

Framingham Heart Study

Offspring Cohort Exam 1

08/30/1971-09/03/1975
N=5124

Exam Form Versions

- 9-71 Appointment Record, Family Record,
Blood Analysis - Fasting Lipids, Blood
Chemistries, Numerical Data, Medical
History, Hematology, Electrocardiograph
- 10-71 Personal and Family History

Notes on Framingham Heart Study Main Exam Data Collection Forms

Multiple versions of each exam form were used at the time of data collection. However, only one version of each exam form has been provided in the samples below. The other versions, which can be found in the participants' charts, have the same variables as the sample exam forms, but may be placed in a different format.

*Offspring
Exam 1*

APPOINTMENT RECORD

NAME	PHONE
ADDRESS	DATE OF BIRTH
	Month Day Year

This is to confirm your appointment for an examination at the Framingham Heart Study, located in the Framingham Union Hospital, 25 Evergreen Street, Framingham, Massachusetts.

DATE	TIME	AM
------	------	----

Instructions for your examination:

- (1) Do not eat or drink anything – except water – after your evening meal before coming to the examination. Taking food, even coffee, within 12 hours of the examination will alter the blood tests.
- (2) Do not smoke on the morning of the examination since this can affect the lung studies.

Please fill out the following information and bring this form with you at the time of your appointment.

Mother's Name	(First)	(Middle)	(Maiden)	(Last)
Father's Name	(First)	(Middle)	(Last)	
Other Relative (living at different address)	(Name)		(Address)	
Close Friend	(Name)		(Address)	
Family Physician	(Name)		(Address)	
Employer	(Name)		(Address)	

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 NATIONAL INSTITUTES OF HEALTH
 NATIONAL HEART AND LUNG INSTITUTE

C				
---	--	--	--	--

RECORD NUMBER

FAMILY RECORD

RELATIVE	NAME	SEX M OR F	YEAR OF BIRTH	IF DEAD, YEAR OF DEATH
SPOUSE				
CHILDREN	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			

BUMC-FRAMINGHAM STUDY

PERSONAL AND FAMILY HISTORY
DECK 200

NAME IN SAMPLE (Last) (First) (Middle) (Maiden)	RECORD NO.
NAME CHANGE	BIRTH DATE
NAME CHANGE	
ADDRESS	PHONE

FAMILY PHYSICIAN	NAME	ADDRESS

RELATIVE (Different House)	NAME	ADDRESS

CLOSE FRIEND	NAME	ADDRESS

RECORD NO.	NAME	SEX	YEAR OF BIRTH	EXAMINATION NUMBER & HEALTH ST				
				12	13	14	15	16
	SPOUSE							
	CHILD 1							
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	FATHER							
	MOTHER							
	BROTHER 1							
	2.							
	3.							
	4.							
	5.							
	6.							
	SISTER 1							
	2.							
	3.							
	4.							
	5.							
	6.							

HEALTH STATUS CODE

CARDIOVASCULAR DISEASES:

A & W = O Angina Pectoris (AP) Rheumatic Heart (RHD)
 Dead = D Other Coronary (ASHD) Rheumatic Fever (RF)
 Unknown = U Apoplexy (CVA) Hypertension (HBP)
 Other Heart Dis. — Specify

OTHER DISEASES:

Cancer (CA) Mental (MD)
 Diabetes (DM) Nephritis (NEPH)
 Gallbladder (GB) Neurologic (ND)
 Other GI (GI) Senility (SEN)

BUMC-FRAMINGHAM STUDY
Personal & Family History

NAME

RECORD NO.

COLS. 1-4

REPORT OF DEATH			CAUSE CODE	AGE AT DEATH (yrs.)	SEX M = 1 F = 2	COLS.
CAUSE	PLACE	YEAR				
						5-8
						9-12
						13-16
						17-20
						21-24
						25-28
						29-32
						33-36
						37-40
						41-43
						44-46
						47-49
						50-52
						53-55
						56-58
						59-61
						62-64
						65-67
						68-70
						71-73
						74-76

77

CAUSE OF DEATH CODE

- | | | |
|---------------|--------------|-------------------|
| 1 = CHD | 4 = Cancer | 7 = Infection |
| 2 = Other CVD | 5 = Accident | 8 = Other |
| 3 = Stroke | 6 = Suicide | 9 = Cause Unknown |

VERIFIED BY

DATE

DECK NO.

2 0 0

78-80

EMPLOYER

11. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

12. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

13. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

14. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

15. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

16. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

17. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

18. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

19. NAME	ADDRESS	DATE STARTED
----------	---------	--------------

JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

FRAMINGHAM
OFFSPRING
STUDY

BLOOD ANALYSIS - FASTING LIPIDS

DECK C4

NAME

DATE

AGE

11/18/74

COLS.	CODE				ITEM	
1-5					RECORD NUMBER	
6-11	A9	Total	Bottom Fraction		CHOLESTEROL - Mg/100 ml.	
12-17		Bottom Fraction	A10	Alpha		
18-23	A11	VLDL (Top Fraction)	A12	Beta		
24-27		A13			TRIGLYCERIDE - m Eq/liter	
			ORIGIN	BETA	PRE-BETA	ELECTROPHORESIS
28-29		A14		A15		WHOLE PLASMA
30-32		A16	A17	A18		TOP FRACTION (1.006)
33				A19		BOTTOM FRACTION (1.006)
34	A20	Clear 0	Cloudy 1	Milky 2	Unk. 9	WHOLE PLASMA APPEARANCE
35	A21	0	1	2	9	INFRANATE AFTER 12 HRS. AT 4°
36	A22	No 0	Yes 1	Unk. 9		CREAM AFTER 12 HRS. OR MORE
37	A23	0	1	9		FASTING 12 HRS. OR MORE
38	A24	0	1	9		CONFIRMATION TYPE 3
39	A25	No 0	Yes 1	Trace 2	Unk. 9	PRE-BETA BAND
40	A26	0	1	2	9	SINKING PRE-BETA BAND
A27 41	(Normal) 0	Lipoprotein type 1 2 3 4 5			Unk. 9	FREDRICKSON CLASSIFICATION
79-80			C	4		DECK NUMBER C4

OFFICE OF MANAGEMENT AND BUDGET 68-R1235
EXPIRES DECEMBER 31, 1974

Framingham Offspring Study	BLOOD CHEMISTRIES Deck C5	NAME	C 1
		DATE	

COLS.	CODE					ITEM
1-5	C	7	0	8	7	RECORD NUMBER
A28 6-7				4	5	HEMATOCRIT
A29 8-10			0	9	7	CALCIUM 8.5-10.5 mg%
A30 11-13			0	2	9	PHOSPHORUS 2.4-4.5 mg%
A31 14-16			1	1	2	GLUCOSE 65-110 mg%
A32 17-18				2	1	BUN 10-20 mg%
A33 19-21			0	9	7	URIC ACID 2.5-8.0 mg%
22-24			9	9	9	CHOLESTEROL mg%
A34 25-26				7	4	TOTAL PROTEIN 6-8 Gm%
A35 27-28				4	6	ALBUMIN 3.5-5.0 Gm%
A36 29-30				2	8	GLOBULIN 2.5-3.0 Gm%
A37 31-32				0	9	TOT. BILIRUBIN 0.1-1.0 mg%
A38 33-34				9	0	ALK. PHOS. 30-85 I.U.
A39 35-37			1	5	1	LDH 90-200 I.U.
A40 38-40			0	7	0	SGOT 10-50 I.U.
A41 41-43			0	4	3	T4 4-11 mcg%
79-80				C	5	DECK NUMBER C5

NIH-1835-5 (9-71)

OFFICE OF MANAGEMENT AND BUDGET 68-R1235
EXPIRES DECEMBER 31, 1974

FRAMINGHAM OFFSPRING STUDY				NUMERICAL DATA DECK C 6		DATE
COLS.	CODE			ITEM		
1-5	C					RECORD NO. C
6-11	MO A 42	DAY A 13	YEAR A 144	DATE OF EXAM		
12-17	MO A 45	DAY A 146	YEAR A 147	DATE OF BIRTH		
						1
						OBESITY STATUS
18-21	RT. A 48		LT. A 49		SUBSCAPULAR SKINFOLD (mm's)	
22-24	A 50				WEIGHT (nearest lb.)	
25-28	A 51		A 52		HEIGHT (to next lower quarter inch)	
				SYSTOLIC	DIASTOLIC	BLOOD PRESSURE
29-34	A 53		A 54		NURSE	
35-40	A 55		A 56		PHYSICIAN (first reading)	
41-46	A 57		A 58		PHYSICIAN (second reading) [To be taken if first reading \geq 160/95]	
						VITAL CAPACITY
47-48				A 59	FIRST SECOND VOLUME (Liters)	
49-50				A 60	TOTAL VITAL CAPACITY (Liters)	
A61 51	Normal <input checked="" type="checkbox"/>	Abnormal 2	Doubtful 3		ECG FINDING SPECIFY IF ABNORMAL:	
						SUMMARY OF CLINICAL FINDINGS
<input type="checkbox"/> NO CARDIOVASCULAR ABNORMALITY NOTED <input type="checkbox"/> SEE ATTACHED LETTER <input type="checkbox"/> PATIENT ADVISED TO CONTINUE UNDER MEDICAL CARE						
79-80				C	6	DECK NUMBER C6
CLINICAL DIAGNOSTIC IMPRESSION:						

FRAMINGHAM OFFSPRING STUDY Exam. I Code Sheet					MEDICAL HISTORY Deck No. C7	DATE THIS EXAM
COLS.	CODE					ITEM
1-5	C	5	2	0	9	RECORD NUMBER 1
	No	Yes	Unknown	HAS SUBJECT EVER BEEN TREATED FOR OR SUSPECTED OF ANY OF FOLLOWING ILLNESSES (*Indicate Place & Date of Treatment in Remarks.)		
A62 ⁶	u	1	9	HEART OR CORONARY ATTACK (Myocardial Infarction)		
A63 ⁷	1	3	9	ANGINA		
A64 ⁸	4	5	9	NEPHROSIS		
A65 ⁹	6	7	9	OTHER KIDNEY AILMENT - SPECIFY:		
A66 ¹⁰	0	1	9	DIABETES MELLITUS		
A67 ¹¹	2	3	9	HYPOTHYROID DISEASE		
A68 ¹²	4	5	9	STROKE, SHOCK, CVA		
A69 ¹³	6	7	9	POOR CIRCULATION IN LEGS		
A70 ¹⁴	0	1	9	HYPERTENSION		
A71 ¹⁵	2	3	9	OTHER MAJOR ILLNESS (Specify)		

REMARKS

COLS	CODE			ITEM		
	No	Yes	Unknown			
A72	0	1	9	HOSPITALIZATION FOR MAJOR ILLNESS (Lifetime)		
A73	0	1	9	MAJOR ILLNESS AND/OR VISIT TO DOCTOR (Lifetime)		
	REASON			MONTH - YEAR	NAME & LOCATION OF HOSPITAL	DOCTOR
	No	Yes (Now)	Yes (Not Now)	Unknown	MEDICINE TAKEN REGULARLY:	COMMENTS
A74 18	0	1	2	9	CARDIAC GLYCOSIDES	
A75 19	0	4	5	9	NITRITES	
A76 20	0	7	8	9	QUINIDINE (or Procainamide)	
A77 21	0	1	2	9	DIURETICS (a) For fluid retention	
A78 22	0	4	5	9	(b) For blood pressure	
A79 23	0	7	8	9	HYPOTENSIVES (exclude diuretics)	
A80 24	0	1	2	9	ANTI-CHOLESTEROL AGENTS (specify)	
A81 25	0	4	5	9	THYROID	
A82 26	0	7	8	9	ANTITHYROID	
A83 27	0	1	2	9	ANTICOAGULANTS	
A84 28	0	4	5	9	HYPOGLYCEMIC AGENTS (specify)	
A85 29	0	7	8	9	TRANQUILIZERS	
A86 30	0	1	2	9	BRONCHODILATOR OR AEROSOL	
A87 31	0	1	2	9	OTHER (C-V drugs)	
	Man	No	Yes	Unknown	MENOPAUSE	
A88 32	8	0	1	9	PERIODS HAVE STOPPED 1 YEAR OR MORE	
A89 33-34	88				AGE AT WHICH STOPPED (00 = not stopped)	
A90 35	Man	Not Stopped	Normal	Surg.	Other	Unknown
	8	7	0	1	2	9
	CAUSE OF CESSATION OF MENSES					
A91 36	8	No	Yes			
		0	1			9
	HYSTERECTOMY					NAME OF HOSPITAL WHERE SURGERY WAS DONE (IF KNOWN)
A92 37	8	No	Yes	Yes		
		0	1	2	9	
	OVARIES REMOVED					
	Man	No	Yes (Now)	Yes (Not Now)	Unknown	FEMALE HORMONE THERAPY
A93 38	8	0	1	2	9	ORAL CONTRACEPTIVE
A94 39	8	0	(1 yr.)	(1 + yr.)	9	PREMARIN
			4	5		
A95 40	8	0	(Now)	(Not Now)	9	OTHER (specify)
			1	2		

SMOKING HISTORY

COLS.	CODE				ITEM
	No	Yes Now	Former*	Unknown	
					(* Former = stopped at least one year ago)
A96 41	0	1	2	9	SMOKED AT LEAST ONE YEAR
A97 42	0	1	2	9	SMOKES CIGARS
A98 43	0	1	2	9	SMOKES PIPES
A99 44	0	1	2	9	SMOKES CIGARETTES
A100 45-46					Age started smoking regularly (00 = Never Smoked)
A101 47-48					If stopped, age stopped (88 = Not applicable, 00 = Never Smoked)
A102 49-50					Usual number of cigarettes smoked (now or formerly) (00 = Never Smoked)
A103 51	0	1		9	Uses filter .
A104 52	0	1		9	Inhales .
					WEIGHT CHANGE HISTORY
	About same	Now 5 + lbs. lighter	Now 5 + lbs. heavier	Unknown	HOW DOES YOUR WEIGHT NOW COMPARE WITH YOUR WEIGHT:
A105 53	0	1	2	9	One month ago
A106 54	0	1	2	9	One year ago
A107 55-57					WEIGHT AT AGE 25 (Unknown - 999)
					DIET HISTORY
	No	Yes	Unknown		DIET IN LAST TWO <u>WEEKS</u> :
A108 58	0	1	9		Cholesterol lowering
A109 59	2	3	9		Low calories
A110 60	4	5	9		Diabetic
A111 61-62					USUAL ALCOHOL INTAKE Beer (bottles, cans or glasses per week)
A112 63-64					Wine (glasses per week)
A113 65-66					Cocktails, highballs, straight drinks (# per week)
	Same as Usual	Much More	Much Less	Unknown	DIET IN LAST TWO <u>DAYS</u> :
A114 67	0	1	2	9	Amount of food
A115 68	0	1	2	9	Amount of alcohol

CEREBROVASCULAR ACCIDENT

C

COLS.	CODE	RECORD NUMBER				ITEM		DURATION	DESCRIBE
		<input checked="" type="checkbox"/> +	HEMIPARESIS	L	R				
		<input checked="" type="checkbox"/> +	SUDDEN SPEECH						
		<input checked="" type="checkbox"/> +	DIFFICULTY						
		<input checked="" type="checkbox"/> +	SUDDEN VISUAL DEFECT						
		<input checked="" type="checkbox"/> +	HEMIANOPIA	L	R				
		<input checked="" type="checkbox"/> +	DOUBLE VISION						
		<input checked="" type="checkbox"/> +	LOSS OF VISION						
		<input checked="" type="checkbox"/> +	IN ONE EYE						
		<input checked="" type="checkbox"/> +	HEMISENSORY DEFECT	L	R				

A133

	No	Yes	Maybe	Unknown	
86	<input checked="" type="radio"/>	1	2	9	EXAMINER BELIEVES THIS WAS A STROKE
87	<input checked="" type="radio"/>	1	2	9	EXAMINER BELIEVES THIS WAS PRECEDED BY TRANSITORY ISCHEMIC ATTACK (describe)

A134

COMMENTS					

PERIPHERAL VASCULAR DISEASE

A135

	No	Yes	Unknown	
88	<input checked="" type="radio"/>	1	9	DISCOMFORT IN LOWER LIMBS WHILE WALKING
				- + ONSET AT FIRST STEPS
				- + AFTER WALKING AWHILE
				- + RELATED TO RAPIDITY OF WALKING OR STEEPNESS OF GRADE
				- + FORCED TO STOP WALKING DISTANCE
				RELIEVED BY STOPPING, IN _____ MINUTES
				DURATION OF SYMPTOMS _____ YEARS _____ MONTHS
				LEG IN WHICH COMPLAINT BEGAN _____ LEFT _____ RIGHT
				CONDITION IS: _____ IMPROVING _____ GETTING WORSE _____ STATIONARY

A136

89	<input checked="" type="radio"/>	1	9	EXAMINER BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS
----	----------------------------------	---	---	---	--

90-91		C	7	
-------	--	---	---	--

FRAMINGHAM OFFSPRING STUDY		HEMATOLOGY Deck C8					NAME		
							DATE		
COLS.	CODE					ITEM			
1-5	C	7	0	8	7	RECORD NUMBER			
6-8			1	1	9	PROFILE			
9-11			8	0	2	C.B.C.			
12-14			0	5	2	WBC X 10 ³	4.8-10.8		
15-17			5	3	4	RBC X 10 ⁶	M 4.6-6.2	F 4.2-5.4	
18-20			1	5	6	HGB gm	M 14-18	F 12-16	
21-23			4	5	3	HCT %	M 40-54	F 37-47	
24-26			0	8	5	MCV (<i>Cubic Microns</i>)	M 80-94	F 79-97	
27-29			2	9	0	MCH (<i>Micro-Micrograms</i>)	27-31		
30-32			3	4	2	MCHC %	32-36		
79-80				C	8	DECK NUMBER C8			

A137
 A138
 A139
 A140
 A141
 A142
 A143
 A144

NIH-1835-8
(1-72)

OFFICE OF MANAGEMENT & BUDGET NO. 68-R 1235
APPROVAL EXPIRES DECEMBER 31, 1974

COLS.	CODE	RECORD NUMBER	NAME
1-4	C 2 9 0 9		

<i>A145</i> 5-7					VENTRICULAR RATE PER MINUTE
<i>A146</i> 8-9					P-R INTERVAL (Hundredths of second)
<i>A147</i> 10-11					QRS INTERVAL (Hundredths of second)
<i>A148</i> 12-13					QT INTERVAL (Hundredths of second)

<i>A149</i> 14-17	-1 +2				A QRS
-------------------	----------	--	--	--	-------

INTRAVENTRICULAR BLOCK:						
<i>A150</i> 18	No 0	Complete 1	Incomplete 2	Ind. 3	Unk. 9	RIGHT (Incomplete = S1, R*V1)
<i>A151</i> 19	0	1	2	3	9	LEFT
<i>A152</i> 20	No 0	LAH 1	LPH 2	Unk. 9		HEMIBLOCK
<i>A153</i> 21	No 0	Yes 1	Unk. 9		BIFASCICULAR	

ATRIOVENTRICULAR BLOCK:						
<i>A154</i> 22	No 0	Degree 1 2		Unk. 9		INCOMPLETE
<i>A155</i> 23	No 0	Nodal 1	TF 2	Unk. 9		COMPLETE (TF = trifascicular)
<i>A156</i> 24	No 0	Yes 1	Unk. 9		WOLFF-PARKINSON-WHITE (WPW) SYNDROME	

<i>A157</i> 25	No 0	Atr. 1	Vent. 2	Nodal 3	Comb. 4	Unk. 9	PREMATURE BEATS
<i>A158</i> 26	No 0	Yes 1	Unk. 9		ATRIAL FIBRILLATION		
<i>A159</i> 27	0	1	9		ATRIAL FLUTTER		

<i>A160</i> 28	No 0	Yes 1	Maybe 2	Unk. 9		OTHER ARRHYTHMIA	SPECIFY
<i>A161</i> 29	No 0	Digitalis Effect 1	Other 2	Unk. 9		OTHER ECG ABNORMALITY	
<i>A162</i> 30	No 0	Yes 1	Maybe 2	Unk. 9		TAKING DIGITALIS OR QUINIDINE	

<i>A163</i> 31	0	1	2	9		MYOCARDIAL INFARCTION	LOCATION
<i>A164</i> 32	0	1	2	9		LEFT VENTRICULAR HYPERTROPHY	CHECK IF PRESENT: <input type="checkbox"/> Primary T <input type="checkbox"/> R > 20 mm Std <input type="checkbox"/> > 11 mm Av <input type="checkbox"/> > 25 mm Pre <input type="checkbox"/> R+S > 35 mm Pre <input type="checkbox"/> QRS > .09, < .11 <input type="checkbox"/> Morris P <input type="checkbox"/> Intrinsicoid > .04 <input type="checkbox"/> LAD > - 30

<i>A165</i> 33	0	1	2	9		NON-SPECIFIC T-WAVE ABNORMALITY
<i>A166</i> 34	0	1	2	9		NON-SPECIFIC S-T SEGMENT ABNORMALITY

<i>A167</i> 35	Norm. 0	Abnorm. 1	Doubt. 2	Unk. 9		ECG CLINICAL READING -- SPECIFY
----------------	------------	--------------	-------------	-----------	--	---------------------------------