

Framingham Heart Study

Original Cohort Exam 6

06/10/1958-02/18/1963

N=4259

Exam Form Version

- 4-53 Summary of findings
- 7-58 Epidemiology Study History and Examination
- 8-58 Exam VI Code Sheet: Card No. 1
- 1-59 *Exam VI Code Sheet: Card No. 2*
- 2-59 *Exam VI Code Sheet: Card No. 3*
- 3-59 *Exam VI Code Sheet: Card No. 4 & 5*

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

Record No. ID

Name _____

Sex MF3 Height _____ In.

Exam. Number and Date		I	II	III	IV	V	VI			
LABP	Admission	/ /	/ /	/ /	/ /	/ /	/ /	MF 384 MF 385	/ /	/ /
	1st Examiner	/ /	/ /	/ /	/ /	/ /	/ /	MF 386 MF 387	/ /	/ /
	2nd Examiner	/ /	/ /	/ /	/ /	/ /	/ /	MF 388 MF 389	/ /	/ /
PE	Weight in lbs.							MF 380		
	Vital Capacity							MF 383		
RAY*	Doubtful									
	Abnormal									
ECG**	Doubtful									
	Abnormal									
BCG (Grade)										

(*) If Doubtful or Abnormal, indicate:
 Gr.v.—great vessels
 GCE—generalized cardiac enlargement MF403
 MF404 LVH—left ventricular hypertrophy
 Oth Cont—other contour MF406
 Non CV—non CV disease

(**) If Doubtful or Abnormal, indicate:
 Myo Inf—myocardial infarct MF437
 MF438 LVH—left ventricular hypertrophy
 IVB—IV block MF439
 MF440 AVB—AV block
 NS T-wave—nonspecific T-wave MF441
 Arr—arrhythmia MF442

Record No. ID

LABORATORY FINDINGS

Exam. Number and Date		I	II	III	IV	V	VI			
BLOOD ANALYSIS	STS	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Cholesterol						MF397			
	Hemoglobin						MF392			
	Phospholipid									
	Sugar						MF394			
	Uric Acid									
URINALYSIS	Specific Gravity									
	Sugar						MF390			
	Albumin						MF391			

FRAMINGHAM HEART DISEASE
 EPIDEMIOLOGY STUDY
 HISTORY AND EXAMINATION
 VI



NAME (LAST)	(FIRST)	DATE LAST EXAM.	DATE THIS EXAM.	RECORD NUMBER
				ID

1. HOSPITALIZATION SINCE LAST EXAMINATION (Including deliveries)

Reason	Month - Year	Name and Location of Hospital
a. None <input type="checkbox"/>		
b.		
c.		

2. ILLNESS AND/OR VISITS TO DOCTOR

Reason	Doctor	Month - Year	Days lost
a. None <input type="checkbox"/>			
b.			
c.			

1) Treatment or Medication prescribed

2) Tests undergone Result:

3. SYMPTOMS OF CARDIOVASCULAR DISEASE

a. <input type="checkbox"/> + Dyspnea on exertion 1 2 3 4	f. Medicine for heart or circulation
b. <input type="checkbox"/> + Increase of DOE past year 1 2 3 4	None <input type="checkbox"/>
c. <input type="checkbox"/> + Paroxysmal nocturnal dyspnea	1) Digitalis <input type="checkbox"/> 4) Quinidine <input type="checkbox"/>
d. <input type="checkbox"/> + Ankle edema	2) Nitroglycerin <input type="checkbox"/> 5) Diuretic <input type="checkbox"/> MF 418
e. <input type="checkbox"/> + Cough	MF 417 → 3) Hypotensive <input type="checkbox"/> 6) Anti-cholesterol <input type="checkbox"/> MF 419
g. <input type="checkbox"/> + Have you been told by a doctor to avoid salt in food? Why?	
h. <input type="checkbox"/> + EXAMINER BELIEVES PATIENT HAD CHF DURING INTERIM	
i. Chest and/or abdominal discomfort during interim	
1) <input type="checkbox"/> + Have you had chest or abdominal discomfort?	Type
2) <input type="checkbox"/> + Does it occur when you are quiet or resting?	Duration, usual:
3) <input type="checkbox"/> + Does it come on with exertion or excitement?	Longest:
4) <input type="checkbox"/> + Is it related to meals?	Radiates to:
Date of onset	Relieved by:
Location	Frequency:
5) <input type="checkbox"/> + EXAMINER BELIEVES PATIENT HAS ANGINA PECTORIS	
6) <input type="checkbox"/> + EXAMINER BELIEVES PATIENT HAD A MYOCARDIAL INFARCTION SINCE LAST EXAMINATION	
7) OTHER INTERPRETATION:	

4. LIFETIME HISTORY OF CEREBROVASCULAR ACCIDENT

a. SYMPTOMS	None <input type="checkbox"/>	DURATION	SEVERITY
1) + Sudden muscular weakness	L. <input type="checkbox"/> R. <input type="checkbox"/>		
2) + Sudden speech difficulty			
3) + Sudden visual defect	L. <input type="checkbox"/> R. <input type="checkbox"/>		
4) + Unconsciousness			

b. Attack observed by:

c. Date _____ d. At age: _____ e. Onset: While active At rest

f. + Hospitalized: No. days _____ Name and location: _____

g. ? + EXAMINER BELIEVES THIS WAS A STROKE

5. PERIPHERAL VASCULAR DISEASE

+ Calf pain while walking: Distance _____

+ EXAMINER BELIEVES THIS IS INTERMITTENT CLAUDICATION

6. LIFETIME HISTORY OF ARTHRITIC SYMPTOMS

a. Have you ever had any arthritis or rheumatism? MF434 Longest attack: Less than 6 weeks 3 weeks 6 weeks or more

b. Have you ever had swelling in any of your joints? Longest attack: Less than 6 weeks 3 weeks 6 weeks or more

1) Indicate Joint and side	Sh.		Elb.		Wr.		MCP		PIP		Kn.		Ankle		Foot	
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
S - Swelling																
P - Pain																
T - Stiffness																

2) Shortest free interval between involvement of joints Less than three months Three months or more

3) + Migratory 4) + Symmetrical

5) Was joint involvement observed by a physician?

+ Name _____ Present location _____

c. Do you have any stiffness or aching in muscles or joints on arising from bed? Usual duration Less than 30 min. 30 min. or more

Longest attack Less than 6 wks 3 wks 6 weeks or more

6

HISTORY - EXAM. VI, Continued

RECORD NUMBER

7. ENDOCRINE STATUS

a. + Thyroid Disease **MF420**

Type _____ Treatment _____

Present status _____

b. + Diabetes **MF421**

Uses insulin Amount _____ During interim had either: Shock Coma

Present status _____

c. Menopause (Lifetime history) **MF422**

+ Periods have stopped. Stopped at age **MF423**

NOTES (Specify section):

PHYSICAL EXAMINATION - VI

A. SIGNS LEADING TO A DIAGNOSIS OF HEART DISEASE

		Describe	Second observer's comments
1. RETINA	Normal <input type="checkbox"/> MF424 Abnormal <input type="checkbox"/>		
2. SKIN AND HANDS	Cyanosis <input type="checkbox"/> MF425 Clubbing of fingers <input type="checkbox"/> +		
3. CHEST	a. Increased AP diam. MF426 0 1 2 3 4	b. Kyphosis MF427 0 1 2 3 4	
	c. Depressed sternum MF428 0 1 2 3	d. Scoliosis MF429 0 1 2 3 4	
	e. Breath sounds MF430 Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Describe	
	f. Rales <input checked="" type="checkbox"/> MF431	Type	
4. HEART	a. Rhythm	Regular <input type="checkbox"/> Marked SA <input type="checkbox"/> Premature beats <input type="checkbox"/> AF <input type="checkbox"/> Gallop <input type="checkbox"/> Other <input type="checkbox"/> Specify	
	b. Thrill <input checked="" type="checkbox"/>	Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/>	
	c. Sounds: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Describe	

PHYSICAL EXAMINATION - VI, A - Continued

RECORD NUMBER

5. SYSTOLIC MURMURS (Patient recumbent) None

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

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

+ Is this a significant murmur?

6. DIASTOLIC MURMURS None

	AREA			TIMING			QUALITY		GRADE				
	A	MP	AAL	E	M	L	Rv	Cr	Before Exercise	0	1	2	3
a. Mitral	A	MP	AAL	E	M	L	Rv	Cr	0	1	2	3	4
b. Aortic	A	MP		E	M	L	BL	Dcr	0	1	2	3	4
	LB	RB											

c. Patient was exercised No Yes

7. ABDOMEN AND LEGS	(Cms in MCL)					b. Liver tender		Second observer's comments		
	a. Liver palpable					-	+			
	0	1	2	3	4	5				
	Left				Right					
c. Ankle edema	0	1	2	3	4	0	1	2	3	4

B. SIGNS OF CEREBROVASCULAR ACCIDENT

		Left	Right	Second observer's comments
1. REFLEXES	a. Biceps			
	b. Triceps			
	c. RPO			
	d. Knee jerks			
	e. Ankle jerks			
	f. Babinski			
	g. Hoffman			
	h. Abdominals	Upper		
2. MUSCULAR STATUS			Locate	
	a. Weakness	- +		
	b. Spasticity	- +		
	c. Atrophy	- +		

RECORD NUMBER

PHYSICAL EXAMINATION - VI, B - Continued

3. OTHER SIGNS	a. Gross visual defect <input checked="" type="checkbox"/> +	Describe:	Second observer's comments
	b. Speech defect <input checked="" type="checkbox"/> +		
	c. Walking difficulty <input checked="" type="checkbox"/> +		

4. - ? + ARE THERE RESIDUAL FINDINGS OF A PREVIOUS CVA?

C. GENERAL CHARACTERISTICS

1. HAIR	a. Color	b. Percent Gray _____	c. Bald pattern:	None <input type="checkbox"/>	Front <input type="checkbox"/>	Back <input type="checkbox"/>	Sides <input type="checkbox"/>					
2. EYES	a. Color	b. Exophthalmos			Second observer's comments							
		0 1 2 3										
3. SKIN Normal <input type="checkbox"/>	c. Xantholasma MF432		Size (mm)									
	None <input type="checkbox"/>		Left <input type="checkbox"/>		Right <input type="checkbox"/>							
	a. Hairiness	1) Marked <input type="checkbox"/>		Subnormal <input type="checkbox"/>								
		2) Localized <input type="checkbox"/>		Where?								
b. Texture	1) Dry <input type="checkbox"/>		Moist <input type="checkbox"/>		2) Coarse <input type="checkbox"/>		Fine <input type="checkbox"/>					
	a. Single nodule <input type="checkbox"/>		Multiple nodules <input type="checkbox"/>									
4. THYROID Normal <input type="checkbox"/>	Size _____ mm		Locate:									
	b. Diffuse:		Slight <input type="checkbox"/>		Medium <input type="checkbox"/>		Marked <input type="checkbox"/>					
5. BREASTS Normal <input type="checkbox"/>	a. Mass		No <input type="checkbox"/>		Yes <input type="checkbox"/>			Locate:				
	b. Significant axillary nodes		No <input type="checkbox"/>		Yes <input type="checkbox"/>			Describe:				
6. ARTHRITIS No signs <input type="checkbox"/>	a. Rate as T (Tender) POM (Pain On Motion) L (Limited) S (Swelling)											
	Left side				Joint involved				Right side			
	T	POM	L	S					T	POM	L	S
					1. Shoulder (Hench wrench)							
					2. Elbow							
					3. Wrist (Wrist twist)							
					4. MCP							
					5. PIP							
					6. Knee							
					7. Ankle							
				8. MTP (Metatarsal squeeze)								
b. + Are any specified* subcutaneous nodules present?												

PHYSICAL EXAMINATION - VI, C - Continued

RECORD NUMBER

6. ARTHRITIS (Continued)	c. Measurement of chest expansion (Cms.):										
	d. + Exclusions applicable: Specify:**										
	- ^o ? + EXAMINER BELIEVES PATIENT HAS HAD RHEUMATOID ARTHRITIS										
7. VARICES	Left					Right					Second observer's comments
	0	1	2	3	4	0	1	2	3	4	
8. OBESITY	None			Moderate			Marked				
	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>				
9.	Rate as: 0-None 1-Moderate 2-Severe										
P H Y S I C I A N I D E O L O G Y	a. Tremor										
	b. Palmar or axillary sweating										
	c. Dilated pupils										
	d. Tachycardia										
	e. Labile B.P. (Systolic varies 40+)										
	f. Increased deep tendon reflexes										
	g. Restlessness										
	h. Difficult repeated swallowing										
	i. EXAMINER BELIEVES PATIENT IS ANXIOUS										
	SCORE										

NOTES

* Observed over bony prominences, on extensor surfaces or in juxta-articular region.

** Enter as DLE, LE cells, PAN, Dermatomyositis, Scleroderma, R.F., Gout, Infectious Arthritis, Reiter's S, Shoulder-Hand S., Hypertrophic Pulmonary Osteoarthropathy, Neuroarthropathy, Alkaptonuria, Sarcoid, Myeloma, Erythema Nodosum, Leukemia, or Lymphoma.

PHYSICAL EXAMINATION - VI, Continued

RECORD NUMBER

NOTES

D. CLINICAL DIAGNOSTIC IMPRESSION

1. CARDIAC IMPRESSION	Second observer's opinion
a.	
b.	
c.	
MP45 d. Functional class: I II III IV	
2. VASCULAR IMPRESSION	
a.	
b.	
c.	
3. NON-CARDIOVASCULAR IMPRESSION	
a.	
b.	
c.	
SIGNATURE OF EXAMINER	DATE
	SIGNATURE OF OBSERVER

ADDITIONAL NOTES:

T.F. - 615-1
8-58

CODE SHEET
Framingham Heart Study

EXAM VI

6

Coded by:	Date:
Verified by:	Date:

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

Record Number

Card No. 1

NUMERICAL DATA

PHYSICAL EXAM	5 - 8	9 - 11	12 - 13	14 - 15	16 - 17	18 - 19
	Height	weight	Left Dynamometer	Right Dynamometer	Total Vital capacity	1 second

MF380, MF381, MF382, MF383

BLOOD PRESSURE (Left arm)	20 - 22	23 - 25	26 - 28	29 - 31	32 - 34	35 - 37
	Systolic Nurse	Diastolic	Systolic First	Diastolic	Systolic Second	Diastolic

MF384, MF385, MF386, MF387, MF388, MF389

URI-NALYSIS	MF390	MF391	0 None
	Sugar	Albumin	1 10 mg

0 Negative, 1 Positive, 2 Doubtful, 9 Unknown

BLOOD ANALYSIS	MF392	MF393	MF394	MF395	MF396
	Hemoglobin	Hematocrit	Sugar	Type	Rh

0 O, 1 A, 2 B, 3 AB, 9 Unknown

Type:

59 - 61	62 - 64
FSV	FR
MF399	MF400

Coded by:	Date:
Verified by:	Date:

EXAM VI
CODE SHEET
Framingham Heart Study

NAME	DATE OF EXAM
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1 - 4 Record Number	Card No. 2 X-RAY REPORT	15 Exam V	16 Exam VI	17 - 19 Size MF 402
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FOR DOCTOR

BEFORE	20 MF 403 GCE	21 MF 404 LVH	22 MF 405 AH	23 RVH	24* MF 406 Other contour	25* MF 407 Pulmonary artery	26* MF 408 Position	27* MF 409 Calcification other than aortic
AFTER	28 GCE	29 LVH	30 AH	31 RVH	32* Other contour			
AORTA	33 MF 410 Asc	34 MF 411 Arch Tortuous	35 MF 412 Desc	36 MF 413 Calcified	37* MF 414 Other			
NON-CV	38* Bone	39* Pleural	40* Parenchymal	41* Other				
ARTHRITIS	42* MF 415 Rheumatoid		43* MF 416 Gouty					

CODE:
0 - Normal
1 - Abnormal
2 - Doubtful
X - Normal for entire row
(in Col. 20, 28, 33, 38, or 42)

Heart size

CT Ratio

Heart Larger

Change in heart size since previous exam

Heart Smaller

*Description

Interpreted by:

Cardio-Roentgen Activator
Sat. _____ Unsat. _____

Card No. 3

AM VI CODE SHEET
Birmingham Heart Study

Coded by:	Date:
Verified by:	Date:

1 - 4

Record Number

MEDICAL HISTORY AND PHYSICAL EXAMINATION

MEDICAL HISTORY

5	6	7	8	9	10	11	12	13	14
Hyster-ectomy	Thyroid	Sympa-thectomy	Heart or HBP	Pulmonary	Urinary	Gallbladder or Liver	Abnormal pregnancy	Cancer	Injury or Accident

HOSPITALIZATIONS

15	16	17	18	19	20	21	22	23
MF417	MF418	MF419						
Hypoten-sive	Diuretic	Anti-cholesterol	Other	CHF	AP	MI	CVA	Intermittent claudication

CY MEDICINES

HEART DISEASE

VASCULAR DISEASE

24	25	26	27	28	29	30	31	32	33	34	35	36 - 37
									MF420	MF421	MF422	MF423
Arthritis	Duration	Single, multiple	Freedom Migratory	Sym-metrical	Observed	Usual duration	Longest attack	Thyroid	Diabetes	Menop-ause	Age stopped	

HISTORY OF JOINT SWELLING

STIFFNESS

OTHER HISTORY

PHYSICAL EXAMINATION

38	39	40	41	42	43	44	45	46	47	48	49	50	51
MF 424	MF 425		MF 426	MF 427	MF 428	MF 429	MF 430	MF 431					
RETINA	SKIN	HANDS	Incr. diam.	Kyphosis	Dep. sternum	Scoli-osis	Breath sounds	Rales	Syst. at apex	Syst. at RB	Diastolic	Residual findings	% gray

RETINA

SKIN

HANDS

CHEST

MURMURS

CVA

HAIR

52	53	54	55	56	57	58	59	60	61	62	63	64
	MF 432		MF 433									MF 434
Color	Xanthe-losma	Hairiness	Nodule, diffuse		Tender	Pain on motion	Limited motion	Swelling	Subc. nodule	Chest expan.	Exclu-sions	Diag-nosis

EYES

SKIN

THYROID

BREASTS

ARTHRITIS

65	66	67	68	69	70	71	72	73	74	75 - 76
										MF 435
	Tremor	Sweating	Dilated pupils	Tachycardia	Labile BP	Increased reflexes	Restless-ness	Difficult swallowing	Anxious	Score

ANXIETY

PHYSIOLOGIC ANXIETY INDEX

Card No. 4

Coded by:	Date:
Verified by:	Date:

XAM VI CODE SHEET
Birmingham Heart Study

1 - 4

Record Number

ECG FINDINGS
FINAL DIAGNOSTIC IMPRESSION
OCCUPATION

ECG FINDINGS

5	6	7	8	9	10
MF 436	MF 437	MF 438	MF 439	MF 440	MF 441
GI	MI	LVH	IVB	AVB	NS-T

11	12	13	14 - 16
MF 442	MF 443		MF 444
Arrhythmia	PR	Other	Ventricular rate

FINAL DIAGNOSTIC IMPRESSION

17	18	19	20
ASHD	AP	History of MI	MI by ECG

21
RHD

22	23	24	25
HHD	Possible HHD	HBP	History of HBP

26	27	28	29	30
	MF 445	MF 446		
Other HD	Functional class	CHF	CVA	Changing previous CVA

OCCUPATION

31	32	33	34
MF 447	MF 448	MF 449	MF 450
Class	Type	Multiple	Change

Coded by:	Date:
Verified by:	Date:

1 - 4

Record Number

DISEASE IN FAMILY

SPOUSE	5	6 - 7	8	9	10	11	12	13	14	15		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Living or dead	Age	CVD	Non-CVD	Heart	Vascular	Associated	Heart	Vascular	Associated		
			CAUSE OF DEATH		DISEASE BEFORE DEATH			DISEASE IN LIVING				
FATHER	16 - 17		18	19	20	21	22	23	24	25		
	<input type="text" value="MF 451"/>		<input type="text"/>	<input type="text"/>								
	Age		CVD	Non-CVD	Heart	Vascular	Associated	Heart	Vascular	Associated		
			CAUSE OF DEATH		DISEASE BEFORE DEATH			DISEASE IN LIVING				
MOTHER	26 - 27		28	29	30	31	32	33	34	35		
	<input type="text" value="MF 453"/>		<input type="text"/>	<input type="text"/>								
	Age		CVD	Non-CVD	Heart	Vascular	Associated	Heart	Vascular	Associated		
			CAUSE OF DEATH		DISEASE BEFORE DEATH			DISEASE IN LIVING				
SIBLINGS	36	37	38	39	40	41	42	43	44	45	46	47
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Brothers	Half brothers	Sisters	Half sisters	Dead Brothers	Living Brothers	Dead Sisters	Living Sisters	Dead Brothers	Living Brothers	Dead Sisters	Living Sisters
	NUMBER				ASHD				HHD OR HBP			
	48	49	50	51	52	53	54	55	56	57	58	59
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Dead Brothers	Living Brothers	Dead Sisters	Living Sisters	Dead Brothers	Living Brothers	Dead Sisters	Living Sisters	Dead Brothers	Living Brothers	Dead Sisters	Living Sisters
	OTHER HEART DISEASE				CVA				OTHER VASCULAR DISEASE			
	60	61	62	63	64	65						
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Brothers	Sisters	Brothers	Sisters	Brothers	Sisters							
OTHER CAUSE OF DEATH		DIABETES		KIDNEY DISEASE								

COLLINS RECORDING VITALOMETER CHART PAPER (FORCED EXPIROGRAM).

Place paper on kymograph with this printing on the left. In this position vertical lines equal one second. Horizontal solid lines equal one liter. Dotted lines equal half liter. Small lines equal 50 c.c. REORDER CAT. NO. P-601

