

Framingham Heart Study

Offspring Cohort Exam 4

04/22/1987-09/11/1991

N=4019

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, Procedures Sheet, Numerical
Data (I-II), Activities (I-II) & Physical
Activities Questionnaire

No Version Number: Lab Data

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.



LHS KEY

4

DEPARTMENT OF HEALTH & HUMAN SERVICES

FRAMINGHAM HEART STUDY
118 LINCOLN STREET
FRAMINGHAM, MASS. 01701

LETTER DATE _____

EXAMINATION DATE _____

PERSONAL PHYSICIAN _____

PATIENT NAME _____

PATIENT ID NUMBER _____

A report of your recent examination at the Framingham Heart Study has been forwarded to your physician.

Any clinical abnormalities requiring that you see your physician are written in the following space; Some test results are not immediately available; any abnormalities detected will be sent directly to your doctor.

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

Thank you for your continuing support.

Sincerely,

Medical Director
Framingham Heart Study

Examining Physician



DEPARTMENT OF HEALTH & HUMAN SERVICES

EXAM 4

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FRAMINGHAM, MASS. 01701

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Sincerely,

William P. Castelli, M.D.

Medical Director

Framingham Heart Study

Examining Physician

ID=

NAME:

OFFSPRING EXAM 4

FRAMINGHAM HEART STUDY
OFFSPRING/SPOUSE EXAM 4 CONSENT FORM

Name

(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 and echocardiogram, b) electrocardiographic and blood pressure monitoring. I also understand that I will be asked to complete some additional questionnaires regarding exercise and general health 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 1/31/89
per IRB--LLF 2/29/88)

_____ Witness

ID=

NAME:

OFFSPRING EXAM 4

THE RELATIONSHIP BETWEEN
EXERCISE AND HEALTH
FRAMINGHAM HEART STUDY

VERSION 09/15/88

This survey of Framingham Study patients is part of a longitudinal study on exercise and health. This is an opportunity to help determine the beneficial effects of exercise. Most individuals find that the questionnaire can be completed in approximately 5 minutes. Please answer the questions to the best of your ability and be as complete as possible.

If you wish to comment on any of the questions or to qualify your answers, please write in the margins. Your comments are welcome and will be taken into account.

It is very important that we have replies from as many individuals as possible. Your responses are important to us.

Please fill in the questionnaire today.

Thank you for your help.

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 2) MEDICAL HISTORY--CARDIOVASCULAR MEDICATIONS

1-1-1-1 {1-4} ID NUMBER

14|0|2| {5-7} FORM NUMBER

12
1-1-1 NUMBER OF ASPIRINS PER WEEK?
{8-9}

11
ANY OF THE CARDIOVASCULAR MEDICATIONS BELOW (0=No, 1=Yes, 9=Unkn)
0)

110
1-1 CARDIAC GLYCOSIDES (0=No;)
{11}

111
1-1 NITROGLYCERINE (1=Yes,now;)
{12}

112
1-1 LONGER ACTING NITRATES (2=Yes,not now;)
{13} (Isordil, Cardilate, etc.)

113
1-1 CALCIUM CHANNEL BLOCKERS (Nifedipine etc) (3=Maybe;)
{14}

114
1-1 BETA BLOCKERS (Specify)_____ (9=Unknown)
{15}

115
1-1 ANTIARRHYTHMICS (Quinidine,
{16} Procaine, Norpace, etc.)

116
1-1 ANTIPLATELET
{17} (Anturane, Persantine, etc.)

117
1-1 ANTICOAGULANTS (Coumadin etc.)
{18}

118
1-1 THIAZIDE DIURETICS
{19}

119
1-1 LOOP DIURETICS (Lasix etc.) Medication scratch list_
{20}

120
1-1 K-SPARING DIURETICS (Aldactone,
{21} Triamterene) _____

121
1-1 RESERPINE DERIVATIVES _____
{22}

122
1-1 METHYLDOPA (Aldomet) _____
{23}

123
1-1 CLONIDINE (Catapres) _____
{24}

124
1-1 WYTENSIN
{25}

125
1-1 GANGLIONIC BLOCKERS
{26}

126
1-1 RENIN-ANGIOTENSIN BLOCKING DRUGS (Captopril)
{27}

127
1-1 PERIPHERAL VASODILATORS
{28} (Hydralazine, Minipress, Minoxidil, etc)

128
1-1 OTHER ANTI-HYPERTENSIVES
{29}

129
1-1 OTHER CARDIAC MEDICATION (Specify)_____
{30}

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 3) MEDICAL HISTORY--NON-CARDIOVASCULAR MEDICATIONS

|_|_|_|_| {1-4} ID NUMBER

|4|0|3| {5-7} FORM NUMBER

- D30 | | | | ANTI CHOLESTEROL DRUGS (Resins, Fibrates etc.) (0=No;)
- {8}
- D31 | | | | ANTIGOUT--URIC ACID LOWERING (Allopurinol (1=Yes, now;)
- {9} | | | | Probenecid etc)
- D32 | | | | ANTIGOUT--(Colchicine) (2=Yes, not now)
- {10}
- D33 | | | | THYROID EXTRACT (Dessicated Thyroid) (3=Maybe)
- {11}
- D34 | | | | THYROXINE (Synthroid etc.) (9=Unknown)
- {12}
- D35 | | | | INSULIN
- {13}
- D36 | | | | TOTAL UNITS OF INSULIN A DAY
- {14-16}
- D37 | | | | ORAL HYPOGLYCEMICS (Specify brand _____)
- {17}
- D38 | | | | ORAL ESTROGEN (for women users also see screen 6)
- {18}
- D39 | | | | ORAL GLUCOCORTICOIDS (Prednisone, Cortisone etc.)
- {19}
- D40 | | | | NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (Motrin, Ibuprofen, Naprosyn, Indocin, Clinoril)
- {20}
- D41 | | | | ANALGESIC-NARCOTICS (Demerol, Codeine, Dilaudid, etc.)
- {21}
- D42 | | | | ANALGESIC-NON-NARCOTICS (Acetaminophen etc.)
- {22}
- D43 | | | | BRONCHODILATORS, AEROSOLS ETC.
- {23}
- D44 | | | | ANTIHISTAMINES
- {24}
- D45 | | | | ANTIULCER (Tagamet, Ranitidine, Probanthine, H ion inhibitors)
- {25}
- D46 | | | | ANTI-ANXIETY, SEDATIVE/HYPNOTICS ETC. (Librium, Valium etc.)
- {26}
- D47 | | | | SLEEPING PILLS
- {27}
- D48 | | | | ANTI-DEPRESSANTS
- {28}
- D49 | | | | EYEDROPS
- {29}
- D50 | | | | POTASSIUM SUPPLEMENTS
- {30}
- D51 | | | | ANTIBIOTICS
- {31}
- D52 | | | | OTHERS Specify: _____
- {32}

:

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 4) MEDICAL HISTORY--FEMALE GENITOURINARY DISEASE

1_1_1_1_1 {1-4} ID NUMBER

14|0|4| {5-7} FORM NUMBER

DS3
1_1
{8}

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

DS4
1_1_1
{9-10}

AGE WHEN PERIODS STOPPED (years, 99=Unkn)

DS5
1_1
{11}

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

DS6
1_1_1
12-13}

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

DS7
1_1
{14}

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

DS8
1_1_1
15-16}

NUMBER OF LIVE BIRTHS (99=Unkn)

DS9
1_1_1
17-18}

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

D60
1_1
{19}

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)

D61
1_1
{20}

CONJUGATED ESTROGEN USE IN INTERIM (e.g. Premarin)
(0=No;1=Yes,now;2=Yes,not now,9=Unkn)

D62
1_1
{21}

DOSE/DAY OF PREMARIN (0=No,1=0.325mg,2=0.625mg,
OR CONJ. ESTROGENS 3=1.25mg,4=2.5mg; 9=Unk)

D63
1_1_1
{22-23}

NUMBER OF DAYS A MONTH TAKING PREMARIN (99=Unkn)

D64
1_1
{24}

ESTROGEN CREAM USE INTERIM (0=No;1=Yes,now;2=Yes,not now,9=Unkn)

DS5
1_1
{25}

PROGESTERONE USE INTERIM (0=No;1=Yes,now;2=Yes,not now,9=Unkn)

D66
1_1
{26}

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

D67
1_1
{27}

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

D68
1_1
{28}

KIDNEY STONES IN INTERIM

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 5) MEDICAL HISTORY--MALE GENITOURINARY DISEASE

|_|_|_|_| {1-4} ID NUMBER

|4|0|5| {5-7} FORM NUMBER

D69 |_| URINARY DISEASE IN INTERIM (0=No,)
{8}

D70 |_| KIDNEY DISEASE IN INTERIM (1=Yes,)
{9}

D71 |_| KIDNEY STONES IN INTERIM (2=Maybe,)
{10}

D72 |_| PROSTATE TROUBLE IN INTERIM (9=Unkn)
{11}

D73 |_| PROSTATE SURGERY IN INTERIM
{12}

D74 |_| VASECTOMY IN INTERIM (0=No,1=Yes,9=Unkn)
{13}

D75 |_| AGE AT VASECTOMY (years, 99=Unkn)
{14-15}

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 6)

MEDICAL HISTORY--BEVERAGES AND THYROID

____ ID NUMBER

14|0|6| {5-7} FORM NUMBER

D76 _ _ COFFEE/CAFFEINATED (cups/day) {8-9}	D77 _ _ COFFEE/DECAFF (cups/day) {10-11}
D78 _ _ TEA/CAFFEINATED (cups/day) {12-13}	D79 _ _ TEA/DECAFF (cups/day) {14-15}
D80 _ _ COLA/CAFFEINATED (12 oz/day) {16-17}	D81 _ _ COLA/DECAFF (12 oz/day) {18-19}

NUMBER OF DRINKS
PER WEEK?
(Coding below)

HOW MANY DAYS
IN A WEEK DO
YOU DRINK?

WHAT IS YOUR LIMIT
AT ONE PERIOD OF
TIME?

D82 _ _ (00=Never, {20-21})	D83 _ _ {22}	D84 _ _ BEER-BOTTLES,CANS,GLASSES {23-24}
D85 _ _ (01=1 or less, {25-26})	D86 _ _ {27}	D87 _ _ WINE-GLASSES {28-29}
D88 _ _ (99=Unknown {30-31})	D89 _ _ {32}	D90 _ _ LIQUOR-COCKTAILS,HIGHBALLS {33-34}

D91 |_|_ HAVE YOU EVER HAD THYROID SURGERY?
{35} (0=No, 1=Yes, 9=Unk)

COMMENTS (Procedure, where, when) _____

D92 |_|_ HAVE YOU EVER HAD ANY OTHER THYROID DISEASE?
{36} (0=No, 1=Yes, 9=Unk)

COMMENTS _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 7) MEDICAL HISTORY--SMOKING

|_|_|_|_| {1-4} ID NUMBER

|4|0|7| {5-7} FORM NUMBER

D93 |_| SMOKED CIGARETTES REGULARLY IN THE LAST YEAR?
{8} (0=No, 1=Yes, 9=Unk)

D94 |_|_| HOW MANY CIGARETTES DO/DID YOU SMOKE A DAY?
{9-10} (01=one or less, 99=unk)

D95 |_| DO YOU INHALE? (0=No,1=Yes,9=Unkn)
{11}

CIGARETTE BRAND	STRENGTH	TYPE	FILTER	LENGTH
D96 _ _ {12-19}	D97 _ {20}	D98 _ {21}	D99 _ {22}	D100 _ {23}
(First eight letters)	(1=N1,2=Lite,3=Ultralite)	(1=Reg,2=Menth)	(1=Nonfilter,2=Filter)	(1=Regular,2=King,3=100mm)

D101 |_|_| HOW MANY HOURS SINCE LAST CIGARETTE?
{24-25}
(01=1 hour or less,)
(24=24 or more hours,99=Unkn)

D102 |_| DO YOU NOW SMOKE CIGARS?
{26}

D103 |_| DO YOU NOW SMOKE PIPES?
{27} (0=No; 1=Yes,inhale;)
(2=Yes,no inhale; 9=Unkn)

-----PASSIVE SMOKING-----

D104 |_| DOES YOUR SPOUSE SMOKE NOW? (0=No, 1=Yes, 2=Not Married, 9=Unkn)
{28}

IF YES, HOW MUCH DOES HE/SHE SMOKE A DAY? (Write number, 99=Unkn)

TOTAL D105 |_|_| CIGARETTES/DAY D106 |_|_| PIPES/DAY D107 |_|_| CIGARS/DAY
{29-30} {31-32} {33-34}

AT HOME D108 |_|_| CIGARETTES/DAY D109 |_|_| PIPES/DAY D110 |_|_| CIGARS/DAY
{35-36} {37-38} {39-40}

D111 |_|_| EXCLUDING YOU AND YOUR SPOUSE MANY OTHER SMOKERS LIVE
{41-42} IN YOUR HOUSEHOLD? (Cigarette, cigar, or pipe smokers)
(0=None,98=Nursing Home resident, 99=Unkn)

ON THE AVERAGE, HOW MANY HOURS PER WEEK ARE YOU EXPOSED TO
CIGARETTE, PIPE, OR CIGAR SMOKE BECAUSE OF SMOKING BY OTHERS?
(999=Unknown)

D112 |_|_|_| AT HOME? D113 |_|_|_| AT WORK?
{43-45} {46-48}

D114 |_|_|_| IN A CAR? D115 |_|_|_| IN OTHER PLACES?
{49-51} {52-54}

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 8) MEDICAL HISTORY--RESPIRATORY

|_|_|_|_| {1-4} ID NUMBER

|4|0|8| {5-7} FORM NUMBER

D116
|_| CHRONIC COUGH IN INTERIM (AT LEAST 3 MONTHS/YEAR)
{8} (0=No;1=Yes,productive;2=Yes,non-productive;9=Unkn)

D117
|_| WHEEZING OR ASTHMA (0=No,)
{9}

D118 |_| LONG DURATION (1=Yes,)
{10}

D119 |_| SEASONAL (9=Unkn)
{11}

D120 |_| WITH RESPIRATORY INFECTIONS
{12}

D121
|_| DYSPNEA ON EXERTION)
{13} (0=No,)
(1=Climbing stairs or vigorous exertion,)
(2=Rapid walking or moderate exertion,)
(3=Any slight exertion,)
(9=Unknown)

D122
|_| DYSPNEA HAS INCREASED OVER THE PAST TWO YEARS
{14} (0=No,1=Yes,9=Unkn)

D123
|_| ORTHOPNEA (0=No;1=Yes,new in interim;)
{15}

D124
|_| PAROXYSMAL NOCTURNAL DYSPNEA (2=Yes,old complaint;)
{16}

D125
|_| ANKLE EDEMA BILATERALLY (9=Unkn)
{17}

D126
|_| 1ST EXAMINER BELIEVES CHF (0=No, 1=Yes,)
{18}

D127
|_| 1ST EXAMINER BELIEVES PULMONARY DISEASE (2=Maybe, 9=Unkn)
{19}

RESPIRATORY COMMENTS _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 9)

MEDICAL HISTORY--HEART PART I

1_1_1_1_1 {1-4} ID NUMBER

1410191 {5-7} FORM NUMBER

D128 1_1 ANY CHEST DISCOMFORT SINCE LAST EXAM (0=No, 1=Yes,)
{8}

D129 1_1 CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT (2=Maybe,)
{9}

D130 1_1 CHEST DISCOMFORT WHEN QUIET OR RESTING (9=Unknown)
{10}

CHEST DISCOMFORT CHARACTERISTICS (must have first box checked above)

D131 1_1_*_1_1 DATE OF ONSET (mo/yr, 99/99=Unkn)
{11-14}

D132 1_1_1_1 USUAL DURATION (minutes, 999=Unkn)
{15-17}

D133 1_1_1_1 LONGEST DURATION (minutes, 999=Unknown)
{18-20}

D134 1_1 LOCATION (0=No,1=Central sternum and upper chest,)
{21} (2=L Up Quadrant,3=L Lower ribcage,4=R Chest,5=Other,9=Unk)

D135 1_1 RADIATION (0=No,1=Left shoulder or L arm, 2=Neck,)
{22} (3=R shoulder or arm,4=Back,5=Abdomen,6=Other,
7=Combination,9=Unk)

D136 1_1_1_1 FREQUENCY (Number per year on average, 999=Unknown)
{23-25}

D137 1_1 TYPE (1=Pressure,heavy,vise;2=Sharp;3=Dull;4=Other;9=Unk)
{26}

D138 1_1 CHEST DISCOMFORT RELIEF WITH NITRO IN <15 MINS (0=No,)
{27}

D139 1_1 CHEST DISCOMFORT RELIEF WITH REST IN <15 MINS (1=Yes,)
{28}

D140 1_1 CHEST DISCOMFORT RELIEF SPONTANEOUSLY IN <15 MINS (9=Unk)
{29}

D141 1_1 CHEST DISCOMFORT RELIEF BY OTHER CAUSE IN <15 MINS
{30}

D142 1_1 1ST EXAMINER BELIEVES ANGINA PECTORIS IN INTERIM (0=No, 1=Yes,)
{31}

D143 1_1 1ST EXAMINER BELIEVES CORONARY INSUFF. IN INTERIM (2=Maybe,)
{32}

D144 1_1 1ST EXAMINER BELIEVES MYOCARDIAL INFARCT IN INTERIM (9=Unkn)
{33}

COMMENTS _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 10)

MEDICAL HISTORY--HEART PART II

1_1_1_1_1 {1-4} ID NUMBER

1411101 {5-7} FORM NUMBER

D145
1_1_1_1_1 HAD PALPITATIONS OR A SENSATION OF THE HEART BEATING
{8}
IN AN UNUSUALLY RAPID, IRREGULAR OR FORCEFUL PATTERN
IN THE PAST YEAR (0=No, 1=Yes, 2=Maybe, 9=Unkn)

D146 1_1_1_1_1 NUMBER OF EPISODES IN PAST YEAR (999=Unkn)
{9-11}

D147 1_1_1_1_1 LONGEST DURATION OF EPISODE IN PAST YEAR
{12-14}
(0=No, 1=1 minute or less, 999=Unkn)

D148
1_1_1_1_1 FAINTED IN THE PAST YEAR?
{15}
(0=No, 1=Yes, 2=Maybe, 9=Unkn)

D149 1_1_1_1_1 NUMBER OF EPISODES IN PAST YEAR (999=Unkn)
{16-18}

-----RAYNAUD'S QUESTIONS-----

D150
1_1_1_1_1 ARE EITHER YOUR FINGERTIPS OR TOES UNUSUALLY SENSITIVE TO
{19} THE COLD? (0=No, 1=Yes, 9=Unkn) If no skip to end of section

D151 1_1_1_1_1 IF YES, DO THEY EVER SHOW UNUSUAL COLOR CHANGES?
{20} (0=No, 1=Yes, 9=Unkn) If no, skip to {24} below.

D152 1_1_1_1_1 IF YES, DO THEY BECOME WHITE?
{21} (0=No, 1=Yes, 9=Unkn)

D153 1_1_1_1_1 IF YES, DO THEY BECOME BLUE?
{22} (0=No, 1=Yes, 9=Unkn)

D154 1_1_1_1_1 IF YES, DO THEY BECOME RED?
{23} (0=No, 1=Yes, 9=Unkn)

D155 1_1_1_1_1 IF YES, HAVE YOU CONSULTED A DOCTOR FOR THIS PROBLEM?
{24} (0=No, 1=Yes, 9=Unkn)

D156 1_1_1_1_1 IF YES, HAVE YOU EVER USED VIBRATING POWER TOOLS
{25} IN YOUR EMPLOYMENT? (0=No, 1=Yes, 9=Unkn)

ID=

NAME:

OFFSPRING EXAM 4

SCREEN 11) MEDICAL HISTORY--CEREBROVASCULAR-PART I

1-4) ID NUMBER

5-7) FORM NUMBER

D157 1 SUDDEN MUSCULAR WEAKNESS (0=No,)

D158 1 SUDDEN SPEECH DIFFICULTY (1=Yes,)

D159 1 SUDDEN VISUAL DEFECT (2=Maybe,)

D160 1 UNCONSCIOUSNESS (9=Unkn)

D161 1 DOUBLE VISION (If more than one event

D162 1 LOSS OF VISION IN ONE EYE specify in comments

D163 1 NUMBNESS, TINGLING on following screen)

D164 1-1 NUMBNESS AND TINGLING IS POSITIONAL {15}

D165 1-1-1 DATE (mo/yr,99/99=Unkn)OBSERVED BY

D166 1 ONSET TIME(1=Active,2=During sleep,3=While arising,9=Unkn)

D167 1-1-1 DURATION (use format days/hours/mins, 99/99/99=Unkn)

D168 1 HOSPITALIZED OR SAW M.D. (0=No,1=Hosp.,2=Saw M.D.,9=Unkn)

D169 1-1 NO. OF DAYS STAYED AT

D170 1 1ST EXAMINER OPINIONS (0=No, 1=Yes, 2=Maybe, 9=Unk)

D171 1 CEREBROVASCULAR DISEASE STROKE

D172 1 TRANSIENT ISCHEMIC ATTACK (TIA)

NEUROLOGY COMMENTS

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 13) MEDICAL HISTORY--PERIPH ARTERIAL AND VENOUS

|_|_|_|_| {1-4} ID NUMBER

|4|1|3| {5-7} FORM NUMBER

LEFT RIGHT SYMPTOMS (0=No,1=Yes,)

D173 |_| | D174 |_| PHLEBITIS IN INTERIM (2=Maybe,9=Unkn)
{8} {9}

D175 |_| | D176 |_| LEG ULCERS
{10} {11}

D177 |_| | D178 |_| TREATMENT FOR VARICOSE VEINS
{12} {13}

D179 |_| | D180 |_| DISCOMFORT IN CALF WHILE WALKING
{14} {15}

D181 |_| | D182 |_| DISCOMFORT IN LOWER EXTR.(NOT CALF) WHILE WALK
{16} {17}

CHARACTERISTICS OF LOWER LIMB DISCOMFORT:

D183 |_| OCCURS WITH FIRST STEPS D184 |_| AFTER WALKING A WHILE (0=No,)
{18} {19}

D185 |_| RELATED TO RAPIDITY OF D186 |_| FORCED TO STOP WALKING (1=Yes,)
{20} {21}

WALKING OR STEEPNESS (9=Unkn)

D187 |_| TIME FOR DISCOMFORT TO BE RELIEVED BY STOPPING (minutes)
{22-23}
(00=No relief with stopping)

D188 |_| NUMBER OF DAYS/MONTH OF LOWER LIMB DISCOMFORT (00=No,99=Unk)
{24-25}

D189 |_| IS ONE FOOT COLDER THAN THE OTHER? (0=No,1=Yes,9=Unkn)
{26}

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

D190 |_| INTERMITTENT CLAUDICATION (Also see screen 14B for art. periph)
{27}

D191 |_| VENOUS INSUFFICIENCY (vasc disease and varicose veins)
{28}

COMMENTS PERIPH.VASC.DIS. _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 14) PHYSICAL EXAM--HEAD, NECK AND RESPIRATORY

|_|_|_| {1-4} ID NUMBER

|4|1|4| {5-7} FORM NUMBER

D192 |_|_|_| PHYSICIAN SYSTOLIC D193 |_|_|_| PHYSICIAN DIASTOLIC
 {8-10} PRESSURE (first reading) {11-13} PRESSURE (first reading)

EYES AND XANTHOMATA

D194 |_| CORNEAL ARCUS (0=No, 1=Slight, 2=Moderate, 3=Marked, 9=Unkn)
 {14}
 D195 |_| XANTHELASMA (0=No, 1=Yes, 2=Maybe, 9=Unkn)
 {15}
 D196 |_| XANTHOMATA (0=No, 1=Yes, 2=Maybe, 9=Unkn)
 {16}
 D197 |_| ACHILLES TENDON XANTHOMATA (0=No,)
 {17}
 D198 |_| PALMAR XANTHOMATA (1=Yes,)
 {18}
 D199 |_| TUBEROUS XANTHOMATA (9=Unkn)
 {19}

D200 |_| THYROID ABNORMALITY (0=No, 1=Yes, 2=Maybe, 9=Unkn)
{20}

D201 |_| SCAR D203 |_| SINGLE NODULE D205 |_| OTHER
 {21} {23} {25}
 D202 |_| DIFFUSE ENLARGEMENT D204 |_| MULTIPLE NODULES
 {22} {24}

COMMENTS ABOUT THYROID _____

D206 RESPIRATORY

|_| INCREASED A-P DIAMETER (0=No,)
 {26}
 D207 |_| FIXED THORAX (1=Yes,)
 {27}
 D208 |_| WHEEZING ON AUSCULTATION (2=Maybe,)
 {28}
 D209 |_| RALES (9=Unk)
 {29}
 D210 |_| OTHER ABNORMAL BREATH SOUNDS
 {30}

COMMENTS ABOUT RESPIRATORY _____

ID=

NAME:

OFFSPRING EXAM 4

SCREEN 15) PHYSICAL EXAM--HEART

||_|_| ID NUMBER

4|1|5| {5-7} FORM NUMBER

D211 ENLARGEMENT (0=No,1=Left only,2=Right only,3=Both,9=Unkn)

{8}

D212 GALLOP (0=No,1=S3 only,2=S4 only,3=Both,9=Unkn)

{9}

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

D213 | | CLICK D214 | | SPLIT S2 D215 | | DIM A2 D216 | | OTHER (Specify below)

{10}

{11}

{12}

{13}

D217 SYSTOLIC MURMUR(S) (0=No,1=Yes,2=Maybe,9=Unkn)

{14}

(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=Pulm;9=Unk)

Location Grade Type Radiation Valsalva Origin

APEX

D218+D222

| |

| |

| |

| |

D223 - D227

{15}

{16}

{17}

{18}

{19}

LEFT STERNUM

| |

| |

| |

| |

| |

D228 - D232

{20}

{21}

{22}

{23}

{24}

BASE

| |

| |

| |

| |

| |

D233

{25}

{26}

{27}

{28}

{29}

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

{30}

D234 | | VALVE OF ORIGIN FOR DIASTOLIC MURMUR(S)

{31}

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

D235

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

{32}

COMMENTS

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 16)

PHYSICAL EXAM--BREASTS AND ABDOMEN

|_|_|_|_| {1-4} ID NUMBER

|4|1|16| {5-7} FORM NUMBER

D236

|_|
{8}

BREAST ABNORMALITY

D238

(0=No,1=Yes,)

D237

|_|
{9}

LOCALIZED MASS

|_|
{10}

AXILLARY NODES

(2=Maybe,9=Unkn)

LEFT BREAST

RIGHT BREAST

BREAST SURGERY

D239

|_|
{11}

D240

|_|
{12}

(Code for surgery:0=No,1=Radical mastectomy,) (Use lowest code)
(2=Simple mastectomy,3=Biopsy,4=Lump removal, 9=Unkn)

COMMENTS ABOUT ABNORMALITY: _____

ABDOMEN

D241

|_|
{13}

LIVER ENLARGED

D242

|_|
{14}

SURGICAL SCAR

(0=No,1=Yes,)

D243

|_|
{15}

ABDOMINAL ANEURYSM

|_|
{16}

BRUIT

(2=Maybe,9=Unkn)

D245

|_|
{17}

SURGICAL GALLBLADDER SCAR

D246

|_|
{18}

OTHER ABDOMINAL ABNORMALITY: _____

ID=

NAME:

OFFSPRING EXAM 4

SCREEN 17) PHYSICAL EXAM--PERIPHERAL VESSELS - PART I

||_|_| {1-4} ID NUMBER

4|1|7| {5-7} FORM NUMBER

LEFT	RIGHT		(0=No abnormality,)
D247 _ {8}	D248 _ {9}	STEM VARICOSITIES	(1=Uncomplicated,)
D249 _ {10}	D250 _ {11}	RETICULAR VARICOSITIES	(2=With skin changes,)
D251 _ {12}	D252 _ {13}	SPIDER VARICOSITIES	(3=With ulcer,9=Unkn)
LEFT	RIGHT		
D253 _ {14}	D254 _ {15}	ANKLE EDEMA	(0=No;1,2,3,4=Grade; 9=Unk)
D255 _ {16}	D256 _ {17}	FOOT IS COLD	(0=No,1=Yes,2=Maybe,9=Unk)
D257 _ {18}	D258 _ {19}	AMPUTATION	(0=No,1=Yes,2=Maybe,9=Unk)
D259 _ {20}	D260 _ {21}	AMPUTATION LEVEL	(0=No, 1=Toes only, 2=Ankle,) (3=Knee, 4=Hip, 9=Unknown)

COMMENTS _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 18) PHYSICAL EXAM--PERIPHERAL VESSELS - PART II

|_|_|_|_| {1-4} ID NUMBER

|4|1|8| {5-7} FORM NUMBER

-----PULSE-----
(0=Normal, 1=Abnormal,)
(9=Unknown)

-----BRUIT-----
(0=Normal, 1=Abnormal,)
(9=Unknown)

		LEFT	RIGHT		LEFT	RIGHT
RADIAL	D261	_ {8}	D262 _ {9}			
FEMORAL	D263	_ {10}	D264 _ {11}	D265	_ {12}	D266 _ {13}
MID-THIGH				D267	_ {14}	D268 _ {15}
POPLITEAL				D269	_ {16}	D270 _ {17}
POST TIBIAL	D271	_ {18}	D272 _ {19}			
DORSALIS PEDIS	D273	_ {20}	D274 _ {21}			

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

D275 |_| ARTER. PERIPH. VASC. DISEASE |_| STEM VARICOSE VEINS
{22} {23}

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

COMMENTS _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 19) PHYSICAL EXAM--NEUROLOGICAL AND FINAL BP

|_|_|_| {1-4} ID NUMBER

|4|1|9| {5-7} FORM NUMBER

D277
|_|_|
{8}

LEFT CAROTID BRUIT

D278
|_|_|
{9}

RIGHT CAROTID BRUIT

D279
|_|_|
{10}

SPEECH DISTURBANCE

D280
|_|_|
{11}

DISTURBANCE IN GAIT

(0=No,)

D281
|_|_|
{12}

LOCALIZED MUSCLE WEAKNESS

(1=Yes,)

D282
|_|_|
{13}

VISUAL DISTURBANCE

(2=Maybe,)

D283
|_|_|
{14}

ABNORMAL REFLEXES

(9=Unkn)

D284
|_|_|
{15}

CRANIAL NERVE ABNORMALITY

D285
|_|_|
{16}

CEREBELLAR SIGNS

D286
|_|_|
{17}

SENSORY IMPAIRMENT

D287
|_|_|
{18}

1ST EXAMINER BELIEVES RESIDUAL OF STROKE

COMMENTS ABOUT NEUROLOGICAL FINDINGS _____

SECOND BLOOD PRESSURE READING

D288

|_|_|_| PHYSICIAN SYSTOLIC
{19-21} PRESSURE (second
reading)

D289

|_|_|_| PHYSICIAN DIASTOLIC
{22-24} PRESSURE (second
reading)

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 20) ELECTROCARDIOGRAPH-PART I

||_|_| {1-4} ID NUMBER

|4|2|0| {5-7} FORM NUMBER

D290 |_| ECG DONE (0=No,1=Yes)
{8}

D291 |_| PACEMAKER (0=None present, 1=Present, 9=Unkn)
{9} (If paced, code only vent. rate below)

D292 |_|_|_| VENTRICULAR RATE PER MINUTE (999=Unkn)
{10-12}

D293 |_|_| P-R INTERVAL (HUNDRETHS OF SECOND) (99=Unkn or atrial fib)
{13-14}

D294 |_|_| QRS INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)
{15-16}

D295 |_|_| Q-T INTERVAL (HUNDRETHS OF SECOND) (99=Unkn)
{17-18}

D296 |_|_|_| QRS ANGLE (put plus or minus as needed) (9999=Unkn)
{19-22}

--LEFT RIGHT CONDUCTION ABNORMALITY --

D297 |_| D298 |_| IV BLOCK (0=No,1=Incomp,2=Complete,9=Unkn)
{23} {24}

D299 |_| INDETERMINATE IV BLOCK (0=No,1=Yes,2=Maybe,9=Unkn)
{25}

D300 |_| HEMIBLOCK(0=No,1=Left Ant,2=Left Post,9=Unkn)
{26}

D301 |_| FASCICULAR BLOCK(0=No,1=Bi,2=Tri,9=Unkn)
{27}

D302 |_| 1ST DEGREE A-V BLOCK (0=No,1=Yes,2=Maybe,9=Unkn)
{28}

D303 |_| 2D DEGREE A-V BLOCK (0=No,1=Mobtz1,2=Mobtz2,
{29} 3=Maybe,9=Unk)

D304 |_| A-V DISSOCIATION (0=No,1=Yes,2=Maybe,9=Unkn)
{30}

D305 |_| WPW SYNDROME(0=No,1=Yes,2=Maybe,9=Unkn)
{31}

-- ATRIAL ABNORMALITIES AND ARRHYTHMIAS --

D306 |_| ATRIAL FIBRILLATION D307 |_| ATRIAL FLUTTER (0=No,)
{32} {33}

D308 |_| RT ATRIAL ENLG. (1=Yes,9=Unk)
{34}

D309 |_| ATRIAL PREMATURE BEATS (0=No,1=Atr,2=Atr Aber,9=Unk)
{35}

D310 |_| NODAL PREMATURE BEATS (0=No,1=Yes,9=Unkn)
{36}

D311 |_| VENTRICULAR PREMATURE BEATS (0=No,1=Simple,2=Multifoc,
{37} 3=Pairs, 4=Run,5=R on T,9=Unk)

D312 |_| NUMBER OF VENTRICULAR PREMATURE BEATS ON TRACING
{38-39}

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 21) ELECTROCARDIOGRAPH-PART II

{1-4} ID NUMBER

14|2|1|1 {5-7} FORM NUMBER

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

D313 ANTERIOR {8} D314 INFERIOR {9} D315 TRUE POSTERIOR {10}

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

D316 R>20MM STD LEAD {11} D323 R OR S>=20MM IN AV LEAD {18}

D317 R>11MM AV LEAD {12} D324 QRS DUR >=.09,<=.11 {19}

D318 R>=25MM PRECOR LEADS {13} D325 S>=25MM IN PRECOR LEAD {20}

D319 R OR S>=30 (R in V5 or V6) {14} D326 MORRIS P (Depth,Dur>=.04 mm-sec) {21}

D320 R+S >= 35MM PRECOR LEADS (S in V1 or V2) {15} D327 INTRINS >=.05 SEC(R--V5 or V6) {22}

D321 R+S >=25MM STD LEADS {16} D328 LAD<=-30 DEGREES {23}

D322 ST DEPRESSION (STRAIN PATTERN, WITH DOWN SLOPING ST) {17}

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

D329 NON-SPECIFIC S-T SEGMENT ABNORMALITY {24}

D330 NON-SPECIFIC T-WAVE ABNORMALITY {25}

D331 MAXIMUM T WAVE AMPLITUDE LESS THAN MINUS 5 MM (0=No,) {26} (Disregard AVR)

D332 U-WAVE PRESENT (1=Yes,) {27}

D333 RIGHT VENTRICULAR HYPERTROPHY (2=Maybe,) {28}

D334 LEFT VENTRICULAR HYPERTROPHY (9=Unkn) {29}

D335 ECG CLINICAL READING (0=Normal,1=Abnormal,2=Doubtful,9=Unkn) {30}

COMMENTS _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 22) CLINICAL DIAGNOSTIC IMPRESSION-PART I

|_|_|_|_| {1-4} 1D NUMBER

|4|2|2| {5-7} FORM NUMBER

BLOOD PRESSURE DIAGNOSES (Circle only, not coded)

NORMAL DEFINITE BORDERLINE ----HYPERTENSION **D446**

ON THERAPY NOT ON THERAPY ----HYPERTENSION TREATMENT **Therapy**

NO YES ----HYPERTENSIVE HT DISEASE

NO YES ----HHD OUTSIDE CRITERIA

CORONARY HEART DISEASE

D336 | | ANGINA PECTORIS (0=No, 1=Yes, 2=Maybe, 9=Unkn)

D337 | | CORONARY INSUFFICIENCY

D338 | | MYOCARDIAL INFARCT

OTHER HEART DIAGNOSES

D339 | | RHEUMATIC HEART DISEASE

D340 | | AORTIC VALVE DISEASE

D341 | | MITRAL VALVE DISEASE

D342 | | OTHER HEART DISEASE (INCLUDES CONGENITAL)

D343 | | CONGESTIVE HEART FAILURE

D344 | | ARRHYTHMIA

D345 | | FUNCTIONAL CLASS (0=None; NYHA Classif 1,2,3,4)

COMMENTS CDI HEART _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 23) CLINICAL DIAGNOSTIC IMPRESSION-PART II

|_|_|_|_| {1-4} ID NUMBER

|4|2|3| {5-7} FORM NUMBER

PERIPHERAL VASCULAR DISEASE

D346
|_| |
{8} INTERMITTENT CLAUDICATION (0=No, 1=Yes, 2=Maybe, 9=Unkn)

D347
|_| |
{9} OTHER PERIPH. VASC. DISEASE

D348
|_| |
{10} STEM VARICOSE VEINS

D349
|_| |
{11} PHLEBITIS

D350
|_| |
{12} OTHER VASCULAR DIAGNOSIS (Specify) _____

CEREBROVASCULAR DISEASE

D351
|_| |
{13} STROKE

D352
|_| |
{14} TRANSIENT ISCHEMIC ATTACK (TIA)

COMMENTS CDI NEUROLOGICAL _____

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 24) CLINICAL DIAGNOSTIC IMPRESSION-PART III

|_|_|_|_| {1-4} ID NUMBER

|4|2|4| {5-7} FORM NUMBER

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

- D353 | DIABETES MELLITUS
- {8}
- D354 | URINARY TRACT DISEASE
- {9}
- D355 | PROSTATE DISEASE
- {10}
- D356 | RENAL DISEASE
- {11}
- D357 | EMPHYSEMA
- {12}
- D358 | CHRONIC BRONCHITIS
- {13}
- D359 | PNEUMONIA
- {14}
- D360 | ASTHMA
- {15}
- D361 | OTHER PULMONARY DISEASE
- {16}
- D362 | GOUT
- {17}
- D363 | DEGEN. JOINT DISEASE
- {18}
- D364 | RHEUMATOID ARTHRITIS
- {19}
- D365 | GALLBLADDER DISEASE
- {20}
- D366 | CANCER (if yes, also
- {21}
- go to screen 24
- D367 | OTHER NON C-V DIAGNOSIS
- {22}

COMMENTS CDI OTHER DIAGNOSES _____

ID=

NAME:

OFFSPRING EXAM 4

FRAMINGHAM OFFSPRING EXAM 4 PROCEDURES SHEET

- HOLTER MONITOR (0=No, 1=Clinic only, 2=Worn home, 9=Unk)
- ECHOCARDIOGRAM (0=No, 1=Yes, 9=Unk)
- ECHO DOPPLER (0=No, 1=Yes, 9=Unk)
- CAROTID DOPPLER (0=No, 1=Yes, 9=Unk)
- EXERCISE TEST (0=No, 1=Yes, 9=Unk)
- EXERCISE QUESTIONNAIRE (0=No, 1=Yes, 9=Unk)
- SPIROMETRY DONE (0=No, 1=Yes, 9=Unkn)

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 25)

CANCER SITE OR TYPE

||_|_| {1-4} ID NUMBER

4|2|5| {5-7} FORM NUMBER

D368

1 LUNG

8)

D369 BREAST

(0=No,)

9)

D370 SKIN

(1=Yes,)

10)

D371 STOMACH

(2=Maybe,)

11)

D372 PANCREAS

(9=Unkn)

12)

D373 COLON

13)

D374 LIVER

14)

D375 PROSTATE

15)

D376 BLADDER

16)

D377 LEUKEMIA

17)

D378 LYMPHOMAS

18)

D379 CERVIX

19)

D380 UTERUS

20)

D381 OVARY

21)

D382 OTHER

22)

COMMENTS

ID=

NAME:

OFFSPRING EXAM 4

(SCREEN 26)

SECOND EXAMINER OPINIONS

|_|_|_|_| {1-4} ID NUMBER

|4|2|6| {5-7} FORM NUMBER

D383

|_|_|_| 2D EXAMINER ID NUMBER
{8-10}

2D EXAMINER
LAST NAME

CODING FOR ENTIRE SCREEN: (0=No, 1=Yes, 2=Maybe, 9=Unkn)

D384

|_| CONGESTIVE HEART FAILURE
{11}

D386

|_| ANGINA PECTORIS
{13}

D385

|_| PULMONARY DISEASE
{12}

D387

|_| CORONARY INSUFFICIENCY
{14}

D388

|_| MYOCARDIAL INFARCTION
{15}

COMMENTS ABOUT CHEST AND HEART DISEASE _____

D389

|_| INTERMITTENT CLAUDICATION
{16}

D390

|_| ARTER. PERIPH. VASC. DISEASE
{17}

D391

|_| CHRONIC VENOUS INSUFFICIENCY
{18}

D392

|_| STEM VARICOSE VEINS
{19}

COMMENTS PERIPH.VASC.DIS. _____

D393

|_| STROKE
{20}

D394

|_| TIA
{21}

COMMENTS ABOUT POSSIBLE CEREBROVASCULAR DISEASE _____

ID=

NAME:

OFFSPRING EXAM 4

(NURSE 1)

NUMERICAL DATA-PART I

VERSION 09/15/88

||_|_| {1-4} ID NUMBER _____ PATIENT NAME

|4|3|1| {5-7} FORM NUMBER

D395 |_|_| SEX OF PATIENT (1=Male, 2=Female)

{8}

D396 |_|_| AGE OF PATIENT

{9-10}

D397 |_|_| SITE OF EXAM (0=Heart Study, 1=Nursing home, 2=Residence)

{11}

D398 |_|_| NURSING HOME LEVEL OF CARE (0=None,

{12} (1=Skilled care 24 hrs, Medicare)

(2=Skilled care 24 hrs, Medicaid or private)

(3=Skilled care 8-16 hrs, 4=Self care)

D399 |_|_| MARITAL STATUS {13} (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Sep)

{13}

D400 |_|_| NURSE EXAMINER'S NUMBER

{14-15}

D401 |_|_| WEIGHT (to nearest pound)

{16-18}

D402 |_|_|*|_|_| HEIGHT (inches, to next lower 1/4 inch)

{19-22}

LEFT

RIGHT

(Code boxes below with 9's in unknown)

D403 |_|_|_| D404 |_|_|_| SKINFOLD TRICEPS (millimeters)

{23-24} {25-26}

D405 |_|_|_| D406 |_|_|_| SKINFOLD SUBSCAPULAR (millimeters)

{27-28} {29-30}

D407 |_|_|_| SKINFOLD ABDOMEN (millimeters)

{31-33}

D408 |_|_|*|_|_| BI-DELTOID GIRTH (inches with 2 decimals)

{34-37}

D409 |_|_|*|_|_| RIGHT ARM GIRTH--UPPER THIRD (inches, 2 decimals)

{38-41}

D410 |_|_|*|_|_| WAIST GIRTH (inches with 2 decimals)

{42-45}

D411 |_|_|*|_|_| HIP GIRTH (inches with 2 decimals)

{46-49}

D412 |_|_|*|_|_| THIGH GIRTH (inches with 2 decimals)

{50-53}

SYSTOLIC DIASTOLIC

D413 |_|_|_|_| D414 |_|_|_|_| NURSE'S BLOOD PRESSURE

{54-56} {57-59}

D415 |_|_|_| CARBON MONOXIDE LEVEL

{60-61}

D416 |_|_|_| R (RESISTANCE FROM BODY COMP ANALYZER)

{62-64}

D417 |_|_|_| XC (REACTANCE FROM BODY COMP ANALYZER)

{65-67}

D418 |_|_|_| NUMBER OF HOURS FASTING

{68-70}

ID=

NAME:

OFFSPRING EXAM 4

NURSE 2)

NUMERICAL DATA-PART II

|_|_|_|_| {1-4} ID NUMBER

|4|3|2| {5-7} FORM NUMBER

URINALYSIS

	NEG	UNK	TRACE	SM	MOD	LG
BLOOD ^{D419} _ _ _ _ {8-9}	00	99	10	01	02	03
KETONES ^{D420} _ _ _ _ {10-12}	000	999	005	015	040	080-160
GLUCOSE ^{D421} _ _ _ _ {13-14}	00	99	10	01	02	03-04
ALBUMIN ^{D422} _ _ _ _ {15-18}	0000	9999	0010	0030	0100	0300-2000
pH ^{D423} _ _*_ {19-20}	UNK=99	VALUES=5.0 6.0 6.5 7.0 7.5 8.0-8.5				

ID=

NAME:

OFFSPRING EXAM 4

(NURSE 3)

ACTIVITIES PART I

|_|_|_|_| {1-4} ID NUMBER

|4|3|3| {5-7} FORM NUMBER

CODING USE ONLY

D424

HOW MANY FLIGHTS OF STAIRS DO YOU CLIMB UP EACH DAY? _____

* |_|_|_|
{8-10}

(Let 1 flight=10 steps, 99=Unkn)

*

D425

HOW MANY CITY BLOCKS (OR THEIR EQUIVALENT) DO YOU _____

* |_|_|
{11-12}

WALK EACH DAY? (Let 12 blocks= 1 mile, 99=Unkn)

*

*

REST AND ACTIVITY FOR A TYPICAL DAY

*

D426

SLEEP--NUMBER OF HOURS THAT YOU TYPICALLY SLEEP? _____

HOURS/DAY

* |_|_|
{13-14}

D427

SEDENTARY--NUMBER OF HOURS TYPICALLY SITTING? _____

* |_|_|
{15-16}

D428

SLIGHT ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
SUCH AS STANDING, WALKING _____

* |_|_|
{17-18}

D429

MODERATE ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
SUCH AS HOUSE WORK, YARD CHORES, CLIMBING
STAIRS; LIGHT SPORTS SUCH AS BOWLING, GOLF _____

* |_|_|
{19-20}

D430

HEAVY ACTIVITY--NUMBER OF HOURS WITH ACTIVITIES
SUCH AS HEAVY HOUSEHOLD WORK, EXERCISE SUCH
AS INTENSIVE SPORTS--JOGGING ETC. _____

* |_|_|
{21-22}

HOURS (SHOULD BE THE TOTAL OF ABOVE ITEMS) _____

24

ID=

NAME:

OFFSPRING EXAM 4

(NURSE 4)

ACTIVITIES PART II

|_|_|_|_| {1-4} ID NUMBER

|4|3|4| {5-7} FORM NUMBER

THE PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND HIT THE FLOOR OR GROUND? (code NO if during sports activity)

D431

NO YES UNSURE UNKNOWN
0 1 2 9

* |_|
* {8}
*

IF YES, HOW MANY TIMES DID YOU FALL IN THE PAST YEAR?

D432

* |_|_|
* {9-10}
* (99=UNK)

SINCE AGE 30 HAVE YOU BROKEN ANY BONES?

D433

NO YES UNSURE UNKNOWN
0 1 2 9

* |_|
* {11}
*

If YES, continue. Code as NO if under age 30.

UPPER ARM (HUMERUS) OR ELBOW

Right Left
D434 YEAR D435
19__ 19__

* |_|_| |_|_|
* {12-13} {14-15}

FOREARM OR WRIST

D436 D437
19__ 19__

* |_|_| |_|_|
* {16-17} {18-19}

BACK (If disk disease only, code as NO) 19__

D438

* |_|_|
* {20-21}

PELVIS

19__

* |_|_|
* {22-23}

HIP

D440 D441
19__ 19__

* |_|_| |_|_|
* {24-25} {26-27}

OTHER (Specify)

D442

19__

* |_|_|
* {28-29}

ID=

NAME:

OFFSPRING EXAM 4

PHYSICAL ACTIVITY QUESTIONNAIRE

FRAMINGHAM HEART STUDY

____|____| ID NUMBER {1-4} Name _____

4|1| {5-7} FORM NUMBER

would like to ask you several questions about your current exercise habits. Please answer as accurately as possible. Circle your answers or supply a specific number on the line when asked (only one answer per question).

How many times per week do you engage in intense physical activity? (enough to work up a sweat)_____.

CODING USE ONLY

* |__|
* {8-9}

How would you compare last week's activity to your usual activity during the year? (Circle the appropriate response)

Less active [1] Same as usual [2] More active [3] Unknown [9]

* |__|
* {10}

How would you compare your activity level to others your age?

Less active [1] Same as usual [2] More active [3] Unknown [9]

* |__|
* {11}

What is your occupation now?_____
(If working outside the home less than 20 hrs/week of time, put retired or homemaker)

* |__|__|
* {12-14}

During the LAST SEVEN DAYS how much total time did you spend doing the activities included on the attached reference sheet? Record only time actually engaged in the activity (ignore breaks, rest periods, etc.). Be sure to remember job, home and recreation activities, and please take special care to include "VERY HARD" and "HARD" activities from the list (if they apply).

ACTIVITY (List number of activity)	HOURS	MINUTES	* Act	Hr	Min	
_____	_____	_____	*	__ __	__	__ {15-21}
_____	_____	_____	*	__ __	__	__ {22-28}
_____	_____	_____	*	__ __	__	__ {29-35}
_____	_____	_____	*	__ __	__	__ {36-42}
_____	_____	_____	*	__ __	__	__ {43-49}
_____	_____	_____	*	__ __	__	__ {50-56}

ID=

NAME:

OFFSPRING EXAM 4

PHYSICAL ACTIVITY QUESTIONNAIRE

FRAMINGHAM HEART STUDY

||_|_| {1-4} ID NUMBER

|4|4|2| {5-7} FORM NUMBER

During the LAST YEAR how much time did you spend doing the activities included on the attached reference sheet? Record only time actually engaged in the activity (ignore breaks, rest periods, etc.).

CODING USE ONLY-DO NOT WRITE BELOW

ACTIVITY	*WEEKS/YEAR	HOURS	MINS	* Act	Wk	Hr	Min	
		(in typical week)						
_____	_____	_____	_____	*	_ _ _	_ _	_ _	_ _ {08-16}
_____	_____	_____	_____	*	_ _ _	_ _	_ _	_ _ {17-25}
_____	_____	_____	_____	*	_ _ _	_ _	_ _	_ _ {26-34}
_____	_____	_____	_____	*	_ _ _	_ _	_ _	_ _ {35-43}
_____	_____	_____	_____	*	_ _ _	_ _	_ _	_ _ {44-52}
_____	_____	_____	_____	*	_ _ _	_ _	_ _	_ _ {53-61}
_____	_____	_____	_____	*	_ _ _	_ _	_ _	_ _ {62-70}

* If activity is done every week, 52 should be written here. Seasonal activity might be less.

ID=

NAME:

OFFSPRING EXAM 4

PHYSICAL ACTIVITY QUESTIONNAIRE

FRAMINGHAM HEART STUDY

_____|_____|_____|_____| (1-4) ID NUMBER

|4|4|3| (5-7) FORM NUMBER

7. Do you walk regularly as part of your physical activity program?

YES

NO

If YES continue below....

If NO skip to QUESTION 8.

How many miles do you average _____
per session?

_____|_____|
{8-9}

What is your average time per
mile? _____:_____
min sec

_____|_____|*_____|_____|
{10-13}

How many times do you have
sessions each week? _____

_____|_____|
{14-15}

Do you jog or run regularly as part of your physical activity program?

YES

NO

If YES continue below....

If NO skip to QUESTION 8.

How many miles do you average _____
per session?

_____|_____|
{16-17}

What is your average time per
mile? _____:_____
min sec

_____|_____|*_____|_____|
{18-21}

How many times do you have
sessions each week? _____

_____|_____|
{22-23}

ID=

NAME:

OFFSPRING EXAM 4

PHYSICAL ACTIVITY QUESTIONNAIRE

FRAMINGHAM HEART STUDY

ACTIVITY	JOB	HOME	SPORT OR RECREATION
VERY HARD	38 Carrying heavy loads such as bricks or lumber	40 Digging or tilling	43 Jogging
	39 Carrying moderate loads up stairs (16-40 lbs)	41 Chopping or splitting wood	44 Basketball (in game)
		42 Gardening with heavy tools	45 Soccer (in game)
			46 Backpacking uphill
			47 Cycling (uphill or racing)
			48 Tennis (singles)
			49 Skiing (cross country)
			50 Swimming laps (hard effort)
			51 Aerobics
			52 Circuit training (Nautilus or par-course)
HARD	25 Construction work	28 Scrubbing floors	32 Brisk walking uphill
	26 Lifting moderate loads (5-16 lbs)	29 Shoveling dirt, coal, etc.	33 Backpacking on level ground
	27 Climbing ladder or stairs	30 Mowing lawn with non-power mower	34 Brisk cycling on level ground or exercise bike
			35 Tennis (doubles)
			36 Skiing downhill
			37 Swimming laps (moderate effort)
MODERATE	11 Lifting or carrying light objects (up to 5 pounds)	13 Sweep, mop, vacuum	19 Brisk walking
	12 Painting outside of house	14 Clipping hedge	20 Shooting baskets
		15 Raking	21 Throwing frisbee
		16 Mowing (power mower)	22 Cycle leisurely
		17 Cleaning windows	23 Swimming laps (easy effort)
		18 Pushing stroller or grocery cart	24 Weightlifting
LIGHT			7 Leisurely walk or golf
			8 Softball
			9 Bowling
			10 Playing musical instrument

ID=

NAME:

OFFSPRING EXAM 4

Date

Patient Name

Personal Physician

Patient Address

SUMMARY SHEET TO
PERSONAL PHYSICIAN
OFFSPRING EXAM 4

	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

Framingham Heart Study
Lab Data

Id: _____

Exam Date _____

D448 Total Cholesterol (mg/dL)

Cholesterol to HDL Ratio

D449 HDL Cholesterol (mg/dL)

D450 HDL-3 Cholesterol (mg/dL)

D451 Triglycerides (mg/dL)

D452 Glucose (mg/dL)

Interpretation:

Total Cholesterol Level (mg/dL)	Heart Disease Risk
under 200	Low
200 - 240	Average
over 240	Above average

Triglycerides over 200 (mg/dL) are considered elevated.

Cholesterol to HDL Ratio.

Good	under 4.5
Ideal	under 3.5