

# Framingham Heart Study

## Original Cohort Exam 7

03/22/1960-10/31/1964

N=4191

### Exam Form Version

4-53 Summary of findings

7-60 Epidemiology Study Part 1: History &  
Part 2: Physical examination

8-60 Exam VII Code Sheet: Card No. 1

12-60 *Exam VII Code Sheet: Card No. 2*

1-61 *Exam VII Code Sheet: Card No. 4*

# 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. \_\_\_\_\_

Not in example chart

Name \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ In.

| Exam. Number and Date |                | I   | II  | III |     |     |     |     |     |     |
|-----------------------|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| LABP                  | Admission      | / / | / / | / / | / / | / / | / / | / / | / / | / / |
|                       | 1st Examiner   | / / | / / | / / | / / | / / | / / | / / | / / | / / |
|                       | 2nd Examiner   | / / | / / | / / | / / | / / | / / | / / | / / | / / |
| PE                    | Weight in lbs. |     |     |     |     |     |     |     |     |     |
|                       | Vital Capacity |     |     |     |     |     |     |     |     |     |
|                       |                |     |     |     |     |     |     |     |     |     |
|                       |                |     |     |     |     |     |     |     |     |     |
| X-RAY*                | Doubtful       |     |     |     |     |     |     |     |     |     |
|                       | Abnormal       |     |     |     |     |     |     |     |     |     |
| ECG**                 | Doubtful       |     |     |     |     |     |     |     |     |     |
|                       | Abnormal       |     |     |     |     |     |     |     |     |     |
| BCG (Grade)           |                |     |     |     |     |     |     |     |     |     |
|                       |                |     |     |     |     |     |     |     |     |     |
|                       |                |     |     |     |     |     |     |     |     |     |
|                       |                |     |     |     |     |     |     |     |     |     |
|                       |                |     |     |     |     |     |     |     |     |     |
|                       |                |     |     |     |     |     |     |     |     |     |

MF566

(\*) If Doubtful or Abnormal, indicate:

- Gr.V.—great vessels
- GCE—generalized cardiac enlargement MF494
- LVH—left ventricular hypertrophy MF495
- Oth Cont—other contour MF498
- Non CV—non CV disease

(\*\*) If Doubtful or Abnormal, indicate:

- Myo Inf—myocardial infarct MF571
- LVH—left ventricular hypertrophy MF569
- IVB—IV block MF570
- AVB—AV block MF571
- NS T-wave—nonspecific T-wave MF572
- Arr—arrhythmia MF573

Name \_\_\_\_\_

DIAGNOSTIC IMPRESSION AT TIME

Record No. \_\_\_\_\_

|                                |  | I                              | II  | III |     |     |
|--------------------------------|--|--------------------------------|-----|-----|-----|-----|
|                                |  | / /                            | / / | / / | / / | / / |
| 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 <sup>1/</sup>   |     |     |     |     |
|                                |  | Hypertensive HD <b>MFS 76</b>  |     |     |     |     |
|                                |  | High blood pressure            |     |     |     |     |
|                                |  | LVH or GCE on X-Ray            |     |     |     |     |
|                                | LVH by ECG   |                                |     |     |     |     |
|                                | Other HD <sup>2/</sup>   |                                |     |     |     |     |
|                                | Functional and Physiologic Dx                                    |                                |     |     |     |     |
|                                | <b>MFS 77</b><br><b>MFS 78</b><br>Functional class <sup>3/</sup> |                                |     |     |     |     |
|                                | Congestive heart failure   |                                |     |     |     |     |
| VASCULAR                       | Other Vascular Disease   |                                |     |     |     |     |
|                                | Cerebrovascular accident   |                                |     |     |     |     |
|                                | Peripheral arterial insufficiency                                |                                |     |     |     |     |
| NON-CV DIAGNOSIS <sup>4/</sup> |  |                                |     |     |     |     |
|                                |  |                                |     |     |     |     |
|                                |  |                                |     |     |     |     |
|                                |  |                                |     |     |     |     |
|                                | Type letter sent to patient <sup>5/</sup>                        |                                |     |     |     |     |
|                                | Reviewer's initials  |                                |     |     |     |     |



# LABORATORY FINDINGS

Record No. \_\_\_\_\_

|                       |                  | I   | II  | III |     |     |     |     |     |     |
|-----------------------|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Exam. Number and Date |                  | / / | / / | / / | / / | / / | / / | / / | / / | / / |
| BLOOD ANALYSIS        | STS              |     |     |     |     |     |     |     |     |     |
|                       | Cholesterol      |     |     |     |     |     |     |     |     |     |
|                       | Hemoglobin       |     |     |     |     |     |     |     |     |     |
|                       | Phospholipid     |     |     |     |     |     |     |     |     |     |
|                       | Sugar            |     |     |     |     |     |     |     |     |     |
|                       | Uric Acid        |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
| URINALYSIS            | Specific Gravity |     |     |     |     |     |     |     |     |     |
|                       | Sugar            |     |     |     |     |     |     |     |     |     |
|                       | Albumin          |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |
|                       |                  |     |     |     |     |     |     |     |     |     |

Exam 1

FRAMINGHAM HEART DISEASE

EPIDEMIOLOGY STUDY

Part One - History

VII

PHS-1446-7 (7-60)  
DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE

FORM APPROVED  
BUDGET BUREAU NO. 68-R433

|             |         |                  |                    |                    |                  |
|-------------|---------|------------------|--------------------|--------------------|------------------|
| NAME (LAST) | (FIRST) | PRES-<br>ENT AGE | DATE LAST<br>EXAM. | DATE THIS<br>EXAM. | RECORD<br>NUMBER |
|-------------|---------|------------------|--------------------|--------------------|------------------|

1. HOSPITALIZATION SINCE LAST EXAMINATION (Including deliveries)

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

2. ILLNESS AND/OR VISITS TO DOCTOR (Exclude those in Section 1. above)

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

1) Treatment or Medication prescribed

2) Tests undergone

Result:

3. SYMPTOMS OF CONGESTIVE HEART FAILURE

|  |                                    |
|--|------------------------------------|
| a.   | d.                                 |
| - + Dyspnea on exertion 1 2 3 4                      | - + Ankle edema                    |
| b.   | e.                                 |
| - + Increase of DOE past year 1 2 3 4                | - + Cough                          |
| c.   | f. Do you limit salt intake? Dates |
| - + Paroxysmal nocturnal dyspnea                     | - + salt intake?                   |
| g.   |                                    |
| - + Examiner Believes Patient Had CHF During Interim |                                    |

4. MEDICINE FOR HEART OR CIRCULATION

None

Dates medicine was used

|                                  | Started | Stopped | Still taking |
|----------------------------------|---------|---------|--------------|
| - a. + Digitalis MF509 (Specify) |         |         |              |
| - b. + Nitrites                  |         |         |              |
| - c. + Quinidine                 |         |         |              |
| - d. + Diuretic MF510            |         |         |              |
| - e. + Hypotensive MF511         |         |         |              |
| - f. + Hypocholesterol MF512     |         |         |              |
| - g. + Anticoagulant MF513       |         |         |              |

5. DIET

|  |                 |
|--|-----------------|
| - a. + Has a diet been prescribed for you? Date: MF514 | Type:           |
| - b. + Have you followed a diet? Dates:                | Type: MF515-520 |

6. CHEST AND/OR EPIGASTRIC DISCOMFORT

|  |
|--|
| - a. + Have you had a heart attack of any kind?      |
| b.   |
| - + Have you had any chest or epigastric discomfort? |
| - c. + Does it occur when you are quiet or resting?  |
| - d. + Does it come on with exertion or excitement?  |

HISTORY - EXAM VII, Continued

6. CHEST AND/OR EPIGASTRIC DISTRESS - Continued

- <sup>e</sup>+ Is it related to meals?

Date of onset:

Duration: Longest

Location:

Radiates to:

Type:

Relieved by:

Duration: Usual

Frequency:

- <sup>f</sup>? + Examiner believes patient has Angina Pectoris

- <sup>g</sup>? + Examiner believes patient had a myocardial infarction since last examination

Other interpretation

7. CVA SINCE LAST EXAMINATION

a. SYMPTOMS

None

DURATION

SEVERITY

1)

- + Sudden muscular weakness

L.

R.

2)

- + Sudden speech difficulty

3)

- + Sudden visual defect

L.

R.

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

8. PERIPHERAL VASCULAR DISEASE

- + Calf pain while walking: Distance \_\_\_\_\_

- + Examiner believes this is intermittent claudication

9. ARTHRITIS

- <sup>a</sup>+ Since your last clinic visit, have you had any arthritis , bursitis , rheumatism

Describe:

Is this new disease , or recurrent disease

- <sup>b</sup>+ Have you ever had gout?

MF521

10. DIABETES

- + Diagnosed: At age MF522 By: \_\_\_\_\_

MF523 - + Uses insulin: Dosage \_\_\_\_\_ Oral medication : Specify \_\_\_\_\_

- + Follows diet

- + Family history of diabetes: Specify

MF524 - MF528



HISTORY - EXAM VII, Continued

11. THYROID DISEASE (Lifetime history) MFS29

- <sup>a.</sup> + Have you ever had any thyroid surgery? Date(s) \_\_\_\_\_
  - 1. What was done? MFS30
  - 2. At what hospital? \_\_\_\_\_
  - 3. Complications: None  Specify: \_\_\_\_\_
- <sup>b.</sup> + Have you had any other thyroid disease? Date(s) \_\_\_\_\_
  - 1. Type: MFS31
- c. Current status (Include result of surgery): MFS32
- d. Treatment: Specify \_\_\_\_\_ Date(s) \_\_\_\_\_

12. BREAST SURGERY (Lifetime history)

- <sup>a.</sup> + Have you ever had any breast surgery? Date(s) \_\_\_\_\_
  - What was done? \_\_\_\_\_
  - Where? \_\_\_\_\_
- b. Who first observed abnormality?
  - Self  Routine P.E.  Framingham Heart Program
  - Other  , Specify: \_\_\_\_\_

13. MENOPAUSE (Lifetime history)

- <sup>a.</sup> + Periods have stopped. Stopped at age MFS33 Cessation was: Natural  Surgical
- MFS34 Date of surgery \_\_\_\_\_ Hospital \_\_\_\_\_
- <sup>b.</sup> + Ovaries removed: Left  Right  Both  Unknown
- MFS35 <sup>c.</sup> + Hormone therapy: Dates taken \_\_\_\_\_ Kind \_\_\_\_\_
- MFS36 <sup>d.</sup> + Pelvic radiation therapy: Dates \_\_\_\_\_
- Where given: \_\_\_\_\_

14. SMOKING

- <sup>a.</sup> + Do you smoke now? Cigarettes/day MFS37 Cigars/day MFS38 Pipes/day MFS39
- MFS40 Uses filter type: No  Yes  MFS41 Inhales: No  Yes
- MFS42 Proportion of cigarette smoked: 3/4 or more  1/2-3/4  Less than 1/2

15. ALCOHOL INTAKE None

- MFS43 a. Highballs or cocktails Number - None  , <1/mo.  , \_\_\_\_\_ /day \_\_\_\_\_ /days/mo.
- MFS44 b. Beer (8-oz. units) Number - None  , <1/mo.  , \_\_\_\_\_ /day \_\_\_\_\_ /days/mo.
- MFS45 c. Wine (4-oz. units) Number - None  , <1/mo.  , \_\_\_\_\_ /day \_\_\_\_\_ /days/mo.

16. EYES

- MFS46 <sup>a.</sup> + Do you have trouble reading without glasses?
- <sup>b.</sup> + Can you read better if you move the reading material farther away?
- MFS47 Age \_\_\_\_\_ (at which difficulty first noticed, or glasses prescribed)

HISTORY - EXAM. VII, Continued

NOTES: (Identify by Section number):

|             |         |               |
|-------------|---------|---------------|
| NAME (LAST) | (FIRST) | RECORD NUMBER |
|-------------|---------|---------------|

**A. SIGNS LEADING TO A DIAGNOSIS OF HEART DISEASE**

see  
card no. 1

|          |  |  |                            |
|----------|--|--|----------------------------|
| 1. CHEST | a. Increased AP diameter<br>0 1 2 3 4  | b. Kyphosis <b>MF549</b><br>0 1 2 3 4  | SECOND OBSERVER'S COMMENTS |
|          | c. Depressed sternum<br>0 1 2 3  | d. Scoliosis <b>MF557</b><br>0 1 2 3 4 |                            |
|          | e. Breath sounds<br>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Describe |  |                            |
|          | f. Rates <b>MF553</b> Type   |  |                            |

**2. SYSTOLIC MURMURS (Patient recumbent)** None

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

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

- + Is this a significant murmur?

**3. DIASTOLIC MURMURS** None

|                  | AREA       | TIMING | QUALITY | GRADE           |   |   |   |   |
|------------------|------------|--------|---------|-----------------|---|---|---|---|
|                  |            |        |         | Before Exercise | 0 | 1 | 2 | 3 |
| a. Mitral<br>- + | A MP AAL   | E M L  | Ru Cr   |                 |   |   |   |   |
| b. Aortic<br>- + | A MP LB RB | E M L  | BL Dcr  |                 |   |   |   |   |

c. Patient was exercised No  Yes

MF558

|                     |   |                     |                            |
|---------------------|---|---------------------|----------------------------|
| 4. ABDOMEN AND LEGS | a. Liver palpable (Cms in MCL) 0 1 2 3 4 5                    | b. Liver tender - + | SECOND OBSERVER'S COMMENTS |
|                     | c. Ankle edema <b>MF554</b><br>Left 0 1 2 3 4 Right 0 1 2 3 4 |                     |                            |
| 5. VARICES          | Left 0 1 2 3 4  | Right 0 1 2 3 4     |                            |

**B. SIGNS OF CEREBROVASCULAR ACCIDENT** None

|   |                            |
|---|----------------------------|
| 1. Aphasia - +  | SECOND OBSERVER'S COMMENTS |
| 2. Hemiparesis - + L. <input type="checkbox"/> R. <input type="checkbox"/> Min. <input type="checkbox"/> Mod. <input type="checkbox"/> Total <input type="checkbox"/> |                            |
| 3. Hyperreflexia - + L. <input type="checkbox"/> R. <input type="checkbox"/>  |                            |
| 4. Path. reflexes - + Extensor <input type="checkbox"/> Flexor <input type="checkbox"/>   |                            |
| 5. Other significant neurological signs: Describe   |                            |

PHYSICAL EXAMINATION, EXAM VII, Continued

C. GENERAL CHARACTERISTICS

|               |   |
|---------------|---|
| 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. Arcus Senilis <b>MFS66</b> No <input type="checkbox"/> Yes <input type="checkbox"/> b. Exophthalmos <b>MFS67</b> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/><br>c. Xanthelasma <b>MFS68</b> None <input type="checkbox"/> R. <input type="checkbox"/> L. <input type="checkbox"/> Size (mm) _____  |
| 3. XANTHOMATA | None <input type="checkbox"/> Present <input type="checkbox"/> <b>MFS69</b> Locate _____  |
| 4. HAIRINESS  | Normal <input type="checkbox"/> Moderate <input type="checkbox"/> Locate _____<br>Sub-Normal <input type="checkbox"/> Marked <input type="checkbox"/>   |
| 5. THYROID    | a. Scar present, otherwise normal <input type="checkbox"/> <b>MFS60</b><br>b. Nodules: Size (mm) _____ Locate _____<br>Single <input type="checkbox"/> <b>MFS61</b><br>Multiple <input type="checkbox"/><br>Consistency _____ Describe _____<br>Normal <input type="checkbox"/><br>c. Diffuse enlargement <b>MFS62</b> None <input type="checkbox"/> Slight <input type="checkbox"/> Medium <input type="checkbox"/> Marked <input type="checkbox"/><br>d. Evidence of toxicity <b>MFS63</b> None <input type="checkbox"/> Describe _____<br>e. Cervical adenopathy <b>MFS64</b> None <input type="checkbox"/> Describe _____ |
| 6. BREASTS    | a. Scar present _____ None <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/><br>1. Radical mastectomy _____<br>2. Simple mastectomy _____<br>3. Other surgery _____<br>Specify: _____<br>b. Localized mass None <input type="checkbox"/> Describe _____<br>c. Significant axillary nodes None <input type="checkbox"/> Describe _____<br>d. Polythelia No <input type="checkbox"/> Yes <input type="checkbox"/>   |
| 7. ARTHRITIS  | Signs present _____ None <input type="checkbox"/><br>Describe: <b>MFS65</b>   |

SECOND OBSERVER'S COMMENTS

**DIAGNOSTIC IMPRESSION, EXAM. VII**

NOTES (Specify Section):

**CLINICAL DIAGNOSTIC IMPRESSION**

| 1. CARDIOVASCULAR IMPRESSION     | SECOND OBSERVER'S OPINION |
|----------------------------------|---------------------------|
| a.                               |                           |
| b.                               |                           |
| c.                               |                           |
| d. Functional class: I II III IV |                           |
| 2. NON-CARDIOVASCULAR IMPRESSION |                           |
| a.                               |                           |
| b.                               |                           |
| c.                               |                           |
| d.                               |                           |
| SIGNATURE OF EXAMINER            | SIGNATURE OF OBSERVER     |

EXAM VII

CODE SHEET  
Birmingham Heart Study

|              |       |
|--------------|-------|
| Coded by:    | Date: |
| Verified by: | Date: |

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

1 - 4

Record Number

Card No. 1

NUMERICAL DATA

|  |  |  |  |   |   |  |   |
|--|--|--|--|---|---|--|---|
| MEASUREMENTS<br>AND<br>PULMONARY<br>FUNCTION | 5 - 8  | 9 - 11   | 12 - 13  | 14 - 15   | 16 - 18   | 19 - 21  | 22 - 25   |
|  | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">—</div><br>Height | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF470</div><br>Weight | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF471</div><br>Left | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF472</div><br>Right | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF473</div><br>Total | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF474</div><br>First Second's<br>Volume | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF475</div><br>Flow rate |
|  | DYNAMOMETER  |  |  |   | VITAL CAPACITY  |  |   |

|                                 |  |   |  |   |  |   |
|---------------------------------|--|---|--|---|--|---|
| BLOOD<br>PRESSURE<br>(Left arm) | 26 - 28  | 29 - 31   | 32 - 34  | 35 - 37   | 38 - 40  | 41 - 43   |
|                                 | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF476</div><br>Systolic | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF477</div><br>Diastolic | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF478</div><br>Systolic | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF479</div><br>Diastolic | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF480</div><br>Systolic | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF481</div><br>Diastolic |
|                                 | NURSE  |   | FIRST EXAMINER   |   | SECOND EXAMINER  |   |

|                 |   |   |   |
|-----------------|---|---|---|
| URI-<br>NALYSIS | 44  | 45  | 46  |
|                 | <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center;">MF482</div><br>Sugar | <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center;">MF483</div><br>Albumin | <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center;">MF484</div><br>Bacteriuria |
|                 | <p>0 Negative</p> <p>1 Positive</p> <p>2 Doubtful</p> <p>9 Unknown</p> <p>←—————→</p>                     |   |   |

|                   |   |  |  |  |  |
|-------------------|---|--|--|--|--|
| BLOOD<br>ANALYSIS | 47 - 49   | 50 - 52  | 53 - 54  | 55 - 58  |  |
|                   | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF485</div><br>Cholesterol                             | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF486</div><br>Phospholipid | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF487</div><br>Hematocrit       | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF488</div><br>Total Lipids |  |
|                   | 59 - 61   | 62 - 64  | 65   | 66   | 67   |
|                   | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">MF489</div><br>Triglycerides<br>(WHOLE SERUM)<br>68-70 | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">—</div><br>Fibrinogen       | <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center;">MF490</div><br>Fasting<br>Blood | <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center;">—</div><br>Large<br>Cells   | <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center;">MF491</div><br>Latex                                    |
|                   | <div style="border: 1px solid black; width: 80px; height: 30px; text-align: center;">—</div><br>Triglycerides<br>(Centrifuged)              |  | <p>0 - No</p> <p>1 - Yes</p> <p>2 - Doubtful</p> <p>9 - Unknown</p> <p>Y - FASTING</p> <p>X - NON-FASTING</p>        |  | <p>0 - Negative in all 3 stages</p> <p>1 - Positive for serum</p> <p>2 - Positive for Euglobulin</p> <p>3 - Positive in inhibition stage</p> |

EXAM VII

CODE SHEET  
Framingham Heart Study

|              |       |
|--------------|-------|
| Coded by:    | Date: |
| Verified by: | Date: |

|      |              |
|------|--------------|
| NAME | DATE OF EXAM |
|------|--------------|

|                        |                            |               |                |                                 |
|------------------------|----------------------------|---------------|----------------|---------------------------------|
| 1 - 4<br>Record Number | Card No. 2<br>X-RAY REPORT | 15<br>Exam VI | 16<br>Exam VII | 17 - 19<br>Size<br><b>MF493</b> |
| CRA function           |                            |               |                |                                 |

CHEST FILM

|        |                        |                        |                       |                        |                                   |                                      |                              |   |
|--------|------------------------|------------------------|-----------------------|------------------------|-----------------------------------|--------------------------------------|------------------------------|---|
| BEFORE | 20<br>MF<br>494<br>GCE | 21<br>MF<br>495<br>LVH | 22<br>MF<br>496<br>AH | 23<br>MF<br>497<br>RVH | 24*<br>MF<br>498<br>Other contour | 25*<br>MF<br>499<br>Pulmonary artery | 26*<br>MF<br>500<br>Position | 27*<br>MF<br>501<br>Calcification other than aortic |
|--------|------------------------|------------------------|-----------------------|------------------------|-----------------------------------|--------------------------------------|------------------------------|---|

|       |           |           |          |           |                      |
|-------|-----------|-----------|----------|-----------|----------------------|
| AFTER | 28<br>GCE | 29<br>LVH | 30<br>AH | 31<br>RVH | 32*<br>Other contour |
|-------|-----------|-----------|----------|-----------|----------------------|

|       |                        |                                  |                         |                              |                           |
|-------|------------------------|----------------------------------|-------------------------|------------------------------|---------------------------|
| AORTA | 33<br>MF<br>502<br>Asc | 34<br>MF<br>503<br>Arch Tortuous | 35<br>MF<br>504<br>Desc | 36<br>MF<br>505<br>Calcified | 37*<br>MF<br>506<br>Other |
|-------|------------------------|----------------------------------|-------------------------|------------------------------|---------------------------|

|        |             |                |                    |              |
|--------|-------------|----------------|--------------------|--------------|
| NON-CV | 38*<br>Bone | 39*<br>Pleural | 40*<br>Parenchymal | 41*<br>Other |
|--------|-------------|----------------|--------------------|--------------|

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

BONE FILMS

|          |                                |                           |
|----------|--------------------------------|---------------------------|
| ARTHRTIS | 42*<br>MF<br>507<br>Rheumatoid | 43*<br>MF<br>508<br>Gouty |
|----------|--------------------------------|---------------------------|

Heart size

/

CT Ratio

/

Heart Larger

Change in heart size since previous exam

Heart Smaller

|  |
|--|
| *Description   |
| Interpreted by: <b>Lloyd E. Hawes</b>                |
| Cardio-Roentgen Activator<br>Sat. _____ Unsat. _____ |

Not in ex. chart

45 3525-4  
61

Coded by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Card No. 4

EXAM VII CODE SHEET  
Framingham Heart Study

1-4  
[ ]

### PHYSICAL EXAMINATION

Record Number

#### CHEST

#### MURMURS

|                |                |                   |                |                |                 |
|----------------|----------------|-------------------|----------------|----------------|-----------------|
| 5<br>MF<br>548 | 6<br>MF<br>549 | 7<br>MF<br>550    | 8<br>MF<br>551 | 9<br>MF<br>552 | 10<br>MF<br>553 |
| AP diameter    | Kyphosis       | Depressed sternum | Scoliosis      | Breath sounds  | Rales           |

|               |            |           |
|---------------|------------|-----------|
| 11            | 12         | 13        |
| [ ]           | [ ]        | [ ]       |
| Apex Systolic | Right base | Diastolic |

#### ABDOMEN AND LEGS

#### SIGNS OF CVA

|       |             |           |
|-------|-------------|-----------|
| 14    | 15          | 16        |
| [ ]   | MF<br>554   | MF<br>555 |
| Liver | Ankle edema | Varices   |

|         |             |                |                |       |
|---------|-------------|----------------|----------------|-------|
| 17      | 18          | 19             | 20             | 21    |
| [ ]     | [ ]         | [ ]            | [ ]            | [ ]   |
| Aphasia | Hemiparesis | Hyper-reflexia | Path. reflexes | Other |

#### HAIR

#### EYES

|       |        |              |
|-------|--------|--------------|
| 22    | 23     | 24           |
| [ ]   | [ ]    | [ ]          |
| Color | % Gray | Bald pattern |

|               |              |             |            |           |
|---------------|--------------|-------------|------------|-----------|
| 25            | 26           | 27          | 28         | 29        |
| MF<br>556     | MF<br>557    | MF<br>558   | MF<br>559  | [ ]       |
| Arcus senilis | Exophthalmos | Xanthelasma | Xanthomata | Hairiness |

#### THYROID

#### BREASTS

|           |           |           |           |                     |
|-----------|-----------|-----------|-----------|---------------------|
| 30        | 31        | 32        | 33        | 34                  |
| MF<br>560 | MF<br>561 | MF<br>562 | MF<br>563 | MF<br>564           |
| Scar      | Nodules   | Diffuse   | Toxic     | Cervical adenopathy |

|      |      |       |            |                      |
|------|------|-------|------------|----------------------|
| 35   | 36   | 37    | 38         | 39                   |
| [ ]  | [ ]  | [ ]   | [ ]        | MF<br>565            |
| Scar | Mass | Nodes | Polythelia | Rheumatoid arthritis |

### ECG FINDINGS

|           |           |           |           |           |           |                  |            |           |       |                  |
|-----------|-----------|-----------|-----------|-----------|-----------|------------------|------------|-----------|-------|------------------|
| 40        | 41        | 42        | 43        | 44        | 45        | 46               | 47         | 48        | 49    | 50-52            |
| MF<br>566 | MF<br>567 | MF<br>568 | MF<br>569 | MF<br>570 | MF<br>571 | MF<br>572        | MF<br>573  | MF<br>574 | [ ]   | MF<br>575        |
| GI        | MI        | CI        | LVH       | IV Block  | AV Block  | Non-spec. T-wave | Arrhythmia | PR        | Other | Ventricular rate |

### FINAL DIAGNOSTIC IMPRESSION

|      |     |     |               |           |                    |           |            |
|------|-----|-----|---------------|-----------|--------------------|-----------|------------|
| 53   | 54  | 55  | 56            | 57        | 58                 | RHD<br>59 | HCVD<br>60 |
| [ ]  | [ ] | [ ] | [ ]           | [ ]       | [ ]                | [ ]       | [ ]        |
| ASHD | AP  | CI  | History of MI | MI by ECG | Add. Dx components |           |            |

#### POSSIBLE HCVD

#### BLOOD PRESSURE

#### OTHER HD

|               |             |
|---------------|-------------|
| 61            | 62          |
| MF<br>576     | [ ]         |
| Untreated HBP | Treated HBP |

|              |         |
|--------------|---------|
| 63           | 64      |
| [ ]          | [ ]     |
| Status I-VII | Treated |

|     |
|-----|
| 65  |
| [ ] |

|                  |           |     |
|------------------|-----------|-----|
| 66               | 67        | 68  |
| MF<br>577        | MF<br>578 | [ ] |
| Functional class | CHF       | CVA |



**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 liters. Small lines equal 50 c.c. REORDER CAT. No. P-601

