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.
EGO 1 2 3 6 9	WHAT IS THE DATE TODAY? (Month, day, year, correct score=3)
B002 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?
0 1 6 9	WHAT IS THE NAME OF THIS PLACE? (any appropriate answer ok my home, street address, heart study max. score = 1)
ECC6 01 6 9	WHAT FLOOR OF THE BUILDING ARE WE ON?
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
الدانداخاندانا	
E009 0 1 2 3 , 5 9	WHAT ARE THE 3 OBJECTS I ASKED YOU TO REMEMBER A FEW MOMENTS AGO?



Cognitive Function -- Part II

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

SCORE CORRECT NO TRY=6 UNKNOWN=9

- 0 1 6 9 O WHAT IS THIS CALLED? (WATCH)
- 0 1 6 9 (O) WHAT IS THIS CALLED? (PENCIL)
- 0 1 6 9 0012 PLEASE REPEAT THE FOLLOWING: "NO IFS, ANDS, OR BUTS."
- 0 1 6 9 COL3 PLEASE READ THE FOLLOWING & DO WHAT IT SAYS (performed=1, code 6 if low vision)
- 0 1 6 9 OF PLEASE WRITE A SENTENCE (code 6 if low vision)
- 0 1 6 9 QUI PLEASE COPY THIS DRAWING (code 6 if low vision)
- 0 1 2 3 6 9 CONTAKE 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

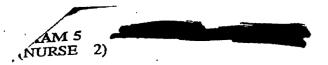
9 = unknown





Numerical Data--Part I

|5|0|2||0|1| FORM NUMBER SEX OF PATIENT (1=Male, 2=Female) AGE OF PATIENT SITE OF EXAM (0=Heart Study, I=Nursing home, 2=Residence) 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) MARITAL STATUS (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated) NURSE EXAMINER'S NUMBER WEIGHT (to nearest pound) HEIGHT (inches, to next lower 1/4 inch) Left Right (Code boxes below with 9's if unknown) SKINFOLD TRICEPS (millimeters) SKINFOLD SUBSCAPULAR (millimeters) SKINFOLD ABDOMEN (millimeters) BI-DELTOID GIRTH (inches, to next lower 1/4 inch) RIGHT ARM GIRTH--UPPER THIRD (inches, to next lower 1/4 inch) WAIST GIRTH (inches, to next lower 1/4 inch) HIP GIRTH (inches, to next lower 1/4inch) THIGH GIRTH (inches, to next lower 1/4 inch) SYSTOLIC DIASTOLIC NURSE'S BLOOD PRESSURE CARBON MONOXIDE LEVEL KNEE HEIGHT (centimeters) NUMBER OF HOURS FASTING (99=Unknown) 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

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

1_15/09

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

			Neg	Unk	Trace	Small	Moderate	Large
PC43		Blood	00	99	10	01	02	03
1400		Ketones	000	999	005	015	040	080-160
ects		Glucose	00	99	10	01	02	03-04
porter		Albumin	0000	9999	0010	0030	0100	0300-2000
go +7		pН		99	Values = 5.	0, 6.,0, 6.5,	7.0, 7.5, 8.0,	8.5

EXAM 5 PROCEDURES SHEET

pois 1_1	ECHOCARDIOGRAM (0=No, 1=Yes, 9=Unknown)
eo491_1/	ECHO DOPPLER (0=No, 1=Yes, 9=Unknown)
ecso 1_1'	CAROTID DOPPLER (0=No, 1=Yes, 9=Unknown)
605/1-1/	BODY COMPOSITION (0=No, 1=Yes, 9=Unknown)
ecs21_1	EXERCISE QUESTIONNAIRE (0=No, 1=Yes, 9=Unknown)
10631_1	SPIROMETRY DONE (0=No, 1=Yes, 9=Unknown)
e0541_1	BLOOD LIPIDS (0=No, 1=Yes, 9=Unknown)
ass 1_1 1	DIET QUESTIONNAIRE (0=No, 1=Yes, 9=Unknown)
eos[1]	GLUCOSE TOLERANCE TEST (0=No, 1=Yes, completed, 2= Yes, test not completed, 9=Unknown)
60571_1 1	ECG DONE (0=No, 1=Yes, 9=Unknown)

EXAM 5

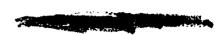


FRAMINGHAM OFFSPRING EXAM 5 PROCEDURES SHEET

_		ECHOCARDIOGRAM (0=No, 1=Yes, 9=Unknown)
_		ECHO DOPPLER (0=No, 1=Yes, 9=Unknown)
1_1		CAROTID DOPPLER (0=No, 1=Yes, 9=Unknown)
1_1		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)
11		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)

USING A TELEPHONE

TAKING OWN MEDICATIONS



(HOME 1)

Functional Performance

VERSION 02/28/91

|5|0|0|0|1| FORM NUMBER Where do you live: (0 = Private Residence, 1 = Nursing home, 2 = Other institution, such as: home-self care, retirement village, 9=Unknown) Does anyone live with you: (0=No, 1=Yes, 9=Unknown) (Code Nursing Home Residents as NO to these questions) Spouse ~ 60/00 Significant Other 0001 Children aDod Friends Relatives In general, how is your health now: (I=Excellent, 2=Good, 3=Fair, 4=Poor, 9= Unknown) 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) Are you working now: (0=No, 1=Yes, Full time, 2=Yes, Part time, 9=Unknown) 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 DRESSING (undressing and redressing) BATHING (including getting in and out of tub or shower) **EATING** TRANSFERRING (getting in and out of a chair) TOILETING ACTIVITIES (using bathroom facilities and handle clothing) CONTINENCE (bowel and bladder continence) WALKING ON LEVEL SURFACE ABOUT 50 YARDS (length of Thurber St.) WALKING UP AND DOWN ONE FLIGHT STAIRS

(HOME 2) ACTIVITIES QUESTIONS- PART A

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

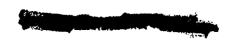
VERSION 02/28/9

Rosow-Breslau Questions

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)Are you able to walk up and down stairs to the second floor without any help? (0=No, 1=Yes, 9=Unknown) Are you able to walk half a mile without help? (About 4 to 6 blocks) Do you drive? (0=No, 1=Yes, 9=Don't Know) (Continue if answer is no) Possi—| Reason for not driving now (1= (1=Health, 2=Other non-health reason, 3 = Never licensed, 8= current driver,

9=Unknown)





VERSION 02/28/9

(HOME 3 ACTIVITIES QUESTIONS - PART B

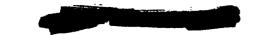
Nagi Questions

|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

lo841_1	PULLING OR PUSHING LARGE OBJECTS LIKE A LIVING ROOM CHAIR.
00861_1	EITHER STOOPING, CROUCHING, OR KNEELING
p0810_1	REACHING OR EXTENDING ARMS BELOW SHOULDER LEVEL
[PO871_1	REACHING OR EXTENDING ARMS ABOVE SHOULDER LEVEL
10881_1	EITHER WRITING, OR HANDLING, OR FINGERING SMALL OBJECTS.
e0891_1	STANDING IN ONE PLACE FOR LONG PERIODS, SAY 15 MINUTES
e0901_1	SITTING FOR LONG PERIODS, SAY 1 HOUR
e0911_1	LIFTING OR CARRYING WEIGHTS UNDER 10 POUNDS (like a bag of potatoes)
1-1699	LIFTING OR CARRYING WEIGHTS OVER 10 POUNDS (like a very heavy bag of groceries)





INTERVIEW

Activities Questions-- Part C

VERSION 02/28,

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

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)

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

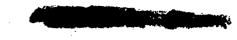
SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES?

(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
	19/20914	19/20971	Upper arm (humerus) or elbow
	19/20981	19/20991	Forearm or wrist
	1981	001	Back (If disc disease only, code as no)
•	19/0		Pelvis
	19/01/02/	19/03	Нір
	19/81	म।	Other (specify)



Medical History--Hospitalizations

(SCREEN 1)

VERSION	09.	/30/	92
----------------	-----	------	----

DATE	
DAIL	

VERSION 09/30/92	OFFSPRING	EXAM	5	DATE _
[5]0[3]0[1] FORM NUME	BER			
Sex of Patient (1=	Male, 2=Female)			
	ID		_ Ist Examine	er Name
POI4 _ HOSPITALIZATIO			(0=No; I=ye	•
10215 Illness with visit to	doctor (0=No, 1=Yes,1 visi	t; 2=Yes,r	nore than 1 visi	it; 9=Unknown)
Colq_ Check up in interim	by doctor (0=No, 1=Yes,	9=Unknov	vn)	
Date of the	is FHS exam (Today's date	- See above)	

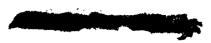
Medical Encounter	Month/Year (of last visit)	Site of Hospital or Office	Doctor
			n valen vider stagen av na ernige vagen den der 1840 vider 1840 vider 1840 vider 1840 vider 1840 vider 1840 vi
uga estimat kahilma dina perina majarang majarang mana majarang majarang mini dina bilan erikan menahan menaha			

Medical History--Cardiovascular interneauons

5 0 3 0 2 FORM NUMBER	accurate in accuration of	(SCREEN 2)
* 22 Number of aspirins per 10 (0=Never, 1=1	Day, $2 = \text{Week}$, $3 = \text{Month}$, $4 = \text{Year}$, 9	=Unknown)
My O _ Any of the cardiovascular medications below (0=No, 1=Yes, 9=Unknown)	
Currently receiving medication for the treatment (0=No, 1=Yes, 9=Unknown)	nt of hypertension?	
e237 Cardiac Glycosides	CODE (0=No;	
Nitroglycerine	(1 = Yes, now;) (2 = Yes, not now;)	
Longer acting nitrates (Isordil, Cardilate, etc.)	(2 = 1 es, not now,) (3 = Maybe) (9 = Unknown;)	
Calcium Channel Blockers (Nifedipine, Verapamil, I		
Party Beta Blockers (Specify)		
112 V 1	Nadolol =03 Atenolol =04 Metopro cebutolol=07 Labetalol=08 O	lol=05 ther=09)
1 Loop Diuretics (Lasix, etc.)	•	
Thiazide/K-sparing diuretics (Dyazide, Maxide, etc.))	
10231 Thiazide diuretics	WRITE IN MEDS AND DO	OSE
/e232 _ K-sparing diuretics (Aldactone, Triamterene)		
Potassium supplements	A	
Reserpine derivatives		
Methyldopa (Aldomet)	*	
Alpha-1 agonist (Clonidine, Wytensin, Guanabenz)		
Alpha-2 blockers (Prazosin, Terazosin, Doxazosin)		
Renin-angiotensin blocking drugs (Captopril, Enalap	ril, Lisinopril)	
Peripheral vasodilators (Hydralazine, Minoxidil, etc)	ı	
/ea+0 _ Other anti-hypertensives(Specify)	Marriage and the particular of the same absolute by the same	
/earl _ Antiarrhythmics (Quinidine, Procainamide, Norpace, D	Disopyramide, etc)	
Antiplatelet (Anturane, Persantine, etc.)		
2245 Anticoagulants (Coumadin, Warfarin, etc.)		
Other cardiac medication (Specify)		

EXAM 5

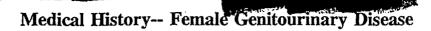




Medical History-- Other Medications |5|0|3||0|3| FORM NUMBER

(SCREEN 3)

Anti cholesterol drugs (Resinse.g. Questran, Colestid)	
Anti cholesterol drugs (Niacin or Nicotinic Acid)	CODE FOR ENTIRE SCREEN 0=No
Anti cholesterol drugs (Fibratese.g. Gemfibrozil)	l = Yes, now
Anti cholesterol drugs (Statins-e.g. Lovastatin, Pravastatin)	2=Yes, not now 3=Maybe
Anti cholesterol drugs (OtherSpecify)	9=Unknown
Antigouturic acid lowering (Allopurinol, Probenecid etc)	•
Antigout(Colchicine)	
Thyroid extract (Dessicated Thyroid)	
Thyroxine (Synthroid etc.)	
Insulin	
_ _ Total units of insulin a day	·
Oral hypoglycemics (Specify brand)	
Oral/patch estrogen (for women users also see estrogen section Se	creen 4)
Oral glucocorticoids (Prednisone, Cortisone, etc.)	
Non-steroidal anti-inflammatory agents (Motrin, Ibuprofen, Na	aprosyn, Indocin, Clinoril)
Analgesic-narcotics (Demerol, Codeine, Dilaudid, etc.)	•
Analgesic-non-narcotics (Acetaminophen etc.)	
Bronchodilators, Aerosols etc.	
Antihistamines	
Antiulcer (Tagamet, Ranitidine, Probanthine, H ion inhibitors)	
Anti-anxiety, Sedative/Hypnotics etc. (Librium, Valium etc.)	
Sleeping pills	
Anti-depressants	
Eyedrops	
Antibiotics	
Anti-parkinson drugs (Sinemet, L-Dopa, Symmetrel, Cogentin, et	tc)
Anticonvulsants (Dilantin, Phenobarb, Tegretol, Mysoline etc)	
Others Specify:	NA
	Anti cholesterol drugs (Niacin or Nicotinic Acid) Anti cholesterol drugs (Fibrates—e.g. Gemfibrozil) Anti cholesterol drugs (Statins—e.g. Lovastatin, Pravastatin) Anti cholesterol drugs (OtherSpecify



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

(SCREEN 4)

102731_1	Periods have stopped one year or	r more (0=No, 1=Yes, 9=Unknown)
1 ezit1_1	Age when periods stopped (Years, 99=Unknown)
V e2751_1	Cause of cessation of menses	(0=Not stopped, 1=Natural, 2=Surgery, 3=Other, 9=Unknown)
v e2761_1_1	Age at hysterectomy (years), (00)=No, 99=Unknown)
10271-1	Ovary or ovaries removed (0=No	; I=Yes,one; 2=Yes,two; 9=Unknown)
1 69 181 -	Number of live births (88=Not Ap	pplicable-man, 99=Unknown)
/ ea791_1_1	Age at tubal ligation (00=No, 99	=Unknown)
	- 	_
/ (2801 <u></u> 1	Oral contraceptives in interim	(0=No, 1=Yes,now; 2=Yes,not now, 9=Unknown)
(e.g.)	Demulen 1/50)	oral contraceptive last used (only list if agent used since last exam)
~e28[1_1	Conjugated estrogen use in interi (0=No, 1=Yes,now; 2=Yes,not now,	m (e.g. Premarin)
/e2821_1	Oral dose/day of premarin or cor (0=No, 1=0.325mg, 2=0.625mg,	njugated Estrogens 3=1.25mg, 4=2.5mg, 9=Unknown)
/e2831_1	Patch dose/day of estrogen (0=No	o, 1=0.5, 9=Unknown)
~ e2841_1_	Number of days a month tak	ing estrogens (99=Unknown)
~e2851_1	Estrogen cream use interim (0=N	o; 1=Yes,now; 2=Yes,not now; 9=Unknown)
V 62861_1	Progesterone use interim (0=No;	; 1=Yes,now; 2=Yes,not now; 9=Unknown)
-		
/e2871_1	Urinary disease in interim	(0=No,)
- 6788 ITI 1	Kidney disease in interim	(1=Yes,) (2=Maybe,)
~e2891_1 1	Kidney stones in interim	(9=Unknown)

EXAM 5





Medical History-- Male Genitourinary Disease

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

(SCREEN 5)

Urinary disease in interim

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

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

Prostate surgery in interim

V l 26 | __ | Vasectomy history (0=No, 1=Yes, in interim, 2=Yes, not in interim, 9=Unknown)

C 29(0 | __ | __ | Age at vasectomy (years 99=unknown)

21° 58

Medical History-- and Thyroid & Gastrointestinal Beverages - Caffeine & Alcohol |5|0|3|0|6| FORM NUMBER

(SCREEN 6)

12971_1	In the interim have you been diagnosed with a thyroid condition? (0=No, 1=Yes, 9=Unknown)
Comme	nts
Je298 1_1	Have you ever been diagnosed with an ulcer condition? (e.g., stomach, duodenum, peptic) (0=No, 1=Yes, 9=Unknown)
1 02991_1	Have you ever been diagnosed as having a hiatal hernia? (0=No, 1=Yes, 9=Unknown)
Je3001_1	Have you ever had gallbladder disease? (0=No, 1=Yes, 9=Unknown)
Le3011_1	If yes, (1=Surgical removal, 2=Lithotropsy, 3=Diagnosis only, 9=Unknown)
Commo	

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

Caffeinated				Decaffe			
	Unit	# per day	Method		Unit	# per day	Method
Coffee	cup	-83021	LEBOB	Coffee	cup	-83PY1	CB95
Tea	cup	1304		Tea	cup	-03071	
Cola	12 oz	-613081		Cola	12 oz	-C3091	

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

Alcohol Consumption

		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	
Beverage	Unit	Code 00=never, 01=1 or less, 99=unknown	Code 0-7 9=Unknown	Code number 99=Unknown	
Beer	bottle, can, glass (12 oz)	e3101 -	C311 -	P3171	
Wine	glass (4 oz)	ebib!	eBIH -	93151	
Liquor	cocktail, highball	e13/16/	93iTI -	163181	



Medical History--Smoking

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

(SCREEN 7)

* 103 19 Smoked cigarettes regularly in the last year? (0=No, 1=Yes, 9=Unkown)

10329 How many cigarettes do/did you smoke a day? (01=one or less, 99=unknown)

 e^{321} Do you inhale? (0=No, 1=Yes, 9=Unknown)

Cigarette Brand	Strength	Туре	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 I = Regular 2 = King 3 = 100 mm 4 = 120 mm 8 = N/A 9 = Unknown
	le le	0	lej -	4/183

How many hours since last cigarette?

(01=1 hour or less, 24=24 or more hours,)

(88=currently non-smoker, 99=Unknown)

* |_| Do you now smoke cigars?

Do you now smoke pipes?

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

C e326

Passive Smoking						
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	e3311 -	e332 1 -	e3331 I I			
At home	e334 ~	e335111	e 3361 1			

/ |237 | 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)

fint 24



Medical History-- Respiratory

/e 338 _ Chronic cough in interim (at least 3 months/year) (0=No; 1=Yes, productive; 2=Yes, non-productive; 9=Unknown) /e 339 _ Wheezing or asthma (0=No, 1=Yes, 9=Unknown) /e 340 _ Type (0=None, 1=New in interim, 2=Old, 8=N/A, 9=Unknown) /e 341 _ Dyspnea on exertion (0=No) (1=Climbing stairs or vigorous exertion)	
e340 _ Type (0=None, 1=New in interim, 2=Old, 8=N/A, 9=Unknown) / e34 _ Dyspnea on exertion (0=No)	
$\sqrt{\frac{24 _{1}}{0=N_0}}$ Dyspnea on exertion (0=No)	
(0=No)	
(2=Rapid walking or moderate exertion) (3=Any slight exertion) (9=Unknown)	
P342 _ Dyspnea has increased over the past two years (0=No, 1=Yes, 9=Unknown)	
$\sqrt{e_{343}}$ Orthopnea (0=No)	
/e 349 Paroxysmal nocturnal dyspnea (2=Yes-old complaint;)	
e 345 _ Ankle edema bilaterally	
	-
e 346 1st Examiner believes CHF (0=No,)	
(1 = Yes,) (2=Maybe,) (Cough that produces sputum at least 3 months in past 12 months) (9=Unknown)	
No second opinion needed for bronchitis	
Respiratory Comments	

Medical History-- Heart Part I

7	5 0 3 0 9	FORM NUMBER	(SCREEN 9
V	C 3 4 8 Any o	hest discomfort since last exam	(0=No,)
V	0349 1_10	Chest discomfort with exertion or excitement	(1=Yes,) (2=Maybe,)
· ·	e3501_1	Chest discomfort when quiet or resting	(9=Unknown)
	Chest e 35	Discomfort Characteristics (must have checked first b 25 2 * _ _ Date of onset (mo/yr, 99/99=Unknown)	oox above)
ī	1e3531_1	Usual duration (minutes, 999=Unknown)	•
-	e3541_1_	Longest duration (minutes: 1=1 min or less, 90	0=15 hrs or more, 999=Unknown)
<i>ا</i> د		Location (0=No, 1=Central sternum and upper chest, 4=R Chest, 5=Other, 6=Combination, 9=	2=L Up Quadrant, 3=L Lower ribcage, Unknown)
L	-e3561_1	Radiation (0=No, 1=Left shoulder or L arm, 2=Neck, 5=Abdomen, 6=Other,	3=R shoulder or arm, 4=Back, 7=Combination, 9=Unknown)
i	e3571_1_	Frequency (Number in past month, 999=Unkn	own)
L	e3581_1_	Number in past year, 999=Unkn	own)
V	e359 _1	Type (1=Pressure,heavy,vise; 2=Sharp; 3=Dull; 4=Othe	r; 9=Unknown)
		Chest Discomfort relief. (0=No, 1=Yes, 8=Not tried, 9=Unkr	nown)
~	e340	Nitroglycerine in <15 minutes	
ı	e361	Rest in <15 minutes	
_	<u>e B 62</u>	Spontaneously in <15 minutes	
L	e 363	Other cause in < 15 minutes	
كو 365	1st Ex	aminer believes angina pectoris in interim aminer believes coronary insufficiency in interim	(0=No,) (1=Yes,) 1 (2=Maybe,)
~366	_ _ 1st Ex	aminer believes myocardial infarct in interim	(9=Unknown)
	Comments		
	And the second s		

Comments

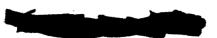


Medical History- Syncope

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

(SCR EE)	V

				(SCREEN I
	If you sit or stand up quickly do you get: (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)	- 18 JUNE 1990 1991 1991 18	er of episodes ar Inknown)	Usual duration from onset to recovery (minutes, 1=1 minute or less, 999=Unknown)
e367	Dizzy/vertigo		369	e370
R.368	Lightheaded/unstable			
	(If event immediately preceded by heat (Code: 0=No, 1=Ye) 2372 _ _ _ Number of episod 2373/ 271 Date of firs 2375 _ _ _ Usual duration of	ad injury or es, 2=May des in the at episode f loss of c vent (0=N onsumption, at medicatio	accident code to be, 9=Unknown) past two years (mo/yr, 99/99=U onsciousness None, 1=Exertion 6=Turning nec n change or inges	0=No) (999=Unknown) Jnknown) (minutes, 999=Unkn) (, 2=Rest, 3=Defecation/Micturition/Cough, ek (e.g. shaving), 7=Postural change
	Symptoms noted <u>before</u> event(s (0=No, 1=Yes, 2=Maybe, 9=Unka			otoms noted <u>after</u> event(s) o, 1=Yes, 2=Maybe, 9=Unkn)
e	2377 Nausea/vomiting		e382	Urinary/fecal incontinence
e	Warning signs (e.g. Aura	ı)	e383	Confusion
e	2379 Chest discomfort	ン	e384	Focal weakness (e.g. arm, leg)
	e 370 Shortness of breath	V	e 1385	Other (specify)
	e 391 Palpitations	V		
_	2386 _ Did you have any injury e 381 _ Was seizure activity obse Who observed eve		~	Maybe, 9=Unknown)
	e 378 _ ER/hospitalized or saw M			
	Hospitalized at:		1811	
	M.D. seen:	-		
389 390 391 -	Cardiac Syncope (0=No, 1=Yes, 2= Seizure disorder Vasovagal episode	Maybe, 3=	Presyncope, 9=1	Jnknown) needs second opinion (0=No,)(1=Yes,) (2=Maybe,) (9=Unknown)





Medical History--Cerebrovascular

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

(SCREEN 11)

Cerebrovascular episodes since last exam (0=No, 1=Yes, 2	=Maybe, 9=Unknown)
e 393 _ Sudden muscular weakness ✓	
2394 Sudden speech difficulty	
e 395 Sudden visual defect comments on bottom of screen) 396 Double vision	(If more than one event specify in
e397 _ Loss of vision in one eye	·
e398 Unconsciousness	
e 399 Numbness, tingling	
e 400 _ Numbness and tingling is positional	
e401 _ CT scan (head) since last exam (date/place	
e 4021_1 Seen by neurologist since last exam (write in who &	when below)
Part (mo/yr,99/99=Unkn) Observed by e 400 Onset time (1=Active, 2=During sleep, 3=While ari e400 Exact/approximate time (use 24-hour e400 * Exact/approximate time (use 24-hour e400 * Exact/approximate time (use format days/	r military time, 99.99=unknown) —
e4// Hospitalized or saw M.D. (0=No, 1=Hosp., 2=Sa	
e 4/2 Number of days stayed at	
1st Examiner Opinions //3 _ Cerebrovascular Disease	(0=No)
//// Stroke in Interim /	(1 = Yes) (2 = Maybe)
15 Transient Ischemic Attack in Interim (TIA)	(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	レ
- (07	e4211		Occurs with first steps	<i>L</i>
6473	e424		After walking a while	
0422-	e4231	1	Related to rapidity of walking or steepness	·
ζ ,	e4241		Forced to stop walking	<u>. </u>
,	e425	.	Time for discomfort to be relieved by stopping (minutes) (00=No relief with stopping, 88=Not Applicable)	-
	e42/e	.	Number of days/month of lower limb discomfort (00=No, 88=N/A, 99=Unknown)	<i>L</i>

2424* |_| 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=N	lo, 1=Yes, 9=Unknown							
e42811	e42911	Phlebitis						
e43011	e43111	Leg ulcers						
e434 1	e43311	Treatment for varicose veins						

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

e439 | 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

EXAM 5





Medical History-- Raynaud's and Heart Surgery

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

(SCREEN 13)

. 5 . 5	Ask all of these		Raynaud's Questions	
~e43	6 1_1		Are either your fingertips or toes unusually sensitive to the cold? (0=no, 1=yes, 9=unknown)	_
e43	#1_1		Do your fingers ever show unusual color changes? (0=no, 1=yes, 9=unknown)	<u></u>
	e438		If yes, do they become white?	
	e439		If yes, do they become blue?	
	e440	1 1	If yes, do they become red? (0=no, 1=yes, 9=unknown)	
	244	1 1_1	Have you consulted a doctor for color changes or sensitivity in fingers?	
e44	21_1		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)	ent,

History of Heart Surgery (Not Coronary Surgery)

If unsure, please write in comments for later coding

	ji K		Aori	ic	i e en e	Mit	ral		Tri	cuspid	ı	Pul	monic
Procedure	el	143	1	1	سسن	e4441	1	/	e445			e4461	
Year		19	e	147		19 e	148		19	енч	9-	19	e450.

1 = Mechanical (Bjork, Starr Edwards

2 = Bioprosthesis (Pig, homograft)

3 = Commissurotomy, Balloon valvuloplasty

4 = Repair (NOT A commissurotomy)

5 = Other Specify:

9 = Unknown

Comments	,		

Medical History-- CHD and Complications |5|0|3|1|4| FORM NUMBER (SCREEN 14)

Coding:	Cardiovascular Procedure						
0=No, 1=Yes							
2=Maybe, 9=Unkn	F 1948, H. C.						
e451 _1/	e452 Coronary arteriogram						
	19 Year first done (99=unknown)						
e453_1 1	Coronary artery angioplasty						
	19 2 Year first done (99=unknown)						
·/	eul55 Type of procedure (0=none, 1=balloon, 2=other						
e4561_1 /	e457 Coronary bypass surgery						
	19 Year first done (99=unknown)						
e4581_1	e459 Carotid artery surgery						
	19 Year first done (99=unknown)						
e4601_1	e461 - Abdominal aorta surgery						
	19 Year first done (99=unknown)						
e4621_1	e463 Femoral or lower extremity surgery						
	19 Year first done (99=unknown)						
e4641_1	e465 Permanent pacemaker insertion						
	19 Year first done (99=unknown)						

CARDIOVASO Please list all s	CARDIOVASCULAR PROCEDURES SUMMARY Please list all subsequent cardiovascular procedures								
DATE	HOSPITAL	TYPE OF PROCEDURE							
/ /									
1 1									
1 1	,								
1 1									
1 1									
1 1									
1 1									



(SCREEN 15

|5|0|3|1|5| FORM NUMBER
|64|66
| Have you ever had cancer or a tumor?
|0=No and skip to next screen, 1=Yes, 2=

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

211-7	Code	Site of Cancer or Tumor	Year First Diagnosed	Name Diagnosing M.D.	City of M.D.
~e467		Esophagus			
e468		Stomach			
e469		Colon		1	
e470		Rectum			
e471		Pancreas			
e472		Larynx			
e473	ll	Trachea/ Bronchus/Lung			
e474		Leukemia -		·	
e475		Skin			
c476		Breast			
e477		Cervix/Uterus			
e478		Ovary			
e479		Prostate -			
e480		Bladder 🗸			
e 481		Kidney			
e482		Brain 💆			
e483		Lymphoma -			
e484		Other/Unknown /			

	t (If participant)			-6	 ,	, ,	
. '					 		
					 		
		per 1924			 		
			A THE STREET				

EXAM 5

Physical Exam-Head, Neck and The Additional Physical Exam-Head, Neck and The Additional Physical Examples of the Physical

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

(SCREEN 16)

Physician Blood	Systolic	Diastolic
Pressure (first reading)	1 <u>e485</u>	- 6406 _ _ _

Lyes, Aanthomata, and Thyrold	
e 48 1 Corneal arcus (0=No, 1=Slight, 2	=Moderate, 3=Marked, 9=Unknown)
9488 _ Xanthelasma (0=No, 1=Yes, 2=	=Maybe, 9=Unknown)
e^{489} Xanthomata (0=No, 1=Yes, 2=	Maybe, 9=Unknown)
e490 _ Achilles tendon xant	thomata (0=No,)
e49 _ Palmar xanthomata	(1=Yes,)
e4921_ Tuberous xanthomat	a (9=Unknown)
e493 Thyroid abnormality (0=No, 1=Y	es, 2=Maybe, 9=Unknown)
04941 Scar / 049	76 _ Single nodule e498 _ Other
e4951_1 Diffuse enlargement	02! Multiple nodules
	4441—1 months noones
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 a	
Comments about Respiratory	
	•



Physical Exam--Heart

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

(SCREEN 17

Enlargement (0=No, 1=Left only, 2=Right only, 3=Both, 9=Unknown) (0=No, 1=S3 only, 2=S4 only, 3=Both, 9=Unknown)Other abnormal Sounds (0=No, 1=Yes, 9=Unknown)

Click

Abnormally split S2

Diminished A2

Other (Specify below)

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=Nonc, 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	e5111	e5121 1 -	e5131 1 -	e5141 1 -	e5151 1 -
Left Sternum	e51611	e51711	e5181 1 -	e51911-	e529 1-
Base	e5211 1	e522 / K	e5231	e524 /	e525 1 -

e5261_1	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)
e5281_1	Neck vein distention at 45 degrees (0=No, 1=Yes, 2=Maybe, 9=Unknown)
Comm	ents







Physical Exam--Breasts and Abdomen

|5|0|3|1|8| FORM NUMBER

(SCREEN 18

e529 _ Breast abnormality \(\square\$	(0=No) (1=Yes)
e530 _ Localized mass J	(1= res) (2=Maybe) (9=Unknown)
653 Axillary nodes	(9=Onknown)

	Left	Right	Breast Surgery	
e532			Breast Surgery (0=No, 1=Yes, 9=Unknown)	
	e\$33	es 34	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 \sim	
e538 _ Bruit ~	
e539 _ Surgical gallbladder scar	
e540 _ Other abdominal abnormality: \(\square\$	



Physical Exam-Peripheral Vessels--Part I

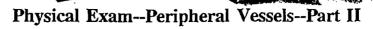
|5|0|3|1|9| FORM NUMBER

(SCREEN 19)

Left	Right	Varicosities
e5411 ~	e5421 -	Stem (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown)
e5431	es44_1 /	Reticular (0=No abnormality, I=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown)
25451	e54161/	Spider (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown)

Left	Right	Lower Extremity Abnormalitiess
e5471/	e5481	Ankle edema (0=No, 1,2,3,4=Grade, 9=Unknown)
es491/	25901	Foot cold (0=no, 1=Yes, 2=Maybe, 9=Unknown)
e5\$11	e554 -	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)

Comment	S



|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	e555111	e5561 1 V		
Femoral	e55711	e55811/	e55911	e560110
Mid-Thigh			es6111	e5621 1
Popliteal			e56311	e564 1
Post Tibial	e56511	e56611		
Dorsalis Pedis	e567 1	e56811V	4.1	

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

Comments

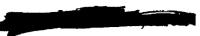




Physical Exam--Neurological and Final Blood Pressure

5 0 3	211 FORM NUMBER		(SCREEN 21
e5691_1	Left Carotid Bruit		
e579_1	Right Carotid Bruit		
e5711_1	Speech disturbance		
e5721_1	Disturbance in gait	$(0 = N_0)$	
e5731_1	Localized muscle weakness	(1 = Yes)	
e5741_1	Visual disturbance	(2=Maybe)	
e575 _1	Abnormal reflexes	(9=Unknown)	
e5761_1	Cranial nerve abnormality		
e577 _1	Cerebellar signs		
e578 _1	Sensory impairment		
25791_1 1	st Examiner believes residual of stroke ✓	•	
2580 _ 1	st Examiner believes Parkinson's Disease		
Commer	nts about Neurological findings		· · · · · · · · · · · · · · · · · · ·
entered to the second of the s		Binari Maran Binari Maran indang dinarakinan dinarakinan magan dinarakinan dinarakinan dinarakinan dinarakinan	

Physician Blood	Systolic	Diastolic
Pressure (second	1 <u>e581</u> 1	1e58121



Electrocardiograph--Part I

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

(SCREEN 2

e583 _	ECG	done	(0=No,	l=Yes)
~ · · · · · · · · · · · · · · · · · · ·			` '	/

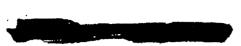
	Rates and Intervals				
e584		Ventricular rate per minute (999=Unknown)			
e585		P-R Interval (hundreths of a second) (99=FullyPaced, Atrial Fib, or Unknown)			
e586		QRS interval (hundreths of second) (99=Fully Paced, Unknown)			
e587		Q-T interval (hundreths of second) (99=Fully Paced, Unknown)			
e588		QRS angle (put plus or minus as needed) (e.g045 for minus 45 degrees, +090 for plus 90, 9999=Fully paced or Unknown)			

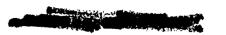
	Rhythm	
e589 _	1 = Normal sinus, (including s.tach, s.brady) 2 = Sinus rhythm with 1st degree AV block (PR interval ≥ .20 sec.) 3 = 2nd degree AV block, Mobitz I (Wenckebach) 4 = 2nd degree AV block, Mobitz II 5 = 3rd degree AV block / AV dissociation 6 = Atrial fibrillation / atrial flutter 7 = Nodal 8 = Paced 9 = Other or combination of above (list)	

	Ventricular conduction abnormalities				
e590		IV Block (0=	No, I=Yes, 9=Fully paced or Unknown)		
		e5911	Pattern (1=Left, 2=Right, 3=Indeterminate)	1	
		e592	Complete (QRS interval=.12 sec or greater)		
		e593	Incomplete (QRS interval = .10 or .11 sec)(0=No, 1=Yes, 9=	Unknown)	
es c	Hemiblock (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)				
0595		WPW Syndron	ne (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	11	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)	

EXAM 5





Electrocardiograph-Part II

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

(SCREEN 2

	· · · · · · · · · · · · · · · · · · ·	
	Myocardial Infarction Location	
	Anterior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)	
	Inferior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)	
	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)	
[]	R > 20mm in any limb lead	
1_1	R > 11mm in AVL	
	R in lead I plus S ≥ 25mm in lead III	
	Measured Voltage	
*	R AVL in mm (at 1 mv = 10 mm standard) Be sure to code these voltages	Τ,
*	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	
	R≥ 25mm	,
	S≥= 25mm	/
	$R \text{ or } S \geq 30 \text{mm}$	7
	$R + S \ge 35 mm$	/
	Intrinsicoid deflection ≥ .05 sec	$\overline{/}$
	ST depression (strain pattern, with down sloping ST)	/
	Hypertrophy, enlargement, and other ECG Diagnoses	
· _	Nonspecific S-T segment abnormality (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)	
	Nonspecific T-wave abnormality (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)	/
	U-wave present (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)	
		1
	RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete BBB present, RV	VH=
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)		



Clinical Diagnostic Impression Part 1

|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)	
e629_1 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)	
e 626 _ Congestive Heart Failure	
e 627 Arrhythmia /	
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

|5|0|3|2|5|

FORM NUMBER

(SCREEN 25)

Perip	heral Vascular Disease in Interim
e629 1_1	Intermittent Claudication (0=No, 1=Yes, old, 2=Yes, new, 3=Yes, recurrent, 4=Maybe, 9=Unknown)
e6301_1	Other Peripheral Vascular Disease
e631 1_1	Stem Varicose Veins
e6321_1	Phlebitis
e6331_1	Other Vascular Diagnosis (Specify)
Ceret 6034	Stroke (0=No, 1=Yes, old, 2=Yes, new, 3=Yes-Recurrent, 4=Maybe, 9=Unknown)
	Transient Ischemic Attack (TIA)
e635 _ e636 _	Dementia V
e 6371_1	Parkinson's Disease
e638 I_1	Other Neurological Disease (Specify)
Comme	ents CDI Neurological





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 √		
e 641 _ Prostate Disease		
e642 _ Renal Disease	•	
e643 _ Emphysema		
e644 _ Chronic Bronchitis		
e6451_ Pneumonia		
e6461_ Asthma		
e647 _ Other Pulmonary Disease		
e6481_1 Gout		
e 649 _ Degerative joint disease		
e650 Rheumatoid arthritis		
e 651 _ Gallbladder disease		. A
elo52 _ 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)
e 653 _ 2nd Examiner ID Number	2nd Examiner Last Name
Coding for entire screen: (0=No, 1=Yes,old, 2=Ye	s, new, 3=Yes, recurrent, 4=Maybe, 9=Unknown)
€ 654 _ Congestive Heart Failure	
e 655 _ Cardiac Syncope 🗸	
e 656 _ Angina Pectoris /	
657 Coronary Insufficiency	•
e 658 _ Myocardial Infarction	
e 659 _ Intermittent Claudication	
Comments about peripheral vascular disease	
e660 _ Stroke	
2661 TIA	
Comments about possible Cerebrovascular Disease	
	: