

FRAMINGHAM HEART STUDY

COHORT EXAM 26

CLINIC PROTOCOL MANUAL

Start Date: 4/3/2000

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Chronic 1

19.

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Cohort 26 Exam Components

1. Obtain informed consent and update sociodemographic information
2. Phlebotomy
 - a. Lipids (Total cholesterol, HDL, Triglycerides)
 - b. Creatinine
 - c. Glucose
 - d. Cell Line (if not already collected)
3. Electrocardiogram
4. Standing Height and Weight Measurement
5. Technician Obtained Resting Blood Pressure
6. Technician Administered Questionnaires
 - a. Cognitive Function/MMSE
 - b. Sociodemographics
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 - d. Activities of Daily Living
 - e. Use of Nursing and Community Services
 - f. Rosow-Breslau Questions
 - g. Nagi Questions
 - h. Falls/Fractures
 - i. CES-D Scale
 - j. Berkman Social Network Questionnaire
7. Technician Obtained Measures of Observed Physical Performance
 - a. Hand Grip Strength
 - b. Stands
 - c. Measured Walks
 - d. Repeated Chair Stands
8. Physician Obtained Medical History
 - a. Resting Blood Pressure (2)
9. Arterial Tonometry

Clinic 3

Equipment For Exam Procedures

1. Scale to measure body weight in lbs.: Detecto
Worcester Scale Co., Inc.
228 Brooks Street
Worcester, MA
508-853-2886 *fs005*
2. Weight to calibrate scale: 50 lbs.
Worcester Scale Co., Inc. (See above) *fs005*
3. Stadiometer *fs008*
vertical mounted plastic ruler: stadiometer installed 3/1/00
4. Marquette MacVu (electrocardiogram cart)
Marquette Electronics
100 Marquette Drive
Jupiter, FL 33468-9100
800-552-3249
800-559-7072 (tech support)
800-558-5544 (Jill Lopez, Sales Rep) *EKG fs483-fs517*

5. Portable standard mercury column sphygmomanometer: Baumanometer 300 model
W.A. Baum Co., Inc.
620 Oak Street
Copiague, NY 11726
516-226-3940

6. Litman stethoscope tubing and earpieces with bell: Classic II
7. Blood pressure cuffs in three sizes: large, regular, and pediatric.

8. JAMAR dynamometer, stop watch
Sammons Preston
4 Sammons Court
Bolingbrook, IL 60440
800-323-5547

*JAMAR dynamometer
fs191-fs198*

*stop watch
fs200-fs211 and
fs222-fs228*

*fs015, fs016
fs312, fs313
fs479, fs480*

Guidelines For Coding Accuracy

To insure maximum accuracy and legibility for persons performing data entry, please adhere to the following guidelines:

1. Use a red or blue pen, or any other pen which will stand out from the page (pencil or black ball-point pens are unacceptable).
2. Make sure all numerals are unmistakably clear.
3. Do not leave any blanks on exam form. If measurements are not taken, please enter 9s in blanks, and document the reason. Your comments are helpful at any point of the exam where data is not recorded in the standard manner.
4. If you make an error, please cross it out entirely, write the correct information *in the margin*, and **initial the change**. **Do not superimpose numerals one on top of the other**.
5. Make sure both sides of the examination form are completed.

Procedure To Determine Maximal Inflation Level
For Blood Pressure Measurement

JS015, JS016, JS312, JS313, JS479, JS480

For each participant, determine the maximal inflation level, or the pressure to which the cuff is to be inflated for blood pressure measurement. This assures that the cuff pressure at the start of the reading exceeds the systolic blood pressure and thus allows the first Kortokoff sound to be heard.

1. Attach the cuff tubing to the sphygmomanometer.
2. Palpate the radial pulse.
3. Inflate the cuff rapidly until the radial pulse is no longer felt (palpated systolic pressure) by inflating rapidly to 70 mmHg, then inflating by 10 mmHg increments.
4. Deflate the cuff quickly and completely.
5. The maximal inflation level is 30 mmHg **above** the palpated systolic pressure.

Technician's Seated Blood Pressure

15015, 15016

A. Equipment:

1. One standard Litman stethoscope tubing and earpieces with bell: Classic II 3M
2. One standard mercury column sphygmomanometer: Baumanometer
3. BP cuffs in three sizes

Large adult cuff
Regular adult cuff
Pediatric cuff

B. Blood Pressure Cuff Placement:

1. Bare participant's left arm to above the point of the shoulder.
2. Determine correct cuff size using guidelines inside the cuff.
3. Palpate the brachial artery.
4. With participant seated, place the appropriate cuff around the upper left arm. The midpoint of the length of the bladder should lie over the brachial artery. Each cuff has an artery marker. The mid-height of the cuff should be at heart level.
5. Place the lower edge of the cuff, with its tubing connections, about one inch (1") above the natural crease across the inner aspect of the elbow.
6. Wrap the cuff snugly about the arm, with the palm of the participant's hand turned upward.
7. If the subject has had a left-sided mastectomy, the right arm may be used for blood pressure measurement. If right arm is used, note it on the form.

C. Guidelines for Accurate Blood Pressure Readings:

1. The participant should be in a seated position for at least 5 minutes before the blood pressure is measured.
2. All readings are made to the nearest even digit.

BS015, BS016

3. Any reading which appears to fall exactly between marking on the mercury column should be read to the next higher marking (i.e. 2, 4, 6, 8, or 0).
4. All readings are made to the top of the meniscus, the rounded surface of the mercury column.
5. When the pressure is released quickly from a high level, a vacuum is formed above the mercury and the meniscus is distorted. Allow a few moments for it to reappear before reading the manometer.

D. Blood Pressure Readings:

1. Following any previous inflation, wait at least 30 seconds after the cuff has completely deflated.
2. By closing the thumb valve and squeezing the bulb, inflate the cuff at a rapid but smooth continuous rate to the maximal inflation level (30 mmHg above palpated systolic pressure).
3. The examiner's eyes should be level with the mid-range of the manometer scale and focused at the level to which the pressure will be raised.
4. Open the thumb valve slightly. Allow the cuff to deflate, maintaining a constant rate of deflation at approximately 2 mmHg per second.
5. Using the bell of the stethoscope, listen throughout the entire range of deflation, from the maximum pressure past the systolic reading (the pressure where the FIRST regular sound is heard), until 10 mmHg BELOW the level of the diastolic reading (that is, 10 mmHg below the level at which the LAST regular sound is heard).
6. Deflate the cuff fully by opening the thumb valve.
7. Remove the stethoscope. Neatly enter systolic and diastolic readings in the spaces provided on the form.

Weight Measurement

65005 ✓

1. Ask participant to wear FHS gown for measurement if he/she brought a heavy gown from home. The participant should remove slippers or shoes.
2. Prior to asking participant to step onto the scale, lift the counter poise and position it at zero.
3. Ask the participant to step onto the scale, facing measurement beam.
4. Instruct the participant to stand in the middle of the scale platform with head erect and eyes looking straight ahead. Weight should be equally distributed on both feet, and participant should not touch or support him/herself.
5. With the participant standing still in the proper position, lift the counterweight (larger weight), and slide it to the right until the beam approaches balance.
6. Adjust the top poise until the beam is evenly balanced.
7. Have the participant step off the scale. The technician should stand directly in front of the scale and read the weight with eyes level to the point of measurement.
8. Record the weight to the nearest pound; **round up if ≥ 0.5 , round down if < 0.5 .**
9. Calibrate the scale daily.

Standing Height Measurement

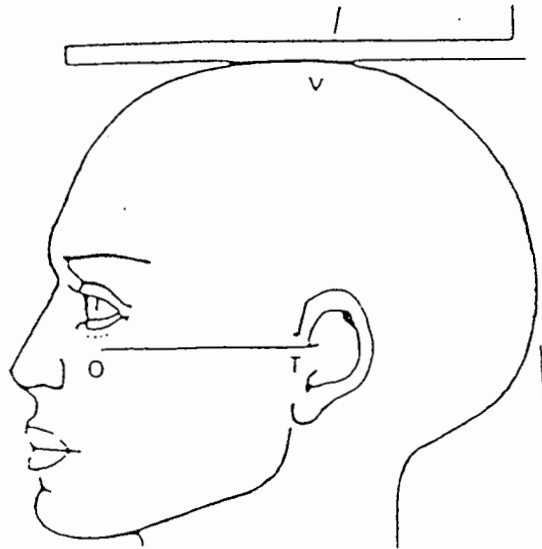
165008 ✓

1. Participant should be barefoot or wearing thin socks so positioning of the body can be seen. Ask participant to stand erect with his/her back to vertical mounted metal ruler (stadiometer).
2. Heels should be together and against the vertical ruler, both feet flat on the floor, with weight distributed evenly across both feet. Check to make sure both feet are back against the wall.
3. Participant faces straight ahead with his/her head positioned in the Frankfort horizontal plane (see next page). The lower margin of the bony orbit (the socket containing the eye) should be on the same horizontal plane as the most forward point in the supratragal notch (the notch just above the anterior cartilaginous projections of the external ear).
4. Ask participant to let arms hang freely by the sides of the trunk, palms facing the thighs. Ask participant to inhale deeply and maintain a fully erect position.
5. Bring the carpenter square down snugly (but not tightly) on top of participant's head. Use an extension board for proper measurement of severely kyphotic subjects.
6. Record measurement to the **nearest 1/4 inch, rounding down.**

Standing Height Measurement

15008

FRANFORT PLANE FOR MEASURING BODY HEIGHT



ORBITALE: Lower margin of eye socket

TRAGION: Notch above tragus of ear or at upper margin of zygomatic bone at that point

FRANFORT PLANE: Orbitale-tragion horizontal line

ECG Lead Placement

JS483 - JS517 ✓

Before electrodes are placed on the participant, ask if he/she is known to be allergic to alcohol swabs. If yes, prepare the areas of electrode placement by rubbing with water and drying with a washcloth. If allergies are denied, prepare the areas by wiping with an alcohol swab and drying with a washcloth.

NOTE: Place the electrodes on the participant and hook up the leads before entering the data in the ECG machine. This will allow ample time for the participant to relax and the machine interference to smooth out.

1. **V1:** The first intercostal space is palpated just below the clavicle. Count down and identify the 4th intercostal space just below the fourth rib. **Point V1** is just to the right of the sternum in the *fourth* intercostal space. Make a small line with a marking pencil here to show where the ECG lead should be placed.
2. **V2:** Should be at the same level as **Point V1** and immediately to the left of the sternum. Make a small line with a marking pencil to show where the ECG lead should be placed.
3. To locate the horizontal reference level for electrodes (**Point E**), starting from **V2**, locate the **fifth** intercostal space. Move your finger in the **5th** intercostal space laterally to where the midclavicular (center of the chest where you feel a bend in the clavicle) line intersects the **fifth** intercostal space. Make a horizontal line at this point.

Mark the exact transverse (horizontal) level at this spot with the midsternal line. It should be about one inch (1") below **V1** and **V2** placements.

4. **V6:** Move the participant's elbow laterally away from the body. Mark the midaxillary line in the exact vertical center plane of the thorax down to the intersection of the horizontal plane marked by the location of **E**. This is the exact location of **V6**. (*NOTE:* It is a common mistake to locate the midaxillary line too far anteriorly, toward the **V5** location).
5. **V4:** Place the # arm of the Heart Square firmly across the lower sternum at the level of **Point E** (as you face the participant, the writing on the Heart Square will appear upside down and backwards). Adjust the **E** and **V6** arms of the Heart Square so they are both perpendicular to the long axis of the thoracic spine at the level of the **E** position. The **E** arm should be exactly horizontal. If the participant is lying flat, the **V6** arm should be exactly vertical.

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JS483 - JS517

Slide the **V6** arm so the **0** point (the *arrow* labeled **V6**) is at the marked location for **V6**. Double check that the **E** arm is still in the correct spot. Record the **E** measurement on the ECG log sheet. Record the measurement to the nearest **0.5** cm (e.g. 16). Log the reading where the two sections of the Heart Square meet (e.g. 12) under **V6** on the log sheet (see Heart Square diagram for reference).

V4: On the **V6** arm (the slide), find the number corresponding to the **E** measurement. Following the corresponding 45 degree line to the surface (e.g. 16) and mark the location. Place electrodes on **TOP** of the breast.

The participant may now lower the left arm in a more comfortable position.

6. **V3:** Exactly halfway between **V2** and **V4**.
7. **V5:** Exactly halfway between **V4** and **V6**.
8. Attach limb leads in the following order: right leg, left leg, right arm, left arm. This will avoid lead reversal.
9. If ECG needs to be run at **5 mmHg** because of high voltage (if the standard **10 mmHg** is beyond the lines of the ECG paper), highlight (yellow or orange highlighter) the **5 mmHg** on the bottom of the printed ECG. On the top margin of the tracing write "**1/2 STANDARD**" using a bold magic marker.
10. After each use, wash the Heart Square gently with soap and water (1 part detergent to at least 20 parts water, approximately 3 drops of detergent to one cup of water) and gently wipe dry with a soft cloth.

fs483-fs517

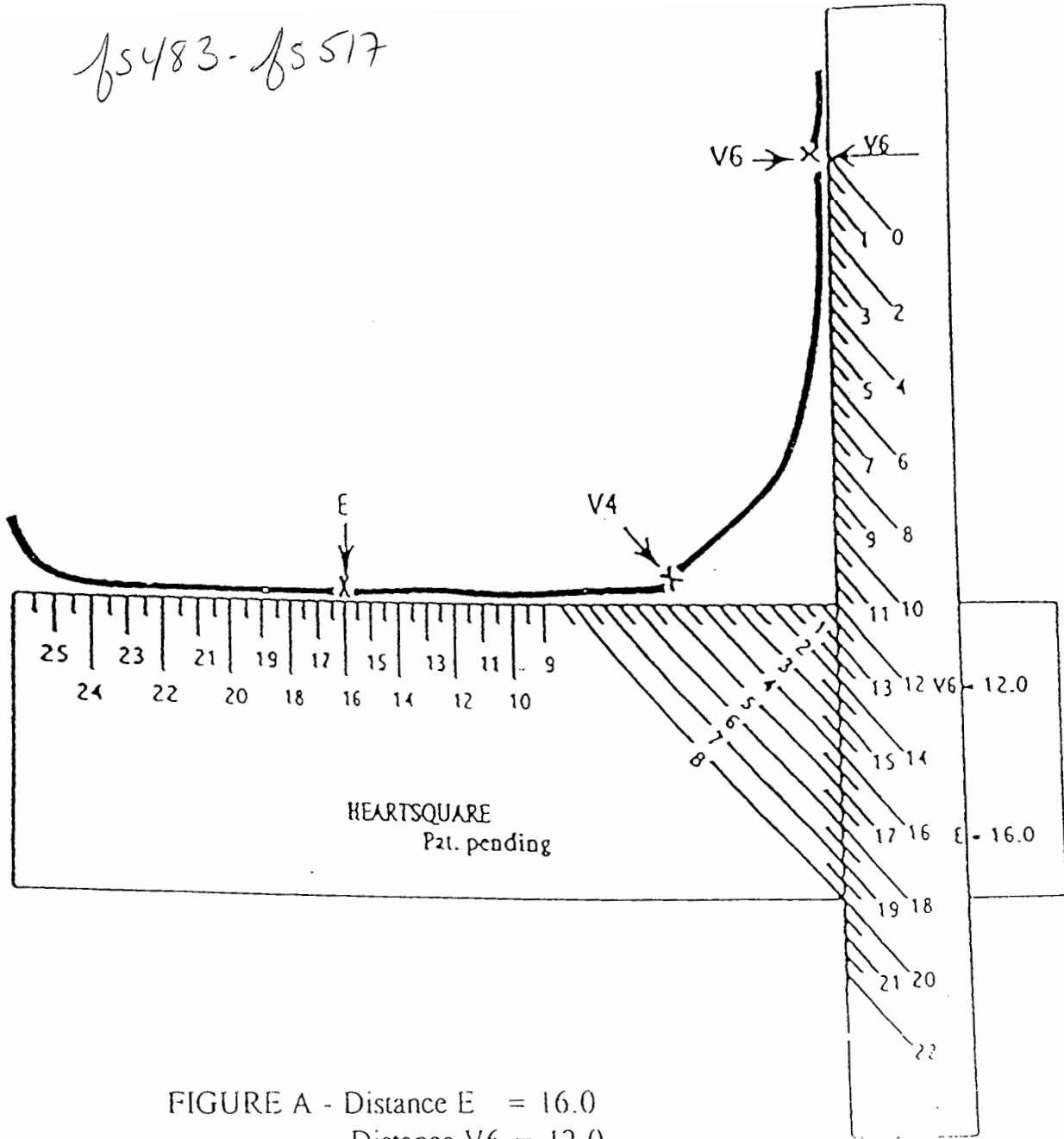


FIGURE A - Distance E = 16.0
- Distance V6 = 12.0

Follow 45° line from 16.0 at V6 arm
to locate V4.

MAC-PC Entries: E = 160 ("height")
V6 = 120 ("weight")

Mini-Mental State Exam

65023 - 65048

A. Background and Rationale:

Cognitive function may decline as a result of certain risk factors (e.g. hypertension, elevated cholesterol, cardiac arrhythmias). This in turn could adversely impact the physical functioning and quality of life of older adults. Dementia is a major illness and cause of disability among the elderly. Cerebrovascular disease or multi infarct dementia is the second leading cause of dementing illness among Caucasians, preceded only by Senile Dementia of the Alzheimer's Type (SDAT).

The Mini-Mental State Exam (MMSE) is a widely used test of cognitive function among the elderly; it includes tests of orientation, registration, attention, calculation, recall, language and visuo-spatial skills.

B. Definitions:

1. Alert Level: Participant scoring 23 or less on the MMSE may have a cognitive impairment and will be referred for further evaluation. Referral forms may be obtained from the clinic. They should be filled out and sent to Maureen Valentino, Research Assistant.
2. Mini-Mental State Exam Scoring: The MMSE will be computer scored.

C. Methods:

1. The MMSE asks questions to ascertain cognitive status. Responses are scored **correct** or **incorrect**.
2. If a response is ambiguous, the interviewer records the response in the margin so a decision can be made on its appropriateness.
3. When a participant is incapacitated by blindness, has a functional disability, is illiterate, or is otherwise unable to respond to all questions, the interviewer should specify the problem and questions involved (see "Examiner's Impression" later in the section).

D. Expanded Scoring Instructions for Mini-Mental Exam:

Important note: 0 is meant to represent whenever subjects demonstrate the inability to correctly answer a particular item. They refuse to listen to the question, they have not demonstrated that they can answer the question, they have

15023 - 15048

only indicated they do not want to answer it. If subjects give no response it will not always be clear why, again, it has been demonstrated that they have not answered it.

1 - 5 = Correct response(s). Note that the scoring method for spelling WORLD backwards has been standardized. (Scoring is shown later in this section.)

Important note: Sometimes hearing impairments prevent subjects from correctly hearing test questions (for example, when asked to repeat three items, *apple, table, penny*, they may repeat *April, tablet, pencil* -- these alternate responses should be accepted both under the repetition and recall conditions). In the case of repeating *no ifs, ands, or buts*, some judgment must be made on the part of the examiner as to whether the participant could hear the "s" or not.

6 = When a test item is administered and no response is given, regardless of why (such as when a person is too severely demented, or refuses to respond to that single item (but does respond to other items on the test -- right or wrong).

Important note: The single exception to scoring **6** for no response is if a subject is in a coma (this circumstance would be encountered in a nursing home visit, not in a clinic visit). In this instance, administer the first item (to establish no response -- give a **0** to the first item if there is no response). (This exception is made to conform with the stroke protocol.)

9 = When test item was not administered (if subject refuses entire test, then all items were not administered and should be scored **9**).

Important note: Sometimes a participant might produce a response that is not a word (i.e. a neologism) but has been responding with intelligible responses on previous items (right or wrong). In this case the items should be scored **0**. The key to differentiating a **0** or a **9** is consistency within test. If a person has a speech abnormality, such as aphasia or dysarthria, across all items, most (or many) responses will be unintelligible. If a person is, for example, demented, he/she may produce a flow of intelligible responses with occasional unintelligible responses. Remember, a **9** must represent situations in which the EXAMINER is not sure whether (1) the participant responded correctly (because of slurred speech, severe stuttering, etc.), or (2) if the participant has some other factor that prevents test item administration (such as an inability to administer *copy this figure* test item to a right-handed person who has right-handed paralysis, or to someone who has a visual impairment or inability to hear).

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fs023-fs048

Scoring Entire Test:

Add up all correct responses. The total score must be less than or equal to 30 (give 6 or 9 scores a value of 0). EXCEPT:

Score

- 99 If ALL items are scored 9
- 66 If ALL items are scored 6
- 99 If MOST items are scored 6 and or 9 and it is unclear whether the participant was able to answer questions.

Scoring for Administered Individual Items: (applies only if a test item is administered)

Score 0 for the following reasons:

1. Incorrect response
2. *I don't know*
3. Unintelligible response in context of other intelligible responses (see scoring of 9 as well).
4. No response, but participants attempted to respond (i.e. they are demonstrating that they heard the question and are making an attempt to respond to it).

Examiner's Impression:

The examiner's impression for Cohort Cycle 26 will include the following:

<u>NO</u>	<u>YES</u>	<u>MAYBE</u>	<u>UNKNOWN</u>	
0	1	2	9	Illiteracy or low education
0	1	2	9	Not fluent in English
0	1	2	9	Poor eyesight
0	1	2	9	Poor hearing
0	1	2	9	Depression/possible depression
0	1	2	9	Aphasia
0	1	2	9	Coma
0	1	2	9	Parkinsonism/other neurologic disorder
0	1	2	9	Other

E. Questions: Scripts and Procedures for Each Question:

Introductory Script: *I would like to ask you a few questions dealing with concentration and memory. Some questions may seem easy and others may be a bit more difficult.*

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BS023 - BS048

Read each question on the form.
Record the response on the form.

1. *What is the date today?* (3 = correct score for month, day and year)

- a. Ask for the date. Then ask specifically for parts omitted (e.g. *Can you also tell me what month, year it is?*)
- b. If participant supplies part or all of the date (e.g. month and day, or month, day, and year), record as appropriate and do not ask those questions again.

2. *What is the season?*

Since distinctions between seasons can be difficult during certain months, one week leeway is allowed on either side of the actual date.

<u>Month</u>	<u>Correct Response</u>
January	Winter
February	Winter
March	Winter or Spring
April	Spring
May	Spring
June	Spring or Summer
July	Summer
August	Summer
September	Summer or Fall
October	Fall
November	Fall
December	Fall or Winter

3. *What day of the week is it?*

4. *What town, county, and state are we in?*

- a. Ask the participant what town, county, and state we are in. Then ask

5. *What is the name of this place?*

- a. Ask the participant where they are. Any appropriate answer is okay. On home visits, the examiner can ask, *What is the address of this place?*

6. *What floor of the building are we on?*

BS023 - BS048

7. *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.*
- Make sure participant is attentive when beginning the question.
 - Read the list of objects slowly. Read: *Apple, Table, Penny.*
Script: *Could you repeat the three items for me?*
 - If participant asks you to repeat the 3 items, respond, *Can you tell me the items I just mentioned?* or *Just do the best you can.* DO NOT REPEAT ITEMS UNTIL AFTER THE FIRST TRIAL.
 - Record the score for the first trial. Recall of 3 items regardless of order = score 3.
 - If, after scoring the first attempt, the participant has not learned the 3 objects, repeat the list of objects up to 6 times until he/she has learned them.
8. *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).*
- Read the question slowly. Where *world* has hyphens between the letters, spell out the word.
 - Repeat the spelling if necessary.
 - Record the participant's response. Write in the letter as the participant has spelled the word.
9. *What are the 3 objects I asked you to remember a few moments ago?*
- Items may be repeated in any order.
10. *What is this called? (Watch)*
- Show the wrist watch to the participant.
Correct responses include: watch, wristwatch, timepiece.
Code 1= correct for correct answer.
11. *What is this called? (Pencil)*
- Show the pencil to the participant. NOTE: the pencil should be a standard sharpened wooden pencil with eraser.

JS023 - JS045

12. Please repeat the following: No ifs, ands or buts.
- Enunciate clearly -- include the "S" at the end of *ifs*, *ands*, or *buts*, (if you think the participant heard you but repeated it incorrectly, make a note of what was missed and score 0).
 - Allow only **one** attempt.
 - Code **1** = correct when the participant correctly repeated the phrase.
 - Code **0** = incorrect when the participant did not repeat the phrase exactly.
13. Please read the following and do what it says.
- Hand participant the card.
 - The participant may read the sentence out loud. The task to be coded is the participant's ability to follow instructions by closing his/her eyes. It is not necessary for the sentence to be read out loud if the participant performs the function properly.
 - Code **1** = correct when the participant closes his/her eyes.
 - Code **0** = incorrect when the participant did not close his/her eyes.
14. Please write a sentence.
- Script: *Write any complete sentence on this piece of paper for me.*
 - Repeat the instructions to participant if necessary.
 - Code **1** = correct if the participant wrote a complete sentence as directed.
 - Written commands, such as *sit down*, where the subject is implied, are considered correct responses.
 - Spelling and/or punctuation errors are not counted as errors.
 - Code **0** = incorrect when the participant did not write a complete sentence as directed.
 - Code **0** = if the participant is cognitively able to dictate a sentence but is physically unable to write it. In this case the examiner should write the dictated sentence and make a note that it was dictated.
15. Please copy this drawing.
- Script: *Here is a drawing. Please copy the drawing on the same piece of paper.*
 - If the participant asks if the figures should be drawn separately or together the examiner should respond, *Draw the figures as you see them.*
 - To be correct, each pentagon must have 5 sides, 5 sides that point outward. The two figures must be overlapping.
 - The overlap figures must have 4 sides.
 - Code "**0**" = incorrect when the participant's figure did not match.

f5023 - f5048

PLEASE CLOSE YOUR EYES

fs023 - fs048

16. *Take this piece of paper in your right hand, fold it in half with both hands, and put it in your lap.*

- a. Read the full statement **BEFORE** handing the paper to the participant.
- b. **DO NOT** direct the paper to participant's right side. Hold the paper in front and have the participant reach out to take it. Observe which hand is used.
- c. **DO NOT** repeat instructions or coach participant. Only repeat if the examiner felt it was not heard or if instructions were not given clearly (just repeat the directions in full as they were the first time).
- d. Score: 1 for each correctly performed act (code 6 if low vision).

Sociodemographics and Subjective Health

15050 - 15062

A. Sociodemographics

1. *Where do you live?*

Coding

0 = Private residence

1 = Nursing home

2 = Other facility, such as a continuing care retirement community or assisted living facility

9 = Unknown

2. *Does anyone live with you?* (NOTE: Code nursing home resident as NO to these questions.)

Coding

0 = No

1 = Yes

9 = Unknown

NOTE: If the answer to the above question was 0 or 9 you may skip the following section. If the answer was yes, the examiner needs to determine who lives in the same household. It is important to ask whether others lives in the same household for < 3 months per year or > 3 months per year. The list is:

- Spouse
- Significant other
- Children
- Friends
- Relatives
- Pets

Coding

0 = No

1 = Yes, less than 3 months per year

2 = Yes, more than 3 months per year

9 = Unknown

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15050-15062

3. *Are you currently working at a paying job?*

Coding

0 = No

1 = Yes, full time (≥ 32 hours)

2 = Yes, part time (< 32 hours)

9 = Unknown

4. *Do you currently do unpaid volunteer or community work?*

Coding

0=No

1=Yes

9=Unknown

5. *During the past 6 months (180 days) how many days were you so sick that you were unable to carry out your usual activities?*

Coding

999 = Unknown

NOTE: The following two questions MAY NOT be answered by a proxy.

5. *In general, how is your health now?*

Coding

1 = Excellent

2 = Good

3 = Fair

4 = Poor

9 = Unknown

6. *Compare your health to most people your own age:*

Coding

1 = Better

2 = About the same

3 = Worse than most people your own age

9 = Unknown

Activities of Daily Living: Self Reported Performance

65064-6511

A. Background and Rationale:

This section is designed to assess the following spectrum of physical functioning. This section assesses:

- a. General level of physical functioning and mobility
- b. Ability to carry out instrumental activities of daily living
- c. Ability to carry out activities of daily living
- d. Framingham Disability Index

B. Activities:

Ask the participant, *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?*

The answers will be coded by the examiner as:

- 0 = No help needed, independent
- 1 = Uses device, independent
- 2 = Human assistance needed, minimally dependent
- 3 = Dependent
- 4 = Does not do during a normal day
- 9 = Unknown

The activities include:

1. Dressing
 - Undressing and redressing
 - Picking out clothes, dress oneself including buttoning, fastening, etc.
 - Devices such as: velcro, elastic laces.
2. Bathing
 - Including getting in and out of tub or shower
 - Getting water, soap, towel and other necessary items and wash oneself
 - Devices such as: bath chair, long handled sponge, hand held shower, safety bars.
3. Eating
 - Able to eat from a dish and drink from a cup
 - Devices such as: rocking knife, spork, long straw, plate guard.

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65064-65111

4. Transferring
 - Getting in and out of a chair
 - Arising from a sitting position to a standing position and back
 - Devices such as: sliding board, grab bars, special seat.
5. Toileting activities
 - Using the bathroom facilities and handling clothing
 - Devices such as: special toilet seat, commode.
6. Bladder continence
 - Ask if person has "accidents" (code =5 if use special products)
 - Devices such as: external catheter, drainage bags, ileal appliance, protective device.
7. Bowel continence
 - Ask if person has "accidents" (code=5 if use special products)
 - Devices such as: suppositories, bedpan, regular enemas.
8. Walking on a level surface about 50 yards (length of Thurber St.)
 - Devices such as: cane, crutches, or walker.
9. Walking up and down one flight of stairs
 - Can climb front steps of 5 Thurber Street
 - Devices such as: handrail, cane.
10. Using a telephone
 - Able to dial a phone number: ex. 935-3400. (The participant does not need to be observed doing this task).
 - Devices such as: large numbers, voice activation, amplication.
11. Preparing and taking own medications
 - Is able to measure out and take medications without being dependent on another person.
 - Medications include prescriptions and aspirin taken on a regular basis.

C. Use of Nursing and Community Services:

Coding for the following questions is:

0 = No

1 = Yes

9 = Unknown

Ask the participant, *In the past two years have you been admitted to a nursing home (or skilled facility)?*

In the past two years, have you been visited by a nursing service, or used home, community or outpatient programs?

Chinic 26

JS064-JS111

Ask which services were used and how often.

1. Home health aides
2. Homemaker visits
3. Visiting nurses
4. (PCA) Personal Care Attendant
5. Rehabilitation services (such as physical therapy, occupational therapy, speech therapy)
6. Cardiac rehabilitation
7. Meals on wheels
8. Community day programs

Coding

Currently	Since Last Exam	# Months Used Since Last Exam
0=No		0=None
One or more times per...		1=One month or less
1=Day		2-98= Put in actual number
2=Week		of months service used
3=Month		99=Unknown
4=Other (write in)		
9=Unknown		

Clinic 27

Rosow-Breslau Questions

JS113 - JS119

The method of assessing physical functioning is self-report. The questions assess the degree of difficulty that a person has performing a specific activity. This form has several important purposes:

1. These data will enable us to assess the level of independence and function in the study population.
2. It is hypothesized that impairments of physical function may be a risk factor for cardiovascular end points and progression of disease.
3. It will measure loss of physical functioning as a consequence of cardiovascular disease.

Questions:

Scoring

0 = No, unable to do

1 = Yes, independent

2 = Does not do

9 = Unknown

Are you able to do heavy work around the house, like shovel snow or wash windows, walls, or floors without help? (Scrub floors, wash windows, rake leaves, mow lawn). (Note: Code 2 if person does not do this activity).

Are you able to walk half a mile without help? (Walk one half mile or 4-6 blocks without stopping for more than 5 minutes). (Note: Code 2 if person does not do this activity).

If you had to, could you do all the housekeeping yourself (like washing clothes and cleaning)?

If you had to, could you do all the cooking yourself?

If you had to, could you do all the grocery shopping yourself?

AS113-AS119

Do you drive?

Reason for not driving now:

Scoring for not driving:

1 = Health

2 = Other non-health reason

3 = Never licensed

8 = N/A, current driver

9 = Unknown

Nagi Scale

FS121 - FS131

1. Show and explain the answer sheet *before* administering the test.
2. Ask each question individually. Start with, *For each item, tell me whether you have...*

f5121 - f5131

No difficulty

A little difficulty

Some difficulty

A lot of difficulty

Unable to do

Do not do on MD orders

Procedures For CES-D Interview

JS157 - JS176

A. Rationale and Background:

The Center for Epidemiologic Studies Depression Scale (CES-D) was developed for use in epidemiologic research of depressive symptomatology in the general population. It was designed as a screening instrument to elicit symptoms associated with depression. It is intended to document the presence and severity of depressive symptoms but is not intended to make clinical diagnosis. It assesses the current state of the subject by focusing on symptomatology in the past week.

The scale is given at each exam. The scale is not given if the patient is: sedated, aphasic, or uncooperative.

B. Procedure:

1. Each question is read to the participant who responds with one of four answers.
2. Response alternatives should be printed on paper which is placed in front of the participant for reference.
3. Each category of response should be explained to the participant prior to administering the scale.
4. If the participant is unable to read the response sheets, the interviewer should read each response as well as the question referring to their feelings in the past week.
5. Be sure the participant understands that the questions refer to his/her feelings only during the past week.

C. CES-D Scoring:

Responses are circled on the form. The score is the sum of 20 weighted responses and the final score is calculated by the computer. Score ranges from 0 to 60 by totaling all responses. Code **9** = *refused or do not know* is not included in the score. Values for each question range from **0** to **3**.

D. Methods:

The CES-D Questionnaire consists of 20 questions. Since it is a scale for depression, it must be completed using responses by the participant, not a proxy.

Clinic 32

BS157-BS176

SCRIPT: *The questions below ask about your feelings. For each of the following statements please say if you felt that way during the past week.*

1. Hand the response sheet to the participant and explain the categories. The following definitions should be given:

Code

0 = Rarely or none of the time (< one full day)

1 = Some or a little of the time (1 to 2 days in the past week)

2 = Occasionally or moderate amount of time (3 to 4 days in the past week, or about 1/2 the time)

3 = Most of the time (5 to 7 days in the past week)

If participant answers *YES* to a given statement, repeat the above responses to get a correct answer.

2. Read each item as it is written on the form, prefacing each question with the statement *During the past week*, then continuing with the response categories. For example:

SCRIPT: *During the past week I was bothered by things that usually don't bother me. Did you feel that way rarely or none of the time, some or a little of the time, occasionally or moderate amount of time, or most or all of the time?*

3. Discontinue reading the responses when the participant provides a response before you are finished. On the next item, however, again begin to read the entire set of responses.
4. When a participant asks for an interpretation of a particular response, reread the definitions to him/her.
5. Code 9 = *Refused* or *Do not know* is used when:
 - a. The question was asked, but the participant chooses not to answer. For example, response was *I would rather not say*, or *Go on to the next question*.
 - b. The question was asked, but the participant does not know, does not remember, or does not understand the form.
6. Check the response on the form.
7. When the participant refuses to respond to the statement, check 9 = refused or do not know.

JS157-JS176

8. When the participant asks about the meaning of any item or tries to qualify a statement, simply repeat the statement. For example:

Participant: *What do you mean by bothered?*

Interviewer: *I was bothered by things that usually don't bother me. Did you feel that way rarely or none of the time, some or a little of the time, occasionally or moderate amount of time, or most or all of the time during the past week?*

9. When the participant still asks about the meaning or says he/she does not understand, check 9 = refused or do not know. Do not try to interpret the statement for the participant.

NOTE:

Do not ask why the participant appears depressed. However, if that information is volunteered, briefly document the reason.

Do not score positive for *restless sleep* if the participant wakes to go to the bathroom and is able to get back to sleep easily.

This is a self-reported questionnaire and answers should be accepted as given.

157-1576

- 0 = Rarely or none of the time
(less than 1 day)

- 1 = Some or a little of the time
(1 - 2 days)

- 2 = Occasionally or moderate amount of time
(3 - 4 days)

- 3 = Most or all of the time
(5 - 7 days)

Berkman Social Network Questionnaire

65177-65189

The intent of the Berkman Social Network Questionnaire (BSNQ) is to determine the participant's social support systems, both from friends and relatives. Question and response sheets, using large print should be given to the participant to help them better understand and answer the questions.

Before administering the BSNQ, read the following statement, *The following questions ask about your social support. Please choose the response that best describes your situation over the past year. The first two questions refer to close friends, and the second two refer to family.*

The first four (4) questions should be answered with the following responses:

<i>None</i>	<i>6 to 9</i>
<i>1 or 2</i>	<i>10 or more</i>
<i>3 to 5</i>	<i>Unknown*</i>

* *Unknown* only to be used if participant is unable to answer or refuses, or question was not asked.

1. *How many close friends do you have; people that you feel at ease with, can talk to about private matters?*

The response should be based on whom the participant can **talk** to, in person and telephone contact.

2. *How many of these close friends do you see at least once a month?*

This question refers only to friends the participant has been in physical contact with, or spoken to in person. **Talking on the phone should not be included in the scoring.** This separates how often the participant talks to people versus physically meeting with them.

3. *How many relatives do you have; people that you feel at ease with, can talk to about private matters? (See #1 above)*
4. *How many of these relatives do you see at least once a month? (See #2 above)*
5. *Do you participate in any groups such as a senior center, social or work group, church connected group, self-help group, or charity, public service or community group?*

JS177- JS189

This can include volunteer work or groups where the participant physically works or joins others. Again, it does not include telephone contact.

6. *About how often do you go to religious meetings or services?*

The answer should reflect how often the participant **goes** to meetings or services. Watching services on television should not be scored as having gone to meetings or services. The intent of this question is how often the person **joins** others in this particular activity.

Questions 7 and 8 ask about insurance coverage.

7. *Do you have either Medicare or Medicaid?*

8. *Do you have health insurance other than Medicare or Medicaid?*

The intent of questions 9-13 is for friends and family, not mental health specialists. They should be answered with the following responses:

<i>None of the time</i>	<i>Most of the time</i>
<i>A little of the time</i>	<i>All of the time</i>
<i>Some of the time</i>	<i>Unknown*</i>

* **Unknown** to be used only when participant is unable to answer or refuses, or question was not asked.

Be sure to preface each question with the statement *How much of the time.*

9. *How much of the time is there someone available to you whom you can count on to listen to you when you need to talk?*
10. *How much of the time is there someone available to give you good advice about a problem?*
11. *How much of the time is there someone available to you who shows you love and affection?*
12. *How much of the time can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?*
13. *Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?*

JS177-JS189

None

1 or 2

3 to 5

6 to 9

10 or more

1. How many *close friends* do you have: people that you feel at ease with, can talk to about private matters?
2. How many of these *close friends* do you see at least once a month?
3. How many *relatives* do you have; people that you feel at ease with, can talk to about private matters?
4. How many of these *relatives* do you see at least once a month?

None of the time
A little of the time
Some of the time
Most of the time
All of the time

9. How much of the time is there someone available to you whom you can count on to list to you when you need to talk?
10. How much of the time is there someone available to give you good advice about a problem?
11. How much of the time is there someone available to you who shows you love and affection?
12. How much of the time can you count on anyone to provide you with emotion support (talking over problems or helping you make a difficult decision)?
13. How much of the time do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?

Observed Physical Performance Measures

65200-65228

A. Equipment:

1. Data sheets
2. Pencil (pen)
3. Stopwatch
4. 4 Meter measured walk
5. 2 Armless straight back chairs measuring approximately 18" high from floor to top of seat

B. A note on encouragement:

If a participant expresses doubt as to whether he or she can perform the task, ask the participant whether they would like to try. If they say yes, proceed with the task but if they say no, do not encourage them any further.

C. Introductory script:

We are going to try to do different physical activities together. I will ask you to stand in different positions for me. I will ask you to walk for me and then I will ask you to stand up from a chair.

I will first explain what I would like you to do, then I will demonstrate it for you, and then I will ask you to try it for me.

D. Stands:

65200-65211

The participant will hold each standing position for ten seconds.

Side by side: Feet together

Semi-tandem: Heel of one foot lines up with the big toe of the other foot

Tandem: Heel of one foot touching the toes of the other foot

While performing stands, the participant should be wearing comfortable shoes, with low heels. No bare feet or slippers. The participant must be able to stand unaided. You may assist participant with getting up from a chair.

BS200 - BS211

1. Side by side stand:

First, I would like you to stand with your feet together, side by side, for ten seconds. Please watch first while I demonstrate. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I say "stop".

Are you ready? Begin.

You may help the participant into the position. Allow them to hold onto your arms to obtain their balance. If they are holding on, say, ***When you are ready, let go of my arms.*** Begin timing the ten seconds when he or she lets go.

When the subject steps out of position, grasps your arm, or when the ten seconds have elapsed, stop timing and say, ***stop.*** If the participant steps out of position, the stopwatch is stopped when their foot is replanted on the floor. Record results on data sheet.

If the participant is unable to hold the side by side position for ten seconds, skip the next two stands.

2. Semi-tandem stand:

Next, I would like you to stand with the heel of one foot touching the big toe of the other foot for ten seconds. You may put either foot in front, whichever is more comfortable for you. Please watch while I demonstrate. You may use your arms, bend your knees or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I say "stop".

Are you ready? Begin.

If the participant is unable to hold the semi-tandem stand for ten seconds, skip the tandem stand.

3. Tandem:

Next, I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot for ten seconds. You may put either foot in front, whichever is more comfortable for you. Please watch while I demonstrate. You may use your arms, bend your knees or move your body to maintain your balance but try not to move your feet. Try to hold this position until I say "stop".

Are you ready? Begin.

BS213 BS222

E. Measured walks:

The participant will first observe while the examiner demonstrates how to walk the measured course at a normal pace. The participant will then be asked to walk the measured 4 meter course at a normal walking pace while being observed and timed. Next, he or she will repeat this usual pace while being timed. The examiner will then demonstrate the rapid pace walk and the participant will be asked to walk the course at a rapid pace while being timed.

1. Walk #1:

Now I am going to observe how you normally walk, if you use a cane or other walking aid and would be more comfortable with it, you may use it.

This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street. Walk all the way past the other end of the tape before you stop. Do you think this would be safe?

If participant says that it would not be safe indicate this on the data sheet and abort walks.

Please watch while I demonstrate. When I want you to start, I will say "Ready, begin."

Have the participant line up his or her toes behind the line on the floor. Start timing when you say, "begin" and stop timing when the participant breaks the plane of the line at the end of the course. Record the time on data sheet.

2. Walk #2:

Now I want you to repeat the walk. Remember to walk at your usual pace, and all the way past the other end of the course.

Ready? Begin.

3. Walk #3:

Now I want you to repeat the walk again, but this time, I would like you to walk at a rapid pace, as fast as you can. Make sure you go all the way past the other end of the course.

Please watch while I demonstrate.

Ready? Begin.

F.

Repeated chair stands:

fs 223 - 1/228

The participant will attempt to stand up once from his chair without using his or her arms. This is not timed. If he or she is able to do this, then proceed to the timed five consecutive chair stands.

Single chair stand:

Do you think it is safe to try to stand up from a chair without using your arms?

If participant feels it is unsafe, skip the chair stands

The next tests measure the strength in your legs. First, I will ask you to fold your arms across your chest and sit so that your feet are flat on the floor. Then I will ask you to stand up without using your arms.

Please watch while I demonstrate.

Please fold your arms across your chest and begin when I say, "Ready, stand."

Stand in front of the participant before he or she begins. Be prepared to supply physical support if the participants safety requires it, but do not stand so close as to impede the task.

If he or she cannot get up from his chair the first time without using their arms, ask him to try standing up using his arms. Score this and skip the repeated stands.

Repeated chair stands:

Do you think it is safe to try and stand up from a chair five times without using your arms?

If participant does not feel that it would be safe, abort the five chair stands and record on data sheet.

I will ask you to stand up straight, as quickly as you can, five times without stopping in between. After you stand up each time, sit down and then stand up again. Keep your arms folded across your chest. I will be timing you.

When you have finished the last stand, please sit down and hold out your left arm, with the palm facing up, so that I can take your pulse.

Please watch while I demonstrate.

Please fold your arms across your chest and begin when I say, "Ready, stand".

65223 65228

Start timing on the word "Stand".

Count aloud after the participant reaches the top of each stand.

If the participant appears to be fatigued before completing all five stands, ask if they can continue. Only if they say "no" should the examiner stop timing and stop the procedure.

If the participant did not use his or her hands during the initial chair stand, but begins to use them during the repeated stands, then stop.

If, after one minute has elapsed, the participant has not completed all five stands, then stop.

Stop timing when the participant has straightened up completely for the fifth time.

Have the subject sit down immediately after the fifth stand so that you can take the thirty second pulse on the left wrist.

G. JAMAR hand grip strength test:

65191 - 65198

1. Equipment:

- A. JAMAR dynamometer
- B. Pencil (pen)
- C. Data sheet
- D. Straight back chair

2. Technician tells the participant: ***This instrument will measure your grip strength. The instrument is a little heavy, so be careful. When I tell you, I want you to squeeze the instrument as hard as you can. Do not expect it to move very much.***

3. Participant is seated in chair with arms, forearm resting on chairarm, elbow at about a 90 degree angle.

4. Participant should hold JAMAR in upright position, wrist in neutral position, JAMAR facing the technician.

5. Make sure that red peak-hold needle is set to zero.

6. Tell participant to squeeze as hard as s/he can, and squeeze until you tell s/he to stop. Hold squeeze for a 3 to 5-1000 second count.

bs191 - bs198

7. Take back JAMAR, hold at eye level at about a foot from your eyes and record reading on the kilogram scale. If directly in the middle of the scale then the reading is the odd number between the two even hash marks; otherwise record as the closest hash mark.
8. Repeat steps until three measurements are recorded.

FRAMINGHAM HEART STUDY: COHORT EXAM 26

TESTS: PURPOSE, RISKS, AND DISCOMFORTS

I. BLOOD SAMPLE

fs 532 - fs 536

Fasting blood draw.

Part of the general physical exam includes obtaining a blood sample. You may experience some minor discomfort during the blood draw. A tourniquet will be applied tightly to your arm to make the vein more prominent. There is a minimal risk of bruising at the site of the needle stick.

II HEARING STUDY

see Hearing data set

You may be asked to participate in a research study of hearing to investigate presbycusis, the hearing loss that occurs with aging. None of the tests is experimental; all are being used in clinical practice.

There is no risk to your health from the testing. If there is excessive wax in the ear canal we may be unable to complete the testing.

The first part of the test is not stressful or uncomfortable. The remainder of the test is more difficult as it requires you to listen carefully to words being spoken in the presence of background noise. The audiologist will stop testing if you are tired or uncomfortable.

Stroke Tracking Referral Form

The Framingham Study

No data, Internal Tracking only

* Please complete the upper portion of this form if you identify a new neurological event.

ID#: _____

Name: _____

Date Opened: ___/___/___

Date of Event: ___/___/___

Date Type: ___ (0=Exact, 1=Approximate)

Source of Referral: _____

1 = Hospital Admission

5 = Medical Records

2 = Biennial Exam

6 = Review

3 = Offspring Exam

7 = Other (Please specify)

4 = Family

Initials: _____

Reason for Referral: _____

Reason for Hospitalization: _____ (1=Neurology, 2=Other, 8=NA)

Comments: _____

DISPOSITION (FOR TRACKING PERSONNEL TO COMPLETE)

1. Dictation: _____ (0=Awaiting, 1=In)
2. To be Scheduled in Stroke Clinic: _____ (0=No, 1=Yes, 2=Pending)
3. Date Seen in Stroke Clinic: ___/___/___
4. Reason Not Seen in Clinic: _____ (1=NA, 2=Refused, 3=Deceased, 4=Out of State)
5. Part of PSIP Follow-Up Protocol: _____ (0=No, 1=Yes, 9=Unknown)
6. Previously Seen: _____ (0=No, 1=Stroke, 2=Dementia, 3=Other)
7. Medical Records needed: _____ (0=No, 1=Yes)
8. Date: ___/___/___
9. CT/MRI/MRA to be obtained: _____ (0=No, 1=Yes)
10. Date: ___/___/___
11. Review Status: _____ (1=Awaiting Review, 2=Reviewed, 3=Need Info)
12. Date Reviewed: ___/___/___
13. Status of Case: _____ (1=Open, 2=Closed)
14. Date: ___/___/___
15. Diagnosis: _____
(1=Stroke, 2=TIA, 3=? TIA, 4=Parkinson's, 5=No CVA, 6=Other Neuro, 7=Migraine, 10=?Stroke, 20=Recurrent TIA, 9=Unknown)

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Neurology Clinic Referral Form

No Data, Internal Tracking only

ID#: _____

Name: _____

Date: ___/___/___

Person Making Referral: _____

Source of Referral: _____

- 1 = Hospital Admission
- 2 = Biennial Exam
- 3 = Offspring Exam
- 4 = Family
- 5 = Medical Records
- 6 = Other (Please specify)
- 7 = Review

Reason for Referral: _____

Reason for Hospitalization (if applicable): _____

Living Situation (if applicable): _____

- 1 = Own Home
- 2 = Elderly House
- 3 = Hospital
- 4 = Relative's Home
- 5 = Nursing Home
- 6 = Other

DISPOSITION (OFFICE USE)

Date Opened: ___/___/___

Date Closed: ___/___/___

1. To be scheduled for Neuro Clinic
2. Seen in Neuro Clinic: ___/___/___
3. Medical Records to be Obtained
4. Medical Records Complete: ___/___/___
5. Review Status: _____
 - 1 = Reviewed
 - 2 = Awaiting review
 - 3 = No review to be done
6. Enrolled Case in Stroke Study: _____
 - 1 = No
 - 2 = Yes
- Date: ___/___/___
7. Reasons Not Seen: _____
 - 1 = N/A
 - 2 = Refused
 - 3 = Deceased
 - 4 = Out of state
8. Previously Seen: _____
 - 1 = Stroke
 - 2 = Dementia

Clinic 48

Record Of In-Clinic Medical Encounter

(to be filed in chart)

No Data, Internal Tracking only

Participant's ID#: _____ Participant's Name: _____

Date of Incident: ___/___/___

Description of Incident:

Physician: _____

Follow-Up (if any)

Date of Follow-Up: ___/___/___

Physician/Staff: _____

Clinic 49

Record Of Telephone Encounter

(to be filed in chart)

No Data, Internal Tracking only

Participant's ID#: _____ Participant's Name: _____

Date of Incident: ___/___/___

Person Contacted: _____

Regarding: _____

Contact Made By: _____

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Framingham Heart Study
Repeat Standing Height/Weight Observations
No Data Set, QC Purposes Only

ID TYPE/ID: _____ PARTICIPANT'S NAME: _____

DATE: _____

TECHNICIAN: _____ (1 = First Technician, 2 = Second Technician)

TECHNICIAN ID: _____

Every technician should, with a second technician, measure one set of height/weight measurements on a monthly basis. Each technician should separately (and out of the other's view) record her or his measurement. If the difference in measurement on any given weight is greater than 0.5 pounds (or the average of 1 pound), or the height is more than 1/4 inch, the measurement should be redone.

_____ Weight Measurement
_____ Height Measurement
_____ Repeat Weight Measurement
_____ Repeat Height Measurement

Consistently different anthropometric measurements (> 0.5 lb. or 1/2 in.) should be brought to the attention of Dr. Joanne Murabito.

Clinic 51

Framingham Heart Study
Repeat Technician's Blood Pressure Observation

No Data Set, QC Purposes Only

ID TYPE/ID: _____ PARTICIPANT'S NAME: _____

DATE: _____

TECHNICIAN: _____ (1 = First Technician, 2 = Second Technician)

TECHNICIAN ID: _____

Every technician should separately (and out of the other's view) record his or her measurements. If the measurements on any given measurement is greater than 4 mmHg, or if the average of the readings for each technician differ by more than 3 mmHg, the measurement should be redone.

_____	Initial Cuff Size Selected	<u>Cuff Size:</u>
_____	Palpated Systolic Pressure	1 = Regular
_____	SBP	2 = Pedi
_____	DBP	3 = Large
_____	Repeat SBP	4 = Thigh
_____	Repeat DBP	

Consistently different blood pressure measurements (> 4 mmHg) should be brought to the attention of Dr. Joanne Murabito.

Weight and Height Supervisor Check List

Internal Use Only

Date: ___/___/___ Technician #: _____ Supervisor: _____

Instructions: Check that each procedure is carried out correctly. Circle Y (yes) if correct. If incorrect, circle N (no) and provide an explanation in the space following the item or at the end of the section. Items are presented in the sequence of the examination procedure, but may require confirmation before or after the examination.

Weight Measurements:

- | | | |
|---|---|--|
| Y | N | Scale is positioned at zero. |
| Y | N | Participant is not wearing shoes. |
| Y | N | Participant's weight is equally distributed on both feet. |
| Y | N | Participant is not supporting himself or herself. |
| Y | N | Examiner's eyes are level with the point of measurement. |
| Y | N | The measurement is recorded, rounding down to the nearest pound. |

Height Measurements:

- | | | |
|---|---|---|
| Y | N | Participant is not wearing shoes. |
| Y | N | Participant is standing erect with his/her back to the stadiometer. |
| Y | N | Participant's heels are together and against the stadiometer. |
| Y | N | Participant faces straight ahead. |
| Y | N | Examiner's eyes are level with the point of measurement. |
| Y | N | The measurement is recorded to the nearest quarter inch, rounding down. |

Overall comments of supervisor:

Instructions to technician/corrective action:

Signature, Supervisor

Clinic 53

Standard Blood Pressure Examination Supervisor Check List

Internal Use Only

Date: ___/___/___ Technician #: _____ Supervisor: _____

Instructions: For each item, circle Y (yes) or N (no) to indicate whether the procedure is carried out correctly. Record any comment in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- | | | |
|---|---|--|
| Y | N | Participant is kept warm, relaxed, and comfortable. |
| Y | N | Participant is discouraged from talking, except to voice discomfort or confusion about instructions. |

Standard blood pressure examination:

- | | | |
|---|---|---|
| Y | N | Technician greets and informs participant appropriately. |
| Y | N | Technician bares participant's arm to allow proper placement of cuff. |
| Y | N | Technician assesses participant's arm for correct cuff size. |
| Y | N | Technician palpates brachial artery. |
| Y | N | Technician wraps cuff center of bladder over brachial artery. |
| Y | N | Instructs participant on posture. |
| Y | N | Finds palpated systolic pressure using standard manometer. |
| Y | N | Calculates maximal inflation level, standard manometer. |
| Y | N | Waits at least 30 seconds before proceeding. |
| Y | N | Keeps work station free of excessive noise. |
| Y | N | Places stethoscope in ears, earpieces forward. |
| Y | N | Inflates rapidly to maximal inflation level. |
| Y | N | Places bell on brachial pulse. |
| Y | N | Deflates cuff 2 mmHg per second. |
| Y | N | Deflates cuff 10 mmHg below diastolic. |
| Y | N | Opens thumb valve or disconnects tubing. |
| Y | N | Records readings. |

Internal Use Only

Overall comments of supervisor:

Instructions to technician/corrective action:

Signature
Blood Pressure Supervisor

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12 - Lead ECG Quality Control Supervisor Check List

Internal Use Only

Date: ___/___/___ Technician #: _____ Supervisor: _____

Instructions: Please circle Y (yes) or N (no) to indicate if the technician correctly performed the specific maneuver.

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- | | | |
|---|---|---|
| Y | N | The participant's correct name and ID number are entered into the MAC. |
| Y | N | Participant's arms are resting comfortably on the bed alongside the body. |
| Y | N | Technician has established a rapport with the participant so the participant is at ease with the procedure. |
| Y | N | Electrode location V2 is located in the 4th intercostal space at the left sternal border. |
| Y | N | V1 is at the same level as V2 but at the right sternal border. |
| Y | N | The E point is located at the intersection of the 5th intercostal space and the mid-clavicular line. |
| Y | N | V6 is located in the mid-axilla at the same level as the E point. (The DAL-square should be firmly placed on the body and kept on a horizontal plane from the E point to the mid-axillary point.) |
| Y | N | The difference between the E-0 measurement and the 0-V6 measurement is calculated. |
| Y | N | The measurements (in the item directly above) are accurately recorded on the log sheet. |
| Y | N | The difference from the above calculation is located on the DAL-square and V4 is located on the chest . |
| Y | N | V3 is located midway between V2 and V4. |
| Y | N | V5 is located midway between V4 and V6. |
| Y | N | RL is located on the inside right ankle. |
| Y | N | LL is located on the inside left ankle. |
| Y | N | RA is located on the outside right wrist. |
| Y | N | LA is located on the outside left wrist. |
| Y | N | The electrode labels are checked before positioning to guard against lead misplacement. |
| Y | N | The paper ECG record is reviewed for quality and corrective action is taken if necessary. |

Internal Use Only

Overall comments of supervisor:

Instructions to technician/corrective action:

Signature, Supervisor

June 57

Interview Supervisor Check List

Internal use only

Date: ___/___/___ Technician #: _____ Supervisor: _____

Using the scale key below, evaluate the interviewer's performance for each of the following procedures. Write any comments in the spaces provided.

- Key: N/A Not applicable
1 Unsatisfactory (failed to meet standards)
2 Below expectations (did not meet some standards)
3 At expectation (met standards)
4 Above expectation (met all standards and in some instances exceeded them)
5 Outstanding (distinguished performance, consistently exceeded all standards)

N/A 1 2 3 4 5 Answers respondent's questions and concerns.
Comments: _____

N/A 1 2 3 4 5 Speaks slowly and distinctly, reading the questions at neutral/even pace.
Comments: _____

N/A 1 2 3 4 5 Maintains the focus of the interview but allows participant to express thoughts.
Comments: _____

N/A 1 2 3 4 5 Follows instructions/reads questions as they are written.
Comments: _____

N/A 1 2 3 4 5 Initiates (where needed) appropriate non-leading questions.
Comments: _____

N/A 1 2 3 4 5 Records/codes answers correctly (follows skip patterns as needed).
Comments: _____

N/A 1 2 3 4 5 Reviews forms.
Comments: _____

N/A 1 2 3 4 5 General overall rating.
Comments: _____

Signature of Reviewer: _____

Chinic 58

Problems/Corrective Action Log

Height/Weight

Internal Use Only

Date	Problem	Date	Corrective Action
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Clinic 59

Problems/Corrective Action Log

Blood Pressures

Internal Use Only

Date	Problem	Date	Corrective Action
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June 60

Problems/Corrective Action Log

ECGs

Internal Use Only

Date	Problem	Date	Corrective Action
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Clinic 61

Problems/Corrective Action Log

Cognitive Function and Physical Activity Questionnaires

Internal Use Only

Date	Problem	Date	Corrective Action
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Clinic 62