IDTYPE ID

COHORT EXAM 29

Dataset name: e_exam_ex29_0_0210d

DATE ___________

Medical History--Hospitalizations

OMB No=0925-0216 12/31/2007

		Health Care. Since last Exam or Health Update.
FV001	|__|	**Examiner prefix** (0=MD, 1=Tech)
FV002	|__|__|__|	**Examiner ID** ___________________________ Examiner Name
FV003	|__|	**Hospitalization** (not just E.R.) since last exam or medical history update (0=No; 1=yes, hospitalization, 2=yes, more than 1 hospitalization, 9=Unknown)
FV004	|__|	**E.R. Visit since last exam or medical history update** (0=No; 1=Yes, 1 or more Emergency Room visit, 9=Unknown)
FV005	|__|	**Day Surgery** (0=No, 1=Yes, 9=Unknown)
FV006	|__|	**Illness with visit to doctor** (0=No, 1=Yes, 1 visit; 2=Yes, more than 1 visit; 9=Unk)
FV007	|__|	**Have you had a fever or infection in past two weeks** (0=No, 1=Yes, 9=Unknown)
FV008	|__|	**Check up** in interim by doctor (0=No, 1=Yes, 9=Unknown)
FV009	________________ MM DD YYYY	**Date** of this FHS exam (Today's date - See above)

Medical Encounter	Month/Year (of last visit)	Site of Hospital or Office	Doctor

MD01

Medical History—Medications

OMB No=0925-0216 12/31/2007

Hypertension

FV010 |__|	**Since your last exam have you taken medication for the treatment of hypertension? (high blood pressure)** **(0=No, 1=Yes, now, 2=Yes, not now, 9=Unk)**

Aspirin use

FV011

|__|		**Take aspirin regularly**? (0=No, 1=Yes, 9=Unk)
If yes, fill	FV012 |__|__|	**Number aspirins taken regularly** (99=Unknown)
	FV013 |__|	**Aspirin frequency**- number taken regularly (0=Never, 1=Day, 2=Week 3=Month, 4=Year, 9=Unk)
	FV014 |__|__|__|	**Usual aspirin dose for above** 081=baby, 160=half dose, 325=nl, 500=extra or larger, 999=unk

MD02

Medical History – Prescription and Non-Prescription Medications

OMB NO=0925-0216 12/31/2007

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. Include <u>herbal alternative, and soy-based preparations.</u>

Medication Name (Print first 20 letters)	**Strength** (include mg, IU, etc)	**Number per** (day/week/month) (circle one)		**Prn** (0=no, 1=yes, 9=unkn)
EXAMPLE: S A M P L E D R U G N A M E	100 mg	1	D W M	0
FV015	FV016	FV017	FV017A D W M	FV018
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	
			D W M	

To continue with more medications, please use next page.

MD03

Continue from screen 3

Medical History— Prescription and Non-Prescription Medications

OMB NO=0925-0216 12/31/2007

Copy the name of medicine, the strength including units, and the total number of doses per day/week/month. Include pills, skin patches, eye drops, creams, salves, injections. Include herbal, alternative, and soy-based preparations.

Medication Name (Print first 20 letters)	Strength (include mg, IU, etc)		Number per (day/week/month) (circle one)		Prn (0=no, 1=yes, 9=unkn)
EXAMPLE: S A M P L E . D R U G N A M E	100	mg	1	D W M	0
				D W M	
				D W M	
				D W M	
				D W M	
				D W M	
				D W M	
				D W M	
				D W M	
				D W M	
				D W M	
				D W M	

Blood Pressure

(first reading)

For clinic and offsite visits Examiner ID# equals Examiner ID# in Health Care section.

Systolic	Diastolic	BP cuff size	Protocol modification
FV019	FV020	FV021	FV022
|__|__|__|	|__|__|__|	|__|	|__|
to nearest 2 mm Hg 999=Unknown	to nearest 2 mm Hg 999=Unknown	0=pedi,1=reg.adult, 2=large adult, 3= thigh, 9=unknown	0=No, 1=Yes, 9=Unknown write in ______________________

MD04

Medical History–Prostate and Thyroid Disease, Smoking

OMB No=0925-0216 12/31/2007

Prostate Disease

FV023	|__|	**Prostate trouble since your last exam**	0=No, 1=Yes, 2=Maybe, 8=Woman, 9=Unknown
FV024	|__|	**Prostate surgery since your last exam**	

Thyroid

FV025	|__|	**Since your last exam have you had a diagnosis of a thyroid condition?** Comments	0=No, 1=Yes, 9=Unknown

Smoking

FV026	|__|	**Have you smoked cigarettes regularly since your last exam?**	0=No, 1=Yes, now, 2=Yes, not now, 9=Unknown
if yes fill ☞	FV027 |__|__|	How many cigarettes do/did you smoke a day? (01=one or less, 99=unknown)	

MD05

Medical History –Alcohol Consumption.

OMB NO=0925-0216 12/31/2007

Do you drink any of the following beverages at least once a month? (0=no, 1=yes, 9=unknown)	
FV028 |__|	Beer
FV029 |__|	Wine
FV030 |__|	Liquor/spirits
FV031 |__|	Other

What is your average number of servings in a typical week or month since your last exam ?
(999=Unknown)
Code alcohol intake as EITHER weekly OR monthly as appropriate.

Beverage	Per week	Per month
Beer (12oz bottle, glass, can)	FV032 |__|__|__|	FV033 |__|__|__|
Wine (red or white, 4oz glass)	FV034 |__|__|__|	FV035 |__|__|__|
Liquor/spirits (1oz cocktail/highball)	FV036 |__|__|__|	FV037 |__|__|__|
Other	FV038 |__|__|__|	FV039 |__|__|__|

MD06

Medical History—Respiratory Symptoms. Part I

OMB No=0925-0216 12/31/2007

Cough		
FV040 |__|	**Do you usually have a cough?** (Exclude clearing the throat)	0=No 1=Yes 9=Don't know
FV041 |__|	**Do you usually have a cough at all on getting up or first thing in the morning?**	
If **YES** to **either** question above **answer** the following:		
FV042 |__|	Do you cough like this on most days for three consecutive months or more during the past year?	0=No 1=Yes 9=Don't know
FV043 |__|__|	How many years have you had this cough? (99=Unk.)	# of years
Phlegm		
FV044 |__|	**Do you usually bring up phlegm from your chest apart from colds?**	0=No 1=Yes 9=Don't know
FV045 |__|	**Do you usually bring up phlegm at all on getting up or first thing in the morning?**	
If **YES** to **either** question above **answer** the following:		
FV046 |__|	Do you bring up phlegm from your chest on most days (4 or more days/week) for three consecutive months or more during the past year?	0=No 1=Yes 9=Don't know
FV047 |__|__|	How many years have you brought phlegm up from your chest on most days? (99=Unk.)	# of years
Wheeze		
FV048 |__|	**In the last 12 months, have you had wheezing or whistling in your chest at any time?**	0=No 1=Yes 9=Don't know
if yes, fill all☞ FV049 |__|	**In the last 12 months, how often have you had this wheezing or whistling?**	0=Not at all 1=Most days or nights 2=A few days or nights a week 3=A few days or nights a month 4=A few days or nights a year 9=Unknown
FV050 |__|	**In the past 12 months, have you had this wheezing or whistling in the chest when you did NOT HAVE A COLD?**	0=No 1=Yes 9=Don't know
FV051 |__|	**In the last 12 months, have you had an attack of wheezing or whistling in the chest that had made you feel short of breath?**	

MD07

Medical History—Respiratory Symptoms. Part II

OMB No=0925-0216 12/31/2007

Nocturnal chest symptoms

FV052 |__|	**In the last 12 months, have you been awakened by shortness of breath?**	0=No 1=Yes 9=Don't know
FV053 |__|	**In the last 12 months, have you been awakened by a wheezing/whistling in your chest?**	
FV054 |__|	**In the last 12 months, have you been awakened by coughing?**	
if yes, fill all FV055 |__|	In the last 12 months, how often have you been awakened by coughing?	0=Not at all 9=Unknown 1=Most days or nights 2=A few days or nights a week 3=A few days or nights a month 4=A few days or nights a year

Shortness of breath

FV056 |__|	**Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?**	0=No 1=Yes 9=Don't know
if yes, fill all FV057 |__|	Do you have to walk slower than people of your age on level ground because of shortness of breath?	
FV058 |__|	Do you ever have to stop for breath when walking at your own pace on level ground?	
FV059 |__|	Do you ever have to stop for breath after walking 100 yards (or after a few minutes) on level ground?	
FV060 |__|	**Do you/have you needed to sleep on two or more pillows to help you breathe?** (Orthopnea)	
FV061 |__|	**Have you since your last exam had swelling in both your ankles (ankle edema)?**	
FV062 |__|	**Have you since your last exam been told you had heart failure or congestive heart failure?**	
FV063 |__|	**Have you since your last exam been hospitalized for heart failure?**	

Examiner's opinion:

FV064 |__|	**First examiner believes CHF**	0=No,1=Yes 2=Maybe, 9=Unkn

Comments____

____

____

MD08

Medical History-- Heart

OMB No=0925-0216 12/31/2007

FV065 |__| if yes, fill☞ and below	**Any chest discomfort since last exam or medical history update?** (0=No, 1=Yes, 2=Maybe, 9=Unknown) (please provide narrative comments in addition to checking the appropriate boxes)	
FV066 |__|	Chest discomfort with exertion or excitement	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
FV067 |__|	Chest discomfort when quiet or resting	

Chest Discomfort Characteristics (must have checked box at top of table)		
FV068 FV069 |__|__|*|__|__|__|__|	Date of onset	mo/yr, 99/9999=Unknown)
FV070 |__|__|__|	Usual duration	(minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
FV071 |__|__|__|	Longest duration	(minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
FV072 |__|	Location	(0=No, 1=Central sternum and upper chest, 2=L up per Quadrant, 3=L lower ribcage, 4=R chest, 5=Other, 6=Combination, 9=Unknown)
FV073 |__|	Radiation	(0=No, 1=Left shoulder or L arm, 2=Neck, 3=R shoulder or arm, 4=Back, 5=Abdomen, 6=Other, 7=Combination, 9=Unknown)
FV074 |__|__|__|	Frequency (number in past month)	999=Unknown
FV075 |__|__|__|	Frequency (number in past year)	999=Unknown
FV076 |__|	Type	(1=Pressure, heavy, vise, 2=Sharp, 3=Dull, 4=Other, 9=Unk)
FV077 |__|	Relief by Nitroglycerine in <15 minutes	0=No
FV078 |__|	Relief by Rest in <15 minutes	1=Yes,
FV079 |__|	Relief Spontaneously in <15 minutes	8=Not tried
FV080 |__|	Relief by Other cause in <15 minutes	9=Unknown

FV081 |__|	**Since your last exam, have you been told by a doctor you had a heart attack?**	0=No, 1=Yes, 2=Maybe, 9=Unknown

CHD First Opinions		
FV082 |__|	**Angina pectoris in interim**	0=No, 1=Yes, 2=Maybe, 9=Unknown
FV083 |__|	**Angina pectoris since revascularization procedure**	
FV084 |__|	**Coronary insufficiency in interim**	
FV085 |__|	**Myocardial infarct in interim**	

Comments____

MD09

Medical History—Atrial Fibrillation/Syncope

OMB No=0925-0216 12/31/2007

FV086 |__| **Have you been told you have/had a heart rhythm problem called atrial fibrillation?** (0=No, 1=Yes, 2=Maybe,, 9=Unknown)

if yes, fill☞

FV087 FV088 FV089 |__|__|*|__|__|*|__|__|__|__| mm dd yyyy — Date of first episode (99/99/9999=unk) code year as 4 digits, example: Year 1999=1999

FV090 |__| ER/hospitalized or saw M.D. (0=No, 1=Hosp/ER, 2=Saw M.D., 9=Unkn)

Hospitalized at:______________________________________

M.D. seen: ____

FV091 |__| **Have you fainted or lost consciousness since your last exam?**
(If due to stroke skip to screen 11)
If event immediately preceded by head injury, or accident code 0=No
Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown

if yes, fill all ☞

Field	Box	Question	Code
FV092	|__|__|__|	Number of episodes in the past two years	(999=Unknown)
FV093 FV094	|__|__|*|__|__|__|__|	Date of first episode (use 4 digits for year, i.e. 1998)	(mo/yr, 99/9999=Unknown)
FV095	|__|__|__|	Usual duration of loss of consciousness	(minutes, 999=Unkn)

FV096 |__| Did you have any injury caused by the event? (0=No, 1=Yes, 2=Maybe, 9=Unkn)

if yes, fill ☞

FV097 |__| ER/hospitalized or saw M.D. (0=No, 1=ER/Hosp., 2=Saw M.D., 9=Unkn)

Hospitalized at: ______________________________________

M.D. seen: ____

Syncope First Opinions

FV098 |__| **Syncope** (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown)

Field	Box	Item	Code
FV099	|__|	**Cardiac syncope**	0=No, 1=Yes, 2=Maybe, 9=Unknown
FV100	|__|	**Vasovagal syncope**	
FV101	|__|	**Other-Specify:** ____________________	

FV102 |__| **Seizure Disorder** (0=No, 1=Yes, 2=Maybe,, 9=Unknown)

Comments ____

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MD10

Medical History—Cerebrovascular Disease

OMB No=0925-0216 12/31/2007

Cerebrovascular Episodes in Interim

Code	Item	Codes
FV103 |__|	**Sudden muscular weakness**	
FV104 |__|	**Sudden speech difficulty**	0=No,
FV105 |__|	**Sudden visual defect**	1=Yes,
FV106 |__|	**Double vision**	2=Maybe,
FV107 |__|	**Loss of vision in one eye**	9=Unknown
FV108 |__|	**Unconsciousness**	
FV109 |__| if yes, fill ☞ FV110 |__|	**Numbness, tingling** Numbness and tingling is positional	
FV111 |__|	**Head CT or MRI scan since last exam other than for the FHS** (date/place____)	0=No, 1=CT,2=MRI, 3=both, 9=Unk
FV112 |__|	**Seen by neurologist**(write in who and when below)____________	
FV113 |__|	**Have you been told by a doctor you had a stroke or TIA (transient ischemic attack, mini-stroke)?**	0=No,
FV114 |__|	**Have you been told by a doctor you have Parkinson Disease?**	1=Yes,
FV115 |__|	**Have you been told by a doctor you have memory problems, dementia or Alzheimer's disease?**	2=Maybe,
FV116 |__|	**Do you feel or do other people think that you have memory problems that prevent you from doing things you've done in the past?**	9=Unknown

Details for "Serious" Cerebrovascular Event in Interim

FV117 |__| **Examiner's opinion that TIA or stroke took place in interim** (0=No, 1=Yes, 2=Maybe, 9=Unknown)

if yes or maybe fill all to ☞

Code	Item
FV118 FV119 |__|__|*|__|__|__|__|	**Date** (mo/yr, 99/9999=Unkn) Observed by__________________________
FV120 FV121 FV122 |__|__|*|__|__|*|__|__|	**Duration** (use format days/hours/mins, 99/99/99=Unknown)
FV123 |__|	**Hospitalized or saw M.D.** (0=No, 1=Hosp.2=Saw M.D, 9=Unk) Name________________Address_______________________________

Neurology First Opinions

Code	Item	Codes
FV124 |__|	**Stroke in Interim**	
FV125 |__|	**TIA**	0=No,
FV126 |__|	**Dementia**	1=Yes, 2=Maybe,
FV127 |__|	**Parkinson Disease**	9=Unknown
FV128 |__|	**Other-- Specify:** ____________________	

Neurology Comments____

____

MD11

Medical History--Peripheral Arterial Disease

OMB No=0925-0216 12/31/2007

FV129	|__|	**Can you walk 50 feet without help?** (0=Able to walk 50 feet without help, 1=Needs help, 2=Can't walk, 9=Unknown)	
FV130	|__|	**Do you have lower limb discomfort while walking?** (0=No, 1=Yes, 2=Can't walk, 9=Unknown)	
	if yes fill ☞	FV131 |__|__|	**If walking on level ground, how many city blocks until symptoms develop** (00=no, 99=unknown) where 10 blocks=1 mile, code as no if more than 98 blocks required to develop symptoms
		FV132 |__|__|__|__|	**Year symptoms started** (9999=unknown)

if yes fill in below

Left	Right	Vascular symptoms	
FV133 |__|	FV134 |__|	Discomfort in calf while walking	0=No, 1=Yes, 9=Unknown
FV135 |__|	FV136 |__|	Discomfort in lower extremity (not calf) while walking	
FV137 |__|		Occurs with first steps (code worse leg)	
FV138 |__|		After walking a while (code worse leg)	
FV139 |__|		Related to rapidity of walking or steepness	
FV140 |__|		Forced to stop walking	
FV141 |__|__|		Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable, 99=Unknown)	
FV142 |__|__|		Number of days/month of lower limb discomfort (88=N/A, 99=Unknown)	

FV143	|__|	**Have you ever been told by a doctor you have intermittent claudication or peripheral arterial disease ?**	0=No, 1=Yes, 9=Unknown
FV144	|__|	**Has a doctor ever told you you had spinal stenosis?**	

if yes, fill ☞ FV145 |__| **Have you had a CT or MRI of your spine?**

Date __-__-____ (FV146 FV147 FV148) **Location** FV149

PAD First Opinions

FV150	|__|	**Intermittent Claudication**	0=No, 1=Yes, 2=Maybe, 9=Unknown

Comments____

MD12

Venous Disease and Second Blood Pressure

OMB No=0925-0216 12/31/2007

Venous Disease		
FV151 |__|	**Since your last exam have you had a Deep Vein Thrombosis** **(blood clots in legs or arms)**	0=No, 1=Yes, 9=Unknown
FV152 |__|	**Since your last exam have you had a Pulmonary Embolus** **(blood clots in lungs)**	

Second Blood Pressure (second reading)			
For clinic and offsite visits Examiner ID# equals Examiner ID# in Health Care section			
Systolic	**Diastolic**	**BP cuff size**	**Protocol modification**
FV153 |__|__|__| to nearest 2 mm Hg 999=Unknown	FV154 |__|__|__| to nearest 2 mm Hg 999=Unknown	FV155 |__| 0=pedi,1=reg.adult, 2=large adult, 3= thigh, 9=unknown	FV156 |__| 0=No, 1=Yes, 9=Unknown

Comments on Protocol modification

____

____

____

MD13

Medical History-- CVD Procedures

OMB No=0925-0216 12/31/2007

Coding: 0=No, 1=Yes 2=Maybe, 9=Unkn		Cardiovascular Procedures in Interim (if procedure was repeated code only first in interim and provide narrative) (write 4 digits for year, i.e. 1998, 1999, 2000)
FV157 |__|		**Heart Valvular Surgery (most recent only)**
if yes fill ☞	FV158	|__|__|__|__| Year done (9999=Unk) Location and description____________________
FV159 |__|		**Exercise Tolerance Test (most recent only)**
if yes fill ☞	FV160	|__|__|__|__| Year done (9999=Unk) Location____________________
FV161 |__|		**Coronary arteriogram (most recent only)**
if yes fill ☞	FV162	|__|__|__|__| Year done (9999=Unk)
FV163 |__|		**Coronary artery angioplasty**
if yes fill ☞	FV165	|__|__|__|__| Year done (9999=Unk)
	FV164	|__| Type of procedure (0=none, 1=balloon, 2=stent, 3=other, 9=unkn)
FV166 |__|		**Coronary bypass surgery**
if yes fill ☞	FV167	|__|__|__|__| Year done (9999=Unk)
FV168 |__|		**Permanent pacemaker insertion**
if yes fill ☞	FV169	|__|__|__|__| Year done (9999=Unk)
FV170 |__|		**Carotid artery surgery**
if yes fill ☞	FV171	|__|__|__|__| Year done (9999=Unk)
FV172 |__|		**Thoracic aorta surgery**
if yes fill ☞	FV173	|__|__|__|__| Year done (9999=Unk)
FV174 |__|		**Abdominal aorta surgery**
if yes fill ☞	FV175	|__|__|__|__| Year done (9999=Unk)
FV176 |__|		**Femoral or lower extremity surgery**
if yes fill ☞	FV177	|__|__|__|__| Year done (9999=Unk)
FV178 |__|		**Lower extremity amputation**
if yes fill ☞	FV179	|__|__|__|__| Year done (9999=Unk)
FV180 |__|		**Other Cardiovascular Procedure (write in below)**
if yes fill ☞	FV181	|__|__|__|__| Year done (9999=Unk) Description______________________________________

Comments:____

____

____

____

MD14

Cancer Site or Type

OMB No=0925-0216 12/31/2007

FV182 |__|

Have you, since your last clinic visit or medical history update, had a cancer or a tumor?
0=No - skip to next screen
1=Yes, fill in table below, using the following code:
Code each "site", putting "0" for all sites having no interim tumor.
1= Definite cancer
2=Tumor, nature unknown
3=Definitely benign
9=Unknown

	Code	Site of Cancer or Tumor	Year First Diagnosed	Name Diagnosing M.D.	City of M.D.
FV183	|__|	Esophagus			
FV184	|__|	Stomach			
FV185	|__|	Colon			
FV186	|__|	Rectum			
FV187	|__|	Pancreas			
FV188	|__|	Larynx			
FV189	|__|	Trachea/Bronchus/Lung			
FV190	|__|	Leukemia			
FV191	|__|	Skin			
FV192	|__|	Breast			
FV193	|__|	Cervix/Uterus			
FV194	|__|	Ovary			
FV195	|__|	Prostate			
FV196	|__|	Bladder			
FV197	|__|	Kidney			
FV198	|__|	Brain			
FV199	|__|	Lymphoma			
FV200	|__|	Other/Unknown ____________			

Comment (If participant has more details concerning tissue diagnosis, other hospitalization, procedures, treatments)

____

____

____

____

MD15

Electrocardiograph--Part I

OMB No=0925-0216 12/31/2007

FV201	|__|__|__|	**Examiner ID Number** ______________________________ **Examiner Last Name**
FV202	|__| **if Yes, fill out rest of form**	**ECG done (0=No, 1=Yes)**
		Rates and Intervals
FV203	|__|__|__|	**Ventricular rate per minute** (999=Unknown)
FV204	|__|__|	**P-R Interval (hundredths of a second)** (99=Fully Paced, Atrial Fib, or Unknown)
FV205	|__|__|	**QRS interval (hundredths of second)** (99=Fully Paced, Unknown)
FV206	|__|__|	**Q-T interval (hundredths of second)** (99=Fully Paced, Unknown)
FV207	|__|__|__|__|	**QRS angle (put plus or minus as needed)** (e.g. -045 for minus 45 degrees, +090 for plus 90, 9999=Fully paced or Unknown)
		Rhythm--predominant
FV208	|__|	**0 or 1 = Normal sinus,** (including s.tach, s.brady, s arrhy, 1 degree AV block) **3 = 2nd degree AV block, Mobitz I (Wenckebach)** **4 = 2nd degree AV block, Mobitz II** **5 = 3rd degree AV block / AV dissociation** **6 = Atrial fibrillation / atrial flutter** **7 = Nodal** **8 = Paced** **9 = Other or combination of above (list)**________________________________
		Ventricular conduction abnormalities
FV209	|__|	**IV Block** (0=No, 1=Yes, 9=Fully paced or Unknown)
FV210	**if yes, fill ☞** |__|	**Pattern** (1=Left, 2=Right, 3=Indeterminate, 9=Unknown)
FV211	|__|	**Complete (QRS interval=.12 sec or greater)**(0=No, 1=Yes, 9=Unknown)
FV212	|__|	**Incomplete (QRS interval = .10 or .11 sec)** (0=No, 1=Yes, 9=Unknown)
FV213	|__|	**Hemiblock** (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)
FV214	|__|	**WPW Syndrome** (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
		Arrhythmias
FV215	|__|	**Atrial premature beats** (0=No, 1=Atr, 2=Atr Aber, 9=Unknown)
FV216	|__|	**Ventricular premature beats** (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)
FV217	|__|__|	**Number of ventricular premature beats in 10 seconds** (see 10 second rhythm strip, 99=Unknown)

Electrocardiograph-Part II

OMB No=0925-0216 12/31/2007

	Myocardial Infarction Location	
FV218|__|	Anterior	(0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
FV219|__|	Inferior	
FV220|__|	True Posterior	
	Left Ventricular Hypertrophy Criteria	
FV221|__|	R > 20mm in any limb lead	(0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)
FV222|__|	R > 11mm in AVL	
FV223|__|	R in lead I plus S ≥ 25mm in lead III	
	Measured Voltage	
FV224 *|__|__|	**R AVL in mm** (at 1 mv = 10 mm standard) Be sure to code these voltages	
FV225 *|__|__|	**S V3 in mm** (at 1 mv = 10 mm standard) Be sure to code these voltages	
	R in V5 or V6-----S in V1 or V2	
FV226|__|	R≥ 25mm	(0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)
FV227|__|	S≥ 25mm	
FV228|__|	R or S ≥ 30mm	
FV229|__|	R + S ≥ 35mm	
FV230|__|	Intrinsicoid deflection ≥ .05 sec	
FV231|__|	S-T depression (strain pattern)	
	Hypertrophy, enlargement, and other ECG Diagnoses	
FV232|__|	Nonspecific S-T segment abnormality (0=No, 1=S-T depression, 2=S-T flattening, 3=Other, 9=Fully paced or unknown)	
FV233|__|	Nonspecific T-wave abnormality (0=No, 1=T inversion, 2=T flattening, 3=Other, 9=Fully paced or unknown)	
FV234|__|	U-wave present (0=No, 1=Yes, 2=Maybe, 9=Paced or Unknown)	
FV235|__|	Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown)	
FV236|__|	RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete RBBB present, RVH=9)	
FV237|__|	LVH (0=No, 1=LVH with strain, 2=LVH with mild S-T Segment Abn, 3=LVH by voltage only, 9=Fully paced or Unkn, If complete LBBB present, LVH=9)	

Comments and Diagnosis____

____

MD17

Clinical Diagnostic Impression.

OMB No=0925-0216 12/31/2007

	Non Cardiovascular Diagnoses First Examiner Opinions		
FV238	|__|	**Diabetes Mellitus**	
FV239	|__|	**Prostate disease**	
FV240	|__|	**Renal disease (specify)___________________**	
FV241	|__|	**Emphysema**	
FV242	|__|	**Chronic bronchitis**	**0=No,**
FV243	|__|	**Pneumonia**	**1=Yes,**
FV244	|__|	**Asthma**	**2=Maybe,**
FV245	|__|	**Other pulmonary disease**	**9=Unknown**
FV246	|__|	**Gout**	
FV247	|__|	**Degenerative joint disease**	
FV248	|__|	**Rheumatoid arthritis**	
FV249	|__|	**Gallbladder disease**	
FV250	|__|	**Other non C-V diagnosis (for cancer, see special screen)**	

Comments CDI Other Diagnoses____

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MD18

Version #3	**09-04-2007 GM**

Numerical Data (Anthropometry)

OMB No=0925-0216 12/31/2007

Basic Information

FV251	|__|	**Site of Exam** (0=Heart Study, 1=Nursing home, 2=Residence, 3=Other, 9=Unknown)
FV252	|__|	**Marital Status** (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)
FV253	|__|__|__|	**Examiner's Number** for weight and height
FV254	|__|__|__|	**Weight** (to nearest pound, 999=Unknown)
FV255	|__|	**Protocol modification for weight** 0=No,1=Yes, 9=Unk/ND
FV256	|__|	**Method used to obtain weight** (0=FHS protocol, clinic or field visit with portable scale, 1=recorded in NH chart, 2=Other write in ________________________________)
FV257 FV258 FV259	|__|__|*|__|__|*|__|__|__|__|	**Date weight obtained** (mm/dd/yyyy)
FV260	|__|__|*|__|__|	**Height** (inches, to next lower 1/4 inch, 99/99=Unknown) 88/88=field visit
FV261	|__|	**Protocol modification for height.** 0=No,1=Yes, 9=Unk/ND

Technician's Blood Pressure

to nearest 2 mm Hg **Clinic only**

|__|__|__| FV262 **Examiner's Number** (not done at off-site visits)

Systolic	Diastolic	BP cuff size	Protocol modification
FV263 |__|__|__| 999=Unk/ND	FV264 |__|__|__| 999=Unk/ND	FV265 |__| 0=pediatric, 1=regular,2=large adult, 3=thigh, 9=Unk/ND	FV266 |__| 0=No, 1=Yes, 9=Unk/ND

Comments on **all** protocol modifications:

____

____

____

____

TECH01

OMB No=0925-0216 12/31/2007

EXAM 29 Procedures Sheet

Code	Entry	Item	Codes
FV267	|__|	**Informed Consent** 1=Consent signed 2=Consent signed, may qualify for Waiver, 3=waiver used, 4=Other____________________	
FV268	|__|	**ECG**	
FV269	|__|	**Blood Drawn** 8=not drawn due to offsite visit	
FV270	|__|	**Physician Medical History (Tech. Medical History, off-site)**	
FV271	|__|	**Observed Physical Performance**	
FV272	|__|	**CES-D**	0=No 1=Yes 9=Unknown
FV273	|__|	**MMSE**	
FV274	|__|	**Berkman Social Network**	
FV275	|__|	**Physical function: Katz, Rosow-Breslau, Nagi, IADL**	
FV276	|__|	**Leisure Time Cognitive and Physical Activities**	
FV277	|__|	**Healthcare Preference Questions** 8=not eligible due to cognitive status	
FV278	|__|	**Height** 8=not done due to offsite visit	
FV279	|__|	**Weight**	
FV280	|__|	**Socio-demographic, Nursing (Community) Services Use**	

Exit Interview

Code	Entry	Item	Codes
FV281	|__|__|__|	**Examiner ID**	
FV282	|__|	**Procedure Sheet Review**	
FV283	|__|	**Referral Sheet Review**	0=No 1=Yes
FV284	|__|	**Left Clinic with all belongings** 8=n/a, offsite	
FV285	|__|	**Feedback** 0=No feedback, 1=Positive feedback, 2=Negative feedback, 3=Other	
FV286		Comments____ ____ ____ ____	

TECH02

Observed performance

OMB No=0925-0216 12/31/2007

|__|__|__| FV287	**Examiner's Number**

HAND GRIP TEST Measured to the nearest kilogram			
Right hand			
Trial 1	99=Unknown	FV288	|__|__|
Trial 2	99=Unknown	FV289	|__|__|
Trial 3	99=Unknown	FV290	|__|__|
Left hand			
Trial 1	99=Unknown	FV291	|__|__|
Trial 2	99=Unknown	FV292	|__|__|
Trial 3	99=Unknown	FV293	|__|__|
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)		FV294	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________ write in 2=Refused 9=Unknown		FV295	|__|

PHYSICAL FUNCTION TEST 10 seconds stand		
Side by Side		
Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown)	FV296	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________ write in 2=Refused 9=Unknown	FV297	|__|
Number of seconds held if less than 10 99.99=Unknown	FV298	|__|__|*|__|__|
Semi-Tandem		
Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown)	FV299	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________ write in 2=Refused 9=Unknown	FV300	|__|
Number of seconds held if less than 10 99.99=Unknown	FV301	|__|__|*|__|__|
Tandem		
Was this test completed? Held for 10 seconds (0=No, 1=Yes, 8=N/A, 9=Unknown)	FV302	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________ write in 2=Refused 9=Unknown	FV303	|__|
Number of seconds held if less than 10 99.99=Unknown	FV304	|__|__|*|__|__|

TECH03

Observed performance.

OMB No=0925-0216 12/31/2007

|__|__|__| FV305	Examiner's Number		
REPEATED CHAIR STANDS			
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)		FV306	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________write in 2=Refused 4=Test stopped at 60 sec 9=Unknown		FV307	|__|
IF OFFSITE visit, Chair height (in inches, 99.99=Unknown)		FV308	|__|__|*|__|__|
Time to complete five stands in seconds (If not completed in 60 sec – STOP)(99.99=Unk)		FV309	|__|__|*|__|__|
If less than five stands, enter the number (9=Unk)		FV310	|__|
Post-Repeated chair stand 30 second heart rate (999=Unknown)		FV311	|__|__|__|
MEASURED WALKS			
Walking aid used: 0=No aid, 1=Cane, 2=Walker, 3=Other, 9=Unknown		FV312	|__|
First Walk			
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)		FV313	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________write in 2=Refused 9=Unknown		FV314	|__|
Walk time (in seconds, 99.99=Unknown)		FV315	|__|__|*|__|__|
Laser walk time (in seconds, 99.99=Unknown)		FV316	|__|__|*|__|__|
Second Walk			
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)		FV317	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________write in 2=Refused 9=Unknown		FV318	|__|
Walk time (in seconds, 99.99=Unknown)		FV319	|__|__|*|__|__|
Laser walk time (in seconds, 99.99=Unknown)		FV320	|__|__|*|__|__|
Quick Walk			
Was this test completed? (0=No, 1=Yes, 8=Not attempted, 9=Unknown)		FV321	|__|
If not attempted or completed, why not? 1=Physical limitation 3=Other ____________________write in 2=Refused 9=Unknown		FV322	|__|
Walk time (in seconds, 99.99=Unknown)		FV323	|__|__|*|__|__|
Laser walk time (in seconds, 99.99=Unknown)		FV324	|__|__|*|__|__|

Mini-mental State Exam

I'm going to ask some questions that require concentration and memory. Some questions are more difficult than others and some will be asked more than one time.

OMB No=0925-0216 12/31/2007

FV325 |__|__|__|	**Examiner's Number** for Cognitive Function -- MMSE

	SCORE CORRECT No Try=6, Unknown=9	Write all responses on exam form (score 1 point for each correct response)
FV326	0 1 2 3 6 9	**What Is the Date Today?** (Month, day, year, correct score=3)
FV327	0 1 6 9	**What Is the Season?**
FV328	0 1 6 9	**What Day of the Week Is it?**
FV329	0 1 2 3 6 9	**What Town, County and State Are We in?**
FV330	0 1 6 9	**What Is the Name of this Place?** (any appropriate answer all right, for instance my home, nursing home, street address, heart study...max score=1)
FV331	0 1 6 9	**What Floor of the Building Are We on?**
FV332	0 1 2 3 6 9	**I am going to name 3 objects. After I have said them I want you to repeat them back to me. Remember what they are because I will ask you to name them again in a few minutes: Apple, Table, Penny**
FV333	|__|__|__|__|__|	**Now I am going to spell a word forward and I want you to spell it backwards. The word is world. W-O-R-L-D.** **Please Spell it in Reverse Order.** **Write in Letters, ____________________** (Letters Are Entered and Scored Later) Score as: 66666=Not administered for reason unrelated to cognitive status 00000=Administered, but couldn't do 99999=Unknown
FV334	0 1 2 3 6 9	**What are the 3 objects I asked you to remember a few moments ago?**

TECH05

Mini-mental State Exam

OMB No=0925-0216 12/31/2007

	SCORE CORRECT No Try=6, Unknown=9	**Write all responses on exam form.** (score 1 point for each correct answer)
FV335	0 1 6 9	**What Is this Called?** (Watch)
FV336	0 1 6 9	**What Is this Called?** (Pencil)
FV337	0 1 6 9	**Please Repeat the Following: "No Ifs, Ands, or Buts."** (Perfect=1)
FV338	0 1 6 9	**Please Read the Following & Do What it Says** (performed=1, code 6 if low vision)
FV339	0 1 6 9	**Please Write a Sentence** (code 6 if low vision)
FV340	0 1 6 9	**Please Copy this Drawing** (code 6 if low vision)
FV341	0 1 2 3 6 9	**Take this piece of paper in your right hand, fold it in half with both hands, and put in your lap** (score 1 for each correctly performed act, code 6 if low vision)

	No Yes Maybe Unk (coding for below)	**Factor Potentially Affecting Mental State Testing**
FV342	0 1 2 9	Illiterate or low education
FV343	0 1 2 9	Not fluent in English
FV344	0 1 2 9	Poor eyesight
FV345	0 1 2 9	Poor hearing
FV346	0 1 2 9	Depression / possible depression
FV347	0 1 2 9	Aphasia
FV348	0 1 2 9	Coma
FV349	0 1 2 9	Parkinsonism or neurologically impaired
FV350	0 1 2 9	Other

TECH06

Socio-demographics

OMB No=0925-0216 12/31/2007

FV351	
|__|__|__|	**Examiner's Number** for Socio-demographics

Socio-demographics

FV352 |___|	**Where do you live?** (0=Private residence, 1=Nursing home, 2=Other institution, such as: assisted living or retirement community, 9=Unknown)		
FV353 |___|	**Does anyone live with you?** (0=No, 1=Yes, 9=Unknown) Code Nursing Home Residents as NO to these questions		
If Yes ☞ If 0 or 9, skip down	FV354 |___|	Spouse	0=No 1=Yes, less than 3 months per year 2=Yes, at least 3 months per year 9=Unknown
	FV355 |___|	Significant Other	
	FV356 |___|	Children	
	FV357 |___|	Friends	
	FV358 |___|	Relatives	
	FV359 |___|	Pets	
FV360 |___|	**Are you currently working at a paying job or doing unpaid volunteer or community work?** (0=No,1=Yes, full time(>=32 hrs/week), 2=Yes, part time (<32 hrs/week), 9 =Unknown)		
FV361 |___|___|___|	**During the past 6 months (180 days) how many days were you so sick that you were unable to carry out your usual activities?** (999=Unknown)		

** Proxy may NOT be used to help complete this section **	
FV362 |___|	**In general, how is your health now**: (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9=Unkn)
FV363 |___|	**Compare your health to most people your own age:** (1=Better, 2=About the same, 3=Worse than most people your own age, 9=Unknown)

TECH07

Instrumental Activities of Daily Living (Lawton IADL)

(Not administered to nursing home residents)

OMB No=0925-0216 12/31/2007

Instructions: *Use the prompt cards when asking these questions.* ***If code=2*** *–write in definition of "some help"*

FV364 |__|__|	**1. Can you use the phone:**	
	01	completely unable to use the phone
	02	with some help
	03	without help (operates phone on own initiative, looks up, dials number, etc.)
FV365 |__|__|	**2. Can you get to places out of walking distance:**	
	01	completely unable to travel unless special arrangements are made (taxi or car with human assistance)
	02	with some help (when assisted or accompanied by another)
	03	without help (travels independently: drives car, public transportation or use of taxi)
FV366 |__|__|	**3. Can you go shopping for groceries :**	
	01	completely unable to do any shopping
	02	with some help (needs to be accompanied on any shopping trip)
	03	without help
	88	resides in assisted living facility, does not do
FV367 |__|__|	**4. Can you prepare your own meals:**	
	01	completely unable to prepare meals (needs meals prepared and served)
	02	with some help (heat and serve prepared meals)
	03	without help (plans, prepares, serves meals)
	88	resides in assisted living facility, does not do
FV368 |__|__|	**5. Can you do your own housework :**	
	01	completely unable to do any housework
	02	with some help
	03	without help (performs light daily tasks – dishwashing, bed making, etc).
	88	resides in assisted living facility, does not do
FV369 |__|__|	**6. Can you do your own handyman work:**	
	01	completely unable to do any handyman work
	02	with some help
	03	without help
	88	resides in assisted living facility, does not do
FV370 |__|__|	**7. Can you do your own laundry:**	
	01	completely unable to use the laundry
	02	with some help (such as using laundry service)
	03	without help (does personal laundry completely)
	88	resides in assisted living facility, does not do
|__|__|	**8. A.**	**Do you take medicines or use any medications?**
FV371	01	Yes *Go to question* **8B**
	02	No *Go to question* **8C**
|__|__|	**8. B.**	**Do you take your own medicines:**
FV372	01	completely unable to take own medicine
	02	with some help (if someone prepares it or reminds you)
	03	without help (in the right doses at the right time)
|__|__|	**8. C.**	**If you had to take medicine, could you do it:**
FV373	01	completely unable to take own medicine
	02	with some help (if someone prepares it or reminds you)
	03	without help (in the right doses at the right time)
FV374 |__|__|	**9. Can you manage your own money:**	
	01	completely unable to manage own money
	02	with some help (manages day-to-day purchases, needs help with banking, major purchases)
	03	without help

TECH08

Self-Reported Physical Function.

OMB No=0925-0216 12/31/2007

|__|__|__| FV375	**Examiner's Number** for Rosow-Breslau and Nagi Quest.

Nagi Questions

For each thing tell me whether you have
(0) No Difficulty
(1) A Little Difficulty
(2) Some Difficulty
(3) A Lot Of Difficulty
(4) Unable To Do
(5) Don't Do On MD Orders or Institutional Orders
(6) Unable to Assess Difficulty Because Not Done as Part of Daily Activities
(9) Unknown

Variable	Response	Question
FV376	|__|	**Pulling or pushing large objects like a living room chair**
FV377	|__|	**Either stooping, crouching, or kneeling**
FV378	|__|	**Reaching or extending arms below shoulder level**
FV379	|__|	**Reaching or extending arms above shoulder level**
FV380	|__|	**Either writing, or handling or fingering small objects**
FV381	|__|	**Standing in one place for long periods, say 15 minutes**
FV382	|__|	**Sitting for long periods, say 1 hour**
FV383	|__|	**Lifting or carrying weights under 10 pounds** (like a bag of potatoes)
FV384	|__|	**Lifting or carrying weights over 10 pounds** (like a very heavy bag of groceries)

Rosow-Breslau Questions

Variable	Question	Codes
FV385 |__|	**Are you able to do heavy work around the house, like shoveling snow or washing windows, walls, or floors without help?**	0=No, unable to do 1=Yes, independent 2=Does not do 9=Unknown
FV386 |__|	**Are you able to walk half a mile without help?** (About 4-6 blocks)	
FV387 |__|	**If you had to, could you do all the housekeeping yourself?** (like washing clothes and cleaning)	
FV388 |__|	**Do you drive now?**	0=No 1=Yes, currently 2=Yes, not now 9=Unknown
if no then ☞ FV389 |__|	**Reason for not driving now** (1=Health, 2=Other non-health reason, 3=never licensed, 8=N/A, current driver, 9=Unknown)	

TECH09

Self-Reported Physical Function.

OMB No=0925-0216 12/31/2007

FV390 |__|__|__|__| **Examiner's Number** for Physical Function

Katz: Activities of Daily Living

During the Course of a Normal Day, Can you do the following activities independently or do you need human assistance or the use of a device? Coding: 0=No help needed, independent, 1=Uses device, independent, 2=Human assistance needed, minimally dependent, 3=Dependent, 4=Do not do during a normal day, 9=Unknown

FV391 |__| **Dressing** (undressing and redressing) Devices such as: velcro, elastic laces;

FV392 |__| **Bathing** (including getting in and out of tub or shower) Devices such as: bath chair, long handled sponge, hand held shower, safety bars;

FV393 |__| **Eating** Devices such as: rocking knife, spork, long straw, plate guard.

FV394 |__| **Transferring**(getting in and out of a chair) Devices such as: sliding board, grab bars, special seat;

FV395 |__| **Toileting Activities** (using bathroom facilities and handle clothing) Devices such as: special toilet seat, commode;

FV396 |__| **Bladder Continence** (ask if person has "accidents") (code=5 if use special products) Devices such as: external catheter, drainage bags, ileal appliance, protective devices;

FV397 |__| **Bowel Continence** (ask if person has "accidents") (code=5 if use special products) Devices such as: suppositories, bedpan, regular enemas, colostomy;

FV398 |__| **Walking on Level Surface about 50 Yards** Devices such as: cane, crutches, or walker;

FV399 |__| **Walking up and down One Flight Stairs** Devices such as: handrail, cane.

Compensatory Strategies for Walking in the Home

(Do not administer to Nursing home residents)

FV400 |__|__| **Is there a step to go into your home (entry way step)?**

FV401 |__|__| **In your home, are the bedroom, bathroom, and kitchen all on the same floor (multilevel living)?**

FV402 |__| **When you walk, do you use a cane at home?**

FV403 |__| **When you walk, do you use a walker at home?**

FV404 |__| **Do you use a wheelchair at home?**

FV405 |__| **When you walk, do you reach out for or hold on to the furniture or walls at home?**

FV406 |__| **When you walk, do you hold on to another person at home?**

FV407 |__| **When you walk in the dark, do you hold on to the furniture or walls?**

FV408 |__| **When you walk in the dark, do you hold on to another person?**

0=No
1=Yes
8=Refused
88=n/a,reside in assisted living
9=Don't know

TECH10

Activities Questions.

OMB No=0925-0216 12/31/2007

FV409 |__|__|__|	**Examiner's Number** for Activities Questions.

Use of Nursing and Community Services

FV410 |__| **Have you been admitted to a nursing home (or skilled facility) since your last exam or medical history update?**
(0=No, 1=Yes, 9=Unknown)

FV411 |__| **Since your last exam, have you been visited by a nursing service, or used home, community, or outpatient programs?**
(0=No, 1=Yes, 9=Unknown)

if yes, continue ☞ and below

Currently	**Since last exam**	**# months used**
0=No **At least once per:** 1=Day 2=Week 3=Month 4=Other(write in)______________ 9=Unknown		0=None 1=One month or less 2-98=Put in actual number of months used 99=Unknown

Currently	**Since Last Exam**	**# Months Used Since Last Exam**	
FV412 |__|	FV413 |__|	FV414 |__|__|	**Home health aides**
FV415 |__|	FV416 |__|	FV417 |__|__|	**Homemaker visits**
FV418 |__|	FV419 |__|	FV420 |__|__|	**Visiting Nurses**
FV421 |__|	FV422 |__|	FV423 |__|__|	**Other** (write in)_______________

FV424 |__| **Are you in bed or a chair for most or all of the day (on the average)?**
Note: this is a lifestyle question, not related to poor health. (0=No, 1=Yes, 9=Unknown)

FV425 |__| **Do you need a special aid (wheelchair, cane, walker) to get around?**
(0=No, 1=Yes, 9=Unknown)
If yes, which of the following equipment do you use?

if yes then ☞

FV426 |__|	Cane or walking stick	0=No 1=Yes, always 2=Yes, sometimes 9=Unknown
FV427 |__|	Wheelchair	
FV428 |__|	Walker	
FV429 |__|	Other (Write in)________________________________	

TECH11

Falls and Fractures

OMB No=0925-0216 12/31/2007

FV430 |__|__|__|	**Examiner's Number** for Falls and Fractures
FV431 |__|	**Since your last exam have you accidentally fallen and hit the floor or ground?**
if yes, fill ☞	**(code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unk)**
FV432 |__|__|	**How many times did you fall in the past year? (99=Unknown)**
FV433 |__|	**Since your last exam or medical history update have you broken any bones? (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)**
If 1 or 2, fill ☞ FV434 |__|__|	**Location of 1st fracture**
FV435 |__|__|	**Location of 2nd fracture**
FV436 |__|__|	**Location of 3rd fracture**

Location Fracture Code
1. Clavicle (collar bone)
2. Upper arm (humerus) or elbow
3. Forearm or wrist
4. Hand
5. Back (If disc disease only, code as no)
6. Pelvis
7. Hip
8. Leg
9. Foot
10. Other (specify)____________________________

TECH12

Health Care Preferences Questionnaire.

OMB No=0925-0216 12/31/2007

FV437	|__|__|__|	**Examiner's Number** for Health Care Preferences

***Intro**: People have many ideas about health and health care. Understanding these ideas is crucial to improving care. We are interested in learning what you believe to be the most important considerations at this point in your life. There are no right or wrong answers. We are simply interested in your opinions.*
We understand that this is a sensitive topic. Your participation is voluntary and you may choose to stop answering questions at any time.

FV438	|__|	**Would you like to proceed?** (0=No, 1=Yes, 8=not done due to cognitive status)

I would like to ask about the kinds of preparation you may have made in case you become too sick to make your own medical decisions.

FV439 |__|	**1. Have you talked about your wishes for medical care toward the end of your life with anyone since your last exam?**	
If yes, ask for each one ☞	FV440 |__| Spouse (if applicable), child, grandchild	**0=no**
	FV441 |__| Other family member	**1=yes**
	FV442 |__| Physician or other health care professional	**8= prefer not to answer**
	FV443 |__| Clergy	**9=don't know**
	FV444 |__| Attorney	
	FV445 |__| Friends	
	FV446 |__| Other, write in ______________________________	

If question 1 = 0, 8, or 9, go to question 2a; if question 1 = 1, go to 2b.

2a. Who would you want to initiate a conversation with you regarding end of life issues?		
ask for each one ☞	FV447 |__| Spouse (if applicable), child, grandchild	
	FV448 |__| Other family member	
	FV449 |__| Primary care physician	**0=no**
	FV450 |__| Physician specialists (such as cardiologist, oncologist)	**1=yes**
	FV451 |__| Clergy	**8= prefer not to answer**
	FV452 |__| Attorney	
	FV453 |__| Friends	**9=don't know**
	FV454 |__| Other, write in ______________________________	
	FV455 |__| No one	
2b. Who else would you want to initiate a conversation with you regarding end of life issues?		
ask for each one ☞	FV456 |__| Spouse (if applicable), child, grandchild	
	FV457 |__| Other family member	**0=no**
	FV458 |__| Primary care physician	**1=yes**
	FV459 |__| Physician specialists (such as cardiologist, oncologist)	**7=had past conversation**
	FV460 |__| Clergy	
	FV461 |__| Attorney	**8= prefer not to answer**
	FV462 |__| Friends	
	FV463 |__| Other, write in ______________________________	**9=don't know**
	FV464 |__| No one	

TECH13

Health Care Preferences Questionnaire.

OMB No=0925-0216 12/31/2007

FV465 |__|	**3. Since your last exam, have you and your doctor discussed any particular wishes you have about the care you would want to receive if you were dying?** (0=no, 1=yes, 8= prefer not to answer, 9=don't know)	
if no, ☞	FV466 |__|	**Do you want your doctor to initiate a conversation with you about your wishes for care if you were dying?** (0=no, 1=yes, 8= prefer not to answer, 9=don't know)
FV467 |__|	**4. How comfortable are you with talking about death?** 1=very comfortable, 2=somewhat comfortable, 3=not very comfortable, 4=not at all comfortable, 8= prefer not to answer, 9=don't know	
FV468 |__|	**5. Have you filled out a Health Care Proxy form naming someone who could make decisions about your medical treatment if you could not speak for yourself?** (0=no, 1=yes, 2=completed advanced directive not sure which form (i.e. HCP form vs. living will) , 8= prefer not to answer, 9=don't know)	
if yes, ☞	FV469 |__|	**Who is your health care proxy?** (1=spouse, 2=child, 3=sibling, 4=other relative, 5=friend, 6=attorney, 7=other, write in_______________, 9=don't know)
FV470 |__|	**6. Have you filled out a living will giving directions for the kind of medical treatment you would want if ever you could not speak for yourself?** (0=no, 1=yes, 2=completed advanced directive not sure which form (i.e. HCP form vs. living will) , 8= prefer not to answer, 9=don't know)	
FV471 |__|	**7. If you were seriously ill, would you prefer care 0) to extend your life, even if it meant more pain and discomfort, or 1) to relieve pain and discomfort, even if it meant not living as long.** 0= Extend life as much as possible, 1= Relieve pain or discomfort as much as possible 8= prefer not to answer 9=Don't know	

TECH14

Health Care Preferences Questionnaire.

OMB No=0925-0216 12/31/2007

I'm going to read some statements that describe situations that sometimes happen to people particularly at the end of their life. We are asking these questions of everyone regardless of how well or sick they are now. For each statement please tell me if you would be very willing, somewhat willing, somewhat unwilling, very unwilling or would rather die than put up with the situation. Please think about the situation as if you would be living this way for the rest of your life.

		Very willing	Some what willing	Some what unwilling	Very unwilling	Rather die	Prefer not to answer	Don't know
FV472	**8. Being in a great deal of pain unrelieved by medicines?**	1	2	3	4	5	8	9
FV473	**9. Being attached to a ventilator or respirator all the time?**	1	2	3	4	5	8	9
FV474	**10. Being fed through a tube all the time?**	1	2	3	4	5	8	9
FV475	**11. Being unconscious or in coma all the time?**	1	2	3	4	5	8	9
FV476	**12. Forgetting or being confused all the time?**	1	2	3	4	5	8	9

FV477 |__|	**13. Where would you prefer to die?** 1=home, 2=hospital, 3=nursing home 4=hospice, 5= other, 8= prefer not to answer 9=don't know
FV478 |__|	**14. What are the chances that you will be able to take care of yourself 12 months from now?** 1= 90% or better, 2= about 75% 3= about 50-50, 4= about 25% 5= 10% or less, 8= prefer not to answer 9=don't know
FV479 |__|	**15. What do you think the chances are that you would live 12 months or more?** 1= 90% or better, 2= about 75% 3= about 50-50, 4= about 25% 5= 10% or less, 8= prefer not to answer 9=don't know

Now I am going to ask a question about how your religious/spiritual beliefs might influence your medical care.

FV480 |__|	**16. To what extent do your religious beliefs help you cope with or handle serious illness?** 0=not at all, 1=to a small extent, 2= to a moderate extent, 3=to a large extent, 4=it's the most important thing that keeps you going, 8= prefer not to answer, 9=don't know

Thank you very much for you willingness to share this information. This form has been completed for research purposes and does not serve as a legal document. For more information on how to obtain legal forms please speak to your physician.

TECH15

Interviewer Feedback: Health Care Preferences Questionnaire

OMB No=0925-0216 12/31/2007

FV481 |__|__|__|	**Examiner's Number**
FV482 |__|	**1. Did the participant choose to stop before completing all 16 questions? (0=No, 1=Yes, 9=Unknown)**
if yes, ☞ FV483 |__|	**Why did they stop? (0=no reason given, 1=refused to continue, 2=too upsetting, 3=other:______________________________)**
FV484 |__||__|	**What question did they stop at? (write in number)**
Additional Comments:	______________________________
FV485 |__|	**2. Did the participant seem upset or bothered by any of the questions that were asked? (0=No, 1=Yes, 9=Unknown)**
if yes, ☞ FV486 |__||__| FV487 |__||__| FV488 |__||__| FV489 |__||__| FV490 |__||__|	**Which questions? (write in number(s))**
Additional Comments:	______________________________
FV491 |__|	**3. Were there any questions that the participant had particular difficulty understanding? (0=No, 1=Yes, 9=Unknown)**
if yes, ☞ FV492 |__||__| FV493 |__||__| FV494 |__||__| FV495 |__||__| FV496 |__||__|	**Which questions? (write in number(s))**
Additional Comments:	______________________________

TECH16

Berkman Social Network Questionnaire. Tech-administered

OMB No=0925-0216 12/31/2007

The next questions ask about your social support. Please tell me the response that most closely describes your current situation.

|__|__|__| FV497	**Examiner's Number** for Berkman Questionnaire.					
For each question please circle one answer						
Coding scheme	**None**	**1 or 2**	**3 to 5**	**6 to 9**	**10 or more**	**Unknown**
FV498 **1. How many *close friends* do you have, people that you feel at ease with, can talk to about private matters?**	**0**	**1**	**2**	**3**	**4**	**9**
FV499 **2. How many of these *close friends* do you see at least once a month?**	**0**	**1**	**2**	**3**	**4**	**9**
FV500 **3. How many *relatives* do you have, people, that you feel at ease with, can talk to about private matters?**	**0**	**1**	**2**	**3**	**4**	**9**
FV501 **4. How many of these *relatives* do you see at least once a month?**	**0**	**1**	**2**	**3**	**4**	**9**

FV502

5. Do you participate in any groups such as a senior center, social or work group, religious connected group, self-help group, or charity, public service or community group?		
Circle one answer		
No (Code=0)	**Yes** (Code=1)	**Unknown** (Code=9)

FV503

6. About how often do you go to religious meetings or services?						
Circle one answer						
Never or almost never **0**	**Once or twice a year** **1**	**Every few months** **2**	**Once or twice a month** **3**	**Once a week** **4**	**More than once a week** **5**	**Unknown** **9**

TECH17

Berkman Social Network Questionnaire. Tech- Administered

OMB No=0925-0216 12/31/2007

FV504

7. Do you have health insurance other than Medicare or Medicaid?		
Circle one answer		
No (Code=0)	**Yes** (Code=1)	**Unknown** (Code=9)

	For each question please circle one answer						
	Coding Scheme	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
FV505	**8. Is there someone available to you whom you can count on to listen to you when you need to talk?**	0	1	2	3	4	9
FV506	**9. Is there someone available to give you good advice about a problem?**	0	1	2	3	4	9
FV507	**10. Is there someone available to you who shows you love and affection?**	0	1	2	3	4	9
FV508	**11. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?**	0	1	2	3	4	9
FV509	**12. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?**	0	1	2	3	4	9

TECH18

Leisure Time Cognitive and Physical Activities.

OMB No=0925-0216 12/31/2007

|__|__|__| FV510	**Examiner's Number** for Leisure time activities.

During the past year, how often have you participated in the following leisure time activities?

	Questions to be answered Circle best answer for each question	Never	Daily (7 days per week)	Several days per week (2-6 days per week)	Once weekly (1 day per week)	Monthly (once a month)	Occa-sionally (< once a month)
FV511	1. Reading books/newspapers	0	1	2	3	4	5
FV512	2. Writing for pleasure	0	1	2	3	4	5
FV513	3. Doing crossword puzzles	0	1	2	3	4	5
FV514	4. Playing board games or cards	0	1	2	3	4	5
FV515	5. Participating in organized group discussions	0	1	2	3	4	5
FV516	6. Group exercises	0	1	2	3	4	5
FV517	7. Housework	0	1	2	3	4	5
FV518	8. Playing musical instruments	0	1	2	3	4	5

CES-D Scale

OMB No=0925-0216 12/31/2007

FV519	|__|__|__|	**Examiner's Number** for CES-D Scale

The next questions ask about your feelings. For each of the following statements, please say if you felt that way during the past week.

	Questions to be answered Circle best answer for each question	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	Unknown
FV520	1. I was bothered by things that usually don't bother me.	0	1	2	3	9
FV521	2. I did not feel like eating, my appetite was poor.	0	1	2	3	9
FV522	3. I felt that I could not shake off the blues, even with help from my family and friends.	0	1	2	3	9
FV523	4. I felt that I was just as good as other people.	0	1	2	3	9
FV524	5. I had trouble keeping my mind on what I was doing.	0	1	2	3	9
FV525	6. I felt depressed.	0	1	2	3	9
FV526	7. I felt that everything I did was an effort.	0	1	2	3	9
FV527	8. I felt hopeful about the future.	0	1	2	3	9
FV528	9. I thought my life had been a failure.	0	1	2	3	9
FV529	10. I felt fearful.	0	1	2	3	9
FV530	11. My sleep was restless.	0	1	2	3	9
FV531	12. I was happy.	0	1	2	3	9
FV532	13. I talked less than usual.	0	1	2	3	9
FV533	14. I felt lonely.	0	1	2	3	9
FV534	15. People were unfriendly.	0	1	2	3	9
FV535	16. I enjoyed life.	0	1	2	3	9
FV536	17. I had crying spells.	0	1	2	3	9
FV537	18. I felt sad.	0	1	2	3	9
FV538	19. I felt that people disliked me	0	1	2	3	9
FV539	20. I could not "get going"	0	1	2	3	9

Proxy form

OMB No=0925-0216 12/31/2007

FV540

|__|	**Proxy used to complete this exam** (0=No, 1=Yes, 1 proxy, 2=Yes, more than 1 proxy, 9=Unk)
if yes, fill ☞	**Proxy Name** ___________________________
FV541 |__|	**Relationship** (1=1st Degree Relative(spouse, child), 2=Other Relative, 3=Friend, 4=Health Care Professional, 5=Other, 9=Unknown
FV542 FV543 |__|__|*|__|__|	**How long have you known the participant?** (Years, months; 99.99=Unk) example: 3m=00*03
FV544 |__|	**Are you currently living in the same household with the participant?** (0=No, 1=Yes, 9=Unk)
FV545 |__|	**How often did you talk with the participant during the prior 11 months?** (1=Almost every day, 2=Several times a week, 3=Once a week, 4=1 to 3 times per month, 5=Less than once a month, 9=Unknown)
	Proxy Name ___________________________
FV546 |__|	**Relationship** (1=1st Degree Relative(spouse, child), 2=Other Relative, 3=Friend, 4=Health Care Professional, 5=Other, 9=Unknown
FV547 FV548 |__|__|*|__|__|	**How long have you known the participant?** (Years, months; 99.99=Unk) example: 3 m=00*03
FV549 |__|	**Are you currently living in the same household with the participant?** (0=No, 1=Yes, 9=Unk)
FV550 |__|	**How often did you talk with the participant during the prior 11 months?** (1=Almost every day, 2=Several times a week, 3=Once a week, 4=1 to 3 times per month, 5=Less than once a month, 9=Unknown)

TECH21

OMB No=0925-0216 12/31/2007

Mini-mental State Exam

Sentence and Design Handout for Participant

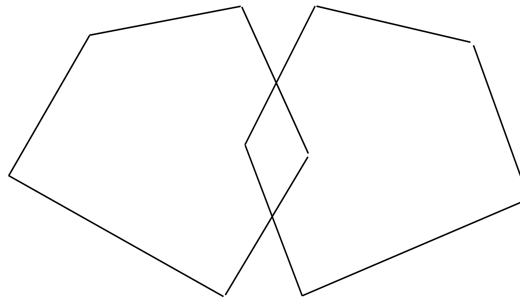
PLEASE WRITE A SENTENCE

____

____

____

PLEASE COPY THIS DESIGN



OMB No=0925-0216 12/31/2007

Date of exam

_____/_____/_____

Framingham Heart Study
Cohort Exam 29

Summary Sheet to Personal Physician

Blood Pressure	First Reading	Second Reading
Systolic		
Diastolic		

ECG Diagnosis ____

____

Summary of Findings____

____

____

____

____

____

____

____

____

____

____

Examining Physician

The Heart Study examination is not comprehensive and does not take the place of a routine physical examination.

Referral Tracking

OMB No=0925-0216 12/31/2007

FV551 |__||__||__|	**Physician ID#**
FV552 |__| **if yes fill below**	Was further medical evaluation recommended for this participant? 0=No, 1=Yes, 9=Unknown
RESULT	**Reason for further evaluation:** 0=No, 1=Yes, 9=Unknown
FV553 |__|	**Blood Pressure** result ____/_____ mmHg FV554 FV555 Phone call > 200/110 Expedite ≥ 180/100 Elevated > 140/90
	Write in abnormality
FV556 |__|	**ECG abnormality** ______________________________
FV557 |__|	**Clinic Physician** ______________________________ **identified medical problem**
FV558 |__|	**Other** ______________________________ ______________________________

FV559 |__|__|__|	**Technician ID#**
FV560 |__|	**Was there an adverse event in clinic/offsite exam that does not require further medical evaluation?** (0=No, 1=Yes, 9=Unknown) **Comments:**______________________________ ______________________________ FV577 ______________________________

FV561 |__|__|__|	**Technician ID#** (for offsite visit only)
FV562 |__|	**Was a FHS physician contacted during the examination due to adverse exam findings?** (0=No, 1=Yes, 9=Unknown) **Comments:**_______________ FV578 _______________ ______________________________ ______________________________

TECH22

OMB No=0925-0216 12/31/2007

Method used to inform participant of need for further medical evaluation (circle ALL that apply)	
FV563 **1**	**Face-to-face in clinic**
FV564 **2**	**Phone call**
FV565 **3**	**Result letter**
FV566 **4**	**Other**

Method used to inform participant's personal physician of need for further medical evaluation (circle ALL that apply)	
FV567 **1**	**Phone call**
FV568 **2**	**Result letter mailed**
FV569 **3**	**Result letter FAX'd**
FV570 **4**	**Other**

FV571 FV572 FV573

Date referral made: __ _ -- _ _ -- _ _ _ _ Use 4 digits for year

ID number of person completing the referral: FV574______

Notes documenting conversation with participant or participant's personal physician:________________

____

____

TECH23