

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.

SUMMARY OF FINDINGS

Exam 5

Record No. ID
Sex MF3 Height MF291 In.

Name _____

Exam. Number and Date		I	II	III	IV	V				
LABP	Admission	/	/	/	/	MF 305 / MF 306	/	/	/	/
	1st Examiner	/	/	/	/	MF 307 / MF 308	/	/	/	/
	2nd Examiner	/	/	/	/	MF 309 / MF 310	/	/	/	/
PE	Weight in lbs.					MF292				
	Vital Capacity					MF299				
RAY*	Doubtful									
	Abnormal									
ECG**	Doubtful									
	Abnormal									
	BCG (Grade)									

MF366

(*) 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
 MF368 LVH—left ventricular hypertrophy
 IVB—IV block MF369
 MF370 AVB—AV block
 NS T-wave—nonspecific T-wave MF371
 MF372 Arr—arrhythmia

Name _____

DIAGNOSTIC IMPRESSION AT TIME

Record No. ID

		I	II	III	IV	V	
CARDIOVASCULAR IMPRESSION	CARDIAC	NO CVD	/ /	/ /	/ /	/ /	/ /
		Arteriosclerotic HD					
		Angina pectoris					
		Myocardial infarct, by history					
		Myocardial infarct, by ECG					
		Rheumatic HD					
		RF or chorea					
		Systolic murmur(s): Mitral					
		(enter grade) Aortic					
		Diastolic murmur(s): Mitral					
		(enter grade) Aortic					
		X-Ray evidence ^{1/}					
		Hypertensive HD					
		High blood pressure					
		LVH or GCE on X-Ray					
		LVH by ECG					
		Other HD ^{2/}					
		Functional and Physiologic Dx					
		Functional class ^{3/}					MF375
		Congestive heart failure					MF376
	VASCULAR	Other Vascular Disease					
		Cerebrovascular accident					
		Peripheral arterial insufficiency					
	NON-CV DIAGNOSIS ^{4/}						
	Type letter sent to patient ^{5/}						
	Reviewer's initials						

Record No. ID

LABORATORY FINDINGS

Exam. Number and Date		I	II	III	IV	V				
BLOOD ANALYSIS	STS	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Cholesterol					MF311				
	Hemoglobin					MF312				
	Phospholipid									
	Sugar									
	Uric Acid									
URINALYSIS	Specific Gravity									
	Sugar					MF316				
	Albumin					MF317				

FRAMINGHAM HEART EPIDEMIOLOGY
 STUDY
 INTERVAL MEDICAL HISTORY AND
 PHYSICAL EXAMINATION - V

NAME (LAST)	(FIRST)	DATE LAST EX.	DATE THIS EX.	RECORD NO. ID
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- +	1. HOSPITALIZATION (lifetime history)		
	Reason	Mo. - yr.	Hospital (name & town)
	a. MF 318- MF 325		
	b.		
	c.		
	d.		

- +	2. DOCTOR'S VISITS: Have you gone to a doctor since last visit here?		
	Reason	Name of M.D.	Mo. - Yr.
	a.		
	b.		

- +	3. ILLNESS: Have you lost work because of illness since last visit here?	
	Illness	Day's lost
	a.	

- +	4. ENDOCRINE (women)		
	- + a. Have your periods stopped or noticeably changed? MF 326	Age MF 327	- + d. Have you been pregnant? MF 329 Mo. - Yr.
	- + b. Do you have hot flashes?		- + e. Complications* Outcome: <input type="checkbox"/> Normal <input type="checkbox"/> Other*
	- + c. Have you taken female hormones?* Specify: MF 328		Birth weight: lbs. oz.

- +	5. SMOKING		
	- + a. Do you smoke? MF 330 Cigarettes/day MF 331 Cigars/day MF 333 Pipes/day MF 332		
	- + b. Have you changed your smoking habits in the past 2 yrs.? <input type="checkbox"/> Diminished* <input type="checkbox"/> Increased* Other		

NOTES (required for all items with *):

MF 326 ←
MF 327
MF 328
MF 329
MF 330
MF 331
MF 332
MF 333

	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 when you are hurrying or excited?	
- +	Date of onset:	Radiation:
	Location:	Precipitated by:
	Type:	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? <input type="checkbox"/> Def. AP <input type="checkbox"/> Uncertain AP <input type="checkbox"/> NOT AP	
+ ?	Do you now believe this patient EVER had AP? <input type="checkbox"/> No <input type="checkbox"/> ? <input type="checkbox"/> Yes	
- ?	11. EXAMINER: Do you believe patient had myocardial infarct since last exam? <input type="checkbox"/> No <input type="checkbox"/> ? <input type="checkbox"/> Yes	

NOTES (required for all items with *):

PHYSICAL EXAMINATION

MEASUREMENTS	6. GIRTH (cm)	7. SKIN FOLDS (right)
1. Height in. MF290 / MF291	a. Waist MF294	a. Pectoralis
2. Weight lbs. MF292	b. Rt. lower arm MF295	b. Flank MF303
3. Index	c. Rt. upper arm relax. MF296	c. Scapula MF304
4. VC MF299	d. Rt. lower arm flex. MF297	
5. Chest diam. MF293		
8. BLOOD PRESSURE (left arm)	Nurse MF305 / MF306	1st Exam. MF307 / MF308

MF345

9. Skin						
- +	a. Pallor	- + e. Xanthomata*				
- +	b. Jaundice	- + f. Other lesions*				
- +	c. Cyanosis	- + g. Spoon nails				
- +	d. Xanthelasma	h. Hirsutism (hairs/cm ²)				
			<u>Chest</u>	<u>Abdomen</u>	<u>Back</u>	<u>Face</u>
		1-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		100+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. BONES AND JOINTS				
- +	a. Swelling	- + c. Clubbing		
- +	b. Inflammation	- + d. Other*		
e. Impression: <input type="checkbox"/> Osteo-Arthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Gout <input type="checkbox"/> Other *				

11. MOUTH				
- +	a. Cheilosis	- +	c. Abnormal tongue	<input type="checkbox"/> Smooth <input type="checkbox"/> Magenta
- +	b. Denudation of lips	- +	d. Dental competency	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Bad

12. RESPIRATION											
- +	a. Wheezing	<input type="checkbox"/> Transient or isolated <input type="checkbox"/> Widespread or persistent									
- +	b. Deformity of chest	MF348									
Kyphosis		1	2	3	4	Scoliosis	1	2	3	4	Other*
- +	c. Breath Sounds abnormal:	What:	Where:								
- +	d. Rales:	Type:	Location:								
- +	e. Other abnormality*	- + f. Has the patient coughed while under your observation? *									

MF349

13. Breasts					
- +	a. Masses (locate and describe)				
- +	b. Significant axillary nodes*				
- +	14. Breathlessness	Grade	1	2	3

NOTES (required for all items with*):

- + 15. Abnormal heart sounds 1-M₁* 2-P₂* 3-A₂*

16. SYSTOLIC MURMURS (patient recumbent)

	AREA	TIMING			QUALITY				GRADE						PITCH			
		E	M	L	BL	Ha	Mu	C	Dc	1	2	3	4	5	6	Lo	Me	Hi
a.	Apex																	
b.	Mid Precordium																	
c.	Left Base																	
d.	Right Base																	

e. Transmission None A B C D to A B C D AAL MAL Back Neck

- + f. Is this a significant murmur?

17. DIASTOLIC MURMURS

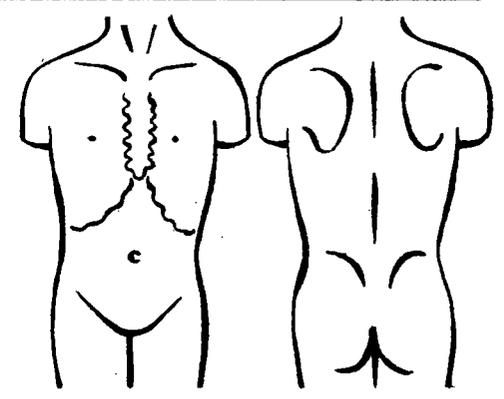
	AREA	TIMING			QUALITY		GRADE								
		A	MP	AAL	E	M	L	Ru	Cr	Before Exercise	0	1	2	3	4
a.	Mitral														
- +										After exercise	0	1	2	3	4
b.	Aortic														
- +											0	1	2	3	4

c. Patient was exercised Yes No

18. ABDOMEN AND EXTREMITIES

- + a. Palpable liver
- + b. Palpable spleen
- + c. Masses
- + d. Operative scars (diagram)
- + e. Peripheral edema:

Left	1	2	3	4
Right	1	2	3	4



NOTES (required for all items with *):

19. SECOND OBSERVERS NOTES

20. Left arm blood pressure

MF 309 / MF 310

DIAGNOSTIC IMPRESSION		FIRST OBSERVER				SECOND OBSERVER			
- +	21. CARDIOVASCULAR								
	a.								
	b.								
	c.								
	d. CHF during interim	MF 376	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
e. CVA during interim		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	22. AMER. HT. ASSN. CLASSIFICATION								
	a. Etiological								
	b. Anatomical								
	c. Physiological								
	d. Functional class	MF 375	I	II	III	IV	I	II	III
- +	23. NON-CARDIOVASCULAR								
	a.								
	b.								
	c.								
	d.								
	e. Bronchitis, asthma, emphysema		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify:	
	f. Raynaud's phenomenon		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
SIGNATURES OF EXAMINERS									

EXAM V CODE SHEET
Framingham Heart Study

5

Coded by:	Date:
Verified by:	Date:

Date of Exam	Name	Age	Type (S or Sx)
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1 - 4

ID

Record Number

Card No. 1

NUMERICAL DATA

PHYSICAL EXAM	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p style="text-align: center;">5 - 8</p> <div style="border: 1px solid black; padding: 2px;">MF / MF 290 / 291</div> <p style="text-align: center;">Height</p> </div> <div style="width: 15%;"> <p style="text-align: center;">9 - 11</p> <div style="border: 1px solid black; padding: 2px;">MF 292</div> <p style="text-align: center;">Weight</p> </div> <div style="width: 15%;"> <p style="text-align: center;">12 - 14</p> <div style="border: 1px solid black; padding: 2px;">MF 293</div> <p style="text-align: center;">Chest Diam.</p> </div> </div>
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15 - 18

MF
294

Waist

19 - 21

MF 295

Rt. lower arm

22 - 24

MF 296

Rt. upper arm relax

25 - 27

MF 297

Rt. upper arm flex

Coded by:	Date:
Verified by:	Date:

EXAM V CODE SHEET
Birmingham Heart Study

1 - 4

 Record Number

Card No. 2

HISTORY AND PHYSICAL EXAMINATION

HOSPITAL-IZATIONS	5	6	7	8	9	10	11	12	13	14	15
		MF 318	MF 319	MF 320		MF 321	MF 322	MF 323	MF 324		MF 325
	No.	Hyster.	Thyroid	Sympa.	HD or HBP	Pulm. D.	UTD	GB or Liver	A Preg.	Cancer	I. A. or Flu

ENDOCRINE HISTORY	16	17 - 18	19	20	SMOKING	21	22 - 23	24	25	26	27 - 28
	MF 326	MF 327	MF 328	MF 329		MF 330	MF 331	MF 332	MF 333	MF 334	
	Menop.	Age	Hormone	Preg.		Smokes	Cig.	Pipe	Cigar	Change	Wt. change

PULMONARY	29	30	31	32	33	34	35	36	37	38
				MF 335	MF 336	MF 337	MF 338	MF 339	MF 340	MF 341
	Breath	Seasonal	TBC. etc.	Pneu.	Cough	Severity	Sputum	Asthma	Colds	Sinus

CARDIO-VASCULAR SYMPTOMS	39	40	41	42	43	44	45	46	47	48	49	50
					MF 342	MF 343		MF 344				
	Faint.	Sleep	Palp.	PND	Salt	Edema	Leg	Rx	Pain	Present AP	Hist. AP	M.I.

PHYSICAL EXAMINATION	51	52	53	54	55	56	57	58	59	60
	MF 345		MF 346		MF 347	MF 348	MF 349			
	Skin	Club	Arthritis	Mouth	Wheezing	Deform.	Respir.	Cough	Breast	Breath

HEART	61	62	63	64	ABDOMEN AND ANKLES	65	66	67	68
	Sound.	S. - Apex	S. - Base	Dias.		Palp.	Scars	No. scars	Edema

5

Coded by: _____ Date: _____

Verified by: _____ Date: _____

EXAM V CODE SHEET
Framingham Heart Study

NAME _____ DATE OF EXAM _____

1 - 4 <div style="border: 1px solid black; padding: 5px; font-size: 24pt; margin: 5px auto;">ID</div> Record Number	Card No. 3 RE-EXAMINATION X-RAY REPORT	5 6 <div style="border: 1px solid black; height: 30px; margin: 5px auto;"></div> Exam IV Exam V CRA function	7 - 9 <div style="border: 1px solid black; padding: 5px; font-size: 24pt; margin: 5px auto;">MF351</div> Size
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FOR DOCTOR

BEFORE	10	11	12	13	14*	15	16*	17*
	<div style="border: 1px solid black; padding: 2px;">MF 352</div>	<div style="border: 1px solid black; padding: 2px;">MF 353</div>	<div style="border: 1px solid black; padding: 2px;">MF 354</div>	<div style="border: 1px solid black; padding: 2px;">MF 355</div>	<div style="border: 1px solid black; padding: 2px;">MF 356</div>	<div style="border: 1px solid black; padding: 2px;">MF 357</div>	<div style="border: 1px solid black; padding: 2px;">MF 358</div>	<div style="border: 1px solid black; padding: 2px;">MF 359</div>
	GCE	LVH	AH	RVH	Other contour	Pulmonary artery	Position	Calcification other than aortic
AFTER	18	19	20	21	22*			
	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>			
	GCE	LVH	AH	RVH	Other contour			
AORTA	23	24	25	26	27*			
	<div style="border: 1px solid black; padding: 2px;">MF 360</div>	<div style="border: 1px solid black; padding: 2px;">MF 361</div>	<div style="border: 1px solid black; padding: 2px;">MF 362</div>	<div style="border: 1px solid black; padding: 2px;">MF 363</div>	<div style="border: 1px solid black; padding: 2px;">MF 364</div>			
	Asc	Desc Tortuous	Arch	Calcified	Other			
NON-CV	28*	29*	30*	31*				
	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>	<div style="border: 1px solid black; height: 30px; width: 50px;"></div>				
	Bone	Pleural	Parenchymal	Other				

CODE:
0 - Normal
1 - Abnormal
2 - Doubtful

X - Normal for entire row
(in Col. 10, 18, 23, or 28)

C/T Ratio	Heart Size	Non-CV abnormalities, 28-31
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COMMENTS

CV abnormalities

14 } Other contour
22 }

16 Position

17 Other calcification

27 Other aortic

Heart larger

Other comments:

Interpreted by: H S U

GRA

Coded by:

Date:

V CODE SHEET
Birmingham Heart Study

Verified by:

Date:

1 - 4

[Empty box for Record Number]

Record Number

Card No. 4

**ECG FINDINGS AND
FINAL DIAGNOSTIC IMPRESSION**

ECG

5	6	7	8	9	10
MF	MF	MF	MF	MF	MF
366	367	368	369	370	371
G. I.	M. I.	LVH	IVB	AVB	NS - T

11	12	13
MF	MF	
372	373	
Arr.	PR	Other

14 - 16
MF 374
Vent. rate

FINAL
DIAGNOSTIC
IMPRESSION

17	18	19	20
ASHD	AP	Hist. MI	ECG MI

21
RHD

22	23	24
HHD Poss. HHD HBP		

25
Other HD

26
MF
375
Func. Cl.

27
MF
376
CHF

28
CVA

29
MF
377
NCA