Framingham Heart Study

Offspring Cohort Exam 7

09/11/1998-10/26/2001
N=3539

Exam Form Version	
#17	Medical History, Cancer Site or Type Physical Exam, Electrocardiograph (Onsite I-II & Offsite I), Clinical Diagnostic Impression (I-III), Second Examiner Opinions in Interim, Numerical Data (Onsite I-II & Offsite I), Sentence and Design Handout, Cognitive Function(I-II), Self-Reported Performance (I-II), Activities Questions (A-C), CES-D Scale, Raynaud's Questionnaire, Cancer Screening Information, Berkman Social Network Questionnaire & Respiratory Questionnaire,
10-14-97	The relationship Between Exercise and Health
No Version Number:	Lipid and Glucose Report.

There are two different Numerical Data--Part 1 forms and Electrocardiograph-- Part 1 forms in this sample. In each case, one form is used for on-site exams, while the other is used for off-site exams. Either form can be found in a participants file, but not both.

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 7 [redacted]

Medical History--Hospitalizations

(SCREEN 1)

OFFSPRING EXAM 7 **DATE** _____

|7|0|3|0|1| FORM NUMBER

Basic Background and Health Care

9001	|_|_|_|	**1st Examiner ID** _____ _____ 1st Examiner Name
9002	|_|	Hospitalization (not just E.R.) in Interim (0=No; 1=yes, hospitalization, 2=yes, more than 1 hospitalization, 9=Unknown)
9003	|_|	**E.R. Visit in Interim** (0=No; 1=Yes, 1 or more Emergency Room visit, 9=Unknown)
9004	|_|	**Day Surgery** (0=No, 1=Yes, 9=Unknown)
9005	|_|	**Illness with visit to doctor** (0=No, 1=Yes,1 visit; 2=Yes,more than 1 visit; 9=Unk)
9006	|_|	**Check up** in interim by doctor (0=No, 1=Yes, 9=Unknown)
9007	_____ MM DD YYYY	**Date** of this FHS exam (Today's date - See above)

Medical Encounter	Month/Year (of last visit)	Site of Hospital or Office	Doctor
[redacted]		[redacted]	[redacted]

EXAM 7 [redacted] **Medical History--Cardiovascular Medications**

|7|0|3|0|2| FORM NUMBER (SCREEN 2)

9008 |__| **In the interim have you taken medication for the treatment of hypertension?** (0=No, 1=Yes, 2=Yes, not now, 9=Unk)

9009 |__| **Any of the cardiovascular medications in the following section (0=No, 1=Yes, 9=Unk)** (interim)
If yes,continue

CODING
0=No
1=Yes,now
2=Yes,not now
3=Maybe
9=Unknown)

9010 |__| **Cardiac Glycosides**

9011 |__| **Nitroglycerine**

9012 |__| **Longer acting nitrates (Isordil, Cardilate, etc.)**

9013 |__| **Calcium Channel Blockers (specify)** _____

if yes fill ☞ 9014 |__|__| **Calcium Channel Blocker Group (Verapamil=01 Diltiazem=02 Nifedipine=03 Nicardipine=04 Isradipine=05 Amlodipine=06 Felodipine=07 Nimodipine=08 Mibefradil=09 Nisoldipine=10 Bepridil=11 Other=12 Unknown=99**

9015 |__|__|__| **Tablet size of Calcium Channel Blocker (number of mg, 999=unknown)**

9016 |__|__| **Number of times Calcium Channel Blocker taken per day (99=unknown)**

9017 |__| **Beta Blockers (Specify_____)**
(0=No, 1=Yes, 2=Yes,not now, 3=Maybe, 9=Unk)

if yes fill ☞ and continue 9018 |__|__| **Beta Blocker Group (Propranolol=01 Timolol =02 Nadolol=03 Atenolol=04 Metoprolol=05 Pindolol =06 Carvedilol=07 Labetalol=08 Other=09 Unk=99)**

9019 |__|__|__| **Dose (mg/day) of Beta Blocker (999=unknown)**

9020 |__| **Loop Diuretics (Lasix, etc.)**

9021 |__| **Thiazide/K-sparing diuretics(Dyazide, Maxide, etc.)**

9022 |__| **Thiazide diuretics**

9023 |__| **K-sparing diuretics (Aldactone, Triamterene)**

9024 |__| **Potassium supplements**

9025 |__| **Reserpine derivatives**

9026 |__| **Methyldopa (Aldomet)**

9027 |__| **Alpha-1 agonist (Clonidine, Wytensin, Guanabenz)**

9028 |__| **Alpha-2 blockers (Prazosin, Terazosin, Doxazosin)**

9029 |__| **Renin-angiotensin blocking drugs (ACE) (Captopril, Enalapril, Lisinopril)**

9030 |__| **Peripheral vasodilators (Hydralazine, Minoxidil, etc)**

9031 |__| **Angiotensin II antagonists (Losartan etc)**

9032 |__| **Other anti-hypertensives(Specify)**_____

9033 |__| **Antiarrhythmics (Quinidine, Procainamide, Amiodarone, Sotalol, Disopyramide,etc)**

9034 |__| **Antiplatelet (Anturane, Persantine,Ticlopidine,)Specify**_____

9035 |__| **Anticoagulants (Coumadin, Warfarin, etc.)**

9036 |__| **Other cardiac medication (Specify)**_____

CODING FOR REST OF PAGE
0=No;
1=Yes,now,2=Yes,not now
3=Maybe,9=Unknown)

All Medicines-- Scratch Sheet

_____ _____
_____
_____
_____
_____
_____
_____

EXAM 7 [redacted]

Medical History--Aspirin

|7|0|3|0|3| FORM NUMBER (SCREEN 3)

9037	If yes,	**Take aspirin regularly?**(0=No, 1=Yes, 9=Unk)
fill ☞	9038 |_|_|	**Number aspirins taken regularly** (99=Unknown)
	9039 |_|	**Aspirin frequency**- number taken regularly (0=Never, 1=Day, 2=Week ,3=Month, 4=Year, 9=Unk)
	9040 |_|_|_|	**Usual aspirin dose for above** 081=baby,160=half dose, 325=nl, 500=extra or larger,999=unk

Medical History--Interim Noncardiovascular Medications I

9041	|_|	**Anti cholesterol drugs** (Resins--e.g. Questran, Colestid)
9042	|_|	**Anti cholesterol drugs** (Niacin or Nicotinic Acid)
9043	|_|	**Anti cholesterol drugs** (Fibrates--e.g. Gemfibrozil)
9044	|_|	**Anti cholesterol drugs** (Statins--e.g.Lovastatin,Pravastatin)
9045	|_|	**Anti cholesterol drugs** (Other--Specify_____)
9046	|_|	**Antigout--uric acid lowering** (Allopurinol, Probenecid etc)
9047	|_|	**Antigout**--(Colchicine)
9048	|_|	**Thyroid extract** (Dessicated Thyroid)
9049	|_|	**Thyroxine** (Synthroid etc.)
9050	|_|	**Insulin** 0=No, 1=Yes,now 2=Yes,not now 3=Maybe 9=Unknown
if yes fill in dose ☞	9051 |_|_|_|	Total units of insulin a day
9052	|_|	**Oral hypoglycemics**
if yes fill in dose ☞	9053 |_|	**Metformin**
	9054 |_|	**Triglitazone**
	9055 |_|	**Glipizide**
	9056 |_|	**Glyburide**
	9057 |_|	**Chlorpropamide**
	9058 |_|	**Other (specify_____)**
	9059 |_|	**Unknown**
9060	|_|	**Oral/patch estrogen (for women users also see estrogen section)**
9061	|_|	**Oral glucocorticoids (Prednisone, Cortisone,etc)**

CODING

0=No

1=Yes,now

2=Yes,not now

3=Maybe

9=Unknown

EXAM 7 [redacted]

Medical History--Noncardiovascular Medications II

|7|0|3|0|4| FORM NUMBER (SCREEN 4)

Interim Medications

CODING

0=No
1=Yes,now
2=Yes,not now
3=Maybe
9=Unknown

9062	|__|	**Non-steroidal anti-inflammatory agents (NSAIDS)** (Motrin,Ibuprofen, Naprosyn, Indocin, Clinoril)
9063	|__|	**Analgesic-narcotics** (Demerol, Codeine, Dilaudid, etc.)
9064	|__|	**Analgesic-non-narcotics** (Acetaminophen etc.)
9065	|__|	**Antihistamines**
9066	|__|	**Antiulcer** (Tagamet, Ranitidine, Probanthine, H ion inhibitors)
9067	|__|	**Anti-anxiety, Sedative/Hypnotics etc.** (Librium, Valium etc.)
9068	|__|	**Sleeping pills**
9069	|__|	**Anti-depressants**
9070	|__|	**Eyedrops**
9071	|__|	**Antibiotics**
9072	|__|	**Anti-parkinson drugs** (Sinemet, L-Dopa, Symmetrel, Cogentin, etc)
9073	|__|	**Anticonvulsants** (Dilantin, Phenobarbital, Tegretol, Mysoline etc)
9074	|__|	**Bronchodilators and aerosols**
9075	|__|	**Osteoporosis medications** (1=bisphosphonates [e.g. alendronate, etidronate], 2=SERMS [e.g. reloxifene], 3=calcitonin, 4=other(specify_____),5=combination, 9=Unk.)
9076	|__|	**Others Specify:**_____

EXAM 7 [redacted]

Medical History–Female Genitourinary Disease 1

171013015 (Screen 5)

If participant is male, leave questions blank or fill in with MAN code.

1.	9077	**Menstrual periods have stopped one year or more** 0=No and do not use female hormones [go to question 4] 1=No because used female hormones within 1 year of menopause 2=Yes, no periods now 3=Yes, but have periods now due to use of female hormones 8=Man 9=Unknown [go to question 4]
If answer to Q1 is 1,2, or 3 ☞	2 9078	**Your age when periods stopped, if periods stopped in interim.** (f periods never stopped, enter age when hormones started) (00=Not stopped, 88=Man, 99=Unk)
	3 9079	**Cause of cessation of menses** (0=Not stopped, 1=Natural, 2=Surgery, 3=Other,8=Man, 9=Unk)
If answer to Q1 is 0,8,9 ☞	4 9080	**Did you have one or more menstrual periods in last 2 months?** (0=No, 1=Yes, 2=Unsure, 8=Man, 9=Unknown)
	5 9081	**Number of days since last period ended?** (00=currently having menstrual period, acceptable range 01-60, (88=man, 99=unsure or unknown)
6.	9082	**Was a hysterectomy performed in the interim** (0=No, 1=Yes, 8=Man, 9=Unknown)
if yes to Q6 ☞	7. 9083	**Age at hysterectomy in interim** (years) (00=No, 88=Man,99=Unknown)
8.	9084	**Ovary or ovaries removed in interim** (0=No; 1=Yes,one, 2=Yes,two, 8=Man, 9=Unknown)
9.	9085	**Number of live births** (88=Man, 99=Unknown)
10.	9086	**Age at tubal ligation, if tubal ligation in interim** (00=No, 88=Man, 99=Unknown)
11.	9087	**Oral contraceptives in interim** (0=No, 1=Yes,now, 2=Yes,not now, 8=Man, 9=Unk _____ Name of oral contraceptive last used (e.g. Demulen 1/50) (only list if agent used since last exam)

EXAM 7 [redacted]

Medical History–Female Genitourinary Disease 2

|7|0|3|0|6|

(Screen 6)

Instructions: If taking combination pill ie prempro or premphase be sure to code both estrogen and progesterone dose below.
If participant is male, leave questions blank or fill in with man code.

Female Genitourinary

9088 |_| **Estrogen replacement in interim** (e.g. Premarin)
(0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

If yes, fill all to ☞

9089 |_| **Dose/day of premarin conjugated Estrogens, or other oral estrogen**
(0=No, 1=0.3 mg, 2=0.625 mg, 3=0.9 mg, 4=1.25 mg, 5=2.5mg,
6=other_____, 8= man, 9=Unk)
(write in)

9090 |_| **Patch dose of estrogen** (0=No, 1=0.5 mg/wk, 2=other _____, 8=Man, 9=Unk)
(write in)

9091 |_|_| **Number of days a month taking estrogens** (88=Man, 99=Unknown)

9092 |_|_| **Number of years on estrogen?** (0=None, 1=1 year or less, 88=Man, 99=Unknown)

9093 |_| **Estrogen Cream Use in Interim** (0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

9094 |_| **Progestin replacement in interim** (e.g. Provera)
(0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

9095 If yes, fill all to ☞ |_| **Dose/day of progestin:** (0=No, 1=1.25 mg, 2=2.5 mg, 3=5.0 mg, 4=10.0mg,
5=other_____, 8=Man, 9=Unk)
(write in)

9096 |_|_| **Number of days a month taking progestins** (88=Man, 99=Unknown)

EXAM 7 * [redacted]

Medical History - Male Genitourinary Disease

|7|0|3|0|7| FORM NUMBER (SCREEN 7)

9097	|_|	**Prostate trouble in interim**	**Code** **0=No, 1=Yes, 2=Maybe, 8=Woman, 9=Unknown**
9098	|_|	**Prostate surgery in interim**	

Medical History-- Thyroid, Gastrointestinal, Beverages

		Thyroid and Gastrointestinal	
9099	|_|	Interim diagnosis of a **thyroid** condition?(0=No,1=Yes,9=Unknown)	
		Comments_____	
9100	|_|	Interim **ulcer** condition? (e.g., stomach, duodenum, peptic)(0=No,1=Yes, 9=Unknown)	
9101	|_|	Interim **hiatal hernia**? (0=No,1=Yes,9=Unknown)	
9102	|_|	Interim diagnosis of **gallbladder disease**? (0=No, 1=Yes, 9=Unknown)	
9103	If yes,☞ |_|	**Gallbladder procedure** 1=Surgical removal, 2=Lithotropsy, 3=Diagnosis only, 9=Unknown) Comments_____	

Alcohol Consumption (Usual over past year)

Beverage	Unit	Average Number of drinks per week over course of year	Number days drink per week	On Average, Limit for number of drinks at one period of time
		Code 00=never, 01=1 or less, 99=unknown	Code 0-7 9=Unknown	Code number 99=Unknown
Beer	bottle,can,glass (12 oz)	9104 |_|_|	9105 |_|	9106 |_|_|
White Wine (or Rosé)	glass (4 oz)	9107 |_|_|	9108 |_|	9109 |_|_|
Red Wine	glass (4 oz)	9110 |_|_|	9111 |_|	9112 |_|_|
Liquor	cocktail,highball (1 oz)	9113 |_|_|	9114 |_|	9115 |_|_|

EXAM 7 [redacted]

Medical History--Smoking

|7|0|3|0|8| FORM NUMBER (SCREEN 8)

g116 |_| **if yes fill rest of this table**

Smoked cigarettes regularly in the last year? (0=No, 1=Yes, 9=Unkown)

g117 |_|_| How many cigarettes do/did you smoke a day?
(01=one or less, 99=unknown)

g118 |_| Do you inhale? (0=No,1=Yes,9=Unknown)

Cigarette Brand	Strength	Type	Filter	Length
Code the first eight letters	Code 1=Normal 2=Lite 3=Ultralite 8=N/A 9=Unknown	Code 1=Regular 2=Menthol 8=N/A 9=Unknown	Code 1=Nonfilter 2=Filter 8=N/A 9=Unknown	Code 1=Regular 2=King 3=100 mm 4=120 mm 8=N/A 9=Unknown
g119 |_|_|_|_|_|_|_|_|	g120 |_|	g121 |_|	g122 |_|	|_| g123

g124 |_|_| How many hours since last cigarette?
(01=1 hour or less, 24=24 or more hours,)
(88=currently non-smoker, 99=Unknown)

EXAM 7 [redacted]

Medical History-- Respiratory and Heart

|7|0|3|0|9| FORM NUMBER (SCREEN 9)

Respiratory Symptoms

g125	|__| **Do you usually cough on most days for 3 consecutive months or more during the year?** (0=No; 1=Yes, new in interim; 2=Yes, old; 9=Unknown
g126	|__| **Do you usually bring up phlegm from your chest on most days for 3 consecutive months or more during the year?** (0=No, 1=Yes, 9=Unknown)
g127	|__| **Have you had asthma in the interim?** (0=No, 1=Yes,new 2=Yes, old 9=Unknown)
g128	|__| **Have you had wheezing or whistling in your chest at any time in the last 12 months?** (0=No, 1=Yes, 9=Unknown)
g129	|__| **Night Cough** (0=No, 1=Yes, 9=Unk,)
g130	|__| **Dyspnea on exertion** (0=No, 1=Climbing stairs or vigorous exertion , 2=Rapid walking or moderate exertion , 3=Any slight exertion , 9=Unknown)
g131	|__| **Dyspnea has increased over the past two years** (0=No, 1=Yes, 9=Unknown)
g132	|__| **Sleep on 2 or more pillows to help you breathe** (0=No, 1=Yes, 9=Unknown)
g133	|__| **Have you awakened suddenly very short of breath, gasping, or choking (PND)** Code most severe symptoms in interim (0=Never, 1=1 or 2x/year, 2=few nights/month (less than 1 time/week, 3=1 to 2 nights/week, 4=3 to 4 nights/week, 5=5 to 7 nights/week, 9=don't know)
g134	|__| **Ankle edema bilaterally** (0=No, 1=Yes, 9=Unknown)
g135	|__| **Been told you have had heart failure or congestive heart failure in the interim** (0=No, 1=Yes, 9=Unknown)
g136	|__| **Been hospitalized for heart failure in interim** (0=No, 1=Yes, 9=Unknown)

Respiratory First Opinions

g137	|__| **1st Examiner believes CHF**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
g138	|__| **1st Examiner believes Chronic Bronchitis** (Cough that produces sputum at least 3 months in past 12 months) No second opinion needed for bronchitis	

Respiratory Comments _____

EXAM 7 [redacted]

Medical History-- Heart Part I

7|0|3|1|0| FORM NUMBER (SCREEN 10)

g139	|_|	**Any chest discomfort since last exam** (0=No, 1=Yes,2=Maybe,9=Unknown) (please provide narrative comments in addition to checking the appropriate boxes)
if yes, fill and below	g140	|_|	Chest discomfort with exertion or excitement (0=No, 1=Yes,2=Maybe,9=Unknown)
	g141	|_|	Chest discomfort when quiet or resting
			Chest Discomfort Characteristics (must have checked box at top of table)
	g142	|_|_|*|_|_|_|_| g143	Date of onset mo/yr,99/9999=Unknown)
	g144	|_|_|_|	Usual duration (minutes, 999=Unknown)
	g145	|_|_|_|	Longest duration (minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
	g146	|_|	Location (0=No, 1=Central sternum and upper chest, 2=L Up Quadrant, 3=L Lower ribcage, 4=R Chest, 5=Other, 6=Combination, 9=Unknown)
	g147	|_|	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=Unknown)
	g148	|_|_|_|	Frequency (number in past month) 999=Unknown
	g149	|_|_|_|	Frequency (number in past year) 999=Unknown
	g150	|_|	Type (1=Pressure,heavy,vise, 2=Sharp, 3=Dull, 4=Other, 9=Unk)
	g151	|_|	Relief by Nitroglycerine in <15 minutes 0=No
	g152	|_|	Relief by Rest in <15 minutes 1=Yes,
	g153	|_|	Relief Spontaneously in <15 minutes 8=Not tried
	g154	|_|	Relief by Other cause in <15 minutes 9=Unknown
	g155	|_|	New York Heart Assoc. Classification 0=None 1=Ordinary physical activity, does not cause symptoms 2=Ordinary physical activity, results in symptoms 3=Less than ordinary physical activity results in symptoms 4=Any physical activity results in symptoms 9=Unknown

		CHD First Opinions	
g156	|_|	**Angina pectoris in interim**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
g157	|_|	**Angina pectoris since revascularization procedure**	
g158	|_|	**Coronary insufficiency in interim**	
g159	|_|	**Myocardial infarct in interim**	

Comments_____

_____

_____

EXAM 7 [redacted]

Medical History-- Syncope and Neurology

|7|0|3|1|1|1|1| FORM NUMBER (SCREEN 11)

9160	|_|	**Have you fainted or lost consciousness in the interim?** (If due to stroke skip to screen 11) If event immediately preceded by head injury or accident code 0=No)	Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown
if yes, fill all☞	9161	|_|_|_|	Number of episodes in the past two years	(999=Unknown)
	9162	|_|_|*|_|_|*|_|_|_|_| 9163	Date of first episode (use 4 digits for year, i.e. 1998)	(mo/yr, 99/9999=Unknown)
	9164	|_|_|_|	Usual duration of loss of consciousness	(minutes, 999=Unkn)
	9165	|_|	Did you have any injury caused by the event? (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
if yes, fill☞	9166	|_|	ER/hospitalized or saw M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unkn) Hospitalized at: _____ M.D. seen: _____	

9167	|_|	**History of ever having a head injury with loss of consciousness** (0=No, 1=Yes, 2=Maybe, 9=Unknown)	
if yes, fill☞	9168 9169 9170 |_|_|*|_|_|*|_|_|_|_| mm dd yyyy	**Date of serious head injury with loss of consciousness** (00/00/0000 =none, 99/99/9999=unk)	

9171	|_|	**History of a Seizure Disorder** (0=No, 1=Yes, 2=Maybe,, 9=Unknown)	
if yes, fill☞	9172 9173 9174 |_|_|*|_|_|*|_|_|_|_| mm dd yyyy	**Date of most recent seizure (99/99/9999=unk) four digit year**	(0=No,1=Yes,2=Maybe,9=Unknown)
	9175 |_|	**Are you being treated for a seizure disorder?**	

	Syncope First Opinions		
9176	_	**Syncope** (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown) needs second opinion	
9177	_	**Cardiac syncope**	(0=No,1=Yes,2=Maybe,9=Unknown)
9178	_	**Vasovagal syncope**	
9179	_	**Other-- Specify:** _____	

Comments _____

_____

_____

_____

EXAM 7 [redacted] **Medical History--Cerebrovascular**

|7|0|3|1|1|2| FORM NUMBER (SCREEN 12)

Cerebrovascular Episodes in Interim

Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown

9180 |_| **Sudden muscular weakness**

9181 |_| **Sudden speech difficulty**

9182 |_| **Sudden visual defect**

9183 |_| **Double vision**

9184 |_| **Loss of vision in one eye**

9185 |_| **Unconsciousness**

9186 |_| **Numbness, tingling**

if yes, fill ☞ 9187 |_| Numbness and tingling is positional

9188 |_| **Head CT or MRI scan since last exam** (date/place_____)
(0=No, 1=CT, 2=MRI, 3=both, 9=Unknown)

9189 |_| **Seen by neurologist since last exam** (write in who and when below)
_____

Details for "Serious" Cerebrovascular Event in Interim

9190 |_| **Examiner's opinion that TIA or stroke took place in interim**
(0=No, 1=Yes, 2=Maybe, 9=Unknown)

if yes or maybe fill all to ☞

9191 |_|_|*|_|_|_| 9192 **Date** (mo/yr,99/9999=Unkn)
Observed by_____

9193 |_| **Onset time**
(1=Active, 2=During sleep, 3=While arising, 9=Unkn)

9194 |_|_|*|_|_| 9195 **Exact/approximate time** (use 24-hour military time, 99/99=unkn)

9196 |_|_|*|_|_|*|_|_| 9197 9198 **Duration** (use format days/hours/mins, 99/99/99=Unknown)

9199 |_| **Hospitalized or saw M.D.**(0=No,1=Hosp.2=Saw M.D,9=Unk)
Name_____Address_____

9200 |_|_| **Number of days stayed at**(90=90 or more, 99=Unk.)
_____

Neurology First Opinions

(0=No,1=Yes,2=Maybe,9=Unknown)

9201 |_| **Stroke in Interim**

9202 |_| **TIA**

9203 |_| **Dementia**

9204 |_| **Parkinson's Disease**

9205 |_| **Other-- Specify:**_____

Neurology Comments_____

_____

EXAM 7 [redacted]

Medical History--Peripheral Arterial and Venous

|7|0|3|1|1|3| FORM NUMBER (SCREEN 13)

g206	0= Able	1=Needs help	9=Unkn	**Can you walk 50 feet without help?** (e.g. no cane, walker, wheelchair) (0=Able to walk 50 feet without help,1=Needs help, 9=Unk)
g207	0= No	1=Yes	9=Unkn	**Do you have lower limb discomfort while walking?** (0=No, 1=Yes, 9=Unkn)
if yes fill to right	g208 ___			**If walking on level ground, how many city blocks until symptoms develop** (00=no, 99=unknown) where 10 blocks=1 mile, code as no if more than 98 blocks required to develop symptoms
if yes fill to right	g209 ____			**Year symptoms started** (00=no, 9999=unknown)

if yes fill in below	Left	Right	Vascular symptoms (0=No, 1=Yes, 9=Unkn)
	g210 _	g211 _	Discomfort in calf while walking
	g212 _	g213 _	Discomfort in lower extremity (not calf) while walking
	g214 _		Occurs with first steps (code worse leg)
	g215 _		After walking a while (code worse leg)
	g216 _		Related to rapidity of walking or steepness
	g217 _		Forced to stop walking
	g218 __		Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable, 99=Unkown)
	g219 __		Number of days/month of lower limb discomfort (00=No, 88=N/A, 99=Unknown)

Venous Disease

Left	Right		
g220 _	g221 _	**Deep Vein Thrombosis (blood clots in legs or arms)**	Code: 0=No, 1=Yes, 9=Unknown
g222 _	g223 _	**Leg ulcers**	
g224 _	g225 _	**Treatment for varicose veins**	

PVD First Opinions

g226 _	**Intermittent Claudication**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)

Comments Peripheral Vascular Disease_____

EXAM 7 [redacted]

Medical History-- CVD Procedures

|7|0|3|1|4| FORM NUMBER (SCREEN 14)

Coding: 0=No, 1=Yes 2=Maybe, 9=Unkn	Cardiovascular Procedures in Interim (if procedure was repeated code only first in interim and provide narrative) (write 4 digits for year, i.e. 1998, 1999, 2000)
9227 |_| if yes fill ☞	**Heart Valvular Surgery (most recent only)**
9228	|_|_|_|_| Year done (9999-Unk) Location and description_____
9229 |_| if yes fill ☞	**Exercise Tolerance Test (most recent only)**
9230	|_|_|_|_| Year done (9999-Unk) Location_____
9231 |_| if yes fill ☞	**Coronary arteriogram (most recent only)**
9232	|_|_|_|_|Year done (9999-Unk)
9233 |_| if yes fill ☞	**Coronary artery angioplasty**
9234	|_|_|_|_| Year done (9999-Unk)
9235	|_| Type of procedure (0=none, 1=balloon, 2=other_____ 9=unkn),
9236 |_| if yes fill ☞	**Coronary bypass surgery**
9237	|_|_|_|_| Year done (9999-Unk)
9238 |_| if yes fill ☞	**Permanent pacemaker insertion**
9239	|_|_|_|_| Year done (9999-Unk)
9240 |_| if yes fill ☞	**Carotid artery surgery**
9241	|_|_|_|_| Year done (9999-Unk)
9242 |_| if yes fill ☞	**Thoracic aorta surgery**
9243	|_|_|_|_| Year done (9999-Unk)
9244 |_| if yes fill ☞	**Abdominal aorta surgery**
9245	|_|_|_|_| Year done (9999-Unk)
9246 |_| if yes fill ☞	**Femoral or lower extremity surgery**
9247	|_|_|_|_| Year done (9999-Unk)
9248 |_| if yes fill ☞	**Lower extremity amputation**
9249	|_|_|_|_| Year done (9999-Unk)
9250 |_| if yes fill ☞	**Other Cardiovascular Procedure (write in below)**
9251	|_|_|_|_| Year done (9999-Unk) Description_____

Comments:_____

_____

_____

_____

EXAM 7 [redacted]

Cancer Site or Type

|7|0|3|1|1|5| FORM NUMBER (SCREEN 15)

9252

	In the interim have you had cancer or a tumor? (0=No and skip to next screen; If 1=Yes, 2=Maybe, 9=Unknown please continue)			
	Code for table: 0=No, 1=Yes, Cancerous, 2=Maybe, Possible Cancer, 3=Benign, 9=Unknown			
Code	**Site of Cancer or Tumor**	**Year First Diagnosed**	**Name Diagnosing M.D.**	**City of M.D.**
9253 __	Esophagus			
9254 __	Stomach			
9255 __	Colon			
9256 __	Rectum			
9257 __	Pancreas			
9258 __	Larynx			
9259 __	Trachea/Bronchus/Lung			
9260 __	Leukemia			
9261 __	Skin			
9262 __	Breast			
9263 __	Cervix/Uterus			
9264 __	Ovary			
9265 __	Prostate			
9266 __	Bladder			
9267 __	Kidney			
9268 __	Brain			
9269 __	Lymphoma			
9270 __	Other/Unknown _____			

Comment (If participant has more details concerning tissue diagnosis, other hospitalization, procedures, treatments)

_____

_____

_____

_____

_____

EXAM 7 [redacted]

Physical Exam--Head, Neck and Respiratory

|7|0|3|1|1|6| FORM NUMBER (SCREEN 16)

Physician Blood Pressure (first reading)	Systolic	Diastolic
	9271 |_|_|_|	9272 |_|_|_|
	to nearest 2 mm Hg	to nearest 2 mm Hg

Thyroid

9273 |_| **Thyroid abnormality** (0=No, 1=Yes, 2=Maybe, 9=Unknown)

If yes, fill ☞

9274 |_|	**Scar**	0=No, 1=Yes, 2=Maybe, 9=Unknown
9275 |_|	**Diffuse enlargement**	
9276 |_|	**Single Nodule**	
9277 |_|	**Multiple Nodules**	
9278 |_|	**Other**	

Comments about Thyroid_____

_____

Respiratory

9279 |_|	**Increased anterior-posterior diameter**	
9280 |_|	**Wheezing on auscultation**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
9281 |_|	**Rales**	
9282 |_|	**Abnormal breath sounds**	

Comments about Respiratory_____

_____

_____

_____

_____

EXAM 7 [redacted]

Physical Exam--Heart

|7|0|3|1|1|7| FORM NUMBER (SCREEN 17)

	Heart	
9283	|_|	**Left Heart Enlargement** This section (0=No, 1=Yes, 9=Unknown)
9284	|_|	**Right Heart Enlargement**
9285	|_|	**S3 Gallop**
9286	|_|	**S4 Gallop**
9287	|_|	**Systolic Click** This section (0=No, 1=Yes,2=Maybe, 9=Unknown)
9288	|_|	**Diastolic Opening Snap**
9289	|_|	**Abnormally split S2**
9290	|_|	**Diminished A2**
9291	|_|	**Neck vein distention at 90 degrees** (sitting upright)
9292	|_|	**Other--Specify** _____

9293 |_| **if yes, fill out below** — **Systolic murmur(s)** (0=No, 1=Yes, 2=Maybe, 9=Unknown)

Murmur Location	Grade 0=No sound 1 to 6 for grade of sound heard 9=Unknown	Type 0=None 1=Ejection 2=Regurgitant 3=Other 9=Unknown	Radiation 0=None 1=Axilla 2=Neck 3=Back 4=Rt chest 9=Unknown	Valsalva 0=Nochange 1=Increase 2=Decrease 9=Unknown	Origin 0=None,indet. 1=Mitral 2=Aortic 3=Tricuspid 4=Pulm 9=Unknown
Apex	9294 |_|	9295 |_|	9296 |_|	9297 |_|	9298 |_|
Left Sternum	9299 |_|	9300 |_|	9301 |_|	9302 |_|	9303 |_|
Base	9304 |_|	9305 |_|	9306 |_|	9307 |_|	9308 |_|

9309 |_| **Diastolic murmur(s)** (0=No, 1=Yes, 2=Maybe, 9=Unknown)

if yes, fill ☞ 9310 |_| Valve of origin for diastolic murmur(s) (0=No, 1=Mitral, 2=Aortic, 3=Both, 4=Other, 8=N/A, 9=Unk)

Comments_____

_____

_____

EXAM 7 [redacted]

Physical Exam--Breasts and Abdomen

|7|0|3|1|1|8| FORM NUMBER (SCREEN 18)

Breast Abnormality
(complete for men and women)

g311 |__| **Breast Abnormality** (0=No, 1=Yes, 9=Unknown)

if Yes, fill ☞

g312 |__| **Localized mass**

g313 |__| **Axillary nodes**

Breast Surgery
(complete for men and women)

g314 |__| **Breast Surgery** (0=No, 1=Yes, 9=Unknown)

if Yes, fill ☞

Left	Right	
g315 |__|	g316 |__|	**Procedure** Use lowest code: (0=No, 1=Radical mastectomy, 2=Simple mastectomy, 3=Biopsy, 4=Lump removal, 5=Cosmetic, 9=Unknown)

Comments about abnormality: _____

_____

Abdominal Abnormalities

g317 |__|	**Liver enlarged**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
g318 |__|	**Surgical scar**	
g319 |__|	**Abdominal aneurysm**	
g320 |__|	**Abdominal bruit**	
g321 |__|	**Surgical gallbladder scar**	
g322 |__|	**Other abdominal abnormality:**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)

_____

_____

EXAM 7 [redacted]

Physical Exam--Peripheral Vessels--Part I

|7|0|3|1|9| FORM NUMBER (SCREEN 19)

Left	Right	Varicosities	
|_| 9323	|_| 9324	**Stem varicose veins** (Do not code reticular or spider varicosities)	0=No abnormality 1=Uncomplicated 2=With skin changes 3=With ulcer 9=Unknown

Left	Right	Lower Extremity Abnormalities	
|_| 9325	|_| 9326	**Ankle edema**	(0=No, 1=Yes, 2=Maybe, 8=absent due to amputation 9=Unknown)
|_| 9327	|_| 9328	**Amputation level**	(0=No, 1=Toes only, 2=Ankle, 3=Knee,4=Hip, 8=Not applicable, 9=Unknown)

Comments_____

EXAM 7 [redacted]

Physical Exam--Peripheral Vessels--Part II

|7|0|3|1|2|0| FORM NUMBER (SCREEN 20)

Artery	Pulse (0=Normal, 1=Abnormal, 9=Unknown)		Bruit (0=Normal, 1=Abnormal, 9=Unknown)	
	Left	Right	Left	Right
Radial	9329 _|	9330 _|		
Femoral	9331 _|	9332 _|	9333 _|	9334 _|
Popliteal			9335 _|	9336 _|
Post Tibial	9337 _|	9338 _|		
Dorsalis Pedis	9339 _|	9340 _|		

(For intermittent claudication and chronic venous insufficiency - See history questions)

Comments_____

EXAM 7 [redacted]

Physical Exam--Neurological Diseases and Final Blood Pressure

|7|0|3|2|1| FORM NUMBER (SCREEN 21)

Neurological Exam			
Left	Right		
9341 |_|	9342 |_|	**Carotid Bruit**	
9343 |_|		**Speech disturbance**	Coding entire section (0=No, 1=Yes, 2=Maybe, 9=Unknown)
9344 |_|		**Disturbance in gait**	
9345 |_|		**Localized muscle weakness**	
9346 |_|		**Visual disturbance**	
9347 |_|		**Abnormal reflexes**	
9348 |_|		**Cranial nerve abnormality**	
9349 |_|		**Cerebellar signs**	
9351 |_|		**Sensory impairment**	
9352 |_|		**Signs of Parkinsonism**	(e.g. masked facies, bradykinesia, typical gait, pill rolling tremor etc)

Cerebrovascular Disease Opinions		
9353 |_|	**1st Examiner believes stroke has occurred in interim**	**(0=No,1=Yes,2=Maybe,9=Unknown)**
|_|	**1st Examiner believes TIA has occurred in interim**	**(0=No,1=Yes,2=Maybe,9=Unknown)**

Comments about Neurological findings_____

_____

_____

_____

_____

_____

Physician Blood Pressure (second reading)	Systolic	Diastolic
	9354 |_|_|_|	9355 |_|_|_|
	to nearest 2 mm Hg	to nearest 2 mm Hg

EXAM 7 [redacted]

Electrocardiograph--Part I

|7|0|3|2 |2 | FORM NUMBER (SCREEN 22)

9356	|_| if Yes, fill out rest of form	**ECG done** (0=No, 1=Yes)
		Rates and Intervals
9357	|_|_|_|	**Ventricular rate per minute** (999=Unknown)
9358	|_|_|	**P-R Interval** (hundreths of a second) (99=FullyPaced, Atrial Fib, or Unknown)
9359	|_|_|	**QRS interval** (hundreths of second) (99=Fully Paced, Unknown)
9360	|_|_|	**Q-T interval** (hundreths of second) (99=Fully Paced, Unknown)
9361	|_|_|_|_|	**QRS angle** (put plus or minus as needed) (e.g. -045 for minus 45 degrees, +090 for plus 90, 9999=Fully paced or Unknown)
		Rhythm--predominant
9362	|_|	0 or 1 = Normal sinus,(including s.tach, s.brady, s arrhy, 1 degree AV block) 3 = 2nd degree AV block, Mobitz I (Wenckebach) 4 = 2nd degree AV block, Mobitz II 5 = 3rd degree AV block / AV dissociation 6 = Atrial fibrillation / atrial flutter 7 = Nodal 8 = Paced 9 = Other or combination of above (list)_____
		Ventricular conduction abnormalities
9363	|_|	**IV Block** (0=No, 1=Yes, 9=Fully paced or Unknown)
	if yes, fill to right	
9364	|_|	**Pattern** (1=Left, 2=Right, 3=Indeterminate, 9=Unknown)
9365	|_|	**Complete** (QRS interval=.12 sec or greater)(0=No, 1=Yes, 9=Unknown)
9366	|_|	**Incomplete** (QRS interval = .10 or .11 sec) (0=No, 1=Yes, 9=Unknown)
9367	|_|	**Hemiblock** (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)
9368	|_|	**WPW Syndrome** (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
		Arrhythmias
9369	|_|	**Atrial premature beats** (0=No, 1=Atr, 2=Atr Aber, 9=Unknown)
9370	|_|	**Ventricular premature beats** (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)
9371	|_|_|	**Number of ventricular premature beats in 10 seconds** (see 10 second rhythm strip)

EXAM 7 [redacted]

Electrocardiograph-Part II

|7|0|3|2|3| FORM NUMBER (SCREEN 23)

Myocardial Infarction Location

9372 |__| Anterior
9373 |__| Inferior
9374 |__| True Posterior

(0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)

Left Ventricular Hypertrophy Criteria

9375 |__| R > 20mm in any limb lead
9376 |__| R > 11mm in AVL
9377 |__| R in lead I plus S ≥ 25mm in lead III

(0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)

Measured Voltage

9378 *|__|__| R AVL in mm (at 1 mv = 10 mm standard) Be sure to code these voltages
9379 *|__|__| S V3 in mm (at 1 mv = 10 mm standard) Be sure to code these voltages

R in V5 or V6-----S in V1 or V2

9380 |__| R≥ 25mm
9381 |__| S≥ 25mm
9382 |__| R or S ≥ 30mm
9383 |__| R + S ≥ 35mm
9384 |__| Intrinsicoid deflection ≥ .05 sec
9385 |__| S-T depression (strain pattern)

(0=No, 1=Yes, 9=Fully paced, Complete LBBB or Unk)

Hypertrophy, enlargement, and other ECG Diagnoses

9386 |__| Nonspecific S-T segment abnormality (0=No, 1=S-T depression, 2=S-T flattening, 3=Other, 9=Fully paced or unknown)
9387 |__| Nonspecific T-wave abnormality (0=No, 1=T inversion, 2=T flattening, 3=Other, 9=Fully paced or unknown)
9388 |__| U-wave present (0=No, 1=Yes, 2=Maybe,9=Paced or Unknown)
9389 |__| Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown)
9390 |__| RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete RBBB present, RVH=9)
9391 |__| LVH (0=No, 1=LVH with strain, 2=LVH with mild S-T Segment Abn, 3=LVH by voltage only, 9=Fully paced or Unkn, If complete LBBB present, LVH=9)

Comments and Diagnosis_____

_____

_____

EXAM 7 [redacted]

Clinical Diagnostic Impression--Part I

|7|0|3|2|4| FORM NUMBER (SCREEN 24)

Coronary Heart Disease First Examiner Opinions

0=No, 1=Yes, 2=Maybe, 9=Unknown

9392 |_| Angina Pectoris

9393 |_| Coronary Insufficiency

9394 |_| Myocardial Infarct

9395 |_| Congestive Heart Failure

Other Heart Diagnoses First Examiner Opinions

0=No, 1=Yes, 2=Maybe, 9=Unknown

9396 |_| Rheumatic Heart Disease

9397 |_| Aortic Valve Disease

9398 |_| Mitral Valve Disease

9399 |_| Other Heart Disease (includes congenital)

9400 |_| Arrhythmia

Comments CDI Heart

EXAM 7 [redacted]

Clinical Diagnostic Impression--Part II

|7|0|3|2|5| FORM NUMBER (SCREEN 25)

Peripheral Vascular Disease First Examiner Opinions

9401	|_|	Intermittent Claudication
9402	|_|	Other Peripheral Vascular Disease
9403	|_|	Stem Varicose Veins
9404	|_|	Deep Vein Thrombosis
9405	|_|	Other Vascular Diagnosis
		(Specify)_____

0=No,
1=Yes,
2=Maybe,
9=Unknown

Neurologic Disease First Examiner Opinions

9406	|_|	Stroke
9407	|_|	Transient Ischemic Attack (TIA)
9408	|_|	Dementia
9409	|_|	Parkinson's Disease
9410	|_|	Adult Seizure Disorder
9411	|_|	Other Neurological Disease
		(Specify)_____

0=No,
1=Yes,
2=Maybe,
9=Unknown

Comments CDI Neurological_____

EXAM 7 [redacted]

Clinical Diagnostic Impression--Part III

|7|0|3|2|6| FORM NUMBER (SCREEN 26)

		Non Cardiovascular Diagnoses First Examiner Opinions	
q412	|_|	Diabetes Mellitus	
q413	|_|	Prostate disease	
q414	|_|	Renal disease (specify)_____	0=No, 1=Yes, 2=Maybe, 9=Unknown
q415	|_|	Emphysema	
q416	|_|	Chronic bronchitis	
q417	|_|	Pneumonia	
q418	|_|	Asthma	
q419	|_|	Other pulmonary disease	
q420	|_|	Gout	
q421	|_|	Degenerative joint disease	
q422	|_|	Rheumatoid arthritis	
q423	|_|	Gallbladder disease	
q424	|_|	Other non C-V diagnosis (for cancer, see special screen)	

Comments CDI Other Diagnoses_____

EXAM 7 [redacted]

Second Examiner Opinions in Interim

|7|0|3|2|7| FORM NUMBER (SCREEN 27)

g425	|__|__|__|	2nd Examiner ID Number	_____ 2nd Examiner Last Name

Coronary Heart Disease Second Examiner Opinions (Provide initiators, qualities, radiations, severity, timing, presence after procedures done)			
g426	|__|	Congestive Heart Failure	
g427	|__|	Cardiac Syncope	0=No, 1=Yes, 2=Maybe, 9=Unknown
g428	|__|	Angina Pectoris	
g429	|__|	Coronary Insufficiency	
g430	|__|	Myocardial Infarct	

Comments about chest and heart disease

Intermittent Claudication Second Examiner Opinions (Provide initiators, qualities, radiations, severity, timing, presence after procedures done)			
g431	|__|	Intermittent Claudication	0=No, 1=Yes, 2=Maybe, 9=Unknown

Comments about peripheral vascular disease

Cerebrovascular Disease Second Examiner Opinions (Provide initiators, qualities, radiations, severity, timing, presence after procedures done)			
g432	|__|	Stroke	0=No,1=Yes, 2=Maybe, 9=Unknown
g433	|__|	TIA	

Comments about possible Cerebrovascular Disease

EXAM 7 [redacted]

Numerical Data--Part I

|7|0|2|0|1| FORM NUMBER

	Basic Information	
9434	|_|	**Sex of Participant** (1=Male, 2=Female)
9435	|_|_|	**Age of Participant** (years), 99=Ukn.
9436	|_|	**Site of Exam** (0=Heart Study, 1=Nursing home, 2=Residence)
	If 0 skip down If 1 or 2 fill ☞ 9437 |_|	**Nursing Home Level of Care 0**=None **1**=Skilled care 24hrs,Medicare **2**=Skilled care 24 hrs, Medicaid or private **3**=Skilled care 8-16 hrs **4**=Self care; **9**=unknown
9438	|_|	**Marital Status** (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)
9439	|_|_|_|	**Examiner's Number** for weight and height (999= unknown)
9440	|_|_|_|	**Weight** (to nearest pound)
9441	|_|_|*|_|_|	**Height** (inches, to next lower 1/4 inch)
	Regional Anthropometry	
	(Code boxes below with 9's if not done or unknown)	
9442	|_|_|_|	**Examiner's Number** for anthropometry (999=unknown)
9443	|_|_|*|_|	**Knee Height** (centimeters to nearest tenth)
9444	|_|_|*|_|_|	**Neck Circumference** (inches, to next lower1/4 inch)
9445	|_|_|*|_|_|	**Waist Girth** (inches, to next lower 1/4 inch)
9446	|_|_|*|_|_|	**Hip Girth** (inches, to next lower 1/4inch)
9447	|_|_|	**Number of Hours Fasting** (99=Unknown)
9448	|_|	**Hand preferred for eating** (1=right, 2=left, 9=unknown)
9449	|_|	**Hand preferred for writing** (1=right, 2=left, 9=unknown

Technician's Blood Pressure to nearest 2 mm Hg	Systolic 9450 |_|_|_|	Diastolic 9451 |_|_|_|	Technician's Blood Pressure ID 9452 |_|_|_|
Body Comp	**Resistance**	**Reactance**	**Technician's Body Composition**
Trial #1	9453 |_|_|_|	9454 |_|_|_|	9455 |_|_|_|
Trial #2	9456 |_|_|_|	9457 |_|_|_|	
Trial #3	9458 |_|_|_|	9459 |_|_|_|	

EXAM 7 [redacted]

Numerical Data--Part II

|7|0|2|0|2| FORM NUMBER

9460 |__|__|__| **Examiner's Number** for Urinalysis.

9461 |__| **Urinalysis Specimen Obtained** (0=No, 1=Yes, 9=Unknown)
If no, then skip to next section

If Yes, continue below

	Test	Neg	Unk	Trace	Small	Moderate	Large
9462 |__|__|	Glucose	0	99	10	1	2	03-04
9463 |__|__|__|__|	Albumin	0	9999	10	30	100	300-2000

Comments on Urinalysis _____

Exam 7 Procedures Sheet

9464	|__|	Body composition
9465	|__|	Diet Questionnaire
9466	|__|	Exercise Questionnaire
9467	|__|	Mini Mental Examination
9468	|__|	Ankle-arm blood pressure
9469	|__|	Urine Specimen
9470	|__|	Blood Drawn
9471	|__|	Glucose Tolerance Test
9472	|__|	ECG Done
9473	|__|	"Walk test"
9474	|__|	Brachial Artery Evaluation
9475	|__|	Spirometry
9476	|__|	Reason Spirometry not done

Coding for all items to left
0=No,
1=Yes,
9=Unknown

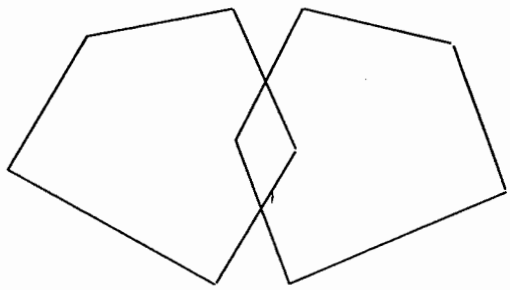
1=Major Surgery, 2=Heart Attack
3=Stroke, 4=Aneurysm, 5=BP>210/110
6=Refused, 7=Test Aborted, 8=Other,
9=Unknown

EXAM [redacted]

Sentence and Design Handout for Patient

PLEASE WRITE A SENTENCE

PLEASE COPY THIS DESIGN



EXAM 7 [redacted]

Cognitive Function--Part I

|7|0|2|0|8| FORM NUMBER

g477	|_|_|_|	**Examiner's Number** for Cognitive Function -- Part I+II

	SCORE CORRECT No Try=6 Unknown=9	Write all responses on exam form (score 1 point for each correct response)
g478	0 1 2 **3** 6 9	**What Is the Date Today?** (Month, day, year, correct score=3)
g479	**0 1** 6 9	**What Is the Season?**
g480	0 **1** 6 9	**What Day of the Week Is it?**
g481	0 1 2 **3** 6 9	**What Town, County and State Are We in?**
g482	0 **1** 6 9	**What Is the Name of this Place?** (any appropriate answer all right, for instance my home, street address, heart study ..max score=1)
g483	**0 1** 6 9	**What Floor of the Building Are We on?**
g484	0 1 2 **3** 6 9	**I am going to name 3 objects. After I have said them I want you to repeat them back to me. Remember what they are because I will ask you to name them again in a few minutes: Apple,Table, Penny**
g485	|_|_|_|_|_|	**Now I am going to spell a word forward and I want you to spell if backwards. The word is world. W-O-R-L-D. Please Spell it in Reverse Order. Write in Letters,_____** (Letters Are Entered and Scored Later)
g486	0 1 2 3 6 9	**What are the 3 objects I asked you to remember a few moments ago?**

EXAM 7 [redacted]

Cognitive Function --Part II

|7|0|2|0|9| FORM NUMBER

	SCORE CORRECT No Try=6 Unknown=9	Write all responses on exam form.
9487	0 1 6 9	**What Is this Called?** (Watch)
9488	0 1 6 9	**What Is this Called?** (Pencil)
9489	0 1 6 9	**Please Repeat the Following: "No Ifs, Ands, or Buts."** (Perfect=1)
9490	0 1 6 9	**Please Read the Following & Do What it Says** (performed=1, code 6 if low vision)
9491	0 1 6 9	**Please Write a Sentence** (code 6 if low vision)
9492	0 1 6 9	**Please Copy this Drawing** (code 6 if low vision)
9493	0 1 2 3 6 9	**Take this piece of paper in your right hand, fold it in half with both hands, and put in in your lap** (score 1 for each correctly performed act, code 6 if low vision)

	No Yes Maybe Unk (coding below)	Factor Potentially Affecting Mental Status Testing
9494	0 1 2 9	Illiterate or low education
9495	0 1 2 9	Not fluent in English
9496	0 1 2 9	Poor eyesight
9497	0 1 2 9	Poor hearing
9498	0 1 2 9	Depression / possible depression
9499	0 1 2 9	Aphasia
9500	0 1 2 9	Coma
9501	0 1 2 9	Parkinsonism or neurologically impaired
9502	0 1 2 9	Other

EXAM 7 [redacted]
(HOME 1)

Self-Reported Performance -- Part I

|7|0|2|1|0| FORM NUMBER

9503	|_|_|_|	**Examiner's Number** for Socio-demographics

Socio-demographics

9504	|_|	**Where do you live?** (0=Private residence, 1=Nursing home, 2=Other institution, such as: home-self care retirement village, 9=Unknown
9505	|_|	**Does anyone live with you?** (0=No, 1=Yes, 9=Unknown) Code Nursing Home Residents as NO to these questions
If Yes ☛ If 0 or 9, skip down	9506 |_| Spouse 9507 |_| Significant Other 9508 Children 9509 |_| Friends 9510 |_| Relatives 9511 |_| Pets	0=No 1=Yes, less than 3 months per year 2=Yes, more than 3 months per year 9=Unknown
9512	|_|	**Are you employed now?** (0=No, 1=Yes, full time, 2=Yes, part time, 9=Unknown
9513	|_|_|_|	**During the past 6 months (180 days) how many days were you so sick that you were unable to carry out your usual activities?** (999=Unknown)

** Proxy may NOT be used to help complete this section **

9514	|_|	**In general, how is your health now**: (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9=Unkn)
9515	|_|	**Compare your health to most people your own age:** (1=Better, 2=About the same, 3=Worse, than most people your own age, 9=Unknown)

EXAM 7 [redacted]

Self-Reported Performance--Part 2

|7|0|2|1|1|1| FORM NUMBER

Activities of Daily Living

q516	|_|_|	**Examiner's Number** for Activities of Daily Living

	During the Course of a Normal Day, Can you do the following activities independently or do you need human assistance or the use of a device? Coding: 0=No help needed, independent, 1=Uses device, independent, 2=Human assistance needed, minimally dependent, 3=Dependent, 4=Do not do during a normal day, 9=Unknown	
q517	|_|	**Dressing** (undressing and redressing)
q518	|_|	**Bathing** (including getting in and out of tub or shower)
q519	|_|	**Eating**
q520	|_|	**Transferring**(getting in and out of a chair)
q521	|_|	**Toileting Activities** (using bathroom facilities and handle clothing)
q522	|_|	**Bladder Continence** (ask if person has "accidents") (code=5 if use special products)
q523	|_|	**Bowel Continence** (ask if person has "accidents") (code=5 if use special products)
q524	|_|	**Walking on Level Surface about 50 Yards** (length of Thurber St.)
q525	|_|	**Walking up and down One Flight Stairs**
q526	|_|	**Using a Telephone**
q527	|_|	**Preparing and Taking Own Medications** (code as above, and 8=takes no medications regularly)

EXAM 7 [redacted]

Activities Questions- Part A

|7|0|2|1|1|2| FORM NUMBER

9528 |__|__|__| **Examiner's Number** for Act.-Part A and Rosow-Breslau Questions

Use of Nursing and Community Services

9529 |__| **Have you been admitted to a nursing home (or skilled facility) in the past two years?** (0=No, 1=Yes, 9=Unknown)

9530 |__| **In the past two years, have you been visited by a nursing service, or used home, community, or outpatient programs?** (0=No, 1=Yes, 9=Unknown)

if yes, continue ☞ and below	Past month only	Past two years		
9531	|__|	9532	**Home health aides**
9533	|__|	9534	**Homemaker visits**
9535	|__|	9536	**Visiting Nurses**
9537	|__|	9538	**Rehabilitation services** (such as physical therapy, occupational therapy, speech therapy)
9539	|__|	9540	**Cardiac rehabilitation**
9541	|__|	9542	**Meals on Wheels**
9543	|__|	9544	**Community Day Programs**
9545	|__|	9546	**Other** (specify_____)

0=None
1=< 1 per month
2=1-5 times per month
3=6-15 times per month
4=15 to 30 times per month
9=unknown

Rosow-Breslau Questions

9547 |__| **Are you able to do heavy work around the house, like shovel snow or wash windows, walls or floors without help?** (0=No, 1=Yes, 9=Unknown)

9548 |__| **Are you able to walk half a mile without help?** **(About 4 to 6 blocks)** (0=No, 1=Yes, 8=Not attempted, 9=Unknown)

9549 |__| **Do you drive now?** (0=No, 1=Yes, 9=Don't Know)

if no then ☞ 9550 |__| **Reason for <u>not</u> driving now** (1=Health, 2=Other non-health reason, 3=never drove a car 9=Unknown

EXAM 7 [redacted]

Activities Questions - Part B

|7|0|2|1|1|3| FORM NUMBER

9551

9551 |_|_|_|	**Examiner's Number** for Activities - Part B

Nagi Questions

For each thing tell me whether you have
(0) No Difficulty
(1) A Little Difficulty
(2) Some Difficulty
(3) A Lot Of Difficulty
(4) Unable To Do
(5) Don't Do On MD Orders
(9) Unknown

9552 |_|	**Pulling or pushing large objects like a living room chair**
9553 |_|	**Either stooping, crouching, or kneeling**
9554 |_|	**Reaching or extending arms below shoulder level**
9555 |_|	**Reaching or extending arms above shoulder level**
9556 |_|	**Either writing, or handling, or fingering small objects**
9557 |_|	**Standing in one place for long periods, say 15 minutes**
9558 |_|	**Sitting for long periods, say 1 hour**
9559 |_|	**Lifting or carrying weights under 10 pounds (like a bag of potatoes)**
9560 |_|	**Lifting or carrying weights over 10 pounds (like a very heavy bag of groceries)**
9561 |_|	**Getting in and out of car**
9562 |_|	**Putting on socks or stockings**

EXAM 7 [redacted]

Activities Questions -- Part C

|7|0|2|1|1|4| FORM NUMBER

9563	|_|_|_|	**Examiner's Number** for Activities - Part C

9564 |_| **In the past year have you accidentally fallen and hit the floor or ground?**

(code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unk)

if yes, fill ☞

9565 |_\|_\| **How many times did you fall in the past year?** (99=Unknown)

Fractures

9566 |_| **Since Your Last Clinic Visit Have You Broken Any Bones?**

(Code: 0=No, 1=Yes, 2=Unsure, 3=Under age 30, 9=Unknown)

If 0,3, 9 then skip rest of table

If 1,2, fill ☞

Left	Right	Location(code unknown as 9999)
9567 |_|_|_|_|	9568 |_|_|_|_|	**Clavicle (collar bone)**
9569 |_|_|_|_|	9570 |_|_|_|_|	**Upper arm (humerus) or elbow**
9571 |_|_|_|_|	9572 |_|_|_|_|	**Forearm or wrist**
9573 |_|_|_|_|	9574 |_|_|_|_|	**Hand**
9575 |_|_|_|_|		**Back** (If disc disease only, code as no)
9576 |_|_|_|_|		**Pelvis**
9577 |_|_|_|_|	9578 |_|_|_|_|	**Hip**
9579 |_|_|_|_|	9580 |_|_|_|_|	**Leg**
9581 |_|_|_|_|	9582 |_|_|_|_|	**Foot**
9583 |_|_|_|_|	9584 |_|_|_|_|	**Toe**
9585 |_|_|_|_|		**Other** (specify)_____

EXAM 7 [redacted]

CES-D Scale

|7|0|1|2|1|1|5| FORM NUMBER

9586	|_|_|_|	**Examiner's Number** for CES-D Scale

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

	Questions to be answered Circle best answer for each question	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	Unknown
9587	1. I was bothered by things that usually don't bother me.	0	1	2	3	9
9588	2. I did not feel like eating; my appetite was poor.	0	1	2	3	9
9589	3. I felt that I could not shake off the blues, even with help from my family and friends.	0	1	2	3	9
9590	4. I felt that I was just as good as other people.	0	1	2	3	9
9591	5. I had trouble keeping my mind on what I was doing.	0	1	2	3	9
9592	6.I felt depressed.	0	1	2	3	9
9593	7. I felt that everything I did was an effort.	0	1	2	3	9
9594	8. I felt hopeful about the future.	0	1	2	3	9
9595	9. I thought my life had been a failure.	0	1	2	3	9
9596	10. I felt fearful.	0	1	2	3	9
9597	11. My sleep was restless.	0	1	2	3	9
9598	12. I was happy.	0	1	2	3	9
9599	13. I talked less than usual.	0	1	2	3	9
9600	14. I felt lonely.	0	1	2	3	9
9601	15. People were unfriendly.	0	1	2	3	9
9602	16. I enjoyed life.	0	1	2	3	9
9603	17. I had crying spells.	0	1	2	3	9
9604	18. I felt sad.	0	1	2	3	9
9605	19. I felt that people disliked me	0	1	2	3	9
9606	20. I could not "get going"	0	1	2	3	9

EXAM 7 [redacted]

Raynaud's Questionnaire

|7|0|2|1|1|6| FORM NUMBER

9607	|_|_|_|	**Examiner's Number** for Raynaud's Questionnaire

9608	**1.** |_|	**"Are your fingers unusually sensitive to cold, now or in the past"** (If asked to define "unusually", say: "Are they more sensitive to cold than most other people?")	**CODE** 0=No, 1=Yes, now 2=Yes,in the past 9=Don't know or Unknown
9609	**2a.** |_|	**"Do your fingers sometimes show unusual color changes?"** (If asked to define "unusual", say "Do they become white?")	
9610	**2b.** |_|	**"Do they become white?"**	
9611	**2c.** |_|	**"Do they become blue?"**	
9612	**2d.** |_|	**"Do they become red?"**	

!!If answered No or Don't Know to BOTH questions #1 and all of # 2 then fill in questions #3-9 as 8=does not apply, otherwise go to question #3.

Show Color scale.

9613 **3.** |_| **"What's the palest your fingers ever get?"** (If hesitating between box#1 and box #2, ask "Do they become completely bloodless?")
Code: 0=Color boxes 3-12, 1=Color boxes 1or 2, 8=Doesn't apply, 9=Don't know, Unknown

!!If answer for question #3 is 1 continue, if code 0, 8 or 9 code #4 as 8 and go to question #5.

Show hand photographs A, 1, 2, 3, 4.

	4. "Do your hands ever look like any of these 5 pictures?"		
9614	|_|	**Photo A."** We want to know whether your fingertips or whole fingers are clearly more white than the rest of your hand. We don't need an exact match." (If there any doubt whether there is true blanching ask whether the fingertips or fingers become completely bloodless.)	**CODE** 0=No 1=Yes 2=Yes,in the past 8=Does not apply 9=Don't know Unknown
9615	|_|	**Photo 1.**	
9616	|_|	**Photo 2.**	
9617	|_|	**Photo 3.**	
9618	|_|	**Photo 4.**	

EXAM 7 [redacted]

|7|0|2|1|1|6| FORM NUMBER

Raynaud's Questionnaire

9619	**5.** |__|	"How old were you when your fingers first became sensitive to cold or showed unusual color changes?" 1=Younger than 20 2=20-29 3=30-39 4=40-49 5=50 and over 8=Does not apply 9=Don't know or Unknown	
9620	**6.** |_|	"When is the last time your fingers were sensitive to cold or showed unusual color changes?" 1=less than 1 year ago 2=1-4 years ago 3=Over 4 years ago 8=Does not apply	
9621	**7.** |__|__|__|	"In the last 12 months, how many times were your fingers sensitive to cold or showed unusual color changes?" 888=Does not apply, 999=Ukn.	
9622	**8.** |_|	"In the last 12 months have your fingers become white when you were not in the cold, that is at normal temperature?"(Normal = summer).	**CODE** 0=No 1=Yes 8=Does not apply 9=Don't know Unknown
9623	**9.** |_|	"In the last 12 months did you limit your activities because your fingers were sensitive to cold or showed unusual color changes?	

EXAM 7 [redacted]

Cancer Screening Information

17|0|2|0|5 FORM NUMBER

Women Only (in the interim denotes since last clinic visit)

g624 (Yes) No Unsure Unknown Man if yes, fill ☞ — **In the interim have you had a mammogram?** (circle one)

g625 |_|_|_|_| Year of last mammogram? (00=not done, 9999=Unknown)

g626 |_| How many mammograms have you had in the past five years? (0=None, 1-5 for number, 6=6 or more, 9=Unknown)

g627 Yes No Unsure Unknown Man if yes, fill ☞ — **A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. In the interim have you had a clinical breast exam?** (circle one)

g628 |_|_|_|_| Year of last breast exam? (00=not done, 9999=Unknown)

g629 |_| How many breast exams have you had in the past five years? (0=None, 1-5 for number, 6=6 or more, 9=Unknown)

g630 Yes No Unsure Unknown Man if yes, fill ☞ — **A Pap smear is a test for cancer of the cervix. In the interim have you had a Pap smear?** (circle one)

g631 |_|_|_|_| Year of last Pap smear? (00=not done, 9999=Unknown)

g632 |_| How many Pap smears have you had in the past five years? (0=None, 1-5 for number, 6=6 or more, 9=Unknown)

Men Only (in the interim denotes since last clinic visit)

g633 Yes No Unsure Unknown (Woman) if yes, fill ☞ — **In the interim have you had a blood test for prostate cancer? PSA (Prostate specific antigen)** (circle one)

g634 |_|_|_|_| Year when blood test for prostate cancer last done? (00=not done, 9999=Unknown)

g635 |_| How many times was a blood test for prostate cancer done during the past five years? (0=None, 1-5 for number, 6=6 or more, 9=Unknown

Men and Women (in the interim denotes since last clinic visit)

g636 Yes No Unsure Unknown if yes, fill ☞ — **In the interim have you had a rectal exam?** (circle one)

g637 |_|_|_|_| Year of last rectal exam? (00=not done, 9999=Unknown)

g638 |_| How many rectal exams during the past five years? (0=None, 1-5 for number, 6=6 or more, 9=Unknown)

g639 Yes No Unsure Unknown if yes, fill ☞ — **In the interim have you had your stool tested for blood?** (circle one)

g640 |_|_|_|_| Year when stool last tested for blood? (00=not done, 9999=Unknown)

g641 |_| How many times stool tested for blood during the past five years? (0=None, 1-5 for number, 6=6 or more, 9=Unknown)

g642 Yes No Unsure Unknown if yes, fill ☞ — **In the interim have you ever a sigmoidoscopy or colonoscopy exam? (tube with light that looks up the rectum)** (circle one)

g643 |_|_|_|_| Year when sigmoidoscopy/colonoscopy last done? (00=not done, 9999=Unknown)

g644 |_| How many times was a sigmoidoscopy/colonoscopy done during the past five years? (0=None, 1-5 for number, 6=6 or more, 9=Unknown)

EXAM 7 [redacted]

Berkman Social Network Questionnaire

|7|0|0|0|0|1| FORM NUMBER

The following two page questionnaire asks about your social support. Please read the following questions and circle the response that most closely describes your current situation.

For each question please circle one answer						
Coding scheme	(Code=0)	(Code=1)	(Code=2)	(Code=3)	(Code=4)	(Code=9)
9645 1. How many *close friends* do you have; people that you feel at ease with, can talk to about private matters?	None	1 or 2	(3 to 5)	6 to 9	10 or more	Unknown
9646 2. How many of these *close friends* do you see at least once a month?	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
9647 3. How many *relatives* do you have; people that you feel at ease with, can talk to about private matters?	None	1 or 2	(3 to 5)	6 to 9	10 or more	Unknown
9648 4. How many of these *relatives* do you see at least once a month?	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown

9649 **5. Do you participate in any groups such as a senior center, social or work group, church connected group, self-help group, or charity, public service or community group?**

Circle one answer		
No (Code=0)	Yes (Code=1)	Unknown (Code=9)

9650 **6. About how often do you go to religious meetings or services?**

Circle one answer						
Never or almost never (Code=0)	Once or twice a year (Code=1)	Every few months (Code=2)	Once or twice a month (Code=3)	Once a week (Code=4)	More than once a week (Code=5)	Unknown (Code=9)

EXAM 7 [redacted]

|7|0|0|0|2| FORM NUMBER

9651

7. Do you have Medicare or Medicaid?		
Circle one answer		
No (Code=0)	Yes (Code=1)	Unknown (Code=9)

9652

8. Do you have health insurance?		
Circle one answer		
No (Code=0)	Yes (Code=1)	Unknown (Code=9)

For each question please circle one answer						
Coding Scheme	(Code=0)	(Code=1)	(Code=2)	(Code=3)	(Code=4)	(Code=9)
9653 **9. Is there someone available to you whom you can count on to listen to you when you need to talk?**	None of the time	A little of the time	Some of the time	Most of the time	**All of the time**	Unknown
9654 **10. Is there someone available to give you good advice about a problem?**	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Unknown
9655 **11. Is there someone available to you who shows you love and affection?**	None of the time	A little of the time	Some of the time	Most of the time	**All of the time**	Unknown
9656 **12. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?**	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Unknown
9657 **13. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?**	None of the time	A little of the time	Some of the time	Most of the time	**All of the time**	Unknown

EXAM 7 [redacted]

17|0|2|0|6 FORM NUMBER

RESPIRATORY QUESTIONNAIRE

Date __/__/__

This questionnaire asks about symptoms which may relate to allergy, asthma, or other lung disease. Your answers to these questions will help us to interpret the results of your lung function tests. Together with other tests performed as part of the Framingham Study, this questionnaire will provide important information about the aging process and the development of lung disease.

TO ANSWER THE QUESTIONS, PLEASE CIRCLE THE APPROPRIATE ANSWER;
IF YOU ARE UNSURE OF THE ANSWER, PLEASE CHOOSE "NO"

	Wheeze and Tightness in the Chest	Coding Use
g658 1	Have you had wheezing or whistling in your chest at any time in the last 12 months? **0=NO 1=YES**	0 1 9
g659 2	Have you awakened with a feeling of tightness in your chest first thing in the morning at any time in the last 12 months? **0=NO 1= YES**	0 1 9

	Shortness of Breath	Coding Use
g660 3	Have you, at any time in the last 12 months, had an attack of shortness of breath that came on during the day when you were not doing anything strenuous? **0=NO 1=YES**	0 1 9
g661 4	Have you had an attack of shortness of breath that came on after you stopped exercising at any time in the last 12 months? **0=NO 1=YES**	0 1 9
g662 5	Have you, at any time in the last 12 months, been awakened at night by an attack of shortness of breath? **0=NO 1= YES**	0 1 9

	Cough and Phlegm from the Chest	Coding Use
g663 6	Have you, at any time in the last 12 months, been awakened at night by an attack of coughing? **0=NO 1= YES**	0 1 9
g664 7	Do you usually cough first thing in the morning? **0=NO 1=YES**	0 1 9
g665 8	Do you usually bring up phlegm from your chest first thing in the morning? **0=NO 1= YES**	0 1 9
g666 9	Have you brought up phlegm from your chest like this on most mornings for at least 3 months a year? **0=NO 1=YES**	0 1 9

	Breathing		Coding Use
g667 10	Which of the following statements best describes your breathing?	**Circle one A, B, OR C**	0 1 2 3 9
a	I never or only rarely get trouble with my breathing	A=1	
b	I get repeated trouble with my breathing, but it always gets completely better.	B=2	
c	My breathing is never quite right.	C=3	

EXAM 7 [redacted]

|7|0|2|0|7 FORM NUMBER

		Animals, Dust, Feathers	Coding Use
		When you are in a dusty part of the house or with animals (for instance, dogs, cats, or horses) or near feathers (including pillows, quilts, and down) do you ever:	
9668	11	Get a feeling of tightness in your chest? 0= NO 1=YES	0 1 9
9669	12	Start to feel short of breath? 0=NO 1=YES	0 1 9

		Asthma	Coding Use
9670	13	Have you ever had asthma? 0=NO 1=YES	0 1 9
9671	14	Have you had an attack of asthma at any time in the last 12 months? 0=NO 1=YES	0 1 9
9672	15	Are you currently taking any medicines (including inhalers, aerosols,or tablets) for asthma? 0=NO 1=YES	0 1 9

		Smoking	Coding Use
9673	16	Do you now smoke cigars or pipes? 0=NO = YES	0 1 9
9674	17	Do you now smoke cigarettes (i.e. within the last week)? 0=NO 1=YES	0 1 9
9675	18	Have you ever smoked cigarettes for as long as a year? 0=NO 1=YES (if yes answer 18 a,b,&c)	0 1 9
9676	18a	How many years have you smoked / did you smoke? ____	|__|__|
9677	18b	How many cigarettes do/did you smoke a day?____ ____	|__|__|__|
9678	18c	If you no longer smoke, when did you Quit? Less than 4 Weeks Ago More than 4 Weeks Ago	0 1 2 9

		Steroid Medications	Coding Use
		Steroid medications are commonly prescribed for lung diseases such as asthma. They are also prescribed for a variety of other conditions including psoriasis and other skin conditions, and some types of arthritis and bowel disease. These medications can be taken by mouth, by inhalation, or applied to the skin, or may be given as injections. (Some commonly used steroid medications are listed below.)	
9679	19	Are you currently taking any steroid medications? 0=NO 1= YES	0 1 9
	20	If yes, by what route (check as many as apply) ORAL INJECTED INHALED NASAL SKIN 9680 9681 9682 9683 9684	0 1 9

ORAL	INJECTED	INHALED	NASAL	SKIN
Cortone		Aerobid	Beconase	Aristocort
Decadron		Azmacort	Nasacort	Diprolene
Deltasone		Beclovent	Nasalide	Hydrocortisone
Hydrocortisone		Vanceril	Vancenase	Hytone
Medrol				Kenalog
Prednisone				Lidex
Westcort				Synalar

EXAM 7 [redacted]

The Relationship Between Exercise and Health

Framingham Heart Study

|7|0|2|0|3| FORM NUMBER

revised 10/14/97

This survey of Framingham Study participants 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.

We 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).

General Questions	Coding Use Only
9685 1. How many times per week do you engage in intense physical activity? (enough to work up a sweat)_____.	|__|__|
9686 2. What is your occupation now?_____ (If working outside the home less than 20 hours/week put retired or homemaker. **Specify part-time if only work part-time** Code your occupation according to attached sheet |__|__|.|__| Occupation code (see attached coding sheet)	|__|__|__|

EXAM 7 [redacted]

Physical Activity Questionnaire--Framingham Heart Study

|7|0|2|1|0|4| FORM NUMBER

revised 10/14/97

	Climbing Stairs and Walking	Enter value	Coding Use Only
g687	How many **flights of stairs** do you **climb up** each day? (Let 1 flight=10 steps, 99=Unknown)	___	|__|__|__|
g688	How many **city blocks** (or their equivalent) do you **walk** each day? (Let 12 blocks= 1 mile, 99=Unknown)	___	|__|__|

	Rest and Activity for a Typical Day	Enter value	Coding Use Only
g689	**Sleep**--Number of hours that you typically sleep?	09	|__|__| 15-16
g690	**Sedentary**--Number of hours typically sitting?	08	|__|__| 17-18
g691	**Slight Activity**--Number of hours with activities such as standing, walking ?	___	|__|__| 19-20
g692	**Moderate Activity**--Number of hours with activities such as house work (vacuum, dust, yard chores, climbing stairs; light sports such as bowling, golf)?	___	|__|__| 21-22
g693	**Heavy Activity**--Number of hours with activities such as heavy household work, heavy yard work such as stacking or chopping wood, exercise such as intensive sports--jogging, swimming etc.?	07	|__|__| 23-24
	Total number of hours (should be the total of above items)	**24**	

EXAM 7

Offsite exam

Electrocardiograph--Part I

|7|0|3|2 |2 | FORM NUMBER G694 - Form Type (Omni Only) (SCREEN 22)

|_|_|_| G695 **Examiner ID Number**	_____ **Examiner Last Name**

|__| **if Yes, fill out rest of form**	**ECG done** (0=No, 1=Yes)
	Rates and Intervals
|__|__|__|	**Ventricular rate per minute** (999=Unknown)
|__|__|	**P-R Interval** (hundreths of a second) (99=FullyPaced, Atrial Fib, or Unknown)
|__|__|	**QRS interval** (hundreths of second) (99=Fully Paced, Unknown)
|__|__|	**Q-T interval** (hundreths of second) (99=Fully Paced, Unknown)
|__|__|__|	**QRS angle** (put plus or minus as needed) (e.g. -045 for minus 45 degrees, +090 for plus 90, 9999=Fully paced or Unknown)
	Rhythm--predominant
|__|	**0 or 1 = Normal sinus,(including s.tach, s.brady, s arrhy, 1 degree AV block)** **3 = 2nd degree AV block, Mobitz I (Wenckebach)** **4 = 2nd degree AV block, Mobitz II** **5 = 3rd degree AV block / AV dissociation** **6 = Atrial fibrillation / atrial flutter** **7 = Nodal** **8 = Paced** **9 = Other or combination of above (list)**_____
	Ventricular conduction abnormalities
|__|	**IV Block** (0=No, 1=Yes, 9=Fully paced or Unknown)
if yes, fill to right |__|	**Pattern** (1=Left, 2=Right, 3=Indeterminate, 9=Unknown)
|__|	**Complete (QRS interval=.12 sec or greater)**(0=No, 1=Yes, 9=Unknown)
|__|	**Incomplete (QRS interval = .10 or .11 sec)** (0=No, 1=Yes, 9=Unknown)
|__|	**Hemiblock** (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)
|__|	**WPW Syndrome** (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
	Arrhythmias
|__|	**Atrial premature beats** (0=No, 1=Atr, 2=Atr Aber, 9=Unknown)
|__|	**Ventricular premature beats** (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)
|__|__|	**Number of ventricular premature beats in 10 seconds** (see 10 second rhythm strip)

EXAM 7 Offsite exam

Numerical Data--Part I

|7|0|2|0|1| FORM NUMBER

Basic Information

|__| **Sex of Participant** (1=Male, 2=Female)

|__|__| **Age of Participant** (years), 99=Ukn.

|__| **Site of Exam** (0=Heart Study, 1=Nursing home, 2=Residence)

If 0 skip down
If 1 or 2 fill ☞ |__| **Nursing Home Level of Care 0**=None **1**=Skilled care 24hrs,Medicare **2**=Skilled care 24 hrs, Medicaid or private **3**=Skilled care 8-16 hrs **4**=Self care; **9**=unknown

|__| **Marital Status** (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)

|__|__|__| **Examiner's Number** for weight (999= unknown)

|__|__|__| **Weight** (to nearest pound). SECA portable scale model #810/815.

|__| **Hand preferred for eating** (1=right, 2=left, 9=unknown)

|__| **Hand preferred for writing** (1=right, 2=left, 9=unknown

9696 |__| **Proxy used to complete this exam** (0=No, 1=Yes, 9=Unknown)

If yes, fill☞ **Proxy Name** _____

9697 |__| **Relationship** (1= 1st Degree Relative(spouse, child), 2= Other relative, 3= Friend, 4= Health Care Professional, 5= Other, 9= Unknown)

9698 9699
|__|__|* |__|__| **How long have you known the participant?** (Years, Months)

9700 |__| **Are you currently living in the same household with the participant?** (0=No,1=Yes)

9701 |__| **How often did you talk with the participant during the prior 11 months?** (1=Almost every day, 2=Several times a week, 3=once a week, 4=1 to 3 times per month, 5= less than once a month, 9=unknown/N/A)

Exam 7 Procedures Sheet

0	**Diet Questionnaire**	Coding for all items to left 0=No, 1=Yes, 9=Unknown
	Mini Mental Examination	
0	**Blood Drawn**	

Framingham Heart Study
Lipid and Glucose Report

Id: Exam Date

9704 Total Cholesterol (mg/dL)

9703 HDL Cholesterol (mg/dL)

Cholesterol to HDL Ratio

9706 Triglycerides (mg/dL)

9705 Glucose - Baseline (mg/dL)

Interpretation:

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

Cholesterol to HDL Ratio:

Good	under 4.5
Ideal	under 3.5

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

Glucose:

Fasting Level	Interpretation
less than 50	Hypoglycemia
50-110	Normal
111-126	Borderline hyperglycemia
higher than 126	Definite hyperglycemia (follow-up recommended)