

Framingham Heart Study

Offspring Cohort Exam 2

10/09/1979-10/27/1983

N=3863

Exam Form Versions

6-79 Personal and Family History,
Numerical Data, Medical History,
Physical Examination, Electrocardiograph,
X-Ray Report, Clinical Diagnostic
Impression, Numerical Lab Data,
Blood Analysis - Fasting Lipids,
Phonocardiography

No Version Number: Graded Exercise Test Form Resting ECG,
Echocardiography, Ambulatory ECG
Monitoring, Graded Exercise Test Form
Exercise ECG, ECG Report

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.

FRAMINGHAM COHORT SURVEILLANCE & OFFSPRING STUDY

2

Permission for Interview, Examination, Tests and Record Review:

I understand that the purpose of this study is to collect information to aid in the understanding of several major diseases, especially heart and vascular diseases.

offspring exam 2

I, hereby, authorize the Framingham Heart Study to 1) interview me with respect to my past and present medical history, the medical history of my family, and other information such as occupation, education, home address, and place of birth 2) perform procedures such as might be done in my physician's office (examples: weight, blood pressure, respiratory test) 3) obtain samples of blood and urine 4) review past and future hospital, tumor registry, and physicians' medical records. In addition, I authorize a complete cardiological examination such as a) resting electrocardiogram, phonocardiogram and echocardiogram b) electrocardiographic monitoring and exercise tolerance test. The exercise tolerance test is designed to assess the efficiency of your cardiovascular system. Certain changes in body function take place when any person exercises. Some of these changes are normal and others are abnormal. Abnormal changes may occur in blood pressure. A very rapid or very slow heart rate or irregular rhythm may occur. Very rare instances of heart attacks have occurred as in any other moderately strenuous physical activity. Every effort will be made to minimize possible problems by the preliminary examination and constant surveillance during testing. Equipment and trained personnel are available to deal with unusual situations should they arise.

It is my understanding that all information will be kept strictly confidential, and used for statistical, scientific and research purposes only. No use will be made of the information which would identify me. Each of the test procedures and their risks and discomforts have been explained to me and all my inquiries concerning these procedures have been answered. I know that I am free to withdraw my consent and to discontinue participation in the project or activity at any time. I also understand that no change is to be made for any part of the examination.

I also understand that I will be asked to give my social security number for the purpose of locating me in future years and that this disclosure of the social security number is voluntary.

I understand that in the event that physical injury occurs as a result of any of the procedures, prompt medical treatment will be provided according to usual and customary standard of medical practice. However, no special arrangements will be made for compensation or for payment for treatment solely because of my participation in this study. I understand that this paragraph does not waive any of my legal rights.

FEB 01 1982

Date

NIH-2413-22
6/79

Name

Witness

[Handwritten signatures and scribbles]

P/A: [unclear]

**BUMC-FRAMINGHAM OFFSPRING STUDY
PERSONAL AND FAMILY HISTORY
DECK 200**

NAME IN SAMPLE	(Last)	(First)	(Middle)	(Maiden)	RECORD NO. B1
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	ADDRESS
	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)	Rhematic 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)
Joint (ART)	Other – Specify

**OFFSPRING STUDY
PERSONAL AND FAMILY HISTORY**

NAME

COLS.
1-4

TELEPHONE NO.	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	120-122
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EMPLOYER

1. NAME	ADDRESS	DATE STARTED
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JOB TITLE	WHAT DO YOU DO?
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2. NAME	ADDRESS	DATE STARTED
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JOB TITLE	WHAT DO YOU DO?
-----------	-----------------

3. NAME	ADDRESS	DATE STARTED
---------	---------	--------------

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

4. NAME	ADDRESS	DATE STARTED
---------	---------	--------------

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

5. NAME	ADDRESS	DATE STARTED
---------	---------	--------------

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

6. NAME	ADDRESS	DATE STARTED
---------	---------	--------------

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

7. NAME	ADDRESS	DATE STARTED
---------	---------	--------------

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

8. NAME	ADDRESS	DATE STARTED
---------	---------	--------------

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

9. NAME	ADDRESS	DATE STARTED
---------	---------	--------------

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

BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET	NUMERICAL DATA DECK 201	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE			ITEM
4				RECORD NUMBER
				NAME
5-7			B3 M1 F2	AGE and SEX
8-13	B 4	B 5	B 6	DATE THIS EXAM
14-19	B 7	B 8	B 9	DATE OF BIRTH
20-25	Nurse B 10	Physician 1 B 11	Physician 2 B 12	EXAMINERS' NUMBERS
26-28		B 15		WEIGHT (To nearest pound)
29-32		B 16	B 17	HEIGHT (Inches, to next lower quarter inch)
33-36		Right B 18	Left B 19	SKINFOLD TRICEPS (Millimeter)
37-40		B 20	B 21	SKINFOLD SUBSCAPULAR (Millimeter)

BLOOD PRESSURE (Left arm, mm Hg):					
41-46	Systolic B 22	B 23	Diastolic B 24	B 25	NURSE
47-52	B 26	B 27	B 28	B 29	PHYSICIAN (First reading)
53-58	B 30	B 31	B 32	B 33	PHYSICIAN (Second reading)

LUNG FUNCTION:					
B28 59-62					CARBON MONOXIDE ECOLYZER (parts/million)
B29 63-65					FORCED VITAL CAPACITY (Deciliter)
B30 66-68					FEV ₅
B31 69-71					FEV ₁
B32 72-74					FEV ₃
B33 75-77					TEFR
B34 78-80					FEF (25-75)
B35 81-83					FEF (25)
B36 84-86					FEF (50)
B37 87-89					FEF (75)

BUMC-FRAMINGHAM
OFFSPRING STUDY
EXAM 2 CODE SHEET

NUMERICAL DATA
DECK 201

COLS.	CODE										ITEM											
B38 90	No	Yes	Unk									Previously examined in offspring study										
	0	1	9																			
B39 91	Single	Mar		Wid	Div	Sep	Unk				Marital status											
	1	2		3	4	5	9															
B40 92	No	Yes			Not Married			Unk			Married to same spouse as when first examined											
	0	1			2			9														
B41 93-96											If not married to same spouse, ID number of new spouse 9997 = married to same 9998 = not married											
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
B42 97-98											If married, length of marriage in years 88 = not married at present											
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
B43 99-100											Education years completed											
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
B44 101	0	1	2	3	4	5	6	7	8	9	What kind of work have you done most of your life?											
B45 102-103											If employed in the past 10 years, how many times have you changed jobs?											
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
B46 104											#of brothers alive											
B47 105											#of brothers dead											
B48 106											#of sisters alive											
B49 107											#of sisters dead											
108-118	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					Social Security Number

120-122

2 0 1

DECK NUMBER

BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET	MEDICAL HISTORY DECKS 202 and 203	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE	ITEM
1-4		RECORD NUMBER NAME
B50	No Yes Unk. 0 1 9	HOSPITALIZATION IN INTERIM
B51	No Ill M.D. Unk. 0 Only Visit 9 1 2	ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM
	REASON	MONTH/YEAR NAME AND LOCATION OF HOSPITAL DOCTOR

COLS.	CODE	No	Yes (Now)	Yes (Not Now)	Unk.	MEDICINE USED IN INTERIM:	COMMENTS (SPECIFY AGENT)
B52	7	0	1	2	9	CARDIAC GLYCOSIDES	
B53	8	0	1	2	9	NITRITES	
B54	9	3	4	5	9	PROPRANOLOL	
B55	10	0	1	2	9	QUINIDINE/PROCAINAMIDE	
B56	11	0	1	2	9	HYPOTENSIVES (exclude diuretics)	
B57	12	0	1	2	9	ALDOMET	
B58	13	0	1	2	9	SPIRONOLACTONE	
B59	14	3	4	5	9	DIURETICS-HYPERTENSION	
B60	15	0	1	2	9	DIURETICS-OTHER	
B61	16	0	1	2	9	ANTI-CHOLESTEROL AGENTS	
B62	17	0	1	2	9	THYROID	
B63	18	0	1	2	9	ANTICOAGULANTS	
B64	19	3	4	5	9	BRONCHODILATOR OR AEROSOL	
B65	20	0	1	2	9	ORAL HYPOGLYCEMIC AGENTS	
B66	21	0	1	2	9	SLEEPING PILLS	
B67	22	0	1	2	9	TRANQUILIZERS	
B68	23	No 0	Yes <20 1	Yes 20+ 2	Yes Not Now 3	INSULIN	
B69	24					ASPIRIN TABS/DAY	Code either day or 0 = none 8 = 8 or > 9 = unk

B1

COLS.	CODE	ITEM	COMMENTS
B70 25	Man No Yes Unk. 8 0 1 9	MENOPAUSE: PERIODS HAVE STOPPED ONE YEAR OR MORE	
B71 26-27	NS 88 00	AGE AT WHICH PERIODS STOPPED (NS = not stopped)	
B72 28	Nat- Sur NS ural gery Other Unk. 8 0 1 2 3 9	CAUSE OF CESSATION OF MENSES (NS = not stopped)	
B73 29	No Yes Unk. 8 0 1 9	HYSTERECTOMY	
B74 30	No Yes Yes Unk. (one) (two) 8 0 1 2 9	OVARIES REMOVED	
B75 31-32	88	Age start of menses	
B76 33-34	88	Number of live births	
B77 35-36	88	Age of tubal ligation (00 = no ligation)	
B78 37	Yes No Now Not Unk. 8 0 1 2 9	Ever taken oral contraceptives	
B79 38-40	888	Code # of brand and dosage	
B80 41-42	88	Total # of years OC Medication taken	
B81 43	Yes No Now Not Unk. 8 0 1 2 9	Ever taken Premarin (other than estrogen)	
B82 44-45	88	Total number of years Premarin taken	
B83 46-47	88	If taken now, how many pills do you usually take per month (.625 mg)	
B84 48-49	F 88	Age of Vasectomy (00 = no vasectomy)	

SMOKING HISTORY

COLS.	CODE	ITEM	COMMENTS
B85 50	Cigarettes Never only Other Both unk. 0 1 2 3 9	Ever smoked cigarettes, cigars, pipes or cigarettes.	
B86 51	No Yes 0 1 9	Are you currently smoking cigarettes, cigars, pipes or cigarillos.	
B87 52	Never smoked No Yes Current smoker unk. 0 1 2 3 9	If not currently smoking cigarettes, cigars, pipes or cigarillo, did you smoke any of these regularly during the last year?	

COLS.	CODE	ITEM				
		Amount smoked in last year (code only for those who smoke currently or smoked regularly in last year)				
		Code: Smoking Time Pattern:				
		0 = No time pattern 1 = All day 2 = Principally while working 3 = Only after meals 4 = Only in evening 5 = Only on social occasions 6 = Other (describe) 8 = Not smoking 9 = Unknown				
B88 53-54	88	cigarettes/day				
B89 55-56	88	cigars/day				
B90 57-58	88	cigarillos/day				
B91 59-60	88	pipes/day				
B92 61	8	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	No	Yes	1	2
No	Yes					
1	2					
B93 62	8	9 inhales cigarettes				
B94 63	8	9 inhales pipes				
B95 64-65	88	9 inhales cigars				
B96 66	8	how many cigarettes did you smoke this morning?				
		smoking time pattern				

CIGARETTE SMOKING

B97 67-68	88	Never smoked cigarettes	Age started cigarette smoking						
B98 69-70	88		Maximum number of cigarettes per day ever smoked regularly						
B99 71	8	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">no</td> <td style="text-align: center;">yes</td> <td style="text-align: center;">unk.</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> </tr> </table>	no	yes	unk.	0	1	9	Stopped smoking cigarettes for last year or longer
no	yes	unk.							
0	1	9							
B100 72-73	88		Years since stopped smoking cigarettes						
B101 74	8		Reason for stopping						
			Code: Reason For Stopping:						
			0 = Has not stopped one year or more 1 = M.D. order: Not sick 2 = M.D. order: Sick 3 = Sick: No disease 4 = Sick: History of disease 5 = Influenced by health education 6 = Too expensive 7 = Other 8 = Never smoked cigarettes 9 = Unknown						
B102 75-77	888	Not smoked last year	Cigarette rank*						
B103 78	8		Card code						

{ 999 = unk.
 998 = cig.-not on list

BUMC-FRAMINGHAM STUDY
EXAM 2 CODE SHEET

NAME

RECORD
NO.

BA

MEDICAL
HISTORY
PART I

COLB.	CODE					ITEM	
	Avg hrs day					REST AND ACTIVITY:	
B104	79-80					SLEEP	
B105	81-82					SEDENTARY	
B106	83-84					SLIGHT ACTIVITY	
B107	85-86					MODERATE ACTIVITY	
B108	87-88					HEAVY ACTIVITY	
B109	89	None 0	Inc. 1	Dec. 2	Unk. 9	CHANGES IN ACTIVITY IN INTERIM	
B110	90	No 0	Yes (Now) 1	Yes (Not Now) 2	Unk. 9	DIET IN INTERIM: REDUCING	COMMENTS
B111	91	0	1	2	9	CHOLESTEROL LOWERING	
B112	92	0	1	2	9	LOW SALT	
B113	93	0	1	2	9	DIABETIC	
B114	94-95					COFFEE-CUPS/DAY	
B115	96-97					COFFEE/DECAF-CUPS/DAY	
B116	98-99					TEA-CUPS/DAY	
B117	100-101					BEER-BOTTLES, CANS, GLASSES/WEEK	
B118	102-103					WINE-GLASSES/WEEK	
B119	104-105					COCKTAILS, HIGHBALLS, STRAIGHT DRINKS/WEEK	
B120	106					BEER-BOTTLES, CANS, GLASSES	Code No./day or 00 = Never 01 = 1/day or < 99 = Unk.
B121	107					WINE	
B122	108					COCKTAILS, HIGHBALLS STRAIGHT DRINKS	
B123	109-110					BEER BOTTLES, CANS, GLASSES	Code No./week or 00 = Never 01 = 1 week or < 99 = Unk.
B124	111-112					WINE	
B125	113-114					COCKTAILS, HIGHBALLS STRAIGHT DRINKS	
B126	115	No 0	Yes 1	Maybe 2	Unk. 9	FOLLOWING DIET (Examiner's opinion)	HOW MANY DAYS IN THE WEEK DO YOU DRINK EACH OF THESE?
	120-122			2	0	2	

COLS.	CODE	RECORD NUMBER	ITEM
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RESPIRATORY SYMPTOMS AND CHF COMPLAINTS IN INTERIM:						
No	Yes Pro-ductive	Yes Non-pro-ductive	Unk.	ITEM		
	0	1	2	9	CHRONIC COUGH (at least three months per year) DESCRIBE	
	0	1	9		TROUBLED WITH WHEEZING-- ASTHMA -- + Long Duration -- + Seasonal -- + With Respiratory Infection	
	0	Highest Grade 1 2 3		9	DYSPNEA ON EXERTION Code GRADE 1 = Climbing stairs or vigorous exertion 2 = Rapid walking or moderate exertion 3 = Any slight exertion	
	0	1	2	9	DYSPNEA INCREASED IN PAST TWO YEARS	
	3	4	5	9	ORTHOPNEA <input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint	
	0	1	2	9	PAROXYSMAL NOCTURNAL DYSPNEA	
	0	1	2	9	ANKLE EDEMA, BILATERAL	
	0	1	2	9	1st EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM	
	0	1	2	9	1st EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE	
	No 2nd Exam. 3	No 0	Yes 1	Maybe 2	Unk. 9	2nd EXAMINER BELIEVES SUBJECT HAD CHF SINCE LAST EXAM
	3	0	1	2	9	2nd EXAMINER BELIEVES SUBJECT HAS PULMONARY DISEASE

CHEST IN INTERIM:					
No	Yes	Maybe	Unk.	ITEM	
	0	1	2	9	CHEST DISCOMFORT
When Does Chest Discomfort Occur? -- + with exertion or excitement -- + when quiet or resting					
-- + Repeated Short Episodes		DATE OF ONSET		USUAL DURATION	
		LOCATION		LONGEST DURATION	
		RADIATES TO		FREQUENCY	
		TYPE			
		Relieved by: NG-- + 0; Rest-- + 0; Spont.-- +			
-- + Prolonged Episodes (describe)				COMMENTS	

		No 0	Yes 1	Maybe 2	Unk. 9	ANGINA PECTORIS	1ST EXAMINER'S OPINION
		0	1	2	9	CORONARY INSUFFICIENCY	
		0	1	2	9	MYOCARDIAL INFARCTION	
	No 2nd Exam. 3	No 0	Yes 1	Maybe 2	Unk. 9	ANGINA PECTORIS	2ND EXAMINER'S OPINION
	3	0	1	2	9	CORONARY INSUFFICIENCY	
	3	0	1	2	9	MYOCARDIAL INFARCTION	

BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET		NAME	RECORD NO. B2	MEDICAL HISTORY PART II
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COLS.	CODE				ITEM		
CEREBROVASCULAR ACCIDENT SINCE LAST EXAMINATION:							
					SYMPTOMS	DURATION	COMMENTS
B145 23	No 0	Yes 1	Maybe 2	Unk. 9	SUDDEN MUSCULAR WEAKNESS	L R	
B146 24	0	1	2	9	SUDDEN SPEECH DIFFICULTY		
B147 25	0	1	2	9	SUDDEN VISUAL DEFECT	L R	
B148 26	0	1	2	9	UNCONSCIOUSNESS		
B149 27	3	4	5	9	DOUBLE VISION		
B150 28	0	1	2	9	LOSS OF VISION IN ONE EYE	L R	
B151 29	0	1	2	9	NUMBNESS, TINGLING	L R	
ATTACK OBSERVED BY						DATE	
AT AGE			TIME OF ONSET			<input type="checkbox"/> WHILE ACTIVE <input type="checkbox"/> DURING SLEEP OR <input type="checkbox"/> WHILE RISING FROM BED	
B152 30	No 0	Hosp. 1	M.D. 2	Unk. 9	HOSPITALIZED OR SAW M.D.	NO. DAYS	AT
B153 31	No 0	Yes 1	Maybe 2	Unk. 9	1st EXAMINER—BELIEVES THIS WAS A STROKE		
B154 32	0	1	2	9	1st EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)		
B155 33	No 2nd Exam 3	0	1	2	9	2nd EXAMINER—BELIEVES THIS WAS A STROKE	
B156 34	3	0	1	2	9	2nd EXAMINER—BELIEVES THIS WAS PRECEDED BY TRANSIENT ISCHEMIC ATTACK (DESCRIBE)	
B157 35	0	1	2	9	URINARY TRACT DISEASE (lifetime)		
B158 36	0	1	2	9	HAVE YOU EVER HAD ANY URINARY DISEASE?		
B159 37	3	4	5	9	WAS THIS KIDNEY?		
B160 38	0	1	2	9	ANY STONES?		
B161 39	F 8	0	1	2	9	PROSTATE TROUBLE	
B162 40	F 8	0	1	2	9	PROSTATE SURGERY	

COLS.	CODE	PERIPHERAL VASCULAR DISEASE (Life History)																							
<i>B163</i> ₄₁	No Yes Maybe Unk. 0 1 2 9	PHLEBITIS L R																							
<i>B164</i> ₄₂	0 1 2 9	SWELLING OF LEG, UNILATERAL L R																							
<i>B165</i> ₄₃	0 1 2 9	LEG ULCERS L R																							
<i>B166</i> ₄₄	0 1 2 9	TREATMENT FOR VARICOSE VEINS																							
<i>B167</i> ₄₅	No Yes Maybe Unk. 3 4 5 9	ARTERIAL DISEASE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:40%;">DISCOMFORT IN LOWER LIMBS WHILE WALKING</td> <td style="width:60%;">-- + ONSET OF FIRST STEPS</td> </tr> <tr> <td>-- + AFTER WALKING AWHILE</td> </tr> <tr> <td rowspan="2" style="text-align: center;">L R</td> <td>-- + RELATED TO RAPIDITY OF WALKING OR STEEPNESS OF GRADE</td> </tr> <tr> <td>-- + FORCED TO STOP WALKING</td> </tr> <tr> <td>-- + ? -- + ? CALF</td> <td></td> </tr> <tr> <td>-- + ? -- + ? OTHER</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">-- + RELIEVED BY STOPPING, IN _____ MINUTES</td> </tr> <tr> <td colspan="2">DURATION OF SYMPTOMS</td> </tr> <tr> <td style="text-align: center;">_____ YEARS _____ MONTHS</td> <td>LEG IN WHICH COMPLAINT BEGAN</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT</td> </tr> <tr> <td colspan="2">FREQUENCY: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary</td> </tr> </table>				DISCOMFORT IN LOWER LIMBS WHILE WALKING	-- + ONSET OF FIRST STEPS	-- + AFTER WALKING AWHILE	L R	-- + RELATED TO RAPIDITY OF WALKING OR STEEPNESS OF GRADE	-- + FORCED TO STOP WALKING	-- + ? -- + ? CALF		-- + ? -- + ? OTHER		-- + RELIEVED BY STOPPING, IN _____ MINUTES		DURATION OF SYMPTOMS		_____ YEARS _____ MONTHS	LEG IN WHICH COMPLAINT BEGAN		<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	FREQUENCY: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary	
DISCOMFORT IN LOWER LIMBS WHILE WALKING	-- + ONSET OF FIRST STEPS																								
	-- + AFTER WALKING AWHILE																								
L R	-- + RELATED TO RAPIDITY OF WALKING OR STEEPNESS OF GRADE																								
	-- + FORCED TO STOP WALKING																								
-- + ? -- + ? CALF																									
-- + ? -- + ? OTHER																									
-- + RELIEVED BY STOPPING, IN _____ MINUTES																									
DURATION OF SYMPTOMS																									
_____ YEARS _____ MONTHS	LEG IN WHICH COMPLAINT BEGAN																								
	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT																								
FREQUENCY: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary																									
<i>B168</i> ₄₆	No Yes Maybe Unk. 0 1 2 9	IS ONE FOOT COLDER THAN THE OTHER?																							
<i>B169</i> ₄₇	No Yes Maybe Unk. 0 1 2 9	1st EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION																							
<i>B170</i> ₄₈	No 2nd Exam 3 0 1 2 9	2nd EXAMINER—BELIEVES SUBJECT HAS INTERMITTENT CLAUDICATION																							
<i>B171</i> ₄₉	not at all 0 1 2 3 9	TYPE A QUESTIONS Instruction: I am going to list several traits or qualities that describe people. For each one, will you tell me whether each trait describes you very well, fairly well, somewhat, or not at all.																							
<i>B172</i> ₅₀	0 1 2 3 9	HAVING A STRONG NEED TO EXCEL (be best) IN MOST THINGS																							
<i>B173</i> ₅₁	0 1 2 3 9	BEING BOSSY OR DOMINATING																							
<i>B174</i> ₅₂	0 1 2 3 9	USUALLY FEELING PRESSED FOR TIME																							
<i>B175</i> ₅₃	0 1 2 3 9	BEING HARD DRIVING AND COMPETITIVE																							
<i>B175</i> ₅₃	3 4 5 6 9	EATING TOO QUICKLY																							
<i>B176</i> ₅₄	No Yes 0 1 9	HAVE YOU BEEN EMPLOYED (worked for money) MOST OF YOUR ADULT LIFE? (at least half time)																							

BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET		NAME	RECORD NO.	MEDICAL HISTORY PART II
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COLS.	CODE	ITEM
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FOR MEN AND WOMEN WHO HAVE ANSWERED YES TO ABOVE QUESTION (if no, circle 4's and skip to housewife section):

B177

55	Working 1	Retired 2	Unemployed 3	Housewife 4	Unk. 9	<p><u>WORKING PERSONS:</u></p> <p>ARE YOU CURRENTLY WORKING, RETIRED, OR UNEMPLOYED?</p>
----	--------------	--------------	-----------------	----------------	-----------	--

B178

56	No 0	Yes 1	Housewife 4	Unk. 9	<p>Instruction: Now we want to know how you have generally felt at the end of an average day in your regular line of work.</p> <p>HAVE YOU OFTEN FELT VERY PRESSED FOR TIME?</p>
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B179

57	0	1	4	9	HAS YOUR WORK OFTEN STAYED WITH YOU SO THAT YOU WERE THINKING ABOUT IT AFTER WORKING HOURS?
----	---	---	---	---	---

B180

58	0	1	4	9	HAS YOUR WORK OFTEN STRETCHED YOU TO THE VERY LIMITS OF YOUR ENERGY AND CAPACITY?
----	---	---	---	---	---

B181

59	0	1	4	9	HAVE YOU OFTEN FELT UNCERTAIN, UNCOMFORTABLE, OR DISSATISFIED WITH HOW WELL YOU WERE DOING IN YOUR REGULAR LINE OF WORK?
----	---	---	---	---	--

B182

60	3	4	5	9	FINALLY, DO YOU GET QUITE UPSET WHEN YOU HAVE TO WAIT FOR ANYTHING?
----	---	---	---	---	---

HOUSEWIVES:

B183

61	No 0	Yes 1	Wk. Per. 5	Unk. 9	<p>Instruction: With regard to your housework:</p> <p>HAVE YOU OFTEN FELT VERY PRESSED FOR TIME?</p>
----	---------	----------	---------------	-----------	--

B184

62	0	1	5	9	HAVE YOU OFTEN HAD A FEELING OF DISSATISFACTION?
----	---	---	---	---	--

B185

63	0	1	5	9	HAS YOUR WORK OFTEN STAYED WITH YOU SO THAT YOU THINK ABOUT IT ALL DAY?
----	---	---	---	---	---

B186

64	0	1	5	9	IN GENERAL, DO (DID) YOU FIND HOUSEWORK A BIG STRAIN?
----	---	---	---	---	---

B187

65	0	1	5	9	FINALLY, DO YOU GET QUITE UPSET WHEN YOU HAVE TO WAIT FOR ANYTHING?
----	---	---	---	---	---

120-122	2	0	3	DECK NO.	VERIFIED BY	DATE
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BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET		PHYSICAL EXAMINATION DECK 204		DATE THIS EXAM
				DATE LAST EXAM

COLS.	CODE					ITEM			
						RECORD NUMBER	NAME		
B188	5	No 0	Slight 1	Mod. 2	Marked 3	Unk. 9	EYES: CORNEAL ARCUS	*DESCRIBE (GIVE LOCATION AND SIZE)	
B189	6	No 0	Yes 1	Maybe 2	Unk. 9	XANTHELASMA*			
B190	7	No 0	Yes 1	Maybe 2	Unk. 9	XANTHOMATA	TENDON (ACHILLES) + - PALMAR + - SUBCUTANEOUS + -		
B191	8	No 0	Yes 1	Maybe 2	Unk. 9	THYROID: SCAR	DESCRIBE ANY ABNORMALITY		
B192	9		3	4	5	9	SINGLE NODULE		
B193	10		0	1	2	9	MULTIPLE NODULES		
B194	11		0	1	2	9	DIFFUSE ENLARGEMENT		
B195	12		0	1	2	9	OTHER MANIFESTATION OF THYROID DISEASE		
B196	13	No 0	Yes 1	Maybe 2	Unk. 9		RESPIRATORY SYSTEM: INCREASED ANTERO-POSTERIOR DIA METER	DESCRIBE ANY ABNORMALITY	
B197	14		3	4	5	9	ABNORMAL BREATH SOUNDS - + WHEEZING - + OTHER		
B198	15		0	1	2	9	RALES		
B199	16		0	1	2	9	FIXED THORAX		
B200	17	No 0	Left 1	Right 2	Both 3	Unk. 9	HEART: ENLARGEMENT		
B201	18		S ₃ 0	S ₄ 1	Both 2	3	GALLOP		
B202		No 3	Click 4	Split S ₂ 5	Dim. A ₂ 6	Other 7	Unk. 9	OTHER ABNORMAL SOUNDS (e.g., clicks, abnormal splitting, muffled, or accentuated sounds, rubs)	SPECIFY

BUMC-FRAMINGHAM
OFFSPRING STUDY
EXAM 2 CODE SHEET

NAME	RECORD NO.	PHYS. EXAM
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COLS.	CODE	ITEM							
		HEART: (Continued)							
		<table border="1"> <tr> <td>SYSTOLIC MURMURS:</td> <td rowspan="6">DESCRIBE SIGNIFICANT MURMURS</td> </tr> <tr> <td>Heard Maximally At:</td> </tr> <tr> <td>APEX—Regurg. or Holo</td> </tr> <tr> <td>APEX—Ejection</td> </tr> <tr> <td>MIDPRECORDIUM—Left Sternal Border</td> </tr> <tr> <td>BASE</td> </tr> </table>	SYSTOLIC MURMURS:	DESCRIBE SIGNIFICANT MURMURS	Heard Maximally At:	APEX—Regurg. or Holo	APEX—Ejection	MIDPRECORDIUM—Left Sternal Border	BASE
SYSTOLIC MURMURS:	DESCRIBE SIGNIFICANT MURMURS								
Heard Maximally At:									
APEX—Regurg. or Holo									
APEX—Ejection									
MIDPRECORDIUM—Left Sternal Border									
BASE									
B203 ²⁰	No _____ Grade _____ Unk. _____ 0 1 2 3 4 5 6 9								
B204 ²¹	0 1 2 3 4 5 6 9								
B205 ²²	0 1 2 3 4 5 6 9								
B206 ²³	0 1 2 3 4 5 6 9								
B207 ²⁴	No Yes Maybe Unk. 3 4 5 9	MURMUR INCREASES ON VALSALVA							
	Normal Mitral Aortic Both Other Unk. 0 1 2 3 4 9	FOR SYSTOLIC MURMURS EXAMINER'S OPINION OF VALVE ORIGIN							
B208 ²⁵									
	No Mitral Aortic Both Other Unk. 0 1 2 3 4 9	DIASTOLIC MURMURS:							
B209 ²⁶		LOCATION							
		NECK VEINS: (Semi-recumbent)							
B210 ²⁷	No Yes Maybe Unk. 0 1 2 9	DISTENDED							
		BREASTS:							
B211 ²⁸	No Yes Unk. 0 1 9	ABNORMAL							
	Mastectomy Radical Simple No Biop. Other Unk. 3 4 5 6 7 9	SCAR PRESENT L R							
B212 ²⁹		*DESCRIBE ABNORMALITY							
B213 ³⁰	No Yes Maybe Unk. 0 1 2 9	LOCALIZED MASS*							
B214 ³¹	0 1 2 9	AXILLARY NODES*							
		ABDOMEN:							
B215 ³²	No Yes Maybe Unk. 0 1 2 9	LIVER ENLARGED							
B216 ³³	0 1 2 9	ABDOMINAL ANEURYSM							
B217 ³⁴	3 4 5 9	BRUIT							
B218 ³⁵	0 1 2 9	SURGICAL SCAR							
B219 ³⁶	0 1 2 9	OTHER ABDOMINAL ABNORMALITY—DESCRIBE							

BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET		NAME	RECORD NO.	PHYS. EXAM
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COLS.	CODE	ITEM							
PERIPHERAL VESSELS:									
B220	37	No	Grade	Unk.	LEFT ANKLE EDEMA	DESCRIBE			
		0	1 2 3 4	9					
B221	38	0	1 2 3 4	9	RIGHT ANKLE EDEMA	DESCRIBE			
B222	39	No	Grade	Unk.	VISIBLE VARICOSITIES				
B223	40	0	1 2 3	9	LEFT STEM				
B224	41	0	1 2 3	9	RIGHT STEM				
B225	42	0	1 2 3	9	RETICULAR				
B226	43	0	1 2 3	9	SPIDER				
B227	44	No	Yes	Unk.	AMPUTATION		SITE		
		0	L R Both	9		EXTENT			
		0	1 2 3	9		REASON			
B228	45	No	Yes	Unk.	TEMPERATURE DIFFERENCE IN FEET, COLDER FOOT	Colder Foot	L	R	
B229	46	0	1 2 3	4	9	ABSENT OR FEEBLE PERIPHERAL PULSES			
B230	47	0	1 2 3	4	9	DORSAL PEDIS	L	R	
B231	48	0	1 2 3	4	9	POSTERIOR TIBIAL	L	R	
B232	49	0	1 2 3	4	9	FEMORAL	L	R	
B233	50	0	1 2 3	4	9	Femoral bruits Mid-thigh bruits Popliteal bruits			
B234	51	0	1 2 3	4	9				
B235	52	0	1 2 3	4	9				
B236	53	No	Yes	Maybe	Unk.	ARTERIAL PERIPHERAL VASCULAR DISEASE			
B237	54	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS			
B238	55	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS			
B239	56	No 2nd Exam.				ARTERIAL PERIPHERAL VASCULAR DISEASE			
B240	57	3	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITHOUT STEM VARICOSE VEINS		
B241	58	3	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITH STEM VARICOSE VEINS		

CODE: Grade
1 = UNCOMPLICATED
2 = WITH SKIN CHANGES
3 = WITH ULCER

1st EXAMINER'S OPINION

2nd EXAMINER'S OPINION

BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET	NAME	RECORD NO.	PHYS. EXAM
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COLS.	CODE	ITEM
NEUROLOGICAL FINDINGS:		
	No Yes Maybe Unk.	DESCRIBE EACH ABNORMALITY
B242 59	0 1 2 9	SPEECH DISTURBANCE
B243 60	0 1 2 9	DISTURBANCE IN GAIT
B244 61	0 1 2 9	LOCALIZED MUSCLE WEAKNESS
B245 62	0 1 2 9	VISUAL DISTURBANCE
B246 63	3 4 5 9	ABNORMAL REFLEXES
B247 64	0 1 2 9	CRANIAL NERVE ABNORMALITY
B248 65	0 1 2 9	CEREBELLAR SIGNS
B249 66	0 1 2 9	SENSORY IMPAIRMENT
B250 67	Yes Yes Maybe Unk. 0 L R 1 2 3 9	CAROTID BRUITS
B251 68	No Yes Maybe Unk. 0 1 2 9	1st EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE
B252 69	No 2nd Exam. 3 0 1 2 9	2nd EXAMINER—BELIEVES THIS IS RESIDUAL OF STROKE
EAR:		
B253 70	No Yes Maybe Unk. 0 1 2 3	EARLOBE CREASE
B254 71	1 2 3 4 5 6 7 8 9	Physicians Judgment of Overall Disability

COMMENTS:

120-122	2	0	4	DECK NO.	VERIFIED BY	DATE
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BUMC-FRAMINGHAM OFFSPRING STUDY EXAM 2 CODE SHEET	ELECTROCARDIOGRAPH DECK 205	DATE THIS EXAM DATE LAST EXAM
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COLS.	CODE	ITEM
1-4		RECORD NUMBER NAME
B255 5-7		VENTRICULAR RATE PER MINUTE
B256 8-9		P-R INTERVAL (Hundredths of second)
B257 10-11		QRS INTERVAL (Hundredths of second)
B258 12-13		QT INTERVAL (Hundredths of second)
14-17	B259 +2 B260	̄ QRS

						INTRAVENTRICULAR BLOCK:	
No	Com- plete	Incom- plete	Ind.	Unk.			
B261 18	0	1	2	3	9	RIGHT (Incomplete = S1, R'V1)	FOR INDETERMINATE BLOCK: Circle 3 in both Cols. 18 and 19
B262 19	0	1	2	3	9	LEFT	

No	LAH	LPH	Unk.					
B263 20	0	1	2	9	HEMIBLOCK			
B264 21	No	Yes		Unk.				
	0	1		9	BIFASCICULAR			

						ATRIOVENTRICULAR BLOCK:	
No	Degree			Unk.			
B265 22	0	1	2	9	INCOMPLETE		
B266 23	No	Nodal	TF	Unk.			
	0	1	2	9	COMPLETE (TF = trifascicular)		
B267 24	No	Yes	Maybe	Unk.			
	0	1	2	9	WOLFF-PARKINSON-WHITE (WPW) SYNDROME		

No	Atr.	Vent.	Nodal	Comb.	Unk.		
B268 25	0	1	2	3	4	9	PREMATURE BEATS

No	Yes			Unk.				
B269 26	0	1			9	ATRIAL FIBRILLATION		
B270 27	0	1			9	ATRIAL FLUTTER		

No	Yes	Maybe	Unk.				
B271 28	0	1	2	9	U WAVE	SPECIFY	
B272 29	No	Rt. Atrial Eng.	Other	Both	Unk.		OTHER ECG ABNORMALITY
	0	1	2	3	9		

No	Yes	Maybe	Unk.					
B273 30	0	1	2	9	DIGITALIS EFFECT			
B274 31	0	1	2	9	MYOCARDIAL INFARCTION	LOCATION		

No	Yes	Maybe	Unk.				
B275 32	0	1	2	9	LEFT VENTRICULAR HYPERTROPHY	CHECK IF PRESENT:	
					Def.-Inverted T plus any voltage	<input type="checkbox"/> R or S ≥ 20 in avg.	
					Poss.-Voltage but flat T	<input type="checkbox"/> Primary T	
						<input type="checkbox"/> R ≥ 20 mm Std	
						<input type="checkbox"/> QRS ≥ .09, <.11	
						<input type="checkbox"/> ≥ 11 mm Av	
						<input type="checkbox"/> Morris P	
						<input type="checkbox"/> Intrinsicoid ≥ .04	
						<input type="checkbox"/> ≥ 25 mm Pre	
						<input type="checkbox"/> LAD ≥ -30	
						<input type="checkbox"/> R + S ≥ 35 mm Pre	
						<input type="checkbox"/> S-T Depression	

B276 33	0	1	2	9	NON-SPECIFIC T-WAVE ABNORMALITY			
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B277 34	0	1	2	9	NON-SPECIFICS S-T SEGMENT ABNORMALITY			
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No	Norm.	Abnorm.	Doubt.	Unk.				
B278 35	0	1	2	9	ECG CLINICAL READING—SPECIFY			

36-37					ROMHILT-ESTES POINT SCORE 0-13 (99 = Unk)			
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120-122	2	0	5	DECK NO.	VERIFIED BY	DATE
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**BUMC-FRAMINGHAM
OFFSPRING STUDY
EXAM 2 CODE SHEET**

**X-RAY REPORT
Deck 206**

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				RECORD NUMBER	NAME	ITEM
1-4							
B279 5	Sat. 1	Unsat. 2	Not Done 9		CHEST FILM SATISFACTORY		
	No	Yes	Maybe	Unknown	ABNORMALITY NOTED BY RADIOLOGIST		
B280 6	0	1	2	9	Generalized Cardiac Enlargement	*DESCRIBE	
B281 7	0	1	2	9	Left Ventricular Hypertrophy		
B282 8	0	1	2	9	Other Contour*		
B283 9-11					Trans-Thoracic Diameter (Millimeters)		
B284 12-14					Trans-Cardiac Diameter (Millimeters)		
B287 15	No 0	Yes 1	Maybe 2	Unknown 9	PULMONARY VASCULAR ENGORGEMENT		
B288 16	0	1	2	9	PLEURAL EFFUSION		
B286 17	0	1	2	9	CHF (Radiologist's Impression)		
	No	Yes	Maybe	Unknown	AORTIC ABNORMALITY		
B289 18	0	1	2	9	DILATATION	*DESCRIBE	
B290 19	0	1	2	9	ANEURYSM		
B291 20	0	1	2	9	CALCIFICATION		
B292 21	0	1	2	9	Other*		
	No	Yes	Maybe	Unknown	NON-CARDIOVASCULAR ABNORMALITY		
B293 22	0	1	2	9	OTHER THORACIC DISEASE		
120-122		2	0	6	DECK NUMBER	VERIFIED BY	DATE

COLS.	CODE	ITEM		
1-4		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">RECORD NUMBER</th> <th style="width:80%;">NAME</th> </tr> </table>	RECORD NUMBER	NAME
RECORD NUMBER	NAME			

					HEART:			
B294	5	Normal 0	Def- inite 1	Border- line 2	Unk. 9	HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)		
B295	6	No 0	Yes 1	Maybe 2	Unk. 9	UNDER TREATMENT FOR HYPERTENSION		
B296	7	0	1	2	9	HYPERTENSIVE HEART DISEASE		
B297	8	0	1	DIAGNOSIS OF HHD IS OUTSIDE OF CRITERIA				
B298	9	No 0	Yes New Old 1 2		May- recur. be 3 4	Unk. 9	CORONARY HEART DISEASE ANGINA PECTORIS	
B299	10	0	1	2	3	4	9	CORONARY INSUFFICIENCY
B300	11	0	1	2	3	4	9	MYOCARDIAL INFARCTION
B301	12	No 0	Yes 1	Maybe 2	Unk. 9	RHEUMATIC HEART DISEASE		
B302	13	0	1	2	9	AORTIC VALVE DISEASE	TYPE	
B303	14	0	1	2	9	MITRAL VALVE DISEASE		
B304	15	0	1	2	9	OTHER HEART DISEASE (includes congenital)	SPECIFY	
B305	16	0	1	2	9	CONGESTIVE HEART FAILURE	ETIOLOGY	
B306	17	0	1	2	9	ARRHYTHMIA	TYPE	
B307	18	No HD 0	Class 1 2 3 4			Unk. 9	FUNCTIONAL CLASS	
B308	19	No 0	Yes 1	Maybe 2	Unk. 9	PERIPHERAL VASCULAR DISEASE:		
						ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE		
						WITH INTERMITTENT CLAUDICATION		
B309	20	0	1	2	9	WITH OTHER MANIFESTATION	SPECIFY	
B310	21	0	1	2	9	VARICOSE VEINS (STEM)		
B311	22	0	1	2	9	CHRONIC VENOUS INSUFFICIENCY WITHOUT VARICOSE VEINS		
B312	23	0	1	2	9	PHLEBITIS, Acute or Chronic		
B313	24	No 0	Yes 1	Maybe 2	Unk. 9	OTHER VASCULAR DIAGNOSIS:		
						SPECIFY		

COMMENTS

BUMC-FRAMINGHAM STUDY EXAM 2 CODE SHEET	NUMERICAL LAB DATA DECK 209	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE					ITEM	AGE (YRS.)
1-4						RECORD NUMBER	NAME
						BLOOD ANALYSIS:	
B334 5-6						HEMATOCRIT (Percent)	
B335 7-9						SUGAR (mg/100 ml)	
B336 10-12						SERUM SODIUM	
B337 13-14						SERUM POTASSIUM	
B338 15-17						APO A ₁	
B339 18-20						APO A ₂	
B340 21-22						APO C ₁	
B341 23-25						APO C ₂	
B342 26-29						APO C ₃	
B343 30-33						APO E	
B344 34-36						PLATELET FACTOR 4	
B345 37-39						ANTITHROMBIN 3	
						URINALYSIS:	
B346 40-43						ALBUMIN (Quantitest)	
B347 44	Neg 0	Sm 1	Mod 2	Lg 3	Unk 9	OCCULT BLOOD	
B348 45	0	1	2	3	9	KETONE	
B349 46	Neg 0	Lt 1	Med 2	Dk 3	Unk 9	GLUCOSE	
B350 47-50						ALBUMIN (Dip Stick) Trace = 10	
B351 51	Neg 5	Lt 6	Med 7	Dk 8	Unk 9	pH 8 = pH 8 or 9	

COMMENTS

120-122	2	0	9	DECK NO.	VERIFIED BY	DATE
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FRAMINGHAM OFFSPRING STUDY EXAM 2	BLOOD ANALYSIS -- FASTING LIPIDS DECK 210	NAME	
		DATE	AGE

COLS.	CODE				ITEM		
1-4					RECORD NUMBER		
5-10	B	Total	B	Bottom Fraction	CHOLESTEROL - Mg/100 ml.		
11-16	B	Bottom Fraction	B	Alpha			
17-22	B	VLDL (Top Fraction)	B	Beta			
23-26					TRIGLYCERIDE - m Eq/liter		
		ORIGIN	BETA	PRE-BETA	ELECTROPHORESIS		
27-28		B359		B360	WHOLE PLASMA		
29-31		B361	B362	B363	TOP FRACTION (1.006)		
32				B364	BOTTOM FRACTION (1.006)		
B365	33	Clear 0	Cloudy 1	Milky 2	Unk. 9	WHOLE PLASMA APPEARANCE	
B366	34	0	1	2	9	INFRANATE AFTER 12 HRS. AT 4°	
B367	35		No 0	Yes 1	Unk. 9	CREAM AFTER 12 HRS. OR MORE	
B368	36		0	1	9	FASTING 12 HRS. OR MORE	
B369	37		0	1	9	CONFIRMATION TYPE 3	
B370	38	No 0	Yes 1	Trace 2	Unk. 9	PRE-BETA BAND	
B371	39	0	1	2	9	SINKING PRE-BETA BAND	
B372	40	(Normal) 0	Lipoprotein type 1 2 3 4 5			Unk. 9	FREDRICKSON CLASSIFICATION

120-122	2	1	0	DECK NUMBER
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COLS.	CODE			ITEM
1-4				Rec Num
5-6	B382 <input type="text"/> <input type="text"/>			When was the last time you cook anything except water (to nearest hour - 24 hour clock)?
7	B383 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 9 <input type="text"/>			Disposition: 1=Exercise Test 3=Exclude 2=Reschedule 9=Unknown
8-10.	B384 <input type="text"/> <input type="text"/> <input type="text"/>			Target Heart Rate
	No	Yes	Unk	REASON FOR EXCLUSION
B385 11	0	1	9	Suspected recent (within 3 months) myocardial infarction
B386 12	0	1	9	Physician's diagnosis of unstable angina pectoris
B387 13	0	1	9	Uncompensated valvular heart disease
B388 14	0	1	9	Evidence of congestive heart failure
B389 15	0	1	9	Intraventricular, or LBBB - excluding RBBB
B390 16	0	1	9	PVC's \geq 25% of all recorded beats
B391 17	0	1	9	PVC's in pairs or runs
B392 18	0	1	9	Any distinct R on T PVC
B393 19	0	1	9	Recent syncope or fainting
B394 20	0	1	9	Systolic BP pre-exercise $>$ 200 mm Hg.
B395 21	0	1	9	Diastolic BP pre-exercise $>$ 120 mm Hg
B396 22	0	1	9	Refusal to sign consent form
B397 23	0	1	9	Inability to walk on treadmill
B398 24	0	1	9	Equipment malfunction
B399 25	0	1	9	Atrial flutter or fibrillation
B400 26	0	1	9	Other

COLS.	CODE			ITEM
	NO	YES		
				PRE-EXERCISE RESTING SUPINE ECG, MINNESOTA CODE (Specify and Code)
B401 27-29	000			Q WAVES.
B402 30-32	000			ST SEGMENT DEPRESSION
B403 33-34	00			VENTRICULAR CONDUCTION DEFECT
B404 35-36	00			LEFT VENTRICULAR HYPERTROPHY
B405 37-39	000			VENTRICULAR ARRHYTHMIAS
B406 40-42	000			ATRIAL ARRHYTHMIAS
B407 43-45	000			A-V CONDUCTION DEFECTS
120-122		2	1 1	DECK NUMBER

NAME

MEDICATIONS

AGE

HT CM WT



ECHOCARDIOGRAPHY DECK 215
CONCLUSIONS

COL.	CODE	ITEM
B1	1-4	RECORD NO.
	05	STUDY (OFFSPRING-1, COHORT-0)
B408	06	TECHNICAL QUALITY (ACC.-0, NOT ACC'ABLE-1, UNK-9)
B409	07	OVERALL IMPRESSION OF ECHOC'GRAM (NORM-0, ABN.-1, BDLINE ABN.-2, UNK-9)
B410	08	PERICARDIAL EFFUSION-SITE (NONE-0, ANT.-1, POST.-2, UNK-9)
B411	09	PERICARDIAL EFFUSION-SIZE (NONE-0, POSS.-1, SM.-2, MED-3, LGE-4, UNK-9)
B412	10	MITRAL VALVE MOTION: SYS. PATTERN (NORM-0, SAM-1, PROLAPSE-2, UNK-9)-9)
B413	11	MITRAL VALVE MOTION: DIAS. PATTERN (NORM-0, MS-1, AR-2, EF SLOPE-3, UNK-9)
		(NORM-0, ABNL-1, MAYBE-2, UNK-9)
B414	12	AORTIC VALVE MOTION (NORM-0, ABNL-1, MAYBE-2, UNK-9)
B415	13	TRICUSPID VALVE
B416	14	PULMONIC VALVE
B417	15	IV SEPTAL THICKNESS
B418	16	POSTEROBASAL WALL THICKNESS
B419	17	IV SEPTAL MOTION
B420	18	LV POSTEROBASAL WALL MOTION
B421	19	LVID-D
B422	20	LEFT ATRIUM
B423	21	AORTIC ROOT
		(NO-0, YES-1, MAYBE-2, UNK-9)
B424	22	PROSTHETIC VALVE (NO-0, YES-1, MAYBE-2, UNK-9)
B425	23	AS
B426	24	AORTIC VALVE CALCIUM AND/OR FIBROSIS
B427	25	MR
B428	26	DST
B429	27	CONGESTIVE CARDIOMYOPATHY
B430	28	CAD
B431	29	RV VOLUME OVERLOAD
B432	30	VSD
B433	31	OTHER CONGENITAL ABNL.
B434	32	ATRIAL MASS
B435	33	PERICARDIAL THICKENING
B436	34	OTHER, SPECIFY.....

DANIEL D. SAVAGE M.D.
CLINIC DIRECTOR AND CHIEF
NONINVASIVE LABORATORIES

RECORD NO.

DATE OF EXAM
NAME

COL.	MEASURED	DIMENSIONS	RANGE OF NORMAL	% OF PREDICTED NORMAL
9 = UNKNOWN				
IV SEPT THICKNESS				
B437	35-36	NIH	10.2 - 13.7	
B438	37-38	PENN		
B439	39-40	STD	9.4 - 13.5	
B440	41-42	SYSTOLE		
LV POST WALL THICKNESS (MM)				
B441	43-44	NIH	10.2 - 13.	
B442	45-46	PENN		
B443	47-48	STD	9.4 - 13.	
B444	49-50	SYSTOLE		
B445	51-52	SEPT - POST WALL RATIO	< 1.3	
LVID-D (MM)				
B446	53-54	NIH	43.3 - 54.5	
B447	55-56	PENN		
B448	57-58	STD	45.4 - 57.8	
B449	59-60	LVID-S (MM)	26.7 - 38.4	
LV MASS (GMS)				
B450	61-63	CUBED FORMULA (NIH)	219. - 334.	
B451	64-66	PENN FORMULA		
B452	67-69	CUBED FORMULA (STD)		
B453	70-71	RWT (DIA) %		
B454	72-73	RWT (SYS)% (1/4)		
B455	74-75	LA, MM	34. - 48.9	
B456	76-77	AO, RT.	27. - 38.8	
RVID-D (MM)				
B457	78-79	E POINT SEPTAL SEPARATION	< 7	
B458	80-81	LFT LAT	< 27	
VOLUME ESTIMATES				
B459	82-84	LVED VOL. (ML)		
B460	85-87	LVES VOL. (ML)		
B461	88-90	LV STROKE VOLUME (ML)		
B462	91-93	MV STROKE VOLUME (ML)		
B463	94-95	LV FRACT. SHORTENING (%)	30 - 46	
B464	96-97	LV EJECTION FRACTION (%)	67 - 85	
B465	98-100	VCF (CIRC/SEC)		
INTERVALS				
B466	101-103	H.R. (BTS/MIN)	60 - 100	
B467	104-105	PR (SEC)	.12 - .20	
B468	106-107	PR-AC (SEC)		
B469	108-109	LVET (SEC)		
B470	110-111	LVETC (SEC)		
B471	112-113	PEP/LVET		
VALVES				
B472	114-116	MITRAL E-F SLOPE (MM/SEC)	71. - 188.	
B473	117-118	MITRAL EXCURSION D-E (MM)		
B474	119-120	AORTIC OPENING (MM)	15 - 26	
B475	121-122	PULMONIC A-WAVE DEPTH (MM)	2 - 6	
B476	123	ENDOC. ECHO-CONT. 1 CYCLE (BOTH=0, SEPT. ONLY=1, LV FREE WALL ONLY=2,		

NEITHER=3., UNK=9)

139-141 215

DANIEL D. SAVAGE M.D.

CLINIC DIRECTOR AND CHIEF

NONINVASIVE LABORATORIES



AMBULATORY ECG MONITORING DECK 216

01 COL. CODE ITEM
1-4 1 RECORD NO.
B477 5 STUDY (OFFSPRING-1, COHORT-0)
B478 6-7 # HOURS RECORDED

RHYTHMS (NO-0, YES-1, MAYBE-2, UNK-9)

B479	8	NORMAL SINUS RHYTHM
B480	9	SINUS ARRHYTHMIA
B481	10	SINUS BRADYCARDIA (< 60 BEATS/MIN)
B482	11	SINUS TACHYCARDIA (BEFORE TREADMILL EXERCISE)
B483	12	SUPRAVENTR. TACHYCARDIA OTHER THAN SINUS TACHY.
B484	13	R-R INTERVAL > 1.5 SECONDS
B485	14	SINUS ARREST OR EXIT BLOCK
B486	15	ATRIAL FIBRILLATION
B487	16	ATRIAL FLUTTER
B488	17	JUNCTIONAL RHYTHM
B489	18	IDIOVENTRICULAR RHYTHM
B490	19	FIXED INTRAVENTRICULAR CONDUCTION DEFECT
B491	20	INTERMITTENT INTRAVENTR. CONDUCTION DEFECT
B492	21	PRIMARY AV BLOCK
B493	22	SECONDARY AV BLOCK
B494	23	TERTIARY AV BLOCK
B495	24	AV DISSOCIATION
B496	25	PACEMAKER (SEE COMMENTS)
B497	26	OTHER (SEE COMMENTS)

		VPD* GRADES	
COL. CODE	LOWN GRADE	COL. CODE	LOWN GRADE
B498 27-30	VPD'S - TOTAL (9998 IF)9997)	0 NO VPDS	0
B499 31-32	VPD'S - # OF FOCI (98 IF) 97)	1 (<= 30 VPDS/HR	1
B500 33-36	VPD'S -# OF COUPLETS (9998 IF)9997)	2 > 30 VPDS/HR	2
B501 7-40	VPD'S - # OF EPISODES OF VT	3 MULTIFORM VPDS	3
B502 41-43	VPD'S - # OF BEATS IN LONGEST RUN	4 VPD COUPLETS	4A
B503 A4-47	VPD'S -# WITH R ON T (9998 IF)9997)	5 VT	4B
B504 48	HIGHEST VPD GRADE	6 R ON T	5
B505 49-52	SPD'S - TOTAL # (9998 IF) 9997)		
B506 53-55	TOTAL VPD'S DURING EXERCISE		
B507 56-58	TOTAL SPD'S DURING EXERCISE		
B508 59-60	TIME OF EXERCISE (MIN.)		
B509 61-63	VPDS DURING RECOVERY		
B510 64-66	SPDS DURING RECOVERY		
B511 67-68	TIME OF RECOVERY (MIN.)		
B512 69	HIGHEST VPD GRADE DURING EXERCISE		
B513 70	HIGHEST VPD GRADE (DURING RECOVERY)		
B514 71	OTHER EXERCISE AND/OR RECOVERY		
20-122 216	DECK NO.		

COMMENTS..... DANIEL D. SAVAGE, M.D.
..... CLINIC DIRECTOR AND CHIEF
..... NONINVASIVE LABORATORIES

FRAMINGHAM
OFFSPRING STUDY
EXAM 2

GRADED EXERCISE TEST FORM
EXERCISE-ECG FORM
(90% MAXIMAL EFFORT)

DATE THIS EXAM
DATE LAST EXAM

COLS.
1-4

NAME:
RECORD # 01
REASON FOR TERMINATION

8697 5 TARGET HRT RATE REACHED
1=NO, 2=YES, 9=UNK
B698-B714 6-22 OTHER

8715 23 CHEST PAIN 0=NO, 1=YES, 2=MAYBE, 9=UNKN
8716 24 DURATION 0-6 MIN, 7 OR MORE MIN, 8=NO PAIN, 9=UNKN
8717 25 PAIN INCLUDE STERNUM 0=NO, 1=YES, 2=MAYBE, 8=NO PAIN, 9=UNKN
8718 26 CHEST PAIN 1=SHARP, 2=DULL, 8=NO PAIN, 9=UNKN
8719 27 PAIN RADIATE 0=NO, 1=YES, 2=MAYBE, 8=NO PAIN, 9=UNKN

POST EXERCISE RESTING SUPINE ECG, MINNESOTA CODE

8700 28-30 Q WAVES
8701 31-33 ST SEG. DEPRESS.
8702 34-35 VENT. COND. DEFECT
8703 36-37 LV HYPRTROP.
8704 38-40 VENT. ARRY.
8705 41-43 ATR. ARRY.
8706 44-46 A-V COND. DEFECTS
8707 47 CLIN. IMPRESS. GXT 0=NORM, 1=ABN, 2=BORD, 9=UNKN
8709 50 DIFF M LD, EX
8730 51 START STAGE
8731 52 END STAGE
8732 53 DIFF M LD, RST
8733 54 REST START LD
8734 55 REST END LD
8708 48-49 EXAMINER'S NO
120-122 DECK 220

METPATH

PATIENT		DATE DRAWN	DATE REC'D	DATE OF REPORT
SEX	AGE			ACCT. NO.
				SPEC. NO.

21

TEST NAME	RESULT	UNITS	REFERENCE RANGE
CHEM-SCREEN PROFILE			
8735	CALCIUM	MG/DL	8.70-10.6
8736	PHOSPHORUS	MG/DL	2.00-5.00
8738	BUN	MG/DL	7.00-29.0
8748	CREATININE	MG/DL	.70-1.80
8749	BUN/CREAT RATIO		
8739	URIC ACID	MG/DL	2.80-9.30
8737	GLUCOSE (CS)	MG/DL	65.0-140
8741	TOTAL PROTEIN	GM/DL	6.30-8.30
8742	ALBUMIN	GM/DL	3.70-5.00
8753	GLOBULIN	GM/DL	2.10-4.10
8747	ALB/GLOB RATIO		1.00-2.20
8743	TOTAL BILIRUBIN	MG/DL	.10-1.40
8750	DIRECT BILIRUBIN	MG/DL	.00-.50
8746	TRANSAMINASE,SGO	I.U./L	1.00-50.0
8751	TRANSAMINASE,SGP	I.U./L	1.00-50.0
8744	ALK. PHOSPHATASE	I.U./L	10.0-60.0
8745	LDH	I.U./L	98.0-250
8740	CHOLESTEROL	MG/DL	125-300
8759	IRON	MCG/DL	45.0-200
8752	MAGNESIUM	MEQ/L	1.60-2.30
8754	SODIUM	MMOL/L	134-146
8755	POTASSIUM	MMOL/L	3.40-5.40
8756	CHLORIDE	MMOL/L	96.0-109
8757	G-GLUTAMYL TRANSPEP.	UNITS/L	1.00-65.0
8758	TRIGLYCERIDES	MG/DL	50.0-200
8761	HEMOGRAM WBC	THOUSAND	4.20-11.3
8762	RBC	MIL./CU.MM	4.20-6.50
8763	HGB	GM/DL	12.5-18.1
8764	HCT	PCT,	37.9-56.0
8765	MCV	FL	80.0-103
8766	MCH	PG	26.0-33.0
8767	MCHC	PCT,	30.3-36.0



FRAMINGHAM OFFSPRING STUDY EXAM 2	PHONOCARDIOGRAPHY	DATE THIS EXAM
		DATE LAST EXAM

COLS.	CODE						ITEM
1-4							RECORD NUMBER
5	Norm 0	Split 1	Other 2	Unk 9			S ₁
6	0	1	2	9			S ₂
7	Absent 0	Present 1				9	S ₃
8	0	1				9	S ₄
9	3	4	Maybe 5			9	CLICKS/SNAPS
10	No 0	Holo. 1	Proto. 2	Mid 3	Late 4	Unk 9	SYSTOLIC MURMURS
11	0	1	2	3	4	9	DIASTOLIC MURMURS
12-13							CONCLUSIONS: <i>(Fill unused boxes with 00)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 00 = NORMAL 01 = AS 02 = AR 03 = MR 04 = MS 05 = PS 06 = PR 07 = TS 08 = TR 09 = ASD </div> <div style="width: 45%;"> 10 = VSD 11 = PDA 12 = IHSS 13 = LV DYS 14 = PULMONARY HYPERTENSION 15 = CONSTRICT PERICARD. 16 = CLICK-MURMUR SYND. 17 = PROSTHETIC VALVE 99 = UNKNOWN </div> </div>
14							OTHER DIAGNOSES <i>(Specify):</i>
10-122			2	1	4		DECK NUMBER

REMARKS

BUMC-FRAMINGHAM STUDY
EXAM 2 CODE SHEET

NUMERICAL LAB DATA
DECK 221

DATE THIS EXAM

DATE LAST EXAM

NAME:

COLS	CODE	ITEM	AGE	
1-4		RECORD #		
5-6		FLTS OF STAIRS/DAY		
7-8		CITY BLOCKS WALKED/DAY		
	CODE	HRS MINS	SPORTS/RECR PAST WK	
9-14			1.	
15-20			2.	
21-26			3.	
	CODE	WKS/ YR	HRS MINS	SPORTS/RECR PAST YR
27-34				
35-42				
43-50				
51-58				
59-66				
67-74				
75-76				TIMES/WK INTENSE PHYSICAL ACTIVITY
	LESS	MORE		
	ACT.	ACT.	SAME UNK	
77				COMPARE LAST WK WITH USUAL
78				COMPARE YOUR ACTIVITY W OTHERS YOUR AGE
				HOURS/DAY SPENT DOING:
79				VIGOROUS
80				MODERATE
81				LIGHT
120-122				DECK 221