

Dataset: e_exam_ex01_7_0020d

When the Omni 1 cohort was initiated, their first exam coincided with Offspring Exam 5. Hence, the Offspring Exam 5 form was used for the Omni 1 Exam 1 clinic visit. As a result the questions on the form that contain phrasing such as “interim” or “since your last exam”, did not apply to the Omni Exam 1 study participant since it was their first exam. Rather the “interim” or “since your last exam” type questions were asked as “Have you ever...?”. Be informed that the questions on this exam were asked and answered as “ever” questions where applicable as described.

Framingham Heart Study

Omni 1 Exam 1

Exam Form Versions

3-49 Cognitive Function (I-II), Numerical
Data (I-II), Functional Performance,
Activities Question (A-C), Medical History,
Cancer Site or Type, Physical Exam,
Electrocardiograph (I-II). Clinical Diagnosis
Impression (I-III) & Second Examiners
Opinions in Interim

No Version Number: Lab Data

Variables E105-E211, "The Relationship Between Exercise and Health" questions, are stored in a separate data set. Refer to that data set for these variables.

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.

Cognitive Function--Part I

|5|0|2||0|2| FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9

Write all responses on exam form.

E001

0 1 2 3 6 9

WHAT IS THE DATE TODAY? (Month, day, year, correct score=3)

E002

0 1 6 9

WHAT IS THE SEASON?

E003

0 1 6 9

WHAT DAY OF THE WEEK IS IT?

E004

0 1 2 3 6 9

WHAT TOWN, COUNTY AND STATE ARE WE IN?

E005

0 1 6 9

WHAT IS THE NAME OF THIS PLACE? (any appropriate answer ok.. my home, street address, heart study ... max. score = 1)

E006

0 1 6 9

WHAT FLOOR OF THE BUILDING ARE WE ON?

E007

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

E008

W-O-R-L-D.

NOW I AM GOING TO SPELL A WORD FORWARD AND I WANT YOU TO SPELL IT BACKWARDS. THE WORD IS WORLD.

PLEASE SPELL IT IN REVERSE ORDER. Write in letters, _____ (letters are entered and scored later)

E009

0 1 2 3 6 9

WHAT ARE THE 3 OBJECTS I ASKED YOU TO REMEMBER A FEW MOMENTS AGO?

EXAM 5

Cognitive Function --Part II

|5|0|2||0|3| FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9

- 0 1 6 9 2010 WHAT IS THIS CALLED? (WATCH)
- 0 1 6 9 2011 WHAT IS THIS CALLED? (PENCIL)
- 0 1 6 9 2012 PLEASE REPEAT THE FOLLOWING: "NO IFS, ANDS, OR BUTS."
(Perfect=1)
- 0 1 6 9 2013 PLEASE READ THE FOLLOWING & DO WHAT IT SAYS
(performed=1, code 6 if low vision)
- 0 1 6 9 2014 PLEASE WRITE A SENTENCE (code 6 if low vision)
- 0 1 6 9 2015 PLEASE COPY THIS DRAWING (code 6 if low vision)
- 0 1 2 3 6 9 2016 TAKE THIS PIECE OF PAPER IN YOUR RIGHT HAND, FOLD IT
IN HALF WITH BOTH HANDS, AND PUT IT IN YOUR LAP (score 1 for
each correctly performed act, code 6 if low vision)

Examiner's Assessment of Subject's Mental Status

- 1 = normal,
- 2 = possible dementia,
- 3 = factors such as illiteracy, not fluent in English, or depression
cause poor testing
- 4 = dementia present
- 9 = unknown

1 1 1

2017

EXAM
C

Numerical Data--Part I

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

0018 | | | | | SEX OF PATIENT (1=Male, 2=Female)

0019 | | | | | AGE OF PATIENT

0020 | | | | | SITE OF EXAM (0=Heart Study, 1=Nursing home, 2=Residence)

0021 | | | | | 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)

0022 | | | | | MARITAL STATUS (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)

0023 | | | | | NURSE EXAMINER'S NUMBER

0024 | | | | | WEIGHT (to nearest pound)

0025 | | | | * | | | | HEIGHT (inches, to next lower 1/4 inch)

Left Right (Code boxes below with 9's if unknown)

0026 | | | | 0027 | | | | | SKINFOLD TRICEPS (millimeters)

0028 | | | | 0029 | | | | | SKINFOLD SUBSCAPULAR (millimeters)

0030 | | | | | SKINFOLD ABDOMEN (millimeters)

|9|9|*|9|9| BI-DELTOID GIRTH (inches, to next lower 1/4 inch)

0031 | | | | * | | | | RIGHT ARM GIRTH--UPPER THIRD (inches, to next lower 1/4 inch)

0032 | | | | * | | | | WAIST GIRTH (inches, to next lower 1/4 inch)

0033 | | | | * | | | | HIP GIRTH (inches, to next lower 1/4 inch)

0034 | | | | * | | | | THIGH GIRTH (inches, to next lower 1/4 inch)

SYSTOLIC DIASTOLIC

0035 | | | | 0036 | | | | | NURSE'S BLOOD PRESSURE 0037

0038 | | | | | CARBON MONOXIDE LEVEL

0039 | | | | * | | | | KNEE HEIGHT (centimeters)

0040 | | | | | NUMBER OF HOURS FASTING (99=Unknown)

0041 | | | | | NUMBER OF DAYS SINCE LAST DOSE OF ASPIRIN (00=Never take,
01=Within 1 day, 98=98 days or more, 99=Unknown)

Numerical Data--Part II

15|0|2||0|4| FORM NUMBER

2042

URINALYSIS SPECIMEN DONE? (0=No, 1=Yes, 9=Unknown)

2043
2044
2045
2046
2047

| | | Neg | Unk | Trace | Small | Moderate | Large |
|--|---------|------|------|--|-------|----------|-----------|
| | Blood | 00 | 99 | 10 | 01 | 02 | 03 |
| | Ketones | 000 | 999 | 005 | 015 | 040 | 080-160 |
| | Glucose | 00 | 99 | 10 | 01 | 02 | 03-04 |
| | Albumin | 0000 | 9999 | 0010 | 0030 | 0100 | 0300-2000 |
| | pH | | 99 | Values = 5.0, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 | | | |

EXAM 5 PROCEDURES SHEET

2048
2049
2050
2051
2052
2053
2054
2055
2056
2057

ECHOCARDIOGRAM (0=No, 1=Yes, 9=Unknown)

ECHO DOPPLER (0=No, 1=Yes, 9=Unknown)

CAROTID DOPPLER (0=No, 1=Yes, 9=Unknown)

BODY COMPOSITION (0=No, 1=Yes, 9=Unknown)

EXERCISE QUESTIONNAIRE (0=No, 1=Yes, 9=Unknown)

SPIROMETRY DONE (0=No, 1=Yes, 9=Unknown)

BLOOD LIPIDS (0=No, 1=Yes, 9=Unknown)

DIET QUESTIONNAIRE (0=No, 1=Yes, 9=Unknown)

GLUCOSE TOLERANCE TEST (0=No, 1=Yes, completed, 2= Yes, test not completed, 9=Unknown)

ECG DONE (0=No, 1=Yes, 9=Unknown)

IN 02/28

EXAM 5



FRAMINGHAM OFFSPRING EXAM 5
PROCEDURES SHEET

- ECHOCARDIOGRAM (0=No, 1=Yes, 9=Unknown)
 - ECHO DOPPLER (0=No, 1=Yes, 9=Unknown)
 - CAROTID DOPPLER (0=No, 1=Yes, 9=Unknown)
 - BODY COMPOSITION (0=No, 1=Yes, 9=Unknown)
 - EXERCISE QUESTIONNAIRE (0=No, 1=Yes, 9=Unknown)
 - SPIROMETRY DONE (0=No, 1=Yes, 9=Unknown)
 - BLOOD LIPIDS (0=No, 1=Yes, 9=Unknown)
 - DIET QUESTIONNAIRE (0=No, 1=Yes, 9=Unknown)
 - GLUCOSE TOLERANCE TEST (0=No, 1=Yes, completed, 2= Yes, test not completed, 9=Unknown)
 - ECG DONE (0=No, 1=Yes, 9=Unknown)
 - URINALYSIS DONE (0=No, 1=Yes, 9=Unknown)
 - ABNORMAL RESULTS (0=No, 1=Yes, and list below)
-
-

EXAM 5

(HOME 1)

VERSION 02/28/91

Functional Performance

|5|0|0|0|1| FORM NUMBER

e058 | | | Where do you live: (0 = Private Residence, 1 = Nursing home, 2 = Other institution, such as: home-self care, retirement village, 9=Unknown)

e059 | | | Does anyone live with you: (0=No, 1=Yes, 9=Unknown)
(Code Nursing Home Residents as NO to these questions)

- e060 | | | Spouse
- e061 | | | Significant Other
- e062 | | | Children
- e063 | | | Friends
- e064 | | | Relatives

- e065 | | | In general, how is your health now: (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9= Unknown)

- e066 | | | 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)

- e067 | | | Are you working now: (0=No, 1=Yes, Full time, 2=Yes, Part time, 9=Unknown)

- e068 | | | | | 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)

DURING THE COURSE OF A NORMAL DAY, HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES?

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

- e069 | | | DRESSING (undressing and redressing)

- e070 | | | BATHING (including getting in and out of tub or shower)

- e071 | | | EATING

- e072 | | | TRANSFERRING (getting in and out of a chair)

- e073 | | | TOILETING ACTIVITIES (using bathroom facilities and handle clothing)

- e074 | | | CONTINENCE (bowel and bladder continence)

- e075 | | | WALKING ON LEVEL SURFACE ABOUT 50 YARDS (length of Thurber St.)

- e076 | | | WALKING UP AND DOWN ONE FLIGHT STAIRS

- e077 | | | USING A TELEPHONE

- e078 | | | TAKING OWN MEDICATIONS

EXAM 5

(HOME 2) ACTIVITIES QUESTIONS- PART A

VERSION 02/28/91

|5|0|0|0|2| FORM NUMBER

Rosow-Breslau Questions

✓ 2079

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)

✓ 2080

Are you able to walk up and down stairs to the second floor without any help? (0=No, 1=Yes, 9=Unknown)

✓ 2081

Are you able to walk half a mile without help? (About 4 to 6 blocks)

✓ 2082

Do you drive? (0=No, 1=Yes, 9=Don't Know) (Continue if answer is no)

✓ 2083

Reason for not driving now

- (1=Health,
- 2=Other non-health reason,
- 3=Never licensed,
- 8= current driver,
- 9=Unknown)

Nagi Questions

|5|0|0|0|3| FORM NUMBER

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

- e084 |__| PULLING OR PUSHING LARGE OBJECTS LIKE A LIVING ROOM CHAIR.
- e085 |__| EITHER STOOPING, CROUCHING, OR KNEELING
- e086 |__| REACHING OR EXTENDING ARMS BELOW SHOULDER LEVEL
- e087 |__| REACHING OR EXTENDING ARMS ABOVE SHOULDER LEVEL
- e088 |__| EITHER WRITING, OR HANDLING, OR FINGERING SMALL OBJECTS.
- e089 |__| STANDING IN ONE PLACE FOR LONG PERIODS, SAY 15 MINUTES
- e090 |__| SITTING FOR LONG PERIODS, SAY 1 HOUR
- e091 |__| LIFTING OR CARRYING WEIGHTS UNDER 10 POUNDS (like a bag of potatoes)
- e092 |__| LIFTING OR CARRYING WEIGHTS OVER 10 POUNDS (like a very heavy bag of groceries)

|5|0|0|0|4| FORM NUMBER

EXA

2093 | 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=Unknown)

2094 | If yes, how many times did you fall in the past year? (99=Unk)

2095 | SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES? (Code: 0=No, 1=Yes, 2=Unsure, 3=Under age 30, 9=Unknown)

If yes, please specify below. Code as 3 if under age 30, and skip rest of this section (Code: 00=No, for others give year)

| Left | Right | Location |
|---------|---------|---|
| 19 2094 | 19 2097 | Upper arm (humerus) or elbow |
| 19 2098 | 19 2099 | Forearm or wrist |
| 19 2100 | | Back (If disc disease only, code as no) |
| 19 2101 | | Pelvis |
| 19 2102 | 19 2103 | Hip |
| 19 2104 | | Other (specify) |

Medical History--Cardiovascular Medications

15|0|3|0|2| FORM NUMBER

(SCREEN 2)

* e218 | Number of aspirins per e219 | (0=Never, 1=Day, 2=Week, 3=Month, 4=Year, 9=Unknown)

e220 | Any of the cardiovascular medications below (0=No, 1=Yes, 9=Unknown)

e221 | Currently receiving medication for the treatment of hypertension?
(0=No, 1=Yes, 9=Unknown)

- e222 | Cardiac Glycosides CODE
(0=No;)
- e223 | Nitroglycerine (1=Yes,now;)
- e224 | Longer acting nitrates (Isordil, Cardilate, etc.) (2=Yes,not now;)
- e225 | Calcium Channel Blockers (Nifedipine, Verapamil, Diltiazem) (3=Maybe)
- e226 | Beta Blockers (Specify) _____ (9=Unknown;)

e227 | GROUP (Propranolol=01 Timolol =02 Nadolol =03 Atenolol =04 Metoprolol=05
Pindolol =06 Acebutolol=07 Labetalol=08 Other=09)

e228 | Dose (mg/day) (999=unknown)

- e229 | Loop Diuretics (Lasix, etc.)
- e230 | Thiazide/K-sparing diuretics (Dyazide, Maxide, etc.)

WRITE IN MEDS AND DOSE

- e231 | Thiazide diuretics _____
- e232 | K-sparing diuretics (Aldactone, Triamterene) _____
- e233 | Potassium supplements _____
- e234 | Reserpine derivatives _____
- e235 | Methyldopa (Aldomet) _____
- e236 | Alpha-1 agonist (Clonidine, Wytensin, Guanabenz) _____
- e237 | Alpha-2 blockers (Prazosin, Terazosin, Doxazosin) _____

- e238 | Renin-angiotensin blocking drugs (Captopril, Enalapril, Lisinopril).
- e239 | Peripheral vasodilators (Hydralazine, Minoxidil, etc)
- e240 | Other anti-hypertensives(Specify) _____

- e241 | Antiarrhythmics (Quinidine, Procainamide, Norpace, Disopyramide, etc)
- e242 | Antiplatelet (Anturane, Persantine, etc.)
- e243 | Anticoagulants (Coumadin, Warfarin, etc.)
- e244 | Other cardiac medication (Specify) _____

Medical History-- Other Medications

|5|0|3||0|3| FORM NUMBER

(SCREEN 3)

- 0245 | | | Anti cholesterol drugs (Resins--e.g. Questran, Colestid)
 0246 | | | Anti cholesterol drugs (Niacin or Nicotinic Acid)
 0247 | | | Anti cholesterol drugs (Fibrates--e.g. Gemfibrozil)
 0248 | | | Anti cholesterol drugs (Statins--e.g. Lovastatin, Pravastatin)
 0249 | | | Anti cholesterol drugs (Other--Specify _____)
 0250 | | | Antigout--uric acid lowering (Allopurinol, Probenecid etc)
 0251 | | | Antigout--(Colchicine)
 0252 | | | Thyroid extract (Dessicated Thyroid)
 0253 | | | Thyroxine (Synthroid etc.)
 0254 | | | Insulin
 0255 | | | Total units of insulin a day
 0256 | | | Oral hypoglycemics (Specify brand _____)
 0257 | | | Oral/patch estrogen (for women users also see estrogen section Screen 4)
 0258 | | | Oral glucocorticoids (Prednisone, Cortisone, etc.)
 0259 | | | Non-steroidal anti-inflammatory agents (Motrin, Ibuprofen, Naprosyn, Indocin, Clinoril)
 0260 | | | Analgesic-narcotics (Demerol, Codeine, Dilaudid, etc.)
 0261 | | | Analgesic-non-narcotics (Acetaminophen etc.)
 0262 | | | Bronchodilators, Aerosols etc.
 0263 | | | Antihistamines
 0264 | | | Antiulcer (Tagamet, Ranitidine, Probanthine, H ion inhibitors)
 0265 | | | Anti-anxiety, Sedative/Hypnotics etc. (Librium, Valium etc.)
 0266 | | | Sleeping pills
 0267 | | | Anti-depressants
 0268 | | | Eyedrops
 0269 | | | Antibiotics
 0270 | | | Anti-parkinson drugs (Sinemet, L-Dopa, Symmetrel, Cogentin, etc)
 0271 | | | Anticonvulsants (Dilantin, Phenobarb, Tegretol, Mysoline etc)
 0272 | | | Others Specify: _____

CODE FOR ENTIRE SCREEN

0=No

1=Yes, now

2=Yes, not now

3=Maybe

9=Unknown

Medical History-- Female Genitourinary Disease

|5|0|3|0|4| FORM NUMBER

(SCREEN 4)

- ✓ e273|_|_| Periods have stopped one year or more (0=No, 1=Yes, 9=Unknown)
- ✓ e274|_|_| Age when periods stopped (Years, 99=Unknown)
- ✓ e275|_|_| Cause of cessation of menses (0=Not stopped, 1=Natural, 2=Surgery, 3=Other, 9=Unknown)
- ✓ e276|_|_| Age at hysterectomy (years), (00=No, 99=Unknown)
- ✓ e277|_|_| Ovary or ovaries removed (0=No; 1=Yes,one; 2=Yes,two; 9=Unknown)
- ✓ e278|_|_| Number of live births (88=Not Applicable-man, 99=Unknown)
- ✓ e279|_|_| Age at tubal ligation (00=No, 99=Unknown)

- ✓ e280|_|_| Oral contraceptives in interim (0=No, 1=Yes,now; 2=Yes,not now, 9=Unknown)

 (e.g. Demulen 1/50) Name of oral contraceptive last used
 (only list if agent used since last exam)

- ✓ e281|_|_| Conjugated estrogen use in interim (e.g. Premarin)
 (0=No, 1=Yes,now; 2=Yes,not now, 9=Unknown)
- ✓ e282|_|_| Oral dose/day of premarin or conjugated Estrogens
 (0=No, 1=0.325mg, 2=0.625mg, 3=1.25mg, 4=2.5mg, 9=Unknown)
- ✓ e283|_|_| Patch dose/day of estrogen (0=No, 1=0.5, 9=Unknown)
- ✓ e284|_|_| Number of days a month taking estrogens (99=Unknown)
- ✓ e285|_|_| Estrogen cream use interim (0=No ; 1=Yes,now; 2=Yes,not now; 9=Unknown)
- ✓ e286|_|_| Progesterone use interim (0=No ; 1=Yes,now; 2=Yes,not now; 9=Unknown)

- ✓ e287|_|_| Urinary disease in interim (0=No,)
 (1=Yes,)
- ✓ e288|_|_| Kidney disease in interim (2=Maybe,)
 (9=Unknown)
- ✓ e289|_|_| Kidney stones in interim

→ 8=other (on a diff version of key)



Medical History-- Male Genitourinary Disease

|5|0|3|0|5| FORM NUMBER

(SCREEN 5)

- ✓ e290 | _ | Urinary disease in interim (0=No,)
(1=Yes,)
- ✓ e291 | _ | Kidney disease in interim (2=Maybe,)
(9=Unknown)
- ✓ e292 | _ | Kidney stones in interim
- ✓ e293 | _ | Prostate trouble in interim
- ✓ e294 | _ | Prostate surgery in interim

- ✓ e295 | _ | Vasectomy history (0=No, 1=Yes, in interim, 2=Yes, not in interim, 9=Unknown)
- ✓ e296 | _ | _ | Age at vasectomy (years 99=unknown)

21-58

Medical History-- and Thyroid & Gastrointestinal
Beverages - Caffeine & Alcohol

15101310161 FORM NUMBER

(SCREEN 6)

✓ 02971 | In the interim have you been diagnosed with a thyroid condition?
(0=No, 1=Yes, 9=Unknown)

Comments _____

✓ 02981 | Have you ever been diagnosed with an ulcer condition? (e.g., stomach, duodenum, peptic)
(0=No, 1=Yes, 9=Unknown)

✓ 02991 | Have you ever been diagnosed as having a hiatal hernia? (0=No, 1=Yes, 9=Unknown)

✓ 03001 | Have you ever had gallbladder disease? (0=No, 1=Yes, 9=Unknown)

✓ 03011 | If yes, (1=Surgical removal, 2=Lithotropsy, 3=Diagnosis only, 9=Unknown)

Comments _____

----- Daily intake over past year -----

| Caffeinated | | | | Decaffeinated | | | |
|-------------|-------|-----------|--------|---------------|-------|-----------|--------|
| | Unit | # per day | Method | | Unit | # per day | Method |
| Coffee | cup | ✓ 03021 | ✓ 0303 | Coffee | cup | ✓ 03041 | ✓ 0305 |
| Tea | cup | ✓ 0306 | | Tea | cup | ✓ 03071 | |
| Cola | 12 oz | ✓ 03081 | | Cola | 12 oz | ✓ 03091 | |

Method used predominantly: 0=Non drinker, 1=Filter, 2=Perc, 3=Boil, 4=Instant, 8=Other, 9=Unknown

Alcohol Consumption

| 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) | ✓ 03101 | ✓ 0311 | ✓ 03121 |
| Wine | glass (4 oz) | ✓ 03131 | ✓ 0314 | ✓ 03151 |
| Liquor | cocktail, highball | ✓ 03161 | ✓ 0317 | ✓ 03181 |

Medical History--Smoking

15|0|3|0|7| FORM NUMBER

(SCREEN 7)

* e319 Smoked cigarettes regularly in the last year? (0=No, 1=Yes, 9=Unkown)

e320 How many cigarettes do/did you smoke a day? (01=one or less, 99=unknown)

e321 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 |
| <u>e322</u> | <u>e323</u> | <u>e324</u> | <u>e325</u> | <u>e326</u> |

e327 How many hours since last cigarette?
(01=1 hour or less, 24=24 or more hours,)
(88=currently non-smoker, 99=Unknown)

* e328 Do you now smoke cigars?

(0=No)
(1=Yes, inhale)
(2=Yes, no inhale)
(9=Unknown)

e329 Do you now smoke pipes?

| Passive Smoking | | | |
|---|---|-------------|-------------|
| <u>e330</u> | Does your spouse smoke now? (0=no, 1=yes, 2=not married, 9=unknown) | | |
| If yes, how much does he/she smoke a day? | | | |
| | Cigarettes/day | Pipes/day | Cigars/day |
| Total | <u>e331</u> | <u>e332</u> | <u>e333</u> |
| At home | <u>e334</u> | <u>e335</u> | <u>e336</u> |

e337 Excluding you and your spouse, how many other smokers live in your household?
(Cigarette, cigar or pipe smokers) (0=none, 98=nursing home resident, 99=unknown)

1.001-20
1.001-24

Medical History-- Respiratory

|5|0|3||0|8| FORM NUMBER

(SCREEN 8)

✓ e338 | | Chronic cough in interim (at least 3 months/year)
(0=No; 1=Yes, productive; 2=Yes, non-productive; 9=Unknown)

✓ e339 | | Wheezing or asthma (0=No, 1=Yes, 9=Unknown)

✓ e340 | | Type (0=None, 1=New in interim, 2=Old, 8=N/A, 9=Unknown)

✓ e341 | | Dyspnea on exertion
(0=No)
(1=Climbing stairs or vigorous exertion)
(2=Rapid walking or moderate exertion)
(3=Any slight exertion)
(9=Unknown)

✓ e342 | | Dyspnea has increased over the past two years
(0=No, 1=Yes, 9=Unknown)

✓ e343 | | Orthopnea (0=No)
(1=Yes-new in interim;)

✓ e344 | | Paroxysmal nocturnal dyspnea (2=Yes-old complaint;)
(9=Unknown)

✓ e345 | | Ankle edema bilaterally

✓ e346 | | 1st Examiner believes CHF (0=No,)
(1=Yes,)

✓ e347 | | 1st Examiner believes Chronic Bronchitis (2=Maybe,)
(Cough that produces sputum at least 3 months in past 12 months) (9=Unknown)

No second opinion needed for bronchitis

Respiratory Comments _____

- ✓ e348 Any chest discomfort since last exam (0=No,) (1=Yes,)
- ✓ e349 Chest discomfort with exertion or excitement (2=Maybe,) (9=Unknown)
- ✓ e350 Chest discomfort when quiet or resting

Chest Discomfort Characteristics (must have checked first box above)

- ✓ e351 * Date of onset (mo/yr, 99/99=Unknown)
- ✓ e353 Usual duration (minutes, 999=Unknown)
- ✓ e354 Longest duration (minutes: 1=1 min or less, 900=15 hrs or more, 999=Unknown)
- ✓ e355 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)
- ✓ e356 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)
- ✓ e357 Frequency (Number in past month, 999=Unknown)
- ✓ e358 Frequency (Number in past year, 999=Unknown)
- ✓ e359 Type (1=Pressure, heavy, vise; 2=Sharp; 3=Dull; 4=Other; 9=Unknown)

| Chest Discomfort relief. (0=No, 1=Yes, 8=Not tried, 9=Unknown) | |
|--|-------------------------------|
| ✓ e360 | Nitroglycerine in <15 minutes |
| ✓ e361 | Rest in <15 minutes |
| ✓ e362 | Spontaneously in <15 minutes |
| ✓ e363 | Other cause in <15 minutes |

- ✓ e364 1st Examiner believes angina pectoris in interim (0=No,) (1=Yes,)
- ✓ e365 1st Examiner believes coronary insufficiency in interim (2=Maybe,) (9=Unknown)
- ✓ e366 1st Examiner believes myocardial infarct in interim

Comments _____

Medical History— Syncope

|5|0|3|1|0| FORM NUMBER

(SCREEN 10)

| If you sit or stand up quickly do you get: (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown) | Number of episodes per year (999=Unknown) | Usual duration from onset to recovery (minutes, 1=1 minute or less, 999=Unknown) |
|--|---|--|
| <input checked="" type="checkbox"/> Dizzy/vertigo | e369 | e370 |
| <input checked="" type="checkbox"/> Lightheaded/unstable | ✓ | ✓ |

e367
e368

e371 | | Have you fainted or lost consciousness in the interim? ✓
(If event immediately preceded by head injury or accident code to 0=No)
(Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

e372 | | | | Number of episodes in the past two years (999=Unknown) ✓

e373 | | e374 | | Date of first episode (mo/yr, 99/99=Unknown) ✓

e375 | | | | Usual duration of loss of consciousness (minutes, 999=Unkn) ✓

e376 | | (usual) Activity preceding event (0=None, 1=Exertion, 2=Rest, 3=Defecation/Micturition/Cough, 4=Emotional upset, 5=Alcohol consumption, 6=Turning neck (e.g. shaving), 7=Postural change (e.g. laying to standing), 8=Recent medication change or ingestion, 9=Other, or combination (specify) _____, 99=Unknown) ✓

| Symptoms noted before event(s) (0=No, 1=Yes, 2=Maybe, 9=Unkn) | | Symptoms noted after event(s) (0=No, 1=Yes, 2=Maybe, 9=Unkn) | |
|--|-----------------------------|---|----------------------------------|
| e377 | Nausea/vomiting ✓ | e382 | Urinary/fecal incontinence ✓ |
| e378 | Warning signs (e.g. Aura) ✓ | e383 | Confusion ✓ |
| e379 | Chest discomfort ✓ | e384 | Focal weakness (e.g. arm, leg) ✓ |
| e380 | Shortness of breath ✓ | e385 | Other (specify) _____ ✓ |
| e381 | Palpitations ✓ | | |

e386 | | Did you have any injury caused by the event? (0=No, 1=Yes, 2=Maybe, 9=Unknown) ✓

e387 | | Was seizure activity observed? (0=No, 1=Yes, 2=Maybe, 9=Unknown) ✓
Who observed event? _____

e388 | | ER/hospitalized or saw M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unknown) ✓

Hospitalized at: _____

M.D. seen: _____

1st Examiner Opinions:

- e389 Cardiac Syncope (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown) **needs second opinion** ✓
- e390 Seizure disorder ✓ (0=No,)(1=Yes,)
- e391 Vasovagal episode ✓ (2=Maybe,) (9=Unknown)
- e392 Other Specify: _____

Comments _____

Medical History--Cerebrovascular

151031111 FORM NUMBER

(SCREEN 11)

Cerebrovascular episodes since last exam (0=No, 1=Yes, 2=Maybe, 9=Unknown)

e393 | | Sudden muscular weakness ✓

e394 | | Sudden speech difficulty ✓

e395 | | Sudden visual defect ✓

e396 | | Double vision ✓

e397 | | Loss of vision in one eye ✓

e398 | | Unconsciousness ✓

e399 | | Numbness, tingling ✓

e400 | | Numbness and tingling is positional ✓

e401 | | CT scan (head) since last exam (date/place _____) ✓

e402 | | Seen by neurologist since last exam (write in who & when below) ✓

e403 | | * e404 | | Date (mo/yr, 99/99=Unkn) Observed by _____ ✓

e405 | | Onset time (1=Active, 2=During sleep, 3=While arising, 9=Unknown) ✓

e406 | | * e407 | | Exact/approximate time (use 24-hour military time, 99.99=unknown) ✓

e408 | | * e409 | | * e410 | | Duration (use format days/hours/mins, 99/99/99=Unknown) ✓

e411 | | Hospitalized or saw M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unknown) ✓

e412 | | | | Number of days stayed at _____ ✓

1st Examiner Opinions

e413 | | Cerebrovascular Disease ✓

e414 | | Stroke in Interim ✓

e415 | | Transient Ischemic Attack in Interim (TIA) ✓

(0=No)
(1=Yes)
(2= Maybe)
(9=Unkown)

Neurology Comments _____

Medical History--Peripheral Arterial and Venous

|5|0|3|1|2| FORM NUMBER

(SCREEN 12)

e416 * | | Do you have lower limb discomfort while walking (0=No, 1=Yes, 9=Unknown)
If yes, fill in below ✓

| Left | Right | Vascular symptoms (0=No, 1=Yes, 9=Unkn) |
|------|-------|---|
| e417 | e418 | Discomfort in calf while walking ✓ |
| e419 | e420 | Discomfort in lower extremity (not calf) while walking ✓ |
| e421 | | Occurs with first steps ✓ |
| e422 | | After walking a while ✓ |
| e423 | | Related to rapidity of walking or steepness ✓ |
| e424 | | Forced to stop walking ✓ |
| e425 | | Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable) ✓ |
| e426 | | Number of days/month of lower limb discomfort (00=No, 88=N/A, 99=Unknown) ✓ |

e427 * | | Is one foot colder than the other? (0=No, 1=Yes, 9=Unknown) ✓

Ask venous questions for all patients

| VENOUS DISEASE | | |
|------------------------------|-------|--------------------------------|
| Left | Right | Venous Symptoms |
| Code: 0=No, 1=Yes, 9=Unknown | | |
| e428 | e429 | Phlebitis ✓ |
| e430 | e431 | Leg ulcers ✓ |
| e432 | e433 | Treatment for varicose veins ✓ |

1st Examiner Opinions: (0 = No, 1 = Yes, 2 = Maybe, 9 = Unknown)

e434 | | Intermittent Claudication (Also see screens 19 & 20 for art. periph. vasc. disease & varicose veins) ✓

e435 | | Venous Insufficiency (Also see peripheral vessel I screen) ✓

Comments Peripheral Vascular Disease _____

Medical History-- Raynaud's and Heart Surgery

| Ask all of these | | Raynaud's Questions | |
|------------------|---|---|---|
| e436 | _ | Are either your fingertips or toes unusually sensitive to the cold? (0=no, 1=yes, 9=unknown) | ✓ |
| e437 | _ | Do your fingers ever show unusual color changes? (0=no, 1=yes, 9=unknown) | ✓ |
| e438 | _ | If yes, do they become white? | ✓ |
| e439 | _ | If yes, do they become blue? | ✓ |
| e440 | _ | If yes, do they become red? (0=no, 1=yes, 9=unknown) | ✓ |
| e441 | _ | Have you consulted a doctor for color changes or sensitivity in fingers? | ✓ |
| e442 | _ | Have you ever used vibrating power tools? (0=no, 1=yes, in employment, 2=yes, at home, 3=yes, both at home & in employment, 9=unknown) | ✓ |

History of Heart Surgery (Not Coronary Surgery)

If unsure, please write in comments for later coding

| | Aortic | Mitral | Tricuspid | Pulmonic |
|-----------|-------------|-------------|-------------|-------------|
| Procedure | e443 _ ✓ | e444 _ ✓ | e445 _ ✓ | e446 _ ✓ |
| Year | 19 e447 ✓ | 19 e448 ✓ | 19 e449 ✓ | 19 e450 ✓ |

- 0 = No
- 1 = Mechanical (Bjork, Starr Edwards)
- 2 = Bioprosthesis (Pig, homograft)
- 3 = Commissurotomy, Balloon valvuloplasty
- 4 = Repair (NOT A commissurotomy)
- 5 = Other Specify: _____
- 9 = Unknown

Comments _____

15|0|3|1|5| FORM NUMBER

Have you ever had cancer or a tumor? ✓

(0=No and skip to next screen, 1=Yes, 2=Maybe, 9=Unknown -- for these responses, 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. |
|------|--------------------------|----------------------|----------------------|--------------|
| e467 | Esophagus ✓ | | | |
| e468 | Stomach ✓ | | | |
| e469 | Colon ✓ | | | |
| e470 | Rectum ✓ | | | |
| e471 | Pancreas ✓ | | | |
| e472 | Larynx ✓ | | | |
| e473 | Trachea/ Bronchus/Lung ✓ | | | |
| e474 | Leukemia ✓ | | | |
| e475 | Skin ✓ | | | |
| e476 | Breast ✓ | | | |
| e477 | Cervix/Uterus ✓ | | | |
| e478 | Ovary ✓ | | | |
| e479 | Prostate ✓ | | | |
| e480 | Bladder ✓ | | | |
| e481 | Kidney ✓ | | | |
| e482 | Brain ✓ | | | |
| e483 | Lymphoma ✓ | | | |
| e484 | Other/Unknown ✓ | | | |

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

EXAM 5

Physical Exam--Head, Neck and Respiratory

|5|0|3|1|6| FORM NUMBER

(SCREEN 16)

| Physician Blood Pressure (first reading) | Systolic | Diastolic |
|--|----------|-----------|
| | e485 | e486 |
| | _ _ _ | _ _ _ |

Eyes, Xanthomata, and Thyroid

e487 | | Corneal arcus (0=No, 1=Slight, 2=Moderate, 3=Marked, 9=Unknown) ✓

e488 | | Xanthelasma (0=No, 1=Yes, 2=Maybe, 9=Unknown) ✓

e489 | | Xanthomata (0=No, 1=Yes, 2=Maybe, 9=Unknown) ✓

e490 | | Achilles tendon xanthomata (0=No,) ✓

e491 | | Palmar xanthomata (1=Yes,) ✓

e492 | | Tuberos xanthomata (9=Unknown) ✓

e493 | | Thyroid abnormality (0=No, 1=Yes, 2=Maybe, 9=Unknown) ✓

e494 | | Scar ✓ e496 | | Single nodule e498 | | Other ✓

e495 | | Diffuse enlargement e497 | | Multiple nodules

Comments about Thyroid _____

Respiratory

e499 | | Increased a-p diameter (0=No,) ✓

e500 | | Fixed thorax (1=Yes,) ✓

e501 | | Wheezing on auscultation (2=Maybe,) ✓

e502 | | Rales (9=Unknown) ✓

e503 | | Other abnormal breath sounds ✓

Comments about Respiratory _____

Physical Exam--Heart

|5|0|3|1|7| FORM NUMBER

(SCREEN 17)

e504 | | Enlargement (0=No, 1=Left only, 2=Right only, 3=Both, 9=Unknown) ✓

e505 | | Gallop (0=No, 1=S3 only, 2=S4 only, 3=Both, 9=Unknown) ✓

Other abnormal Sounds (0=No, 1=Yes, 9=Unknown)

e506 | | Click ✓

e507 | | Abnormally split S2 ✓

e508 | | Diminished A2 ✓

e509 | | Other (Specify below) ✓

e510 | | Systolic murmur(s) (0=No, 1=Yes, 2=Maybe, 9=Unknown) (if yes, fill out table below)

| Murmur Location | Grade 0=No sound 1 to 6 for grade of sound heard) | 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 | e511 ✓ | e512 ✓ | e513 ✓ | e514 ✓ | e515 ✓ |
| Left Sternum | e516 ✓ | e517 ✓ | e518 ✓ | e519 ✓ | e520 ✓ |
| Base | e521 ✓ | e522 ✓ | e523 ✓ | e524 ✓ | e525 ✓ |

e526 | | Diastolic murmur(s) (0=No, 1=Yes, 2=Maybe, 9=Unknown) ✓

e527 | | Valve of origin for diastolic murmur(s) ✓
(0=No, 1=Mitral, 2=Aortic, 3=Both, 4=Other, 8=N/A, 9=Unk)

e528 | | Neck vein distention at 45 degrees (0=No, 1=Yes, 2=Maybe, 9=Unknown) ✓

Comments _____

Physical Exam--Breasts and Abdomen

e529 Breast abnormality ✓

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

e530 Localized mass ✓

e531 Axillary nodes ✓

| | Left | Right | Breast Surgery |
|-------------------------------|-------------------------------|-------------------------------|---|
| e532 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breast Surgery (0=No, 1=Yes, 9=Unknown) |
| | e533 <input type="checkbox"/> | e534 <input type="checkbox"/> | 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 (0=No, 1=Yes, 2=Maybe, 9=Unknown)

e535 Liver enlarged ✓

e536 Surgical scar ✓

e537 Abdominal aneurysm ✓

e538 Bruit ✓

e539 Surgical gallbladder scar ✓

e540 Other abdominal abnormality: ✓ _____

Physical Exam--Peripheral Vessels--Part I

|5|0|3|1|9| FORM NUMBER

(SCREEN 19)

| Left | Right | Varicosities |
|--------|--------|--|
| e541 ✓ | e542 ✓ | Stem (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown) |
| e543 ✓ | e544 ✓ | Reticular (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown) |
| e545 ✓ | e546 ✓ | Spider (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown) |

| Left | Right | Lower Extremity Abnormalities |
|--------|--------|---|
| e547 ✓ | e548 ✓ | Ankle edema (0=No, 1,2,3,4=Grade, 9=Unknown) |
| e549 ✓ | e550 ✓ | Foot cold (0=no, 1=Yes, 2=Maybe, 9=Unknown) |
| e551 ✓ | e552 ✓ | Amputation (0=No, 1=Yes, 2=Maybe, 9=Unknown) |
| e553 ✓ | e554 ✓ | Amputation level (0=No, 1=Toes only, 2=Ankle, 3=Knee, 4=Hip, 8=N/A, 9=Unknown) |

Comments _____

Physical Exam--Peripheral Vessels--Part II

|5|0|3|2|0| FORM NUMBER

(SCREEN 20)

| Artery | Pulse (0=Normal, 1=Abnormal, 9=Unkn) | | | | Bruit (0=Normal, 1=Abnormal, 9=Unknown) | | | |
|----------------|---|------|-------|------|--|---|-------|---|
| | Left | | Right | | Left | | Right | |
| | Radial | e555 | ✓ | e556 | ✓ | | | |
| Femoral | e557 | ✓ | e558 | ✓ | e559 | ✓ | e560 | ✓ |
| Mid-Thigh | | | | | e561 | ✓ | e562 | ✓ |
| Popliteal | | | | | e563 | ✓ | e564 | ✓ |
| Post Tibial | e565 | ✓ | e566 | ✓ | | | | |
| Dorsalis Pedis | e567 | ✓ | e568 | ✓ | | | | |

(For intermittent claudication and chronic venous insufficiency - See screen 12)

Comments

Physical Exam--Neurological and Final Blood Pressure

|5|0|3|2|1| FORM NUMBER

(SCREEN 21)

- e569 | | Left Carotid Bruit ✓
- e570 | | Right Carotid Bruit ✓
- e571 | | Speech disturbance ✓
- e572 | | Disturbance in gait ✓ (0=No)
- e573 | | Localized muscle weakness ✓ (1=Yes)
- e574 | | Visual disturbance ✓ (2=Maybe)
- e575 | | Abnormal reflexes ✓ (9=Unknown)
- e576 | | Cranial nerve abnormality ✓
- e577 | | Cerebellar signs ✓
- e578 | | Sensory impairment ✓

e579 | | 1st Examiner believes residual of stroke ✓

e580 | | 1st Examiner believes Parkinson's Disease ✓

Comments about Neurological findings _____

| Physician Blood Pressure (second reading) | Systolic | Diastolic |
|---|----------|-----------|
| | e581 | e582 |

Electrocardiograph--Part I

|5|0|3|2|2| FORM NUMBER

(SCREEN 22)

e583 | | ECG done (0=No, 1=Yes) ✓

| Rates and Intervals | |
|---------------------|---|
| e584 | Ventricular rate per minute (999=Unknown) ✓ |
| e585 | P-R Interval (hundreths of a second) (99=Fully Paced, Atrial Fib, or Unknown) ✓ |
| e586 | QRS interval (hundreths of second) (99=Fully Paced, Unknown) ✓ |
| e587 | Q-T interval (hundreths of second) (99=Fully Paced, Unknown) ✓ |
| e588 | 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 | |
|--------|---|
| e589 | 1 = Normal sinus, (including s.tach, s.brady) 2 = Sinus rhythm with 1st degree AV block (PR interval \geq .20 sec.) 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 | |
|--------------------------------------|---|
| e590 | IV Block (0=No, 1=Yes, 9=Fully paced or Unknown) ✓ |
| e591 | Pattern (1=Left, 2=Right, 3=Indeterminate) ✓ |
| e592 | Complete (QRS interval = .12 sec or greater) ✓ |
| e593 | Incomplete (QRS interval = .10 or .11 sec)(0=No, 1=Yes, 9=Unknown) ✓ |
| e594 | Hemiblock (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown) ✓ |
| e595 | WPW Syndrome (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown) ✓ |

| Arrhythmias | |
|-------------|---|
| e596 | Atrial premature beats (0=No, 1=Atr, 2=Atr Aber, 9=Unknown) ✓ |
| e597 | Ventricular premature beats (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk) ✓ |
| e598 | Number of ventricular premature beats in 10 seconds (see 10 second rhythm strip) ✓ |

Electrocardiograph-Part II

|5|0|3|2|3| FORM NUMBER

(SCREEN 2

| | | Myocardial Infarction Location | |
|------|---|--|---|
| e599 | | Anterior | (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown) ✓ |
| e600 | | Inferior | (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown) ✓ |
| e601 | | True Posterior | (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown) ✓ |
| | | Left Ventricular Hypertrophy Criteria (0=No, 1=Yes, 9=Fully paced, Complete BBB or Unk) | |
| e602 | | R > 20mm in any limb lead | ✓ |
| e603 | | R > 11mm in AVL | ✓ |
| e604 | | R in lead I plus S ≥ 25mm in lead III | ✓ |
| | | Measured Voltage | |
| e605 | * | R AVL in mm (at 1 mv = 10 mm standard) | Be sure to code these voltages ✓ |
| e606 | * | 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 | |
| e607 | | R ≥ 25mm | ✓ |
| e608 | | S ≥ 25mm | ✓ |
| e609 | | R or S ≥ 30mm | ✓ |
| e610 | | R + S ≥ 35mm | ✓ |
| e611 | | Intrinsicoid deflection ≥ .05 sec | ✓ |
| e612 | | ST depression (strain pattern, with down sloping ST) | ✓ |
| | | Hypertrophy, enlargement, and other ECG Diagnoses | |
| e613 | | Nonspecific S-T segment abnormality | (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk) ✓ |
| e614 | | Nonspecific T-wave abnormality | (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk) ✓ |
| e615 | | U-wave present | (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk) ✓ |
| e616 | | Atrial enlargement | (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown) ✓ |
| e617 | | RVH | (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete BBB present, RVH=9) ✓ |
| e618 | | 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 BBB present, LVH=9) ✓ |

Comments and Diagnosis _____

|5|0|3|2|4| FORM NUMBER

(SCREEN 24)

Coronary Heart Disease

- e619 Angina Pectoris (0=No, 1=Yes-Old, 2=Yes-New, 3=Yes-Recurrent, 4=Maybe, 9=Unknown)
- e620 Coronary Insufficiency
- e621 Myocardial Infarct

Other Heart Diagnoses in Interim

- e622 Rheumatic Heart Disease (0=No, 1=Yes, 2=Maybe, 9=Unknown)
- e623 Aortic Valve Disease
- e624 Mitral Valve Disease
- e625 Other Heart Disease (includes congenital)
- e626 Congestive Heart Failure
- e627 Arrhythmia
- e628 Functional Class (0=None; NYHA Classif 1,2,3,4)
 - (Class 1=Ordinary physical activity, does not cause symptoms)
 - (Class 2=Ordinary physical activity, results in symptoms)
 - (Class 3=Less than ordinary physical activity results in symptoms)
 - (Class 4=Any physical activity results in symptoms)

Comments CDI Heart

Clinical Diagnostic Impression--Part II

Peripheral Vascular Disease in Interim

- e629 Intermittent Claudication (0=No, 1=Yes, old, 2=Yes, new, 3=Yes, recurrent, 4=Maybe, 9=Unknown)
- e630 Other Peripheral Vascular Disease
- e631 Stem Varicose Veins
- e632 Phlebitis
- e633 Other Vascular Diagnosis (Specify) _____

Cerebrovascular Disease (0=No, 1=Yes, old, 2=Yes, new, 3=Yes-Recurrent, 4=Maybe, 9=Unknown)

- e634 Stroke
- e635 Transient Ischemic Attack (TIA)
- e636 Dementia
- e637 Parkinson's Disease
- e638 Other Neurological Disease (Specify) _____

Comments CDI Neurological _____

Handwritten checkmarks and scribbles are present in the right half of the page, corresponding to the items in the list above. Some checkmarks are placed in the boxes, while others are placed to the right of the text. There are also some handwritten marks that look like 'J' or 'L' scattered throughout the right side.

Clinical Diagnostic Impression--Part III

|5|0|3|2|6| FORM NUMBER

(SCREEN 26)

Non Cardiovascular Diagnoses (0=No, 1=Yes,old, 2=Yes, new, 3=Yes, recurrent, 4=Maybe, 9=Unknown)

- e639 | | Diabetes Mellitus ✓
- e640 | | Urinary Tract Disease ✓
- e641 | | Prostate Disease ✓
- e642 | | Renal Disease ✓
- e643 | | Emphysema ✓
- e644 | | Chronic Bronchitis ✓
- e645 | | Pneumonia ✓
- e646 | | Asthma ✓
- e647 | | Other Pulmonary Disease ✓
- e648 | | Gout ✓
- e649 | | Degerative joint disease ✓
- e650 | | Rheumatoid arthritis ✓
- e651 | | Gallbladder disease ✓
- e652 | | Other non C-V diagnosis (for cancer, see screen 15) ✓

Comments CDI Other Diagnoses _____



Second Examiner Opinions in Interim

|5|0|3|2|7| FORM NUMBER

(SCREEN 27)

e653
|_|_|_| 2nd Examiner ID Number _____ 2nd Examiner Last Name ✓

Coding for entire screen: (0=No, 1=Yes,old, 2=Yes, new, 3=Yes, recurrent, 4=Maybe, 9=Unknown)

e654|_| Congestive Heart Failure ✓

e655|_| Cardiac Syncope ✓

e656|_| Angina Pectoris ✓

e657|_| Coronary Insufficiency ✓

e658|_| Myocardial Infarction ✓

Comments about chest and heart disease _____

e659|_| Intermittent Claudication ✓

Comments about peripheral vascular disease _____

e660|_| Stroke ✓

e661|_| TIA ✓

Comments about possible Cerebrovascular Disease _____

