

Framingham Heart Study

Offspring Cohort Exam 3

12/20/1983-09/30/1987

N=3873

Exam Form Versions

09-15-88 Medical History, Physical Exam,
Electrocardiograph (I-II), Clinical
Diagnostic Impression (I-III), Cancer
Site or Type, Second Examiner
Opinions & Framingham Offspring
Nurses Data
9-71 Blood Analysis - Fasting Lipids

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.



EXAM 3

FRAMINGHAM HEART STUDY
118 LINCOLN STREET
Framingham, MA 01701

LETTER DATE _____

EXAMINATION DATE _____

PERSONAL PHYSICIAN _____

PATIENT NAME _____

PATIENT ID NUMBER _____

A report of your examination made at the Framingham Heart Study on the above date has been forwarded to your physician.

We look forward to seeing you again and appreciate your support. Your continued cooperation makes possible further progress in the determination of possible causes and ways of preventing the various forms of heart disease.

Any clinical abnormalities requiring attention and a conference with your physician are written in the following space. If the space is blank, no consultation with your physician is required.

Sincerely yours,

Medical Director

Examining Physician

J= C NAME:

OFFSPRING EXAM 3

NAME

FRAMINGHAM HEART STUDY
OFFSPRING/SPOUSE CYCLE III CONSENT FORM

(ONE COPY FOR THE PATIENT, ONE FOR THE HEART STUDY)

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.

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, diet history, home address, and place of birth, 2) perform procedures such as might be done in my physician's office (examples: weight, blood pressure, respiratory), 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 and blood pressure monitoring. I also understand that I will be asked to complete some additional questionnaires regarding my food habits and return them to the Framingham Heart Study. In addition, I may be telephoned later to obtain additional information regarding my nutritional habits.

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 listed and all my inquiries concerning these procedures will be answered. I know that I am free to withdraw my consent at any time and to discontinue participation for any or all of the procedures in the project or activity at any time. I also understand that no charge 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 standards of medical practice. However, no special arrangements will be made for compensation or for payment of treatment solely because of my participation in this study. I understand that this paragraph does not waive any of my legal rights.

Date

Patient Signature

Valid for use through 3/31/87
NHL--NJO 3/19/86)

Witness

ID= C NAME:

OFFSPRING EXAM 3

Date

Patient Name

Personal Physician

Patient Address

SUMMARY SHEET TO
PERSONAL PHYSICIAN
OFFSPRING EXAM 3

	FIRST READING	SECOND READING
Systolic blood pressure	_____	_____
Diastolic blood pressure	_____	_____
ECG Diagnosis	_____	

The following tests are done on a routine basis. Only abnormal findings will be forwarded at a later date.

ECHOCARDIOGRAM
HOLTER MONITORING
SERUM GLUCOSE
BLOOD LIPIDS

SUMMARY OF FINDINGS:

EXAMINING PHYSICIAN
Framingham Heart Study
118 Lincoln St.
Framingham, MA 01701

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 1) MEDICAL HISTORY--HOSPITALIZATIONS

VERSION=10/04/84

-- OFFSPRING EXAM 3--

DATE _____

C_ | _ | _ | _ | ID NUMBER _____

PATIENT NAME _____

C2 | _ | SEX OF PATIENT (1=Male, 2=Female)

C3 | _ | _ | _ | 1ST EXAMINER ID _____ 1ST EXAMINER NAME _____

C4 | _ | SITE OF EXAM (0=Heart Study, 1=Nursing home, 2=Residence)

C5 | _ | HOSPITALIZATION IN INTERIM (0=No, 1=Yes, 9=Unkn)

C6 | _ | ILLNESS AND/OR VISIT TO DOCTOR (0=No, 1=Ill only, 2=MD visit, 9=Unkn)

REASON	MONTH/YEAR (OF LAST VISIT)	SITE OF HOSPITAL OR OFFICE	DOCTOR

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 2A) MEDICAL HISTORY--CARDIOVASCULAR MEDICATIONS

C7 I_I NUMBER OF ASPIRINS PER WEEK?

C8 I_I CARDIAC GLYCOSIDES (0=No;)

C9 I_I NITROGLYCERINE (1=Yes, now;)

C10 I_I LONGER ACTING NITRATES (2=Yes, not now;)

(ISORDIL, CARDILATE, ETC.) (3=Maybe;)

C11 I_I CALCIUM CHANNEL BLOCKERS (9=Unknown)

C12 I_I BETA BLOCKERS

C13 I_I ANTIARRHYTHMICS (QUINIDINE, C14 I_I PERIPHERAL VASODILATORS
PROCAINE, NORPACE, ETC.) (HYDRALZINE, MINIPRES)

C15 I_I ANTIPLATELET (MINOXIDIL, ETC)

(ANTURANE, PERSANTINE, ETC.) C16 I_I OTHER ANTI-HYPERTENSIVES

C17 I_I DIURETICS (THIAZIDES, LASIX ETC.) C18 I_I OTHER CARDIAC MEDICATION

C19 I_I K-SPARING DIURETICS (ALDACTONE, (Specify below)

TRIAMTERENE)

C20 I_I RESERPINE DERIVATIVES

C21 I_I METHYLDOPA (ALDOMET)

C22 I_I CLONIDINE (CATAPRES)

C23 I_I WYTENSIN

C24 I_I GANGLIONIC BLOCKERS

C25 I_I RENIN-ANGIOTENSIN BLOCKING DRUGS (CAPTOPRIL)

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 2B) MEDICAL HISTORY--NON-CARDIOVASCULAR MEDICATIONS

- C261_I ANTI CHOLESTEROL DRUGS (RESINS,FIBRATES ETC.) (0=No;)
- C271_I ANTIGOUT (1=Yes,now;)
- C281_I THYROID (2=Yes,not now;)
- C291_I INSULIN (3=Maybe;)
- C301_I ORAL HYPOGLYCEMICS (9=Unknown)
- C311_I ESTROGEN
- C321_I STEROIDS
- C331_I NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (MOTRIN, IBUPROFEN ETC.)
- C341_I ANALGESIC-NARCOTICS (DEMEROL, CODEINE, DILAUDID, ETC.)
- C351_I ANALGESIC-NON-NARCOTICS (ACETAMINOPHEN ETC.)
- C361_I BRONCHODILATORS, AEROSOLS ETC.
- C371_I ANTIHISTAMINES
- C381_I ANTI-ACID MEDICATIONS
- C391_I ANTIULCER (TAGAMET,PROBANTHINE,H ION INHIBITORS)
- C401_I ANTI-ANXIETY, SEDATIVE/HYPNOTICS ETC. (LIBRIUM, VALIUM ETC.)
- C411_I SLEEPING PILLS
- C421_I ANTI-DEPRESSANTS
- C431_I EYEDROPS
- C441_I POTASSIUM SUPPLEMENTS
- C451_I ANTIBIOTICS
- C461_I OTHERS Specify: _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 3A) MEDICAL HISTORY--FEMALE GENITOURINARY DISEASE

C47 | | PERIODS HAVE STOPPED ONE YEAR OR MORE (0=No,1=Yes,9=Unkn)

C48 | | AGE WHEN PERIODS STOPPED (years, 99=Unkn)

C49 | | CAUSE OF CESSATION OF MENSES (0 =Not stopped, 1=Natural,)
(2=Surgery, 3=Other, 9=Unkn)

C50 | | AGE AT HYSTERECTOMY (years, 00=No, 99=Unknown)

C51 | | OVARY OR OVARIES REMOVED (0=No; 1=Yes,one; 2=Yes,two; 9=Unkn)

C52 | | NUMBER OF LIVE BIRTHS (99=Unkn)

C53 | | AGE AT TUBAL LIGATION (00=No, 99=Unkn)

C54 | | ORAL CONTRACEPTIVES IN INTERIM (0=No;1=Yes,now;2=Yes,not now;)
(9=Unknown)

_____ NAME OF ORAL CONTRACEPTIVE LAST USED

(e.g. DEMULEN 1/50) (only list if agent used since last exam)

C55 | | PREMARIN USE IN INTERIM (0=No;1=Yes,now;2=Yes,not now,9=Unkn)

C56 | | NUMBER OF PREMARIN PILLS(0.625 mg) TAKEN PER MONTH (99=Unkn)

C57 | | URINARY DISEASE IN INTERIM (0=No,1=Yes,)

C58 | | KIDNEY DISEASE IN INTERIM (2=Maybe,9=Unkn)

C59 | | KIDNEY STONES IN INTERIM

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 3B) MEDICAL HISTORY--MALE GENITOURINARY DISEASE

C601_1 URINARY DISEASE IN INTERIM (0=No,)

C61_1 KIDNEY DISEASE IN INTERIM (1=Yes,)

C62_1 KIDNEY STONES IN INTERIM (2=Maybe,)

(9=Unkn)

C631_1 PROSTATE TROUBLE IN INTERIM

C64_1 PROSTATE SURGERY IN INTERIM

C65_1 VASECTOMY IN INTERIM (0=No,1=Yes,9=Unkn)

C66 1_1_1 AGE AT VASECTOMY (years, 99=Unkn)

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 4) MEDICAL HISTORY--SMOKING AND DRINKING

C67 |_| SMOKED CIGARETTES REGULARLY IN THE LAST YEAR? (0=No,1=Yes,9=Unk)
C68 |_|_ HOW MANY CIGARETTES DO/DID YOU SMOKE A DAY? (01=one or less, 99=unk)

C69 |_| DO YOU INHALE? (0=No,1=Yes,9=Unkn)
CIGARETTE BRAND C70 STRENGTH C71 TYPE C72 FILTER C73 LENGTH
_____|_|_|_|_|
(First eight (1=N1,2=Lite,) (1=Reg,) (1=Nonfilter,) (1=Regular,) letters) (3=Ultralite) (2=Menth) (2=Filter) (2=King,3=100mm)

C74 |_|_ HOW MANY HOURS SINCE LAST CIGARETTE? C75 |_| DO YOU NOW SMOKE CIGARS?
(01=1 hour or less,) C76 |_| DO YOU NOW SMOKE PIPES?
(24=24 or more hours,99=Unkn) (0=No; 1=Yes,inhale;)
(2=Yes,no inhale; 9=Unkn)

C77 |_|_ COFFEE/CAFFEINATED (cups/day) C78 |_|_ COFFEE/DECAFF (cups/day)
C79 |_|_ TEA/CAFFEINATED (cups/day) C80 |_|_ TEA/DECAFF (cups/day)
C81 |_|_ COLA/CAFFEINATED (12 oz units/day) C82 |_|_ COLA/DECAFF (12 oz units/day)

NUMBER OF DRINKS HOW MANY DAYS WHAT IS YOUR LIMIT
PER WEEK? IN A WEEK DO AT ONE PERIOD OF

(Coding below) YOU DRINK? TIME?

C83 |_|_ (00=Never, C84 |_| BEER-BOTTLES,CANS,GLASSES
C86 |_|_ (01=1 or less,) C87 |_| WINE-GLASSES
C89 |_|_ (99=Unknown) C90 |_| LIQUOR-COCKTAILS,HIGHBALLS
C91 |_|_

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 5) MEDICAL HISTORY--RESPIRATORY

C921_I CHRONIC COUGH IN INTERIM (AT LEAST 3 MONTHS/YEAR)

(0=No;1=Yes,productive;2=Yes,non-productive;9=Unkn)

C931_I WHEEZING OR ASTHMA (0=No,)

C941_I LONG DURATION (1=Yes,)

C951_I SEASONAL (9=Unkn)

C961_I WITH RESPIRATORY INFECTIONS

C971_I DYSPNEA ON EXERTION

(0=No,)

(1=Climbing stairs or vigorous exertion,)

(2=Rapid walking or moderate exertion,)

(3=Any slight exertion,)

(9=Unknown)

C981_I DYSPNEA HAS INCREASED OVER THE PAST TWO YEARS (0=No,1=Yes,9=Unkn)

C991_I ORTHOPNEA (0=No;1=Yes,new in interim;)

C1001_I PAROXYSMAL NOCTURNAL DYSPNEA (2=Yes,old complaint;)

C1011_I ANKLE EDEMA BILATERALLY (9=Unkn)

C1021_I 1ST EXAMINER BELIEVES CHF (0=No, 1=Yes,)

C1031_I 1ST EXAMINER BELIEVES PULMONARY DISEASE (2=Maybe, 9=Unkn)

RESPIRATORY COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 6) MEDICAL HISTORY--HEART

C104 ANY CHEST DISCOMFORT SINCE LAST EXAM (0=No, 1=Yes,)

C105 CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT (2=Maybe,)

C106 CHEST DISCOMFORT WHEN QUIET OR RESTING (9=Unknown)

CHEST DISCOMFORT CHARACTERISTICS (must have first box checked above)

C107 / C108 DATE OF ONSET (mo/yr, 99/99=Unkn)

C109 USUAL DURATION (minutes, 999=Unkn)

C110 LONGEST DURATION (minutes, 999=Unknown)

C111 LOCATION (0=No, 1=Central sternum and upper chest,)
(2=L Up Quadrant, 3=L Lower ribcage, 4=R Chest, 5=Other, 9=Unk)

C112 RADIATION (0=No, 1=Left shoulder or L arm, 2=Neck,)
(3=R shoulder or arm, 4=Back, 5=Abdomen, 6=Other, 7=Combination, 9=Unk)

C113 FREQUENCY (Number of times a year on average, 999=Unknown)

C114 TYPE (1=Pressure, heavy, vise; 2=Sharp; 3=Dull; 4=Other; 9=Unk)

C115 CHEST DISCOMFORT RELIEF WITH NITRO IN <15 MINUTES (0=No,)

C116 CHEST DISCOMFORT RELIEF WITH REST IN <15 MINUTES (1=Yes,)

C117 CHEST DISCOMFORT RELIEF SPONTANEOUSLY IN <15 MINUTES (9=Unk)

C118 CHEST DISCOMFORT RELIEF BY OTHER CAUSE IN <15 MINUTES

C119 1ST EXAMINER BELIEVES ANGINA PECTORIS IN INTERIM (0=No, 1=Yes,)

C120 1ST EXAMINER BELIEVES CORONARY INSUFF. IN INTERIM (2=Maybe,)

C121 1ST EXAMINER BELIEVES MYOCARDIAL INFARCT IN INTERIM (9=Unknown)

COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 6A) MEDICAL HISTORY--HEART COMMENTS

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 7A) MEDICAL HISTORY--CEREBROVASCULAR-PART I

- C122 1_1 SUDDEN MUSCULAR WEAKNESS (0=No,)
- C123 1_1 SUDDEN SPEECH DIFFICULTY (1=Yes,)
- C124 1_1 SUDDEN VISUAL DEFECT (2=Maybe,)
- C125 1_1 UNCONSCIOUSNESS (9=Unkn)
- C126 1_1 DOUBLE VISION (If more than one event
- C127 1_1 LOSS OF VISION IN ONE EYE specify in comments
- C128 1_1 NUMBNESS, TINGLING on following screen)
- C129 1_1 NUMBNESS AND TINGLING IS POSITIONAL

C130, C131 DATE (mo/yr, 99/99=Unkn) OBSERVED BY _____

C132 1_1 ONSET TIME (1=Active, 2=During sleep, 3=While arising, 9=Unkn)

C133, C134, C135 DURATION (use format days/hours/mins, 99/99/99=Unkn)

C136 1_1 HOSPITALIZED OR SAW M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unkn)

C137 1_1 NO. OF DAYS STAYED AT _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 7B) MEDICAL HISTORY--CEREBROVASCULAR-PART II

1ST EXAMINER OPINIONS (0=No, 1=Yes, 2=Maybe, 9=Unk)

C138 CEREBROVASCULAR DISEASE

C139 STROKE

C140 BRAIN INFARCTION (ABI)

C141 CEREBRAL EMBOLUS (CE)

C142 INTRACEREBRAL HEMORRHAGE (IH)

C143 SUBARACHNOID HEMORRHAGE (SH)

C144 OTHER STROKE (Specify below)

C145 TRANSIENT ISCHEMIC ATTACK (TIA)

C146 TIA ALONE

C147 STROKE PRECEDED BY TIA

C148 STROKE FOLLOWED BY TIA

NEUROLOGY COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 8) MEDICAL HISTORY--PERIPH ARTER. AND VENOUS

LEFT	RIGHT	SYMPTOMS	(0=No,1=Yes,)
C149_1_1	C150_1_1	PHLEBITIS IN INTERIM	(2=Maybe,9=Unkn)
C151_1_1	C152_1_1	LEG ULCERS	
C153_1_1	C154_1_1	TREATMENT FOR VARICOSE VEINS	
C155_1_1	C156_1_1	DISCOMFORT IN CALF WHILE WALKING	
C157_1_1	C158_1_1	DISCOMFORT IN LOWER EXTR.(NOT CALF) WHILE WALK	

CHARACTERISTICS OF LOWER LIMB DISCOMFORT:

C159_1_1 OCCURS WITH FIRST STEPS C160_1_1 AFTER WALKING A WHILE (0=No,)

C161_1_1 RELATED TO RAPIDITY OF C162_1_1 FORCED TO STOP WALKING (1=Yes,)
WALKING OR STEEPNESS (9=Unkn)

C163_1_1 TIME FOR DISCOMFORT TO BE RELIEVED BY STOPPING (minutes)
(00=No relief with stopping)

C164_1_1 NUMBER OF DAYS/MONTH OF LOWER LIMB DISCOMFORT (00=No, 99=Unkn)

C165_1_1 IS ONE FOOT COLDER THAN THE OTHER? (0=No,1=Yes,9=Unkn)

1ST EXAMINER OPINIONS: (0 = No, 1 = Yes, 2 = Maybe, 9 = Unk)

C166_1_1 INTERMITTENT CLAUDICATION (Also see screen 14B for art. periph)

C167_1_1 VENOUS INSUFFICIENCY (vasc disease and varicose veins)

COMMENTS PERIPH.VASC.DIS. _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 10A) MEDICAL HISTORY--TYPE A-PART I

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.

- C168-1 HAVING A STRONG NEED TO EXCEL (be best) IN MOST THINGS
- C169-1 BEING BOSSY OR DOMINATING (0=Not at all,)
- C170-1 USUALLY FEELING PRESSED FOR TIME (1=Somewhat,)
- C171-1 BEING HARD DRIVING AND COMPETITIVE (2=Fairly well,)
- C172-1 EATING TOO QUICKLY (3=Very well)
-

- C173-1 DO YOU GET QUITE UPSET WHEN YOU HAVE TO WAIT FOR ANYTHING?
(0=no, 1=yes)
-

- C174-1 HAVE YOU BEEN EMPLOYED (worked for money) MOST
OF YOUR ADULT LIFE (At least half time)?
(0=No, 1=Yes)

- C175-1 ARE YOU CURRENTLY WORKING, RETIRED, UNEMPLOYED, OR HOMEMAKER?
(1=Working, 2=Retired, 3=Unemployed, 4=Homemaker)

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 10B) MEDICAL HISTORY--TYPE A-PART II

Instruction: Now we want to know how you have generally felt at the end of an average day in your regular line of work or on your last paying job.

- C176_1 HAVE YOU OFTEN FELT VERY PRESSED FOR TIME?
- C177_1 HAS YOUR WORK OFTEN STAYED WITH YOU SO THAT (0=No,) YOU WERE THINKING ABOUT IT AFTER WORKING HOURS? (1=Yes)
- C178_1 HAS YOUR WORK OFTEN STRETCHED YOU TO THE VERY LIMITS OF YOUR ENERGY AND CAPACITY?
- C179_1 HAVE YOU OFTEN FELT UNCERTAIN, UNCOMFORTABLE, OR DISSATISFIED WITH HOW WELL YOU WERE DOING IN YOUR REGULAR LINE OF WORK?

(SCREEN 10C) MEDICAL HISTORY--TYPE A-PART III

FOR HOMEMAKERS (Current or Past)

Instruction: With regard to your housework:

- C180_1 HAVE YOU OFTEN FELT VERY PRESSED FOR TIME? (0=No,)
- C181_1 HAVE YOU OFTEN HAD A FEELING OF DISSATISFACTION? (1=Yes)
- C182_1 HAS YOUR HOUSE WORK OFTEN STAYED WITH YOU SO THAT YOU THINK ABOUT IT ALL DAY?
- C183_1 IN GENERAL, DO(DID) YOU FIND HOUSEWORK A BIG STRAIN?

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 11) PHYSICAL EXAM--HEAD, NECK AND RESPIRATORY

C184 PHYSICIAN SYSTOLIC PRESSURE (first reading) C185 PHYSICIAN DIASTOLIC PRESSURE (first reading)

EYES AND XANTHOMATA

C186 CORNEAL ARCUS (0=No, 1=Slight, 2=Moderate, 3=Marked, 9=Unkn)

C187 XANTHELASMA (0=No, 1=Yes, 2=Maybe, 9=Unkn)

C188 XANTHOMATA (0=No, 1=Yes, 2=Maybe, 9=Unkn)

C189 ACHILLES TENDON XANTHOMATA (0=No,)

C190 PALMAR XANTHOMATA (1=Yes,)

C191 TUBEROUS XANTHOMATA (9=Unkn)

C192 THYROID ABNORMALITY (0=No, 1=Yes, 2=Maybe, 9=Unkn)

C193 SCAR C194 SINGLE NODULE C195 OTHER

C196 DIFFUSE ENLARGEMENT C197 MULTIPLE NODULES

COMMENTS ABOUT THYROID _____

RESPIRATORY

C198 INCREASED A-P DIAMETER (0=No,)

C199 FIXED THORAX (1=Yes,)

C200 WHEEZING ON AUSCULTATION (2=Maybe,)

C201 RALES (9=Unk)

C202 OTHER ABNORMAL BREATH SOUNDS

COMMENTS ABOUT RESPIRATORY _____

ID= C

NAME:

OFFSPRING EXAM 3

(SCREEN 12)

PHYSICAL EXAM--HEART

C203
C204

ENLARGEMENT (0=No,1=Left only,2=Right only,3=Both,9=Unkn)
GALLOP (0=No,1=S3 only,2=S4 only,3=Both,9=Unkn)

OTHER ABNORMAL SOUNDS (0=No,1=Yes)

C205
C209

CLICK SPLIT S2 DIM A2 OTHER (Specify below)
SYSTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unkn)

(Grade--0=No sound heard; 1 to 6 for grade of sound heard)
(Type--0=None,1=Ejection,2=Regurgitant,3=Other,9=Unkn)
(Radiation--0=None,1=Axilla,2=Neck,3=Back,4=Right chest,9=Unkn)
(Valsalva--0=No change,1=Increase,2=Decrease,9=Unkn)
(Origin--0=None,indet.;1=Mitral;2=Aortic;3=Tricuspid;4=Pulmonic;9=Unkn)

Location	Grade	Type	Radiation	Valsalva	Origin
APEX	C210	C211	C212	C213	C214
LEFT STERNUM	C215	C216	C217	C218	C219
BASE	C220	C221	C222	C223	C224

C225

DIASTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unk)

C226

VALVE OF ORIGIN FOR DIASTOLIC MURMUR(S)

(0=No,1=Mitral,2=Aortic,3=Both,4=Other,9=Unk)

C227

NECK VEIN DISTENTION AT 45 DEGREES (0=No,1=Yes,2=Maybe,9=Unk)

COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 13) PHYSICAL EXAM--BREASTS AND ABDOMEN

C228

BREAST ABNORMALITY (0=No,1=Yes,)

C229 LOCALIZED MASS

C230

AXILLARY NODES (2=Maybe,9=Unkn)

BREAST SURGERY LEFT BREAST RIGHT BREAST
C231 C232

(Code for surgery:0=No,1=Radical mastectomy,) (Use lowest code)
(2=Simple mastectomy,3=Biopsy,9=Unkn)

COMMENTS ABOUT ABNORMALITY: _____

ABDOMEN

C233 LIVER ENLARGED C234 SURGICAL SCAR (0=No,1=Yes,)

C235 ABDOMINAL ANEURYSM C236 BRUIT (2=Maybe,9=Unkn)

C237 SURGICAL GALLBLADDER SCAR

C238 OTHER ABDOMINAL ABNORMALITY: _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 14A) PHYSICAL EXAM--PERIPHERAL VESSELS - PART I

LEFT	RIGHT		(0=No abnormality,)
C239	C240	STEM VARICOSITIES	(1=Uncomplicated,)
C241	C242	RETICULAR VARICOSITIES	(2=With skin changes,)
C243	C244	SPIDER VARICOSITIES	(3=With ulcer, 9=Unkn)
LEFT	RIGHT		
C245	C246	ANKLE EDEMA	(0=No; 1,2,3,4=Grade; 9=Unk)
C247	C248	FOOT IS COLD	(0=No, 1=Yes, 2=Maybe, 9=Unk)
C249	C250	AMPUTATION	(0=No, 1=Yes, 2=Maybe, 9=Unk)
C251	C252	AMPUTATION LEVEL	(0=No, 1=Toes only, 2=Ankle,) (3=Knee, 4=Hip, 9=Unknown)

COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 14B) PHYSICAL EXAM--PERIPHERAL VESSELS - PART II

-----PULSE-----

-----BRUIT-----

(0=Normal, 1=Abnormal,)

(0=Normal, 1=Abnormal,)

(9=Unknown)

(9=Unknown)

LEFT

RIGHT

LEFT

RIGHT

RADIAL	C253	C254		
FEMORAL	C257	C258	C259	C260
MID-THIGH			C263	C264
POPLITEAL			C267	C268
POST TIBIAL	C269	C270		
DORSALIS PEDIS	C271	C272		

1ST EXAMINER OPINIONS (0=No, 1=Yes, 2=Maybe, 9=Unkn)

C273 | | ARTER. PERIPH. VASC. DISEASE | | C274 STEM VARICOSE VEINS

(For int. claudication and chronic venous insuff see screen 8)

COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 15) PHYSICAL EXAM--NEUROLOGICAL AND FINAL BP

- C275
|_|_ LEFT CAROTID BRUIT
- C276
|_|_ RIGHT CAROTID BRUIT

- C277
|_|_ SPEECH DISTURBANCE
- C278
|_|_ DISTURBANCE IN GAIT (0=No,)
- C279
|_|_ LOCALIZED MUSCLE WEAKNESS (1=Yes,)
- C280
|_|_ VISUAL DISTURBANCE (2=Maybe,)
- C281
|_|_ ABNORMAL REFLEXES (9=Unkn)
- C282
|_|_ CRANIAL NERVE ABNORMALITY
- C283
|_|_ CEREBELLAR SIGNS
- C284
|_|_ SENSORY IMPAIRMENT

C285
|_|_ 1ST EXAMINER BELIEVES RESIDUAL OF STROKE

COMMENTS ABOUT NEUROLOGICAL FINDINGS _____

SECOND BLOOD PRESSURE READING

C286
|_|_|_ PHYSICIAN SYSTOLIC PRESSURE C287
|_|_|_ PHYSICIAN DIASTOLIC PRESSURE

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 16A) ELECTROCARDIOGRAPH-PART I

C288 | | ECG DONE (0=No,1=Yes)

C289 | | | VENTRICULAR RATE PER MINUTE (999=Unkn)

C290 | | | P-R INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)

C291 | | | QRS INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)

C292 | | | Q-T INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)

C295 | | | QRS ANGLE (put plus or minus as needed) (9999=Unkn)

--LEFT RIGHT CONDUCTION ABNORMALITY --

C294 | | C295 | | IV BLOCK (0=No,1=Incomp,2=Complete,9=Unkn)

C296 | | HEMIBLOCK(0=No,1=Left Ant,2=Left Post,9=Unkn)

C297 | | FASCICULAR BLOCK(0=No,1=Bi,2=Tri,9=Unkn)

C298 | | 1ST DEGREE A-V BLOCK (0=No,1=Yes,2=Maybe,9=Unkn)

C299 | | 2D DEGREE A-V BLOCK (0=No,1=Mobtz1,2=Mobtz2,3=Maybe,9=Unk)

C300 | | A-V DISSOCIATION (0=No,1=Yes,2=Maybe,9=Unkn)

C301 | | WPW SYNDROME(0=No,1=Yes,2=Maybe,9=Unkn)

-- ATRIAL ABNORMALITIES AND ARRHYTHMIAS --

C302 | | ATRIAL FIBRILLATION C303 | | ATRIAL FLUTTER (0=No,)

C304 | | RT ATRIAL ENLG. (1=Yes,9=Unk)

C305 | | ATRIAL PREMATURE BEATS (0=No,1=Atr,2=Atr Aber,9=Unk)

C306 | | NODAL PREMATURE BEATS (0=No,1=Yes,9=Unkn)

C307 | | VENTRICULAR PREMATURE BEATS (0=No,1=Multifoc,2=Pairs,3=Run,4=R on T,9=Unk)

C308 | | NUMBER OF VENTRICULAR PREMATURE BEATS ON TRACING

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 16B) ELECTROCARDIOGRAPH-PART II

MYOCARDIAL INFARCT LOCATION (0=No,1=Yes,2=Maybe,9=Unkn)

^{C309} ANTERIOR ^{C310} INFERIOR ^{C311} TRUE POSTERIOR

LEFT VENTRICULAR HYPERTROPHY CRITERIA (0=No,1=Yes,9=Unkn)

^{C312} R>20MM STD LEAD ^{C313} R OR S>=20MM IN AV LEAD
^{C314} R>11MM AV LEAD ^{C315} QRS DUR >=.09,<=.11
^{C316} R>=25MM PRECOR LEADS ^{C317} S>=25MM IN PRECOR LEAD
^{C318} R OR S>=30 (R in V5 or V6) ^{C319} MORRIS P(Depth,Dur>=.04 MM-sec)
(S in V1 or V2)

^{C320} R+S >= 35MM PRECOR LEADS ^{C321} INTRINS >=.05 SEC(R in V5 or 6)
^{C322} R+S >=25MM STD LEADS ^{C323} LAD<=-30 DEGREES
^{C324} ST DEPRESSION (STRAIN PATTERN, WITH DOWN SLOPING ST)

OTHER ECG DIAGNOSES (0=No,1=Yes,2=Maybe,9=Unkn)

^{C325} NON-SPECIFIC S-T SEGMENT ABNORMALITY
^{C326} NON-SPECIFIC T-WAVE ABNORMALITY
^{C327} MAXIMUM T WAVE AMPLITUDE >= 5MM (disregard AVR) (0=No,)
^{C328} U-WAVE PRESENT (1=Yes,)
^{C329} RIGHT VENTRICULAR HYPERTROPHY (2=Maybe,)
^{C330} LEFT VENTRICULAR HYPERTROPHY (9=Unkn)
^{C331} ECG CLINICAL READING (0=Normal,1=Abnormal,2=Doubtful,9=Unkn)

COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 17A) CLINICAL DIAGNOSTIC IMPRESSION-PART I

C330 HYPERTENSION (0=No,1=Definite,2=Borderline,9=Unknown)
C331 ON HYPERTENSIVE THERAPY (0=No, 1=Yes,)
C334 HYPERTENSIVE HEART DISEASE (2=Maybe,)
C335 HYPERTENSIVE HEART DISEASE (DX OUTSIDE CRITERIA) (9=Unkn)

CORONARY HEART DISEASE

C336 ANGINA PECTORIS (0=No; 1=Yes,new;)
C337 CORONARY INSUFFICIENCY (2=Yes,old; 3=Yes,recur;)
C338 MYOCARDIAL INFARCT (4=Maybe; 9=Unkn)

OTHER HEART DIAGNOSES

C339 RHEUMATIC HEART DISEASE (0=No, 1=Yes,)
C340 AORTIC VALVE DISEASE (2=Maybe,)
C341 MITRAL VALVE DISEASE (9=Unkn)
C342 OTHER HEART DISEASE(INCLUDES CONGENITAL)
C343 CONGESTIVE HEART FAILURE
C344 ARRHYTHMIA
C345 FUNCTIONAL CLASS (0=None;NYHA Classif 1,2,3,4)

COMMENTS CDI HEART _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 17B) CLINICAL DIAGNOSTIC IMPRESSION-PART II

PERIPHERAL VASCULAR DISEASE

- C346 INTERMITTENT CLAUDICATION (0=No,)
- C347 OTHER PERIPH. VASC. DISEASE (1=Yes,)
- C348 STEM VARICOSE VEINS (2=Maybe,)
- C349 PHLEBITIS (9=Unk)
- C359 OTHER VASCULAR DIAGNOSIS (Specify) _____

CEREBROVASCULAR DISEASE

- C351 STROKE (0=No; 1=Yes,new;)
- C352_1 BRAIN INFARCTION (ABI) (2=Yes,old; 3=Yes,recur;)
- C353_1 CEREBRAL EMBOLUS (CE) (4=Maybe; 9=Unknown)
- C354_1 INTRACEREBRAL HEMORRHAGE (IH)
- C355_1 SUBARACHNOID HEMORRHAGE (SH)
- C356_1 OTHER STROKE (Specify below)
- C357 TRANSIENT ISCHEMIC ATTACK (TIA)
- C358_1 TIA ALONE
- C359_1 STROKE PRECEDED BY TIA C360 1_1 STROKE FOLLOWED BY TIA

LEFT RIGHT

C361_1 C362_1 CAROTID BRUIT (0=No, 1=Yes, 2=Maybe, 9=Unkn)

COMMENTS CDI NEUROLOGICAL _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 17C) CLINICAL DIAGNOSTIC IMPRESSION-PART III

NON CARDIOVASCULAR DIAGNOSES (0=No, 1=Yes, 2=Maybe, 9=Unkn)

C363
1_1

DIABETES MELLITUS

C364

1_1 GALLBLADDER DISEASE

C365
1_1

URINARY TRACT DISEASE

C366

1_1 OBESITY

C367
1_1

PROSTATE DISEASE

C368

1_1 CANCER (if positive response,

C369
1_1

RENAL DISEASE

type can be specified

C370
1_1

EMPHYSEMA

on screen 17D)

C371
1_1

CHRONIC BRONCHITIS

C372

1_1 OTHER NON C-V DIAGNOSIS

C373
1_1

PNEUMONIA

C374
1_1

ASTHMA

C375
1_1

OTHER PULMONARY DISEASE

C376
1_1

GOUT

C377
1_1

DEGEN. JOINT DISEASE

C378
1_1

RHEUMATOID ARTHRITIS

COMMENTS CDI OTHER DIAGNOSES _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN 17D)

CANCER SITE OR TYPE

C379 LUNG
C380 BREAST (0=No,)
C381 SKIN (1=Yes,)
C382 STOMACH (2=Maybe,)
C383 PANCREAS (9=Unkn)
C384 COLON
C385 LIVER
C386 PROSTATE
C387 BLADDER
C388 LEUKEMIA
C389 LYMPHOMAS
C390 CERVIX
C391 UTERUS
C392 OVARY
C393 OTHER

COMMENTS _____

ID= C NAME:

OFFSPRING EXAM 3

(SCREEN E2) SECOND EXAMINER OPINIONS

^{C394}
|_|_|_| 2D EXAMINER ID NUMBER _____ 2D EXAMINER LAST NAME

CODING FOR ENTIRE SCREEN: (0=No; 1=Yes,new; 2=Yes,old;)
(3=Yes,recur; 4=Maybe; 9=Unknown or not reviewed)

- ^{C395} |_| CONGESTIVE HEART FAILURE ^{C396} |_| ANGINA PECTORIS
- ^{C397} |_| PULMONARY DISEASE ^{C398} |_| CORONARY INSUFFICIENCY
- ^{C399} |_| MYOCARDIAL INFARCTION

COMMENTS ABOUT CHEST AND HEART DISEASE _____

- ^{C400} |_| INTERMITTENT CLAUDICATION ^{C401} |_| ARTER. PERIPH. VASC. DISEASE
- ^{C402} |_| CHRONIC VENOUS INSUFFICIENCY ^{C403} |_| STEM VARIÇOSE VEINS

COMMENTS PERIPH.VASC.DIS. _____

- ^{C404} |_| BRAIN INFARCTION ^{C405} |_| OTHER STROKE (specify below)
- ^{C406} |_| CEREBRAL EMBOLUS ^{C407} |_| TIA ALONE
- ^{C408} |_| INTRACEREBRAL HEMORRHAGE ^{C409} |_| STROKE PRECEDED BY TIA
- ^{C410} |_| SUBARACHNOID HEMORRHAGE ^{C411} |_| STROKE FOLLOWED BY TIA

COMMENTS ABOUT POSSIBLE CEREBROVASCULAR DISEASE _____

Exam 3

FRAMINGHAM OFFSPRING NURSES DATA

ID _____ NAME _____ DATE / /

AGE _____ SEX _____ HOURS FASTING _____
(M or F)

C413 NURSE'S NUMBER _____ C414 SYSTOLIC PRESSURE _____

C415 DIASTOLIC PRESSURE _____

C416 WEIGHT (lbs) _____ C417 HEIGHT (inches) _____

	LEFT	RIGHT
TRICEPS	<u>C418</u>	<u>C419</u>
SUBSCAP	<u>C420</u>	<u>C421</u>

BLOOD	<u>C422</u>	NEG	UNK	TRACE	SM	MOD	LG	
		0	99	10	1	2	3	
KETONES	<u>C423</u>	0	999	5	15	40	80-160	
GLUCOSE	<u>C424</u>	0	99	10	1	2	3-4	
ALBUMIN(dip)	<u>C425</u>	0	9999	10	30	100	300-2000	
pH	<u>C426</u>	- UNK = 9.9 VALUES--5.0 6.0 6.5 7.0 7.5 8-8.5						
ALBUMIN (qnt)	<u>C427</u>	0	9999	10	30	100	300-2000	

