Seasonal TBC. Pneu. Cough	34 35 36 37 38 MF MF MF MF MF 337 338 339 340 341 Severity Sputum Asthma Colds Sinus
CARDIO- VASCULAR SYMPTOMS	39 40 41 42 43 44 MF MF 342 343 Faint. Sleep Palp. PND Salt Edema	45 46 47 48 49 50 MF 344 Leg Rx Pain Present Hist. M.I. AP AP
PHYSICAL EXAMI- NATION	51 52 53 54 55 MF MF MF MF 3U5 346 347 Skin Club Arthritis Mouth Wheezing	56 57 58 59 60 MP MF 348 349 Deform. Respir. Cough Breast Breath

ABDOMEN AND ANKLES

Sound. S. - Apex 5. - Base Dias.

67

Scars No. scars Edema

PHS-2895 4-58	5 -3				Coded by:		Date:
	CODE SHEET				Verified by:		Date:
NAME					<u> </u>	D	ATE OF EXAM
	1-4 ID Record Number	RE-EX	rd No. 3 AMINATION Y REPORT	Exam		MF	7-9 351 Size
FOR DOC	TOR 11.	12	13	14*	15	16*	17*
BEFORE	ME ME	384 384	MF 355 RVH	MF 396 Other contour	MF 357 Pulmonary artery	MF 358 Position	MF 359 Calcification other than aortic
AFTER	18 19 GCE LYH	20 AH	21 RVH	22* Other contour		DE:	
AORTA	MF MF M 360 361 3	25 MF 660 urch	26 MF 363 Calcified	27* MF 364 Other	1 - 2 -	Normal Abnormal Doubtful Normal for entire (in Col. 10, 18, 2	
иои-су		29* eural P	30*	31* Other			
C/T Ratio	• /	Heart Size	. /	Non-CV	abnormalities, 28	-31	
COMMENT CV abnor			Heart large				· ·

Other comments:

Interpreted by:

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_GRA

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17 Other calcification

27 Other cortic

			-
PHS 2895-4 2-58		Coded by:	Date:
Yes V CODE SHEET	,	Verified by:	Date:
1 - 4 Record Number	Card No. 4		ECG FINDINGS AND FINAL DIAGNOSTIC IMPRESSION
		8 9 10 MF MF MF 369 370 371 IVB AVB NS-T	
ECG			
	11 12 13 MF MP 372 373 Arr. PR Other	14-16 MF 374 Vent. rate	
	ASHD AP Hist.	20 ECG MI	
	21 RHD		
FINAL DIAGNOSTIC IMPRESSION	HHD Poss. HHD HBP		
	25 26 Mド 3구5 Other HD Func. CI.	27 MF 376 CHF	28 29 MF 37-7 NCA