Medical History--Hospitalizations

(SCREEN 1)

OMNI 1 Exam 2 DATE

_____

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

Basic Background and Health Care

|__|__|__|	g001	1st Examiner ID _____ 1st Examiner Name
|__|	g002	Hospitalization (not just E.R.) in Interim (0=No; 1=yes, hospitalization, 2=yes, more than 1 hospitalization, 9=Unknown)
|__|	g003	E.R. Visit in Interim (0=No; 1=Yes, 1 or more Emergency Room visit, 9=Unknown)
|__|	g004	Day Surgery (0=No, 1=Yes, 9=Unknown)
|__|	g005	Illness with visit to doctor (0=No, 1=Yes,1 visit; 2=Yes,more than 1 visit; 9=Unk)
|__|	g006	Check up in interim by doctor (0=No, 1=Yes, 9=Unknown)
_____	g007__	Date of this FHS exam (Today's date - See above)
MM DD YYYY		

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

Exam 2 ,

Medical History--Cardiovascular Medications

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

|__| g008 In the interim have you taken medication for the treatment of hypertension? (0=No, 1=Yes, 2=Yes, not now, 9=Unk)

|__| g009 If yes,continue Any of the cardiovascular medications in the following section (0=No, 1=Yes, 9=Unk) (interim)

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

|__| g010 Cardiac Glycosides

|__| g011 Nitroglycerine

|__| g012 Longer acting nitrates (Isordil, Cardilate, etc.)

|__| g013 Calcium Channel Blockers (specify) _____

if yes fill ☞

|__|__| g014 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)

|__|__|__| g015 Tablet size of Calcium Channel Blocker (number of mg, 999=unknown)

|__|__| g016 Number of times Calcium Channel Blocker taken per day (99=unknown)

|__| g017 Beta Blockers (Specify_____ (0=No, 1=Yes, 2=Yes,not now, 3=Maybe, 9=Unk)

if yes fill ☞ and continue

|__|__| g018 Beta Blocker Group (Propranolol=01 Timolol =02 Nadolol=03 Atenolol=04 Metoprolol=05 Pindolol =06 Carvedilol=07 Labetalol=08 Other=09 Unk=99)

|__|__|__|g019 Dose (mg/day) of Beta Blocker (999=unknown)

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

|__| g020 Loop Diuretics (Lasix, etc.)

|__| g021 Thiazide/K-sparing diuretics(Dyazide, Maxide, etc.)

|__| g022 Thiazide diuretics

|__| g023 K-sparing diuretics (Aldactone, Triamterene)

|__| g024 Potassium supplements

|__| g025 Reserpine derivatives

|__| g026 Methyldopa (Aldomet)

|__| g027 Alpha-1 agonist (Clonidine, Wytensin, Guanabenz)

|__| g028 Alpha-2 blockers (Prazosin, Terazosin, Doxazosin)

|__| g029 Renin-angiotensin blocking drugs (ACE) (Captopril, Enalapril, Lisinopril)

|__| g030 Peripheral vasodilators (Hydralazine, Minoxidil, etc)

|__| g031 Angiotensin II antagonists (Losartan etc)_____

|__| g032 Other anti-hypertensives(Specify)_____

All Medicines-- Scratch Sheet

_____

_____

_____

_____

_____

_____

|__| g033 Antiarrhythmics (Quinidine, Procainamide, Amiodarone, Sotalol, Disopyramide,etc)

|__| g034 Antiplatelet (Anturane, Persantine,Ticlopidine,)Specify_____

|__| g035 Anticoagulants (Coumadin, Warfarin, etc.)

|__| g036 Other cardiac medication (Specify)_____

Exam 2 ,

Medical History--Aspirin

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

|__| g037 If yes, fill☞	Take aspirin regularly? (0=No, 1=Yes, 9=Unk)	
	|__|__| g038	Number aspirins taken regularly (99=Unknown)
	|__| g039	Aspirin frequency- number taken regularly (0=Never, 1=Day, 2=Week ,3=Month, 4=Year, 9=Unk)
	|__|__|__|g040	Usual aspirin dose for above 081=baby,160=half dose, 325=nl, 500=extra or larger,999=unk

Medical History--Interim Noncardiovascular Medications I

|__| g041	Anti cholesterol drugs (Resins--e.g. Questran, Colestid)	CODING
|__| g042	Anti cholesterol drugs (Niacin or Nicotinic Acid)	0=No
|__| g043	Anti cholesterol drugs (Fibrates--e.g. Gemfibrozil)	1=Yes,now
|__| g044	Anti cholesterol drugs (Statins--e.g.Lovastatin,Pravastatin)	2=Yes,not now
|__| g045	Anti cholesterol drugs (Other--Specify_____)	3=Maybe
		9=Unknown
|__| g046	Antigout--uric acid lowering (Allopurinol, Probenecid etc)	
|__| g047	Antigout--(Colchicine)	
|__| g048	Thyroid extract (Dessicated Thyroid)	
|__| g049	Thyroxine (Synthroid etc.)	
|__| g050 if yes fill in dose ☞	Insulin 0=No, 1=Yes,now 2=Yes,not now 3=Maybe 9=Unknown	
	g051 |__|__|__| Total units of insulin a day	
|__| g052 if yes fill in dose ☞	Oral hypoglycemics	
	|__| g053 Metformin	
	|__| g054 Triglitazone	
	|__| g055 Glipizide	
	|__| g056 Glyburide	
	|__| g057 Chlorpropamide	
	|__| g058 Other (specify_____)	
	|__| g059 Unknown	
|__| g060	Oral/patch estrogen (for women users also see estrogen section)	
|__| g061	Oral glucocorticoids (Prednisone, Cortisone,etc)	

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

|__|	g062	Non-steroidal anti-inflammatory agents (NSAIDS) (Motrin,Ibuprofen, Naprosyn, Indocin, Clinoril)
|__|	g063	Analgesic-narcotics (Demerol, Codeine, Dilaudid, etc.)
|__|	g064	Analgesic-non-narcotics (Acetaminophen etc.)
|__|	g065	Antihistamines
|__|	g066	Antiulcer (Tagamet, Ranitidine, Probanthine, H ion inhibitors)
|__|	g067	Anti-anxiety, Sedative/Hypnotics etc. (Librium, Valium etc.)
|__|	g068	Sleeping pills
|__|	g069	Anti-depressants
|__|	g070	Eyedrops
|__|	g071	Antibiotics
|__|	g072	Anti-parkinson drugs (Sinemet, L-Dopa, Symmetrel, Cogentin, etc)
|__|	g073	Anticonvulsants (Dilantin, Phenobarbital, Tegretol, Mysoline etc)
|__|	g074	Bronchodilators and aerosols
|__|	g075	Osteoporosis medications (1=bisphosphonates [e.g. alendronate, etidronate], 2=SERMS [e.g. reloxifene], 3=calcitonin, 4=other(specify_____),5=combination, 9=Unk.)
|__|	g076	Others Specify:_____

Exam 2 ,

Medical History–Female Genitourinary Disease 1

|7|0|3|0|5 (Screen 5)

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

1.		|__|	g077	**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	|__|__|	g078	**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	|__|	g079	**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.	|__|	g080	**Did you have one or more menstrual periods in last 2 months?** (0=No, 1=Yes, 2=Unsure, 8=Man, 9=Unknown)
	5	|__|__|	g081	**Number of days since last period ended?** (00=currently having menstrual period, acceptable range 01-60, (88=man, 99=unsure or unknown)
6.		|__|	g082	**Was a hysterectomy performed in the interim** (0=No, 1=Yes, 8=Man, 9=Unknown)
if yes to Q6 ☞	7.	|__|__|	g083	**Age at hysterectomy in interim** (years) (00=No, 88=Man,99=Unknown)
8.		|__|	g084	**Ovary or ovaries removed in interim** (0=No; 1=Yes,one, 2=Yes,two, 8=Man, 9=Unknown)
9.		|__|__|	g085	**Number of live births** (88=Man, 99=Unknown)
10.		|__|__|	g086	**Age at tubal ligation, if tubal ligation in interim** (00=No, 88=Man, 99=Unknown)
11.		|__|	g087	**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 2 ,

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

|__| g088 **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 ☞

|__| g089 **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)

|__| g090 **Patch dose of estrogen** (0=No, 1=0.5 mg/wk, 2=other _____, 8=Man, 9=Unk)
(write in)

|__|__| g091 **Number of days a month taking estrogens** (88=Man, 99=Unknown)

|__|__| g092 **Number of years on estrogen?** (0=None, 1=1 year or less, 88=Man, 99=Unknown)

|__| g093 **Estrogen Cream Use in Interim** (0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

|__| g094 **Progestin replacement in interim** (e.g. Provera)
(0=No, 1=Yes, now; 2=Yes, not now, 8=Man, 9=Unk)

If yes, fill all to ☞

|__| g095 **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)

|__|__| g096 **Number of days a month taking progestins** (88=Man, 99=Unknown)

Exam 2 ,
|

Medical History - Male Genitourinary Disease

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

|__| g097	**Prostate trouble in interim**	Code 0=No, 1=Yes, 2=Maybe, 8=Woman, 9=Unknown
|__| g098	**Prostate surgery in interim**	

Medical History-- Thyroid, Gastrointestinal, Beverages

Thyroid and Gastrointestinal

|__| g099 Interim diagnosis of a **thyroid** condition? (0=No,1=Yes,9=Unknown)

Comments_____

|__| g100 Interim **ulcer** condition? (e.g., stomach, duodenum, peptic) (0=No,1=Yes, 9=Unknown)

|__| g101 Interim **hiatal hernia**? (0=No,1=Yes,9=Unknown)

|__| g102 Interim diagnosis of **gallbladder disease**? (0=No, 1=Yes, 9=Unknown)

If yes, ☞ |__| g103 **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 Code 00=never, 01=1 or less, 99=unknown	Number days drink per week Code 0-7 9=Unknown	On Average, Limit for number of drinks at one period of time Code number 99=Unknown
Beer	bottle,can,glass (12 oz)	|__|__| g104	|__| g105	|__|__| g106
White Wine (or Rosé)	glass (4 oz)	|__|__| g107	|__| g108	|__|__| g109
Red Wine	glass (4 oz)	|__|__| g110	|__| g111	|__|__| g112
Liquor	cocktail,highball (1 oz)	|__|__| g113	|__| g114	|__|__| g115

Exam 2 ,

Medical History--Smoking

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

|__|g116	Smoked cigarettes regularly in the last year? (0=No, 1=Yes, 9=Unkown)				
if yes fill rest of this table	|__|__| 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 g119 |__|__|__|__|__|__|__|__|	Code 1=Normal 2=Lite 3=Ultralite 8=N/A 9=Unknown |__| g120	Code 1=Regular 2=Menthol 8=N/A 9=Unknown |__| g121	Code 1=Nonfilter 2=Filter 8=N/A 9=Unknown |__| g122	Code 1=Regular 2=King 3=100 mm 4=120 mm 8=N/A 9=Unknown |__| 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 2 ,

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 2 ,

Medical History-- Heart Part I

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

|__| g139 if yes, fill ☞ and below	**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)	
	|__| 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 2 ,

Medical History-- Syncope and Neurology

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

|__| g160	**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☞	|__|__|__| g161	Number of episodes in the past two years	(999=Unknown)
	|__|__|*|__|__|__| g162 g163	Date of first episode (use 4 digits for year, i.e. 1998)	(mo/yr, 99/9999=Unknown)
	|__|__|__| g164	Usual duration of loss of consciousness	(minutes, 999=Unkn)
	|__| g165	Did you have any injury caused by the event? (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
if yes, fill☞	|__| g166	ER/hospitalized or saw M.D. (0=No, 1=Hosp., 2=Saw M.D., 9=Unkn) Hospitalized at: _____ M.D. seen: _____	

|__| g167	History of ever having a head injury with loss of consciousness (0=No, 1=Yes, 2=Maybe, 9=Unknown)	
if yes, fill☞	|__|__|*|__|__|*|__|__|__|__| mm dd yyyy g168 g169 g170	Date of serious head injury with loss of consciousness (00/00/0000 =none, 99/99/9999=unk)

|__| g171	History of a Seizure Disorder (0=No, 1=Yes, 2=Maybe,, 9=Unknown)		
if yes, fill☞	|__|__|*|__|__|*|__|__|__|__| mm dd yyyy g172 g173 g174	Date of most recent seizure (99/99/9999=unk) four digit year	(0=No,1=Yes,2=Maybe,9=Unknown)
	|__| g175	Are you being treated for a seizure disorder?	

Syncope First Opinions

|__| g176	Syncope (0=No, 1=Yes, 2=Maybe, 3=Presyncope, 9=Unknown) needs second opinion		
	|__| g177	Cardiac syncope	(0=No,1=Yes,2=Maybe,9=Unknown)
	|__| g178	Vasovagal syncope	
	|__| g179	Other-- Specify:_____	

Comments

_____

_____

Exam 2 ,

Medical History--Cerebrovascular

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

Cerebrovascular Episodes in Interim

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

|__| g180 Sudden muscular weakness

|__| g181 Sudden speech difficulty

|__| g182 Sudden visual defect

|__| g183 Double vision

|__| g184 Loss of vision in one eye

|__| g185 Unconsciousness

|__| g186 Numbness, tingling

if yes, fill ☞

|__| g187 Numbness and tingling is positional

|__| g188 Head CT or MRI scan since last exam (date/place_____)
(0=No, 1=CT, 2=MRI, 3=both, 9=Unknown)

|__| g189 Seen by neurologist since last exam (write in who and when below)
_____

Details for "Serious" Cerebrovascular Event in Interim

|__| g190 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 ☞

|__|__|*|__|__|__|__| g191 g192
Date (mo/yr,99/9999=Unkn)
Observed by_____

|__| g193
Onset time
(1=Active, 2=During sleep, 3=While arising, 9=Unkn)

|__|__|*|__|__| g194 g195
Exact/approximate time (use 24-hour military time, 99/99=unkn)

|__|__|*|__|__|*|__|__| g196 g197 g198
Duration (use format days/hours/mins, 99/99/99=Unknown)

|__| g199
Hospitalized or saw M.D.(0=No,1=Hosp.2=Saw M.D,9=Unk)
Name_____Address_____

|__|__| g200
Number of days stayed at(90=90 or more, 99=Unk.)
_____

Neurology First Opinions

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

|__| g201 Stroke in Interim

|__| g202 TIA

|__| g203 Dementia

|__| g204 Parkinson's Disease

|__| g205 Other-- Specify:_____

Neurology
Comments_____

_____

Medical History--Peripheral Arterial and Venous

|7|0|3|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 2 ,

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)**
|__| g227 if yes fill☞	**Heart Valvular Surgery (most recent only)**
	|__|__|__|__| g228 Year done (9999-Unk) Location and description_____
|__| g229 if yes fill☞	**Exercise Tolerance Test (most recent only)**
	|__|__|__|__| g230 Year done (9999-Unk) Location_____
|__| g231 if yes fill ☞	**Coronary arteriogram (most recent only)**
	|__|__|__|__| g232 Year done (9999-Unk)
|__| g233 if yes fill☞	**Coronary artery angioplasty**
	|__|__|__|__| g234 Year done (9999-Unk)
	|__| g235 Type of procedure (0=none, 1=balloon, 2=other_____ 9=unkn),
|__| g236 if yes fill☞	**Coronary bypass surgery**
	|__|__|__|__|g237 Year done (9999-Unk)
|__| g238 if yes fill ☞	**Permanent pacemaker insertion**
	|__|__|__|__|g239 Year done (9999-Unk)
|__| g240 if yes fill ☞	**Carotid artery surgery**
	|__|__|__|__|g241 Year done (9999-Unk)
|__| g242 if yes fill ☞	**Thoracic aorta surgery**
	|__|__|__|__|g243 Year done (9999-Unk)
|__| g244 if yes fill ☞	**Abdominal aorta surgery**
	|__|__|__|__|g245 Year done (9999-Unk)
|__| g246 if yes fill ☞	**Femoral or lower extremity surgery**
	|__|__|__|__|g247 Year done (9999-Unk)
|__| g248 if yes fill ☞	**Lower extremity amputation**
	|__|__|__|__|g249 Year done (9999-Unk)
|__| g250 if yes fill ☞	**Other Cardiovascular Procedure (write in below)**
	|__|__|__|__| g251 Year done (9999-Unk) Description_____

Comments:_____

_____

_____

_____

Exam 2 ,

Cancer Site or Type

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

|__| g252 **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.
|__| g253	**Esophagus**			
|__| g254	**Stomach**			
|__| g255	**Colon**			
|__| g256	**Rectum**			
|__| g257	**Pancreas**			
|__| g258	**Larynx**			
|__| g259	**Trachea/Bronchus/Lung**			
|__| g260	**Leukemia**			
|__| g261	**Skin**			
|__| g262	**Breast**			
|__| g263	**Cervix/Uterus**			
|__| g264	**Ovary**			
|__| g265	**Prostate**			
|__| g266	**Bladder**			
|__| g267	**Kidney**			
|__| g268	**Brain**			
|__| g269	**Lymphoma**			
|__| g270	**Other/Unknown** _____			

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

_____

_____

_____

_____

_____

Exam 2 ,

Physical Exam--Head, Neck and Respiratory

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

Physician Blood Pressure (first reading)	Systolic	Diastolic
	g271 |__|__|__| to nearest 2 mm Hg	g272 |__|__|__| to nearest 2 mm Hg

Thyroid

|__| g273 **Thyroid abnormality** (0=No, 1=Yes, 2=Maybe, 9=Unknown)

If yes, fill ☞

|__| g274	**Scar**	0=No, 1=Yes, 2=Maybe, 9=Unknown
|__| g275	**Diffuse enlargement**	
|__| g276	**Single Nodule**	
|__| g277	**Multiple Nodules**	
|__| g278	**Other**	

Comments about Thyroid_____

_____

Respiratory

|__| g279	**Increased anterior-posterior diameter**	(0=No, 1=Yes, 2=Maybe, 9=Unknown)
|__| g280	**Wheezing on auscultation**	
|__| g281	**Rales**	
|__| g282	**Abnormal breath sounds**	

Comments about Respiratory_____

_____

_____

_____

_____

Exam 2 ,

Physical Exam--Heart

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

Heart		
|__| g283	**Left Heart Enlargement**	This section (0=No, 1=Yes, 9=Unknown)
|__| g284	**Right Heart Enlargement**	
|__| g285	**S3 Gallop**	
|__| g286	**S4 Gallop**	
|__| g287	**Systolic Click**	This section (0=No, 1=Yes,2=Maybe, 9=Unknown)
|__| g288	**Diastolic Opening Snap**	
|__| g289	**Abnormally split S2**	
|__| g290	**Diminished A2**	
|__| g291	**Neck vein distention at 90 degrees** (sitting upright)	
|__| g292	**Other--Specify** _____	

|__| g293 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	|__| g294	|__| g295	|__| g296	|__| g297	|__| g298
Left Sternum	|__| g299	|__| g300	|__| g301	|__| g302	|__| g303
Base	|__| g304	|__| g305	|__| g306	|__| g307	|__| g308

|__| g309 if yes, fill ☞	**Diastolic murmur(s)** (0=No, 1=Yes, 2=Maybe, 9=Unknown)
	|__| g310 Valve of origin for diastolic murmur(s) (0=No, 1=Mitral, 2=Aortic, 3=Both, 4=Other, 8=N/A, 9=Unk)

Comments_____

_____

_____

Exam 2 ,

Physical Exam--Breasts and Abdomen

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

	Breast Abnormality (complete for men and women)
| 9 | 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)			
| 9 | 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 2 ,

Physical Exam--Peripheral Vessels--Part I

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

Left	Right	Varicosities	
|__| g323	|__| g324	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	
|__| g325	|__| g326	**Ankle edema**	(0=No, 1=Yes, 2=Maybe, 8=absent due to amputation 9=Unknown)
|__| g327	|__| g328	**Amputation level**	(0=No, 1=Toes only, 2=Ankle, 3=Knee,4=Hip, 8=Not applicable, 9=Unknown)

Comments_____

_____

_____

_____

_____

_____

_____

Exam 2 ,

Physical Exam--Peripheral Vessels--Part II

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

Artery	Pulse		Bruit	
	(0=Normal, 1=Abnormal, 9=Unknown)		(0=Normal, 1=Abnormal, 9=Unknown)	
	Left	Right	Left	Right
Radial	|__| g329	|__| g330		
Femoral	|__| g331	|__| g332	|__| g333	|__| g334
Popliteal			|__| g335	|__| g336
Post Tibial	|__| g337	|__| g338		
Dorsalis Pedis	|__| g339	|__| g340		

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

Comments_____

_____

_____

_____

_____

Exam 2 ,

Physical Exam--Neurological Diseases and Final Blood Pressure

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

Neurological Exam			
Left	**Right**		
|__| g341	|__| g342	**Carotid Bruit**	Coding entire section (0=No, 1=Yes, 2=Maybe, 9=Unknown)
|__| g343		**Speech disturbance**	
|__| g344		**Disturbance in gait**	
|__| g345		**Localized muscle weakness**	
|__| g346		**Visual disturbance**	
|__| g347		**Abnormal reflexes**	
|__| g348		**Cranial nerve abnormality**	
|__| g349		**Cerebellar signs**	
|__| g350		**Sensory impairment**	
|__| g351		**Signs of Parkinsonism**	(e.g. masked facies, bradykinesia, typical gait, pill rolling tremor etc)

Cerebrovascular Disease Opinions		
|__| g352	**1st Examiner believes stroke has occurred in interim**	(0=No,1=Yes,2=Maybe,9=Unknown)
|__| g353	**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
	g354 |__|__|__| to nearest 2 mm Hg	g355 |__|__|__| to nearest 2 mm Hg

Exam 2 ,

Electrocardiograph--Part I

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

|__|__|__| g695 **Examiner ID Number (offsite only)** _____Examiner Last Name

|__| g356 **ECG done (0=No, 1=Yes)**

if Yes, fill out rest of form

Rates and Intervals

|__|__|__| g357 Ventricular rate per minute (999=Unknown)

|__|__| g358 P-R Interval (hundreths of a second) (99=FullyPaced, Atrial Fib, or Unknown)

|__|__| g359 QRS interval (hundreths of second) (99=Fully Paced, Unknown)

|__|__| g360 Q-T interval (hundreths of second) (99=Fully Paced, Unknown)

|__|__|__|__| g361 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

|__| g362

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

|__| g363 IV Block (0=No, 1=Yes, 9=Fully paced or Unknown)

if yes, fill to right

|__| g364 Pattern (1=Left, 2=Right, 3=Indeterminate, 9=Unknown)

|__| g365 Complete (QRS interval=.12 sec or greater)(0=No, 1=Yes, 9=Unknown)

|__| g366 Incomplete (QRS interval = .10 or .11 sec) (0=No, 1=Yes, 9=Unknown)

|__| g367 Hemiblock (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)

|__| g368 WPW Syndrome (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)

Arrhythmias

|__| g369 Atrial premature beats (0=No, 1=Atr, 2=Atr Aber, 9=Unknown)

|__| g370 Ventricular premature beats (0=No, 1=Simple, 2=Multifoc, 3=Pairs, 4=Run, 5=R on T, 9=Unk)

|__|__| g371 Number of ventricular premature beats in 10 seconds (see 10 second rhythm strip)

Exam 2 ,

Electrocardiograph-Part II

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

Myocardial Infarction Location

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

|__| g372 Anterior

|__| g373 Inferior

|__| g374 True Posterior

Left Ventricular Hypertrophy Criteria

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

|__| g375 R > 20mm in any limb lead

|__| g376 R > 11mm in AVL

|__| g377 R in lead I plus S ≥ 25mm in lead III

Measured Voltage

∗|__|__| g378 R AVL in mm (at 1 mv = 10 mm standard) Be sure to code these voltages

∗|__|__| g379 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

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

|__| g380 R≥ 25mm

|__| g381 S≥ 25mm

|__| g382 R or S ≥ 30mm

|__| g383 R + S ≥ 35mm

|__| g384 Intrinsicoid deflection ≥ .05 sec

|__| g385 S-T depression (strain pattern)

Hypertrophy, enlargement, and other ECG Diagnoses

|__| g386 Nonspecific S-T segment abnormality (0=No, 1=S-T depression, 2=S-T flattening, 3=Other, 9=Fully paced or unknown)

|__| g387 Nonspecific T-wave abnormality (0=No, 1=T inversion, 2=T flattening, 3=Other, 9=Fully paced or unknown)

|__| g388 **U-wave present** (0=No, 1=Yes, 2=Maybe,9=Paced or Unknown)

|__| g389 Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown)

|__| g390 RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete RBBB present, RVH=9)

|__| g391 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 2 ,

Clinical Diagnostic Impression--Part I

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

Coronary Heart Disease First Examiner Opinions		
|__| g392	**Angina Pectoris**	0=No, 1=Yes, 2=Maybe, 9=Unknown
|__| g393	**Coronary Insufficiency**	
|__| g394	**Myocardial Infarct**	
|__| g395	**Congestive Heart Failure**	

Other Heart Diagnoses First Examiner Opinions		
|__| g396	Rheumatic Heart Disease	0=No, 1=Yes, 2=Maybe, 9=Unknown
|__| g397	Aortic Valve Disease	
|__| g398	Mitral Valve Disease	
|__| g399	Other Heart Disease (includes congenital)	
|__| g400	Arrhythmia	

Comments CDI Heart

_____

_____

_____

_____

_____

_____

_____

_____

Exam 2 ,

Clinical Diagnostic Impression--Part II

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

Peripheral Vascular Disease First Examiner Opinions		
|__| g401	Intermittent Claudication	0=No, 1=Yes, 2=Maybe, 9=Unknown
|__| g402	Other Peripheral Vascular Disease	
|__| g403	Stem Varicose Veins	
|__| g404	Deep Vein Thrombosis	
|__| g405	Other Vascular Diagnosis (Specify)_____	

Neurologic Disease First Examiner Opinions		
|__| g406	Stroke	0=No, 1=Yes, 2=Maybe, 9=Unknown
|__| g407	Transient Ischemic Attack (TIA)	
|__| g408	Dementia	
|__| g409	Parkinson's Disease	
|__| g410	Adult Seizure Disorder	
|__| g411	Other Neurological Disease (Specify)_____	

Comments CDI
Neurological_____

_____

_____

_____

_____

_____

_____

_____

_____

Exam 2 ,

Clinical Diagnostic Impression--Part III

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

Non Cardiovascular Diagnoses First Examiner Opinions		
|__| g412	**Diabetes Mellitus**	0=No, 1=Yes, 2=Maybe, 9=Unknown
|__| g413	**Prostate disease**	
|__| g414	**Renal disease (specify)_____**	
|__| g415	**Emphysema**	
|__| g416	**Chronic bronchitis**	
|__| g417	**Pneumonia**	
|__| g418	**Asthma**	
|__| g419	**Other pulmonary disease**	
|__| g420	**Gout**	
|__| g421	**Degenerative joint disease**	
|__| g422	**Rheumatoid arthritis**	
|__| g423	**Gallbladder disease**	
|__| g424	**Other non C-V diagnosis (for cancer, see special screen)**	

Comments CDI Other Diagnoses_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Exam 2 ,

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**	0=No, 1=Yes, 2=Maybe, 9=Unknown
|__| g427	**Cardiac Syncope**	
|__| 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 2 ,

Numerical Data--Part I

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

Basic Information	
|__| g434	Sex of Participant (1=Male, 2=Female)
|__|__| g435	Age of Participant (years), 99=Ukn.
|__| g436 If 0 skip down If 1 or 2 fill ☞	Site of Exam (0=Heart Study, 1=Nursing home, 2=Residence) |__| g437 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
|__| g438	Marital Status (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)
|__|__|__| g439	Examiner's Number for weight and height (999= unknown)
|__|__|__| g440	Weight (to nearest pound)
|__|__|*|__|__| g441	Height (inches, to next lower 1/4 inch)

Regional Anthropometry	
(Code boxes below with 9's if not done or unknown)	
|__|__|__| g442	Examiner's Number for anthropometry (999=unknown)
|__|__|*|__| g443	Knee Height (centimeters to nearest tenth)
|__|__|*|__|__| g444	Neck Circumference (inches, to next lower1/4 inch)
|__|__|*|__|__| g445	Waist Girth (inches, to next lower 1/4 inch)
|__|__|*|__|__| g446	Hip Girth (inches, to next lower 1/4inch)
| __|__| g447	Number of Hours Fasting (99=Unknown)
|__| g448	Hand preferred for eating (1=right, 2=left, 9=unknown)
|__| g449	Hand preferred for writing (1=right, 2=left, 9=unknown

Technician's Blood Pressure to nearest 2 mm Hg	Systolic	Diastolic	Technician's Blood Pressure ID
	|__|__|__| g450	|__|__|__| g451	|__|__|__| g452

Body Comp	Resistance	Reactance	Technician's Body Composition
Trial #1	|___|___|___| g453	|___|___|___| g454	|___|___|___| g455
Trial #2	|___|___|___| g456	|___|___|___| g457	
Trial #3	|___|___|___| g458	|___|___|___| g459	

Exam 2 ,

Numerical Data--Part II

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

|__|__|__| g460	**Examiner's Number** for Urinalysis.

|__| g461 If Yes, continue below	Urinalysis Specimen Obtained (0=No, 1=Yes, 9=Unknown) If no, then skip to next section						
	Test	Neg	Unk	Trace	Small	Moderate	Large
|__|__| g462	Glucose	0	99	10	1	2	03-04
|__|__|__|__| g463	Albumin	0	9999	10	30	100	300-2000

Comments on Urinalysis_____

Exam 2 Procedures Sheet

|__| g464	Body composition	
|__| g465	Diet Questionnaire	
|__| g466	Exercise Questionnaire	
|__| g467	Mini Mental Examination	
|9 | g468	Ankle-arm blood pressure Not done	Coding for all items to left 0=No, 1=Yes, 9=Unknown
|__| g469	Urine Specimen	
|__| g470	Blood Drawn	
|9 | g471	Glucose Tolerance Test Not done	
|__| g472	ECG Done	
|9 | g473	"Walk test" Not done	
|__| g474	Brachial Artery Evaluation	
|__| g475	Spirometry	
|__| g476	Reason Spirometry not done	1=Major Surgery, 2=Heart Attack 3=Stroke, 4=Aneurysm, 5=BP>210/110 6=Refused, 7=Test Aborted, 8=Other, 9=Unknown

Numerical Data--Part I & II for Offsite Exams

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

Basic Information	
|__| g434	Sex of Participant (1=Male, 2=Female)
|__|__| g435	Age of Participant (years), 99=Ukn.
|__| g436 If 0 skip down If 1 or 2 fill ☞	Site of Exam (0=Heart Study, 1=Nursing home, 2=Residence) |__| g437 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
|__| g438	Marital Status (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated)
|__|__|__| g439	Examiner's Number for weight and height (999= unknown)
|__|__|__| g440	Weight (to nearest pound)
|__|__|*|__|__| g441	Height (inches, to next lower 1/4 inch)

Proxy Section

|__| g696 If yes, fill below	Proxy used to complete this exam (0 = No, 1 = Yes, 9 = Unknown)
	Proxy Name_____
g697	|__| Relationship (1=1st Degree Relative (spouse, child), 2=Other Relative, 3=Friend, 4=Health Care Professional, 5=Other, 9=Unknown
g698*g699	|__|__|*|__|__| How long have you known the participant? (Years, Months)
g700	|__| Are you currently living in the same household with the participant? (0=No, 1=Yes, 9=unknown)
g701	|__| 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 per month, 9=unknown/N/A)

Exam 2 Procedures Sheet

|__| g465	Diet Questionnaire	Coding for all items to left 0=No, 1=Yes, 9=Unknown
|__| g467	Mini Mental Examination	
|__| g470	Blood Drawn	

Exam 2 ,

Sentence and Design Handout for Patient

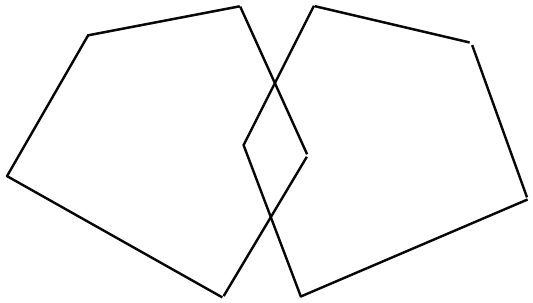
PLEASE WRITE A SENTENCE

_____

_____

_____

PLEASE COPY THIS DESIGN



Exam 2 ,

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)
0 1 2 3 6 9 g478	**What Is the Date Today?** (Month, day, year, correct score=3)
0 1 6 9 g479	**What Is the Season?**
0 1 6 9 g480	**What Day of the Week Is it?**
0 1 2 3 6 9 g481	**What Town, County and State Are We in?**
0 1 6 9 g482	**What Is the Name of this Place?** (any appropriate answer all right, for instance my home, street address, heart study ..max score=1)
0 1 6 9 g483	**What Floor of the Building Are We on?**
0 1 2 3 6 9 g484	**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)
0 1 2 3 6 9 g486	**What are the 3 objects I asked you to remember a few moments ago?**

Exam 2

Cognitive Function --Part II

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

SCORE CORRECT No Try=6 Unknown=9					Write all responses on exam form.
0	1		6	9	What Is this Called? (Watch) g487
0	1		6	9	What Is this Called? (Pencil) g488
0	1		6	9	Please Repeat the Following: "No Ifs, Ands, or Buts."(Perfect=1) g489
0	1		6	9	Please Read the Following & Do What it Says (performed=1, code 6 if low vision) g490
0	1		6	9	Please Write a Sentence (code 6 if low vision) g491
0	1		6	9	Please Copy this Drawing (code 6 if low vision) g492
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) g493

No	Yes	Maybe	Unk (coding below)		Factor Potentially Affecting Mental Status Testing
0	1	2	9	g494	Illiterate or low education
0	1	2	9	g495	Not fluent in English
0	1	2	9	g496	Poor eyesight
0	1	2	9	g497	Poor hearing
0	1	2	9	g498	Depression / possible depression
0	1	2	9	g499	Aphasia
0	1	2	9	g500	Coma
0	1	2	9	g501	Parkinsonism or neurologically impaired
0	1	2	9	g502	Other

Exam 2 ,
(HOME 1)

Self-Reported Performance -- Part I

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

|__|__|__| g503	**Examiner's Number** for Socio-demographics

Socio-demographics

|___| g504	**Where do you live?** (0=Private residence, 1=Nursing home, 2=Other institution, such as: home-self care retirement village, 9=Unknown		
|___| g505	**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	|___| Spouse	g506	0=No 1=Yes, less than 3 months per year 2=Yes, more than 3 months per year 9=Unknown
	|___| Significant Other	g507	
	|___| Children	g508	
	|___| Friends	g509	
	|___| Relatives	g510	
	|___| Pets	g511	
|___| g512	**Are you employed now?** (0=No, 1=Yes, full time, 2=Yes, part time, 9=Unknown		
|___|___|___| g513	**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 **	
|___| g514	**In general, how is your health now:** (1=Excellent, 2=Good, 3=Fair, 4=Poor, 9=Unkn)
|___| g515	**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 2 ,

Self-Reported Performance--Part 2

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

Activities of Daily Living

|__|__|__| g516	**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

|__| g517	**Dressing** (undressing and redressing)
|__| g518	**Bathing** (including getting in and out of tub or shower)
|__| g519	**Eating**
|__| g520	**Transferring**(getting in and out of a chair)
|__| g521	**Toileting Activities** (using bathroom facilities and handle clothing)
|__| g522	**Bladder Continence** (ask if person has "accidents") (code=5 if use special products)
|__| g523	**Bowel Continence** (ask if person has "accidents") (code=5 if use special products)
|__| g524	**Walking on Level Surface about 50 Yards** (length of Thurber St.)
|__| g525	**Walking up and down One Flight Stairs**
|__| g526	**Using a Telephone**
|__| g527	**Preparing and Taking Own Medications** (code as above, and 8=takes no medications regularly)

Exam 2 ,

Activities Questions- Part A

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

|__|__|__| g528 **Examiner's Number** for Act.-Part A and Rosow-Breslau Questions

Use of Nursing and Community Services

|__| g529 Have you been admitted to a nursing home (or skilled facility) in the past two years? (0=No, 1=Yes, 9=Unknown)

|__| g530 In the past two years, have you been admitted to a nursing home, been visited by a nursing service, or used home, community, or outpatient services? (0=No, 1=Yes, 9=Unknown)

if yes, continue ☞ and below

Past month only	Past two years	
|__| g531	|__| g532	Home health aides
|__| g533	|__| g534	Homemaker visits
|__| g535	|__| g536	Visiting Nurses
|__| g537	|__| g538	Rehabilitation services (such as physical therapy, occupational therapy, speech therapy)
|__| g539	|__| g540	Cardiac rehabilitation
|__| g541	|__| g542	Meals on Wheels
|__| g543	|__| g544	Community Day Programs
|__| g545	|__| g546	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

|__| g547 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)

|__| g548 Are you able to walk half a mile without help? (About 4 to 6 blocks) (0=No, 1=Yes, 8=Not attempted, 9=Unknown)

|__| g549 Do you drive now? (0=No, 1=Yes, 9=Don't Know)

if no then ☞

|__| g550 Reason for not driving now (1=Health, 2=Other non-health reason, 3=never drove a car 9=Unknown

Exam 2 ,

Activities Questions - Part B

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

|__|__|__| g551	**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

|__| g552	Pulling or pushing large objects like a living room chair
|__| g553	Either stooping, crouching, or kneeling
|__| g554	Reaching or extending arms below shoulder level
|__| g555	Reaching or extending arms above shoulder level
|__| g556	Either writing, or handling, or fingering small objects
|__| g557	Standing in one place for long periods, say 15 minutes
|__| g558	Sitting for long periods, say 1 hour
|__| g559	Lifting or carrying weights under 10 pounds (like a bag of potatoes)
|__| g560	Lifting or carrying weights over 10 pounds (like a very heavy bag of groceries)
|__| g561	Getting in and out of car
|__| g562	Putting on socks or stockings

Exam 2 ,

Activities Questions -- Part C

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

|__|__|__| g563	**Examiner's Number** for Activities - Part C

\|__\| g564 In the past year have you accidentally fallen and hit the floor or ground?

if yes, fill ☞

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

\|__\|__\| g565 How many times did you fall in the past year? (99=Unknown)

Fractures

\|__\| g566 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)
|__|__|__|__| g567	|__|__|__|__| g568	Clavicle (collar bone)
|__|__|__|__| g569	|__|__|__|__| g570	Upper arm (humerus) or elbow
|__|__|__|__| g571	|__|__|__|__| g572	Forearm or wrist
|__|__|__|__| g573	|__|__|__|__| g574	Hand
|__|__|__|__| g575		Back (If disc disease only, code as no)
|__|__|__|__| g576		Pelvis
|__|__|__|__| g577	|__|__|__|__| g578	Hip
|__|__|__|__|g579	|__|__|__|__| g580	Leg
|__|__|__|__| g581	|__|__|__|__| g582	Foot
|__|__|__|__| g583	|__|__|__|__| g584	Toe
|__|__|__|__| g585		Other (specify)_____ ___

Exam 2 ,

CES-D Scale

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

|__|__|__| g586	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
1. I was bothered by things that usually don't bother me. g587	0	1	2	3	9
2. I did not feel like eating; my appetite was poor. g588	0	1	2	3	9
3. I felt that I could not shake off the blues, even with help from my family and friends. g589	0	1	2	3	9
4. I felt that I was just as good as other people. g590	0	1	2	3	9
5. I had trouble keeping my mind on what I was doing. g591	0	1	2	3	9
6.I felt depressed. g592	0	1	2	3	9
7. I felt that everything I did was an effort. g593	0	1	2	3	9
8. I felt hopeful about the future. g594	0	1	2	3	9
9. I thought my life had been a failure. g595	0	1	2	3	9
10. I felt fearful. g596	0	1	2	3	9
11. My sleep was restless. g597	0	1	2	3	9
12. I was happy. g598	0	1	2	3	9
13. I talked less than usual. g599	0	1	2	3	9
14. I felt lonely. g600	0	1	2	3	9
15. People were unfriendly. g601	0	1	2	3	9
16. I enjoyed life. g602	0	1	2	3	9
17. I had crying spells. g603	0	1	2	3	9
18. I felt sad. g604	0	1	2	3	9
19. I felt that people disliked me g605	0	1	2	3	9
20. I could not "get going" g606	0	1	2	3	9

Exam 2 ,

Raynaud's Questionnaire

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

|__|__|__| g607	**Examiner's Number** for Raynaud's Questionnaire

1.|__| g608	"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
2a.|__| g609	"Do your fingers sometimes show unusual color changes?" (If asked to define "unusual", say "Do they become white?")	
2b. |__| g610	"Do they become white?"	
2c. |__| g611	"Do they become blue?"	
2d. |__| g612	"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.

3. \|__\| g613 "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?"		
|__| g614	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
|__| g615	Photo 1.	
|__| g616	Photo 2.	
|__| g617	Photo 3.	
|__| g618	Photo 4.	

Exam 2 ,

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

Raynaud's Questionnaire

5. |__| g619	"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	
6. |__| g620	"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	
7. |__|__|__| g621	"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.	
8. |__| g622	"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
9. |__| g623	"In the last 12 months did you limit your activities because your fingers were sensitive to cold or showed unusual color changes?	

Exam 2

Cancer Screening Information

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

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

Yes No Unsure Unknown Man
if yes, g624 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)

Yes No Unsure Unknown Man
if yes, g627 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)

Yes No Unsure Unknown Man
if yes, g630 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)

Yes No Unsure Unknown Woman
if yes, g633 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=Unk.)

|__| 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)

Yes No Unsure Unknown
if yes, g636 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)

Yes No Unsure Unknown
if yes, g639 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)

Yes No Unsure Unknown
if yes, g642 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 2 ,

Berkman Social Network Questionnaire

|7|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)
1. How many *close friends* do you have: people that you feel at ease with, can talk to about private matters? g645	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
2. How many of these *close friends* do you see at least once a month? g646	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
3. How many *relatives* do you have; people that you feel at ease with, can talk to about private matters? g647	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
4. How many of these *relatives* do you see at least once a month? g648	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown

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? g649		
Circle one answer		
No (Code=0)	**Yes (Code=1)**	**Unknown (Code=9)**

6. About how often do you go to religious meetings or services? g650						
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 2 ,

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

7. Do you have Medicare or Medicaid? g651		
Circle one answer		
No (Code=0)	**Yes (Code=1)**	**Unknown (Code=9)**

8. Do you have health insurance? g652		
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)
9. Is there someone available to you whom you can count on to listen to you when you need to talk? g653	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
10. Is there someone available to give you good advice about a problem? g654	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
11. Is there someone available to you who shows you love and affection? g655	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
12. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)? g656	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**
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? g657	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**	**Unknown**

Exam 2 ,

|7|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
1	Have you had wheezing or whistling in your chest at any time in the last 12 months? 0=NO 1=YES g658	0 1 9
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 g659	0 1 9

	Shortness of Breath	Coding Use
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 g660	0 1 9
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 g661	0 1 9
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 g662	0 1 9

	Cough and Phlegm from the Chest	Coding Use
6	Have you, at any time in the last 12 months, been awakened at night by an attack of coughing? 0=NO1= YES g663	0 1 9
7	Do you usually cough first thing in the morning? 0=NO 1=YES g664	0 1 9
8	Do you usually bring up phlegm from your chest first thing in the morning? 0=NO 1= YES g665	0 1 9
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 g666	0 1 9

	Breathing		Coding Use
10	Which of the following statements best describes your breathing? g667	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	

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:		
11	Get a feeling of tightness in your chest? 0= NO 1=YES g668	0 1 9
12	Start to feel short of breath? 0=NO 1=YES g669	0 1 9

Asthma		Coding Use
13	Have you ever had asthma? 0=NO 1=YES g670	0 1 9
14	Have you had an attack of asthma at any time in the last 12 months? 0=NO 1=YES g671	0 1 9
15	Are you currently taking any medicines (including inhalers, aerosols,or tablets) for asthma? 0=NO 1=YES g672	0 1 9

Smoking		Coding Use
16	Do you now smoke cigars or pipes? 0=NO 1= YES g673	0 1 9
17	Do you now smoke cigarettes (i.e. within the last week)? 0=NO 1=YES g674	0 1 9
18	Have you ever smoked cigarettes for as long as a year? 0=NO 1=YES g675 (if yes answer 18 a,b,&c)	0 1 9
18a	How many years have you smoked / did you smoke? _____ g676	|__|__|
18b	How many cigarettes do/did you smoke a day?_____ g677	|__|__|__|
18c	If you no longer smoke, when did you Quit? g678 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.)	
19	Are you currently taking any steroid medications? 0=NO 1= YES g679	0 1 9
20	If yes, by what route (check as many as apply) ORAL g680 INJECTED g681 INHALED g682 NASAL g683 SKIN g684	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	

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
1. How many times per week do you engage in intense physical activity? (enough to work up a sweat)_____. g685	|__|__|
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) g686	|__|__|__|

Exam 2 ,

Physical Activity Questionnaire--Framingham Heart Study

|7|0|2|0|4| FORM NUMBER revised 10/14/97

Climbing Stairs and Walking	Enter value	Coding Use Only
How many **flights of stairs** do you **climb up** each day? (Let 1 flight=10 steps, 99=Unknown)	__g687__	|__|__|__|
How many **city blocks** (or their equivalent) do you **walk** each day? (Let 12 blocks= 1 mile, 99=Unknown)	__g688__	|__|__|

Rest and Activity for a Typical Day	Enter value	Coding Use Only
Sleep--Number of hours that you typically sleep?	_g689__	|__|__| 15-16
Sedentary--Number of hours typically sitting?	_g690__	|__|__| 17-18
Slight Activity--Number of hours with activities such as standing, walking ?	_g691__	|__|__| 19-20
Moderate Activity--Number of hours with activities such as house work (vacuum, dust, yard chores, climbing stairs; light sports such as bowling, golf)?	_g692__	|__|__| 21-22
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.?	_g693__	|__|__| 23-24
Total number of hours (should be the total of above items)	24	