

Framingham Heart Study

Original Cohort Exam 9

04/23/1964-10/29/1968

N=3833

Exam Form Version

- 10-64 Clinical Diagnostic Impression
- 11-64 Numerical Data, X-Ray Report, Medical History, Physical Examination & Electrocardiograph and Oscillograph (first page)
- 5-67 Electrocardiograph and Oscillograph (*second* page)

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.

| | | |
|---|-----------------------------------|--------------------------------------|
| EXAM IX CODE SHEET Framingham Heart Study | NUMERICAL DATA Deck 111 | DATE THIS EXAM DATE LAST EXAM |
|---|-----------------------------------|--------------------------------------|

| COLS. | CODE | ITEM |
|-------|------|---|
| 1-4 | | RECORD NUMBER ID |
| 5-6 | | PRESENT AGE (Years last birthday) FB5 |
| 7-8 | | BIRTH ORDER (Live births) FB6 |
| 9-10 | | NUMBER OF SIBLINGS (Including subject) FB7 |
| 11 | | MARITAL STATUS (1-Single 2-Married 3-Widowed 4-Divorced 5-Separated) FB8 |
| 12-14 | | WEIGHT (To nearest pound) FB9 |

| URINALYSIS: | | | | | |
|-------------|----------------------|---------------|---------------------|--------------|---|
| 15 | Negative 0 | Positive 1 | Doubtful 2 | Unknown 9 | SUGAR FB11 |
| 16 | 0 | 1 | 2 | 9 | ALBUMIN FB12 |
| 17-18 | | | | | TOTAL VITAL CAPACITY (Liters, to nearest tenth) FB13 |
| 19-22 | Right FB14 | | Left FB15 | | SKINFOLD TRICEPS (Millimeters) |
| 23-28 | Right FB16 | | Left FB17 | | GIRTH OF MIDDLE UPPER ARM (Millimeters) |

| BLOOD PRESSURE (Left arm, mm Hg): | | | |
|-----------------------------------|-------------------------|--------------------------|----------------------------|
| 29-34 | Systolic FB18 | Diastolic FB19 | NURSE |
| 35-40 | FB20 | FB21 | PHYSICIAN (First reading) |
| 41-46 | FB22 | FB23 | PHYSICIAN (Second reading) |

| BLOOD ANALYSIS: | | | | |
|-----------------|------------|--------------|--------------|--|
| 47 | No 0 | Yes 1 | Unknown 9 | FASTING FB24 |
| 48-49 | | | | HEMATOCRIT (Percent) FB25 |
| 50-52 | | | | SUGAR (mg/100 ml) FB26 |
| 53 | Clear 0 | Lipemic 1 | Unknown 9 | SERUM FB27 |
| 54-56 | | | | TOTAL CHOLESTEROL (mg/100 ml) FB28 |
| 57-59 | | | | BETA CHOLESTEROL (mg/100 ml) FB29 |
| 60-62 | | | | ALPHA CHOLESTEROL (mg/100 ml) FB30 |
| 63-65 | | | | PHOSPHOLIPID (mg/100 ml) FB31 |
| | | | | TRIGLYCERIDE - Whole serum (mg/100 ml) FB32 |
| | | | | TRIGLYCERIDE - Centrifuged (Mg/100 ml) |

| | | | | | | | |
|-------|--|---|---|---|-----------------|-------------|------|
| 78-80 | | 1 | 1 | 1 | DECK NUMBER 111 | VERIFIED BY | DATE |
|-------|--|---|---|---|-----------------|-------------|------|

| | | |
|---|---------------------------------|--------------------------------------|
| AM IX CODE SHEET Birmingham Heart Study | X-RAY REPORT Deck 112 | DATE THIS EXAM DATE LAST EXAM |
|---|---------------------------------|--------------------------------------|

| COLS. | CODE | | | | RECORD NUMBER | NAME | ITEM |
|-------|---------------|-----------|-------------|-------|--|------|---|
| 1-4 | | | | | | | |
| 5 | Not Done X | Sat. 1 | Unsat. 2 | | | | CHEST FILM: FB33 |
| | None Noted | No | Yes | Maybe | ABNORMALITY NOTED BY RADIOLOGIST BEFORE CLINICAL DATA | | |
| 6 | X | 0 | 1 | 2 | | | Generalized Cardiac Enlargement FB34 *DESCRIBE |
| 7 | | 0 | 1 | 2 | | | Left Ventricular Hypertrophy FB35 |
| 8 | | 0 | 1 | 2 | | | Atrial Hypertrophy L R FB36 |
| 9 | | 0 | 1 | 2 | | | Right Ventricular Hypertrophy FB37 |
| 10 | | 0 | 1 | 2 | | | Other Contour* FB38 |
| 11 | | 0 | 1 | 2 | | | Pulmonary Artery* FB39 |
| 12 | | 0 | 1 | 2 | | | Position* FB40 |
| 13 | | 0 | 1 | 2 | | | Calcification, Not Aortic* FB41 |
| | None Noted | No | Yes | Maybe | AORTIC ABNORMALITY | | |
| 14 | X | 0 | 1 | 2 | | | Arch FB42 *DESCRIBE |
| 15 | | 0 | 1 | 2 | Tortuous | | Ascending FB43 |
| 16 | | 0 | 1 | 2 | | | Descending FB44 |
| 17 | | 0 | 1 | 2 | | | Calcified FB45 |
| 18 | | 0 | 1 | 2 | | | Other* FB46 |
| | None Noted | No | Yes | Maybe | NON-CARDIOVASCULAR ABNORMALITY | | |
| 19 | X | 0 | 1 | 2 | | | Bone* FB47 *DESCRIBE |
| 20 | | 0 | 1 | 2 | | | Pleural* FB48 |
| 21 | | 0 | 1 | 2 | | | Parenchymal* FB49 |
| 22 | | 0 | 1 | 2 | | | Other* FB50 |
| 23-25 | | | | | | | MEASUREMENT OF HEART SIZE (100 Added to Denominator of Fraction Shown for Heart Size) |
| | | | | | | | HEART SIZE / |
| | | | | | | | CT RATIO / |

| | | | | | CHEST FILM: (Continued) | |
|---|------|-------|----|-----|---------------------------------|----------------|
| COLS. | CODE | | | | ITEM | |
| | None | Noted | No | Yes | Maybe | |
| ABNORMALITY NOTED BY RADIOLOGIST AFTER CLINICAL DATA | | | | | | |
| 26 | X | 0 | 1 | 2 | Generalized Cardiac Enlargement | FB52 *DESCRIBE |
| 27 | | 0 | 1 | 2 | Left Ventricular Hypertrophy | FB53 |
| 28 | | 0 | 1 | 2 | Atrial Hypertrophy | FB54 |
| 29 | | 0 | 1 | 2 | Right Ventricular Hypertrophy | FB55 |
| 30 | | 0 | 1 | 2 | Other Contour* | FB56 |
| 31 | | 0 | 1 | 2 | Position | FB57 |

| | | | | | BONE FILMS: | |
|------|---------------|-----------|-------------|-------|---------------------------|----------------|
| None | Noted | No | Yes | Maybe | | |
| 32 | X | 0 | 1 | 2 | Rheumatoid* | FB58 *DESCRIBE |
| 33 | | 0 | 1 | 2 | Gouty* | FB59 |
| 34 | | 0 | 1 | 2 | Osteoarthritis* | FB60 |
| 35 | | 0 | 1 | 2 | Other* | FB61 |
| 36 | Not Done 0 | Sat. 1 | Unsat. 2 | | CARDIO-ROENTGEN ACTIVATOR | FB62 |

| | | | | | | | |
|-------|--|---|---|---|-----------------|-------------|------|
| 78-80 | | 1 | 1 | 2 | DECK NUMBER 112 | VERIFIED BY | DATE |
|-------|--|---|---|---|-----------------|-------------|------|

| | | |
|---|------------------------------------|--------------------------------------|
| EXAM IX CODE SHEET Framingham Heart Study | MEDICAL HISTORY Deck 113 | DATE THIS EXAM DATE LAST EXAM |
|---|------------------------------------|--------------------------------------|

| COLS. | CODE | RECORD NUMBER | ITEM |
|-------|---------|---------------|---|
| 1-4 | | | NAME |
| 5 | No 1 | Yes 2 | HOSPITALIZATION IN INTERIM FB63 |
| 6 | 1 | 2 | ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM FB64 |
| | REASON | MONTH - YEAR | NAME AND LOCATION OF HOSPITAL OR DOCTOR |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | None of these | No | Yes (Now) | Yes (Not Now) | MEDICINE USED IN INTERIM: | DATES USED | |
|----|---------------|----|-----------|---------------|---|------------|----|
| | | | | | | FROM | TO |
| 7 | X | 0 | 1 | 2 | DIGITALIS FB65 | | |
| 8 | | 0 | 1 | 2 | NITRITES FB66 | | |
| 9 | | 0 | 1 | 2 | QUINIDINE (OR PROCAINAMIDE) FB67 | | |
| 10 | | 0 | 1 | 2 | DIURETICS FB68 | | |
| 11 | | 0 | 1 | 2 | HYPOTENSIVES FB69 | | |
| 12 | | 0 | 1 | 2 | HYPOCHOLESTEROL FB70 | | |
| 13 | | 0 | 1 | 2 | THYROID FB71 | | |
| 14 | | 0 | 1 | 2 | ANTITHYROID FB72 | | |
| 15 | | 0 | 1 | 2 | ANTICOAGULANTS FB73 | | |
| 16 | | 0 | 1 | 2 | ANTIBACTERIAL FB74 | | |
| 17 | | 0 | 1 | 2 | TRANQUILIZERS FB75 | | |

| | MENOPAUSE, IN INTERIM: | | | | SEX |
|-------|------------------------|-----------------------|----------------------|-------------------|---|
| 18 | Man X | Woman 2 | | | FB76 |
| 19 | No X | Yes 1 | | | PERIODS HAVE STOPPED 1 YEAR OR MORE FB77 |
| 20-21 | | | | | AGE AT WHICH PERIODS STOPPED FB78 |
| 22 | Natural 0 | Surgery 1 | Radiation 2 | | CAUSE OF CESSATION OF MENSES FB79 |
| 23 | No 0 | Yes Under a year 1 | Yes Over a year 2 | | HORMONE THERAPY (Specify) FB80 |
| + | | No 0 | Yes 1 | | HYSTERECTOMY FB81 |
| 25 | No 0 | Yes (one) 1 | Yes (two) 2 | Un- known 9 | OVARIES REMOVED FB82 |

EXAM IX CODE SHEET
Framingham Heart Study

MEDICAL HISTORY
Deck 113
(Continued)

| COLS. | CODE | | | ITEM | DESCRIBE ANY CHANGES | | | | | | | | | | | | |
|--|------------|------------------------|----------------------|--|---|-----------|-----------|----------|------|--|--|--|--|--|--|--|--|
| SMOKING, IN INTERIM: | | | | | | | | | | | | | | | | | |
| 26 | No X | Yes 1 | | SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS | FB83 | | | | | | | | | | | | |
| 27 | 0 | 1 | | SMOKES CIGARS | FB84 | | | | | | | | | | | | |
| 28 | 0 | 1 | | SMOKES PIPE | FB85 | | | | | | | | | | | | |
| 29 | X | 1 | | SMOKES CIGARETTES | FB86 | | | | | | | | | | | | |
| 30-31 | | | | Number of Cigarettes Per Day | FB87 | | | | | | | | | | | | |
| 32 | "1/4" 1 | "1/2" 2 | "3/4" 3 | Portion of Cigarette Smoked | FB88 | | | | | | | | | | | | |
| 33 | No 0 | Yes 1 | | Uses Filter | FB89 | | | | | | | | | | | | |
| 34 | No 0 | Yes 1 | | Inhales | FB90 | | | | | | | | | | | | |
| DIET: | | | | | | | | | | | | | | | | | |
| 35 | No 0 | Yes 1 | | ADDS SALT ROUTINELY BEFORE TASTING | FB91 | | | | | | | | | | | | |
| 36 | 0 | 1 | | PREFERS FOODS WELL SALTED | FB92 | | | | | | | | | | | | |
| 37 | 0 | 1 | | AVOIDS SALT INTAKE | FB93 <input type="checkbox"/> Prescribed <input type="checkbox"/> Own Choice | | | | | | | | | | | | |
| 38 | No X | Yes Prescribed 1 | Yes Self 2 | DIETING (Subject's Opinion) | FB94 | | | | | | | | | | | | |
| 39 | No 0 | Yes 1 | | Following Diet (Examiner's Opinion) | <table border="1"> <thead> <tr> <th>TYPE DIET</th> <th>AGE ONSET</th> <th>HOW LONG</th> </tr> </thead> <tbody> <tr> <td>FB95</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | TYPE DIET | AGE ONSET | HOW LONG | FB95 | | | | | | | | |
| TYPE DIET | AGE ONSET | HOW LONG | | | | | | | | | | | | | | | |
| FB95 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| RESPIRATORY SYMPTOMS, IN INTERIM: | | | | | | | | | | | | | | | | | |
| 40 | No 0 | Yes Productive 1 | Yes Non-prod 2 | CHRONIC COUGH | FB96 Age Onset _____ | | | | | | | | | | | | |
| 41 | 0 | No 0 | Yes 1 | TROUBLED WITH WHEEZING | FB97 Age Onset _____ + - Seasonal + - With Respiratory Infection | | | | | | | | | | | | |
| 42 | 0 | 0 | 1 | ALLERGIES (Specify) | FB98 | | | | | | | | | | | | |
| 43 | No 0 | Grade 1 | Grade 2 | Grade 3 | DYSPNEA ON EXERTION FB99 Grade 1: Climbing stairs or vigorous exertion Grade 2: Rapid walking or moderate exertion Grade 3: Any slight exertion | | | | | | | | | | | | |
| 44 | No 0 | Yes 1 | | Dyspnea Increased in Past Two Years | FB100 | | | | | | | | | | | | |
| 45 | 0 | 1 | | ORTHOPNEA | <input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint FB101 | | | | | | | | | | | | |
| 46 | 0 | 1 | | PAROXYSMAL NOCTURNAL DYSPNEA | FB102 | | | | | | | | | | | | |
| 47 | 0 | 1 | | ANKLE EDEMA, BILATERAL | FB103 | | | | | | | | | | | | |
| 48 | No 0 | Yes 1 | Maybe 2 | Examiner Believes Subject Had CHF Since Last Examination | FB104 | | | | | | | | | | | | |

| COLS. | CODE | | | ITEM |
|---|-------|---------|------------|---|
| PERIPHERAL VASCULAR DISEASE, LIFETIME: | | | | |
| 57 | FB113 | No 0 | Yes 1 | FAMILY HISTORY (parent, sibling, offspring) OF NON-TRAUMATIC AMPUTATION OF LOWER EXTREMITY |
| | | | | RELATIVE |
| 58 | FB114 | No 0 | Any + 1 | EVER HAD? |
| | | | | - + Trouble With Varicose Veins L R |
| | | | | - + Phlebitis L R |
| | | | | - + Swelling of Leg, Unilateral L R |
| | | | | - + Leg Ulcers L R |
| 59 | FB115 | No 0 | Yes 1 | TROUBLED WITH FREQUENT COLDNESS |
| | | | | - + In One Hand, Not Both |
| | | | | - + In One Foot, Not Both |
| | | | | DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS. |
| 60 | FB116 | No 0 | Yes 1 | TROUBLE WITH FINGERS ON EXPOSURE TO COLD (RAYNAUD'S) L R |
| | | | | DESCRIBE |
| 61 | | No 0 | Yes 1 | Maybe 2 |
| | | | | Examiner Believes Subject Has Raynaud's Phenomenon |
| | | | | FB117 |
| 62 | FB118 | No 0 | Yes 1 | DISCOMFORT IN LOWER LIMBS WHILE WALKING |
| | | | | L R |
| | | | | - + Calf |
| | | | | - + Other |
| | | | | - + Onset at First Steps |
| | | | | - + After Walking Awhile |
| | | | | - + Related to Rapidity of Walking or Steepness of Grade |
| | | | | - + Forced to Stop Walking |
| | | | | DISTANCE |
| | | | | - + Relieved by Stopping, in _____ Minutes |
| | | | | DURATION OF SYMPTOMS _____ MONTHS |
| | | | | DATE OF ONSET |
| | | | | AGE AT ONSET |
| | | | | CONDITION IS: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary |
| 63 | | No 0 | Yes 1 | Maybe 2 |
| | | | | FB119 |
| | | | | Examiner Believes Subject Has Intermittent Claudication |
| | | | | DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS. |

COMMENTS

| | | |
|---|---|--|
| EXAM IX CODE SHEET Birmingham Heart Study | PHYSICAL EXAMINATION Deck 114 | DATE THIS EXAM FB120 / FB121 / FB122 DATE LAST EXAM |
|---|---|--|

| COLS. | CODE | ITEM |
|-------|---|--|
| 1-4 | | RECORD NUMBER NAME |
| 5-10 | | DATE THIS EXAM (Month, day, year) FB123 / FB124 / FB125 |
| 11-14 | NURSE PHYSICIAN | EXAMINERS' NUMBERS FB126 |
| 15 | Endomorphic Mesomorphic Ectomorphic Endo-meso Meso-ecto Ecto-endo 1 2 3 4 5 6 | BODY HABITUS (Pick one to best describe subject) FB127 |
| | | COMMENTS <div style="float:right; border: 1px solid black; padding: 2px;"> PREFIX LEGEND Endo - Round, fat Meso - Muscular Ecto - Slender, linear </div> |
| 16 | No 0 Mild 1 Mod. 2 Marked 3 | EYES: *DESCRIBE (GIVE LOCATION AND SIZE) ARCUS SENILIS FB128 |
| | | XANTHELASMA* FB129 |
| 17 | No 0 Yes 1 Maybe 2 | THYROID: DESCRIBE ANY ABNORMALITY SCAR FB130 |
| | | SINGLE NODULE FB131 |
| 20 | 0 1 2 | MULTIPLE NODULES FB132 |
| 21 | 0 1 2 | DIFFUSE ENLARGEMENT FB133 |
| 22 | 0 1 2 | OTHER MANIFESTATION OF THYROID DISEASE FB134 |
| 23 | No 0 Yes 1 Maybe 2 | XANTHOMATA FB135 DESCRIBE AND LOCATE |
| 24 | No 0 Yes 1 Maybe 2 | RESPIRATORY SYSTEM: DESCRIBE ANY ABNORMALITY INCREASED ANTERO-POSTERIOR DIAMETER FB136 |
| | | KYPHOSIS FB137 |
| 25 | 0 1 2 | SCOLIOSIS FB138 |
| 27 | 0 1 2 | ABNORMAL BREATH SOUNDS FB139 |
| 28 | 0 1 2 | RALES FB140 |

COMMENTS

| COLS. | CODE | | | | ITEM | | |
|---------------|---------------------------------------|----------------------|-------------|--|------------|--|-------|
| HEART: | | | | | | | |
| 29 | No 0 | Yes 1 | Maybe 2 | ABNORMAL SOUNDS (e.g., clicks, gallops, abnormal splitting, muffled, or accentuated sounds, rubs) | | SPECIFY AND DESCRIBE | |
| | | | | FB141 | | | |
| | | | | SYSTOLIC MURMURS: | | DESCRIBE SIGNIFICANT MURMURS | |
| | | | | Heard Maximally At: | | | |
| 30 | NO 0 | Grade 1 2 3 4 5 6 | | | | Apex | FB142 |
| 31 | 0 | 1 2 3 4 5 6 | | | | Midprecordium | FB143 |
| 32 | 0 | 1 2 3 4 5 6 | | | | Left Base | FB144 |
| 33 | 0 | 1 2 3 4 5 6 | | | | Right Base | FB145 |
| 34 | No X | Yes 1 | Maybe 2 | Any Murmur Significant | | FB146 | |
| 35 | | Mitral 1 | Aortic 2 | Both 3 | Other 4 | FOR SIGNIFICANT MURMURS Examiner's opinion of valve origin | FB147 |
| | | | | DIASTOLIC MURMURS: | | DESCRIBE | |
| 36 | No 0 | Mitral 1 | Aortic 2 | Both 3 | Other 4 | Grade 1 2 3 4 5 6 | FB148 |
| 37 | No 0 | Yes 1 | Maybe 2 | DISTENDED NECK VEINS (Semi-recumbent) | | FB149 | |
| | | | | BREASTS: | | | |
| 38 | | No X | Yes 1 | Abnormal | | FB150 | |
| 39 | Mastectomy No Radical Simple Other | | | Scar Present | | SPECIFY IF "OTHER" | |
| | 0 | 1 | 2 | 3 | L R | | |
| 40 | No 0 | Yes 1 | Maybe 2 | Localized Mass* | | FB152 | |
| 41 | 0 | 1 | 2 | Axillary Nodes* | | FB153 | |
| | | | | ABDOMEN: | | | |
| 42 | No 0 | Yes 1 | Maybe 2 | Liver Enlarged | | DESCRIBE | |
| | | | | Other Liver Abnormality | | SPECIFY | |
| 43 | 0 | 1 | 2 | Other Abdominal Abnormality | | DESCRIBE | |
| | | | | | | FB155 | |

| COLS. | CODE | ITEM |
|----------------------------|-----------------------------------|---|
| PERIPHERAL VESSELS: | | |
| 44 | No 0 1 2 3 4 | LEFT ANKLE EDEMA FB156 |
| 45 | 0 1 2 3 4 | RIGHT ANKLE EDEMA FB157 |
| | | VISIBLE VARICOSITIES |
| 46 | No 0 1 2 3 | Left FB158 |
| 47 | 0 1 2 3 | Right FB159 |
| 48 | No Yes 0 1 | AMPUTATION* FB160 |
| 49 | No Yes Maybe 0 1 2 | TEMPERATURE DIFFERENCE IN FEET* FB161 |
| 50 | No Yes Maybe 0 1 2 | ABSENT OR FEEBLE PERIPHERAL PULSES* FB162 |
| 51 | 0 1 2 | Dorsal Pedis L R FB163 |
| 52 | 0 1 2 | Posterior Tibial L R FB164 |
| 53 | 0 1 2 | Femoral L R FB165 |
| 54 | 0 1 2 | Radial L R FB166 |
| 55 | No Yes Maybe 0 1 2 | VASCULAR BRUITS IMMEDIATELY AFTER EXERCISE* FB167 |
| | | - + Medical Aspect of Thigh L R |
| | | - + Groin L R |
| | | - + Lower Abdomen L R |
| | | - + Umbilical L R |
| | | - + Supraclavicular L R |
| | | - + Carotid L R |
| | | - + Posterior Thorax L R |
| | | - + Lower Spine L R |
| 56 | No Yes 0 1 | WAS PATIENT EXERCISED BEFORE BRUITS WERE LISTENED FOR? FB168 |

GRADE LEGEND

1 - UNCOMPLICATED
2 - WITH EDEMA OR SKIN CHANGES
3 - WITH ULCER

* DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL FINDINGS.

MENTS

| COLS. | CODE | | | | ITEM | | | | | | | | | | | | | |
|---|---------------------------|--|------------|--|--|------|---------------------------|--|-------------------------|-----------------------|---|--|------------------------|-----------------------|-------------------------------|----------------------|------------------------|---------------------------|
| | | | | | PERIPHERAL VESSELS: (Continued) | | | | | | | | | | | | | |
| 57 | Not done 0 | Pos. 1 | Neg. 2 | Maybe 3 | RATSCHOW'S POSTERAL CHANGE TEST: FB169 | | | | | | | | | | | | | |
| | | | | | <table border="1"> <thead> <tr> <th></th> <th>DESCRIBE</th> <th rowspan="4">DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS</th> </tr> </thead> <tbody> <tr> <td>- + Pallor on Elevation</td> <td rowspan="4"></td> </tr> <tr> <td>- + Delayed Return of Color _____ Seconds</td> </tr> <tr> <td>- + Delayed Venous Filling _____ Seconds</td> </tr> <tr> <td>- + Reactionary Rubor</td> </tr> </tbody> </table> | | DESCRIBE | DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS | - + Pallor on Elevation | | - + Delayed Return of Color _____ Seconds | - + Delayed Venous Filling _____ Seconds | - + Reactionary Rubor | | | | | |
| | DESCRIBE | DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL VASCULAR FINDINGS | | | | | | | | | | | | | | | | |
| - + Pallor on Elevation | | | | | | | | | | | | | | | | | | |
| - + Delayed Return of Color _____ Seconds | | | | | | | | | | | | | | | | | | |
| - + Delayed Venous Filling _____ Seconds | | | | | | | | | | | | | | | | | | |
| - + Reactionary Rubor | | | | | | | | | | | | | | | | | | |
| 58 | No 0 | Yes 1 | Maybe 2 | 1ST EXAMINER'S OPINION | Arterial Peripheral Vascular Disease FB170 | | | | | | | | | | | | | |
| 59 | 0 | 1 | 2 | | Chronic Venous Insufficiency or Varicose Veins FB171 | | | | | | | | | | | | | |
| 60 | 0 | 1 | 2 | 2ND EXAMINER'S OPINION | Arterial Peripheral Vascular Disease FB172 | | | | | | | | | | | | | |
| 61 | 0 | 1 | 2 | | Chronic Venous Insufficiency or Varicose Veins FB173 | | | | | | | | | | | | | |
| | | | | | NEUROLOGICAL FINDINGS: | | | | | | | | | | | | | |
| | | | | | <table border="1"> <thead> <tr> <th></th> <th>DESCRIBE EACH ABNORMALITY</th> </tr> </thead> <tbody> <tr> <td>- + SPEECH DISTURBANCE</td> <td rowspan="10"></td> </tr> <tr> <td>- + MENTAL IMPAIRMENT</td> </tr> <tr> <td>- + DISTURBANCE IN GAIT</td> </tr> <tr> <td>- + LOCALIZED MUSCLE WEAKNESS</td> </tr> <tr> <td>- + VISUAL DISTURBANCE</td> </tr> <tr> <td>- + ABNORMAL REFLEXES</td> </tr> <tr> <td>- + CRANIAL NERVE ABNORMALITY</td> </tr> <tr> <td>- + CEREBELLAR SIGNS</td> </tr> <tr> <td>- + SENSORY IMPAIRMENT</td> </tr> <tr> <td>ANY NEUROLOGICAL FINDINGS</td> </tr> </tbody> </table> | | DESCRIBE EACH ABNORMALITY | - + SPEECH DISTURBANCE | | - + MENTAL IMPAIRMENT | - + DISTURBANCE IN GAIT | - + LOCALIZED MUSCLE WEAKNESS | - + VISUAL DISTURBANCE | - + ABNORMAL REFLEXES | - + CRANIAL NERVE ABNORMALITY | - + CEREBELLAR SIGNS | - + SENSORY IMPAIRMENT | ANY NEUROLOGICAL FINDINGS |
| | DESCRIBE EACH ABNORMALITY | | | | | | | | | | | | | | | | | |
| - + SPEECH DISTURBANCE | | | | | | | | | | | | | | | | | | |
| - + MENTAL IMPAIRMENT | | | | | | | | | | | | | | | | | | |
| - + DISTURBANCE IN GAIT | | | | | | | | | | | | | | | | | | |
| - + LOCALIZED MUSCLE WEAKNESS | | | | | | | | | | | | | | | | | | |
| - + VISUAL DISTURBANCE | | | | | | | | | | | | | | | | | | |
| - + ABNORMAL REFLEXES | | | | | | | | | | | | | | | | | | |
| - + CRANIAL NERVE ABNORMALITY | | | | | | | | | | | | | | | | | | |
| - + CEREBELLAR SIGNS | | | | | | | | | | | | | | | | | | |
| - + SENSORY IMPAIRMENT | | | | | | | | | | | | | | | | | | |
| ANY NEUROLOGICAL FINDINGS | | | | | | | | | | | | | | | | | | |
| 62 | No X | Yes 1 | Maybe 2 | | FB174 | | | | | | | | | | | | | |
| 63 | 0 | 1 | 2 | Examiner believes this is CVA | FB175 | | | | | | | | | | | | | |
| 64 | 0 | 1 | 2 | CEREBRAL EMBOLUS | FB176 | | | | | | | | | | | | | |
| 65 | 0 | 1 | 2 | INTRACEREBRAL HEMORRHAGE | FB177 | | | | | | | | | | | | | |
| 66 | 0 | 1 | 2 | SUBARACHNOID HEMORRHAGE | FB178 | | | | | | | | | | | | | |
| 67 | 0 | 1 | 2 | ATHEROSCLEROTIC INFARCTION | FB179 | | | | | | | | | | | | | |
| 68 | 0 | 1 | 2 | Examiner Believes This is Other Neurological Disease | SPECIFY FB180 | | | | | | | | | | | | | |
| 78-80 | | 1 | 1 | 4 | DECK NUMBER 114 | | | | | | | | | | | | | |
| | | | | | VERIFIED BY | DATE | | | | | | | | | | | | |

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| EXAM IX CODE SHEET Framingham Heart Study | ELECTROCARDIOGRAPH AND OSCILLOGRAPH Deck 115 | DATE THIS EXAM DATE LAST EXAM |
|---|--|--------------------------------------|

| COLS. | CODE | | | | | ITEM | | |
|-------|-------------|-----------------------------------|-----------------------|------------|---|--|---|--|
| 1-4 | 4 | 7 | 2 | 5 | RECORD NUMBER | NAME BASLEY, Romeo L. | | |
| | | | | | | ELECTROCARDIOGRAPHIC FINDINGS: | | |
| 5-7 | | | | | VENTRICULAR RATE PER MINUTE FB181 | | | |
| 8-9 | | | | | P-R INTERVAL (Hundredths of second) FB182 | | | |
| 10-11 | | | | | QRS INTERVAL (Hundredths of second) FB183 | | | |
| 12 | No 0 | Yes 1 | Maybe 2 | | MYOCARDIAL INFARCTION | LOCATION | FB184 | |
| 13 | 0 | 1 | 2 | | LEFT VENTRICULAR HYPERTROPHY | | FB185 | |
| 14 | 0 | 1 | 2 | | NON-SPECIFIC T-WAVE ABNORMALITY | | FB186 | |
| 15 | 0 | 1 | 2 | | NON-SPECIFIC S-T SEGMENT ABNORMALITY | | FB187 | |
| 16 | No 0 | IVB L R Ind Other 1 2 3 4 5 | | | WPW 5 | ABBREVIATIONS WPW - Wolff-Parkinson-White Syndrome Ind - Indeterminate whether left or right | | |
| 17 | No 0 | 1 | 2 | 3 | ATRIOVENTRICULAR BLOCK | | DEGREE LEGEND 1 - Prolonged P-R interval 2 - Dropped beat 3 - Complete A-V dissociation (C.H.B.) | |
| 18 | No 0 | Atrial 1 | Ven- tricular 2 | Nodal 3 | Combined 4 | PREMATURE BEATS FB190 | | |
| 19 | | | No 0 | Yes 1 | ATRIAL FIBRILLATION FB191 | | | |
| 20 | | | 0 | 1 | ATRIAL FLUTTER FB192 | | | |
| 21 | | No 0 | Yes 1 | Maybe 2 | OTHER ARRHYTHMIA | | FB193 | |
| 22 | No 0 | Digitalis Effect 1 2 | | | Other 2 | OTHER ECG ABNORMALITY FB194 | | |
| 23 | | No 0 | Yes 1 | Other 2 | ANY ABOVE ABNORMALITY PRESENT IN ECG FB195 | | | |
| 24 | | 0 | 1 | 2 | TAKING DIGITALIS OR QUINIDINE FB196 | | | |
| 25 | Normal 0 | Abnormal 1 | Doubtful 2 | | ECG CLINICAL READING FB197 | | | |

9

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| COLS. | CODE | | | | | ITEM | | |
|---------------------------------|--------|-----|-------|---------|---------|-----------------------|---|-----------------------|
| OSCILLOGRAPHIC FINDINGS: | | | | | | | | |
| | Degree | | | | Unknown | DICROTIC NOTCH | Degree: 1 - Well defined dicrotic notch 2 - Intermediate change 3 - Intermediate change 4 - Absent dicrotic notch | |
| 26 | 1 | 2 | 3 | 4 | 9 | Wrist FB198 | | |
| 27 | 1 | 2 | 3 | 4 | 9 | Leg FB199 | | |
| 28 | 1 | 2 | 3 | 4 | 9 | Foot FB200 | | |
| | | | | | | AMPLITUDE DIFFERENCES | Number of counterpressures at which amplitude differences exceeding 20% occur -- 0, 1, 2, 3, or 4 | |
| 29-30 | RIGHT | | LEFT | | | Wrist FB202 | | |
| 31-32 | RIGHT | | LEFT | | | Leg FB204 | | |
| 33-34 | RIGHT | | LEFT | | | Foot FB206 | | |
| | No | Yes | Maybe | Unknown | | ABNORMAL CONTOUR | Abnormal contour = blunting | |
| 35 | 0 | 1 | 2 | 9 | | Wrist, left FB207 | | |
| 36 | 0 | 1 | 2 | 9 | | Wrist, right FB208 | | |
| 37 | 0 | 1 | 2 | 9 | | Leg, left FB209 | | |
| 38 | 0 | 1 | 2 | 9 | | Leg, right FB210 | | |
| 39 | 0 | 1 | 2 | 9 | | Foot, left FB211 | | |
| 40 | 0 | 1 | 2 | 9 | | Foot, right FB212 | | |
| | No | Yes | Maybe | Unknown | | INDEX SHIFT | Maximal amplitude occurs at a lower counterpressure on the abnormal side | |
| 41 | 0 | 1 | 2 | 9 | | Wrist, left FB213 | | |
| 42 | 0 | 1 | 2 | 9 | | Wrist, right FB214 | | |
| 43 | 0 | 1 | 2 | 9 | | Leg, left FB215 | | |
| 44 | 0 | 1 | 2 | 9 | | Leg, right FB216 | | |
| 45 | 0 | 1 | 2 | 9 | | Foot, left FB217 | | |
| 46 | 0 | 1 | 2 | 9 | | Foot, right FB218 | | |
| | Number | | | | Unknown | INTERPRETATION | SPECIFY | |
| 47 | 0 | 1 | 2 | 3 | 4 | 9 | | Abnormal pulses FB219 |
| 78-80 | | 1 | 1 | 5 | | DECK NUMBER 115 | VERIFIED BY | DATE |

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|---|---|--------------------------------------|
| EXAM IX CODE SHEET Birmingham Heart Study | CLINICAL DIAGNOSTIC IMPRESSION Deck 116 | DATE THIS EXAM DATE LAST EXAM |
|---|---|--------------------------------------|

| COLS. | CODE | | | | | RECORD NUMBER | NAME | ITEM | |
|-------|---------|----------|-------------|--|-------------------------------|---|------|-------------------------------------|--|
| 1-4 | | | | | | | | | |
| | Normal | Definite | Border-line | HEART: | | | | | |
| 5 | 0 | 1 | 2 | HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician) FB220 | | | | | |
| 6 | No 0 | Yes 1 | Maybe 2 | Under Treatment for Hypertension FB221 | | | | | |
| 7 | 0 | 1 | 2 | HYPERTENSIVE CARDIOVASCULAR DISEASE FB222 | | | | | |
| 8 | 0 | 1 | | Diagnosis of HCVD is Outside of Criteria FB223 | | | | | |
| | No | Yes | Maybe | CORONARY HEART DISEASE | | | | | |
| | | New | Old | Recur | | | | | |
| 9 | 0 | 1 | 2 | 3 | 4 | Angina Pectoris FB224 | | | |
| 10 | 0 | 1 | 2 | 3 | 4 | Coronary Insufficiency FB225 | | | |
| 11 | 0 | 1 | 2 | 3 | 4 | Myocardial Infarction FB226 | | | |
| | No | Yes | Maybe | RHEUMATIC HEART DISEASE | | | | | |
| 12 | 0 | 1 | 2 | Aortic Valve Disease FB227 | | | | | |
| 13 | 0 | 1 | 2 | Mitral Valve Disease FB228 | | | | | |
| 14 | 0 | 1 | 2 | Other FB229 SPECIFY | | | | | |
| 15 | 0 | 1 | 2 | CONGENITAL HEART DISEASE TYPE FB230 | | | | | |
| 16 | 0 | 1 | 2 | OTHER HEART DISEASE SPECIFY FB231 | | | | | |
| 17 | 0 | 1 | 2 | CONGESTIVE HEART FAILURE ETIOLOGY FB232 | | | | | |
| 18 | 0 | 1 | 2 | ARRHYTHMIA TYPE FB233 | | | | | |
| 19 | Class | | | | FUNCTIONAL CLASS FB234 | | | | |
| | No | Yes | Maybe | VASCULAR DISEASE OF BRAIN: | | | | | |
| | | New | Old | Recur | | | | SPECIFY NEUROLOGICAL MANIFESTATIONS | |
| 20 | 0 | 1 | 2 | 3 | 4 | Atherosclerotic Infarction of Brain FB235 | | | |
| 21 | 0 | 1 | 2 | 3 | 4 | Embolic Infarction of Brain FB236 SECONDARY TO: | | | |
| 22 | 0 | 1 | 2 | 3 | 4 | Hemorrhage into Brain FB237 | | | |
| 23 | 0 | 1 | 2 | 3 | 4 | Subarachnoid Hemorrhage FB238 | | | |

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| COLS. | CODE | | | ITEM |
|-------|---------|----------|------------|--|
| | | | | PERIPHERAL VASCULAR DISEASE: |
| | | | | ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE |
| 24 | No 0 | Yes 1 | Maybe 2 | With Intermittent Claudication FB239 |
| 25 | 0 | 1 | 2 | With Other Manifestation <small>SPECIFY</small> FB240 |
| 26 | 0 | 1 | 2 | VARICOSE VEINS FB241 |
| 27 | 0 | 1 | 2 | OTHER CARDIOVASCULAR DIAGNOSIS: FB242 |
| | | | | <small>SPECIFY</small> |
| | | | | NON-CARDIOVASCULAR DIAGNOSES: |
| 28 | No 0 | Yes 1 | Maybe 2 | DIABETES MELLITUS FB243 |
| 29 | 0 | 1 | 2 | URINARY TRACT DISEASE FB244 |
| 30 | 0 | 1 | 2 | PULMONARY DISEASE <small>SPECIFY</small> FB245 |
| 31 | X | 1 | 2 | ARTHRITIS FB246 |
| 32 | 0 | 1 | 2 | Osteoarthritis FB247 |
| 33 | 0 | 1 | 2 | Gouty Arthritis FB248 |
| 34 | 0 | 1 | 2 | Rheumatoid Arthritis FB249 |
| 35 | 0 | 1 | 2 | OTHER NON-CARDIOVASCULAR DIAGNOSES FB250 |
| | | | | <small>SPECIFY</small> |

SUMMARY OF CLINICAL DIAGNOSES

| | | | | | | | | |
|------------|--|----------------|---|---|-----------------|--|----------|------|
| SIGNATURES | | FIRST EXAMINER | | | SECOND EXAMINER | | | |
| 78-80 | | 1 | 1 | 6 | DECK NUMBER 116 | | VERIFIED | DATE |