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CLINIC PROTOCOL MANUAL

Omni 1 Exam 1

Framingham Heart Study

March, 1994

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.

Prepared by

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Michael J. Wartofsky**

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GUIDELINES FOR ACCURACY

To insure maximum accuracy and legibility for persons performing data entry, please adhere to the following guidelines:

1. Use a red or blue pen, or any other pen which will stand out from the page (pencil or black ball-point pen unacceptable).
2. Make sure all numerals are unmistakably clear.
3. Do not leave any blanks on exam form. If measurements are not taken, please enter 9's in blanks, and document the reason. Your comments are helpful at any point of the exam where data is not recorded in the standard manner.
4. If you make an error, please cross it out entirely, write the correct information in the margin, and initial the change. Do not superimpose numerals one on top of the other.
5. Make sure both sides of the page are filled out, as the new exam form uses two-sided pages.
6. For more information on anthropometric measurements, refer to the following manual which is available in the clinic:

Lohman, T.G., Roche, A.F., Martorell, R., eds., Anthropometric Standardization Reference Manual, Champaign, IL: Human Kinetics Press, 1988.

EQUIPMENT FOR BODY SIZE MEASUREMENTS

1. Scale to measure body weight in lbs.: Detecto *e024*
Worcester Scale Co., Inc.
228 Brooks Street
Worcester, MA
853-2886
2. Weight to calibrate scale: 50 lbs. *e024*
Worcester Scale Co., Inc. (see above)
3. Vertical mounted Metal ruler (stadiometer) in cm : (homemade) *e025*
4. Skinfold calipers: Lange type *e026 - e030*
Cambridge Scientific Industries
Mooselodge Road
PO Box 265
Cambridge, MD 21613
(301)-228-5111
5. Step Wedge to check calibration of skinfold calipers. Lange model #100613, \$10.00.
Cambridge Scientific Industries (see above for address) *e026 - e030*
6. Anthropometric Fiberglass Tape: Butterfly Brand
Made in Shanghai, China *e031 - e034*
7. Ross Knee Height Caliper: Model #50452 *e039*
Ross Laboratories
Columbus, OH 43216

EQUIPMENT FOR EXAM PROCEDURES

1. Carbon Monoxide Analyzer: Ecolyzer, Series 2000

Repairs: ETA Associates, Inc.
PO Box 13
Nonantum, MA 02195
(617)-527-4544
(617)-527-1611
(617)-244-6683

e038

2. a) CO Removable Calibration Canister; Calgaz, Model #7156LPM
b) gauge
ETA Associates, Inc. (see above)

3. Spirometer: Collins Eagle II, Model #006038
Warren E. Collins, Inc.
220 Wood Road
Braintree, MA 02184
(617)-843-0610
(800)-225-5157

PFT data set

4. 3 liter calibration syringe Model #021156

5. 1 liter precision syringe: Vitalograph, Catalogue# 20-408
Made in England

NOTE: Items 3, 4, and 5 are used for the Pulmonary Function Test. Please see operations manual.

6. ****For Pulmonary Function Test (PFT), please see:**
Manual of Operations: Pulmonary Function Assessment
Paul Enright, MD
Peter Boyle & Pam Boyer-Pfersdorf
University of Arizona
Respiratory Sciences Room 2342
1501 N. Campbell Ave.
Tucson, AZ 85724
(602) 626-6415, fax (602) 626-6970

PFT data set

7. Microcomputer Augmented Cardiograph (MAC) PC [cardiogram computer]: Model #G6L10355
Marquette Electronics
PO Box 9100
100 Marquette Drive
Jupiter, FL 33468-9100
(800)-552-3249
(800)-558-7072 (technical support)

EKG
e583-e618

8. Power module for MAC PC: Model #F6L70157
Marquette Electronics (see above) *EKG*
e583-e618
9. Microcomputer Augmented Cardiograph (MAC) II:
Series 6725/6750 (1984 model)
Marquette Electronics (see above) *EKG*
e583-e618
10. Body Composition Analyzer: Model #BIA-101
RJL Systems
9930 Whittier
Detroit, MI 48224
(800)-528-4513
(313)-790-0200 *see body composition*
data set
11. 8 megahertz doppler pen probe
Parks Medical Electronics, Inc.
19460 S.W. Shaw
Aloha, Oregon 97007 *Parks med.*
1-800-547-6427
12. Ultrasonic Doppler Flow Detector: Model ~~11-B~~
(with power cord 91-2305) *Arm*
Parks Medical Electronics, Inc.
19460 S.W. Shaw
Aloha, Oregon 97007 *Ankle-Arm Doppler*
data set
13. Standard mercury column sphygmomanometer: Wall-mounted Baumanometer (E98169)
W.A. Baum Co., Inc.
620 Oak Street
Copiague, NY 11726
(516)-226-3940
14. Portable standard mercury column sphygmomanometer:
Baumanometer, 300 model; Catalogue #0661-0320
W.A. Baum Co., Inc.
620 Oak Street
Copiague, NY 11726
(516)-226-3940 *e035, e036*
e485, e486
e581, e582

CALIBRATION TIME TABLE

<u>ITEM</u>	<u>FREQUENCY</u>
1. Scale	Daily, with 50 lb. weight e024
2. Skinfold calipers	Daily, with step wedge e026 - e030
3. Ecolyzer	Daily, with Calgaz CO canister e038 Weekly, with non-smoking technician's breath
4. Spirometer	See PFT operations manual, pp. 8-9, 32-40 see PFT data set
5. ECG (MAC)	Automatic calibration on each tracing e583 - e618

WEIGHT MEASUREMENT e024

1. Ask participant to wear FHS gown for measurement if he/she brought heavy gown from home. Have participant remove slippers or shoes.
2. Prior to asking participant to step onto scale, lift the counter poise and position it at zero.
3. Ask participant to step onto scale, facing measurement beam.
4. Instruct participant to stand in the middle of the scale platform with head erect and eyes looking straight ahead. Weight should be equally distributed on both feet, and participant should not touch or support him/herself.
5. With participant standing still in the proper position, lift the counterweight (larger weight), and slide it to the right until the beam approaches balance.
6. Adjust the top poise until the beam is evenly balanced.
7. Have participant step off scale. Read weight with eyes level to the point of measurement.
8. Record the weight to the nearest pound; **round up if ≥ 0.5 , round down if < 0.5 .**
9. Calibrate scale daily.

Reference Data

Abraham, S., Johnson, C.L., & Najjar, M.F. (1979). Weight by height and age for adults 18-74 years, U.S. 1971-1974, vital and health statistics (Series 11, No. 211, Department of Health, Education, and Welfare). Washington, DC: U.S. Government Printing Office.

STANDING HEIGHT MEASUREMENT

e025

1. Participant should be barefoot or wearing thin socks so positioning of the body can be seen. Ask participant to stand erect with his/her back to vertical mounted metal ruler (stadiometer).
2. Heels should be together and against the vertical ruler, both feet flat on the floor, with weight distributed evenly across both feet. Check to make sure both feet are back against the wall.
3. Participant faces straight ahead with his/her head positioned in the Frankfort horizontal plane (see next page). The lower margin of the bony orbit (the socket containing the eye) should be on the same horizontal plane as the most forward point in the supratragal notch (the notch just above the anterior cartilaginous projections of the external ear.)
4. Ask participant to let arms hang freely by the sides of the trunk, palms facing the thighs. Ask participant to inhale deeply and maintain a fully erect position.
5. Bring the carpenter square down snugly but not tightly on top of participant's head. Use an extension board for proper measurement of severely kyphotic subjects.
6. Record measurement to the nearest **1/4 inch, rounding down.**

Reference Data

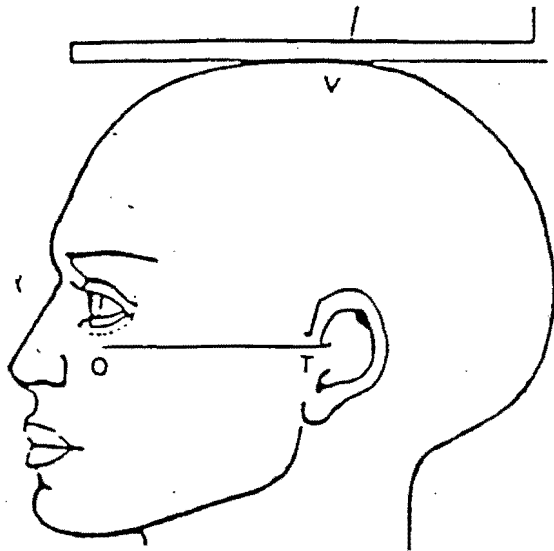
Abraham, S., Johnson, C.L., & Najjar, M.F. (1979). Weight by height and age for adults 18-74 years, U.S. 1971-1974, vital and health statistics (Series 11, No. 211, Department of Health, Education, and Welfare). Washington, DC: U.S. Government Printing Office.

National Aeronautics and Space Administration. (1978). Anthropometric source book vol. I: Anthropometry for designers: Vol. II: A handbook of anthropometric data (No. 1024). Houston, TX: Lyndon B. Johnson Space Center.

STANDING HEIGHT MEASUREMENT

e025

FRANKFORT PLANE FOR MEASURING BODY HEIGHT



ORBITALE: Lower margin of eye socket

TRAGION: Notch above tragus of ear or at upper margin of zygomatic bone at that point

FRANKFORT PLANE: Orbitale-tragion horizontal line

SKINFOLD MEASUREMENTS e026 - e030

DEFINITION

SKINFOLD = FATFOLD

Skinfolds actually are the thicknesses of double folds of skin and fat tissue under the skin at specific body sites (triceps, subscapular, abdomen).

PURPOSE

Skinfolds are a simple measure of general fatness and a simple way to assess the distribution of fat tissue. They are used to investigate the health risks associated with obesity.

IMPORTANT POINTS

1. STANDARDIZATION OF SITE SELECTION AND LOCATION

Small differences in location can make significant differences in measurement. Carefully mark the site to be measured.

2. "AMOUNT TO PINCH"

The amount of tissue elevated must be sufficient to form a fold with approximately parallel sides. Care must be used so that only skin and fat are elevated.

3. PLACEMENT OF CALIPER JAWS

Jaws should be placed midway between the general surface of the body and the crest of the skinfold.

TRICEPS SKINFOLD 2026, 2027

1. Locate and mark posterior tip of the acromial process (point of the shoulder) on the right arm.
2. Have participant flex right elbow 90 degrees.
3. Mark olecranon (point of the elbow) and then straighten and relax arm.
4. Measure with cloth tape the distance between the acromial process and the olecranon (see figure 1, next page).
5. Make a pen mark on the back of the right upper arm halfway between the tip of the acromial process and the olecranon.
6. Have the participant place right arm at his/her side.
7. Check caliper on measuring block at 10 mm.
8. Firmly grasp a fold of skin between thumb and first two forefingers in your left hand, **1 cm above the mark of the midpoint of the upper arm**. Gently lift fold away from the muscle and then release fold.
9. Repeat, gently lifting fold 2 or 3 times to make sure no muscle is grasped.
10. Again, firmly grasp a fold of skin, gently lifting fold away from the muscle.
11. Place the contact surface of the caliper at the level of the mark (see figure 2, next page).
12. Keep a firm grip on the skinfold with the left hand during the entire measurement.
13. Release the calipers, count silently 1-2-3 (approximately 2 seconds) and take the reading.
14. Take the reading to the millimeter, rounding down, before the needle drifts. Hold the pinch until after the measurement is completed.

TRICEPS SKINFOLD e026 - e027

Adapted from Atherosclerosis Risk in Communities Study (ARIC) Protocol Manual 2. Cohort Component Procedures. Version 2.0 1/88, pp. A46-A47.

Reference Data

Frisancho, A.R. (1981). New norms of upper limb fat and muscle areas for assessment of nutritional status. American Journal of Clinical Nutrition, 34, 2540-2545.

Johnston, C.L., Fulwood, R., Abraham, S. & Bryner, J.D. (1981). Basic Data on anthropometric and angular measurements of the hip and knee joints for selected age groups 1-74 years of age, United States, 1971-1975 (Vital and Health Statistics, Series 11, No. 219. U.S. Department of Health and Human Services). Washington, D.C.: U.S. Government Printing Office.

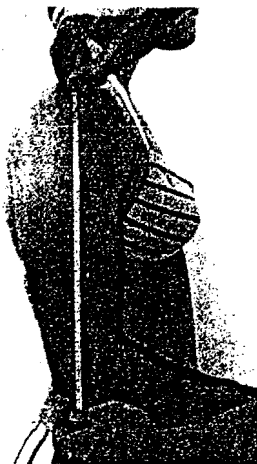


Figure 1 Marked midpoint for triceps skinfold site

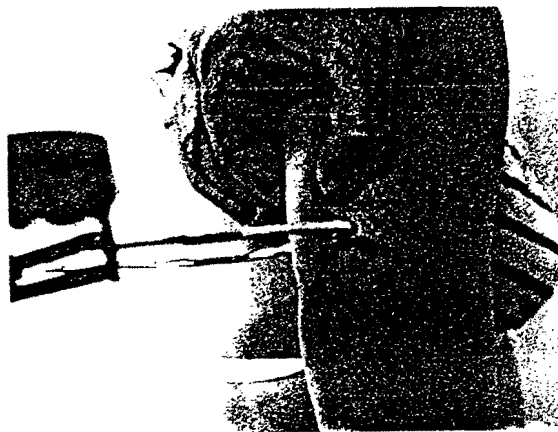


Figure 3 Measurement of skinfold thickness with caliper.



12
Figure 2 Measurement of triceps skinfold.

SUBSCAPULAR SKINFOLD 2028-2029

1. Have the participant place right hand in middle of his/her back to help define the medial border of the right scapula.
2. Locate the medial border of the right scapula with the fingers of your left hand.
3. Move your fingers down the full length of the medial border of the scapula until the inferior angle is located.
4. Have subject **relax arm** at his/her side.
5. Make a pen mark 1 cm below the inferior angle of the right scapula on the diagonal line extending slightly downward and outward from the medial border (see figure 1, next page).
6. Grasp the skinfold 1 cm above the mark with your left hand. The skinfold is grasped and lifted up along the diagonal line extending slightly downward from the medial border. Gently lift fold away from the muscle and then release fold.
7. Repeat, gently lifting fold 2 or 3 times to make sure no muscle is grasped.
8. Again, firmly grasp a fold of skin, gently lifting fold away from the muscle.
9. Place the contact surface of caliper at the level of the mark (see figure 2, next page).
10. Keep a firm grip on the skinfold with left hand during entire measurement.
11. Release caliper, count silently 1-2-3 (approximately 2 seconds) and take the reading.
12. Take the reading **to the millimeter, rounding down**, before the needle drifts. Hold the pinch until after the measurement is completed.

SUBSCAPULAR SKINFOLD e028-e029

Adapted from Atherosclerosis Risk in Communities Study (ARIC) Protocol Manual 2. Cohort Component Procedures. Version 2.0 1/88, p. A48-A49.

Reference Data

Durnin, J.V.G.A., & Womersley, J. (1974). Body fat assessed from total body density and its estimation from skinfold thickness. British Journal of Nutrition, 32, 77-97.

Stoudt, H., Damon, A., & McFarland, R. (1970). Skinfolds, body girths, biacromial diameter and selected anthropometric indices of adults, United States, 1960-1962 (Vital and Health Statistics, Series 11, No. 35. U.S. Department of Health, Education and Welfare). Washington, D.C.: U.S. Government Printing Office.



Figure 1 Landmarks for subscapular and triceps skinfolds.

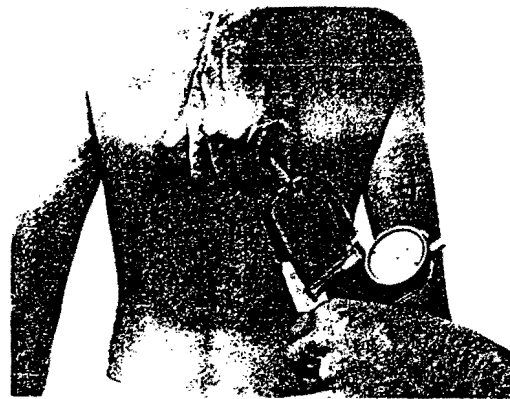


Figure 2 Measurement of subscapular skinfold.

ABDOMINAL SKINFOLD 2030

1. With cloth tape, measure 3 centimeters to the right of umbilicus (navel) and 1 cm inferior to it (see figure 1, next page). Mark the spot. If a scar is present, measure 3 cm to the left of umbilicus and 1 cm inferior to it. If the left side is used, please note on the exam form.
2. At the marked spot, firmly grasp a fold of skin between thumb and first two forefingers in your left hand. Gently lift fold away from the muscle and then release fold. **Raise a horizontal skinfold.**
3. Repeat, gently lifting fold 2 or 3 times to make sure no muscle is grasped.
4. Place the contact surface of the caliper at the level of the mark (see figure 2, next page).
5. Keep a firm grip on the skinfold with the left hand during the entire measurement.
6. Release the calipers, count silently 1-2-3 (approximately 2 seconds) and take the reading.
7. Take the reading **to the millimeter, rounding down** before the needle drifts. Hold the pinch until after the measurement is completed.

Reference List

Loman, T.G., Roche, A.F., Martorell, R., eds. Anthropometric Standardization Reference Manual. Champaign, IL: Human Kinetics Press, 1988, pp. 61-62.

ABDOMINAL SKINFOLD e030

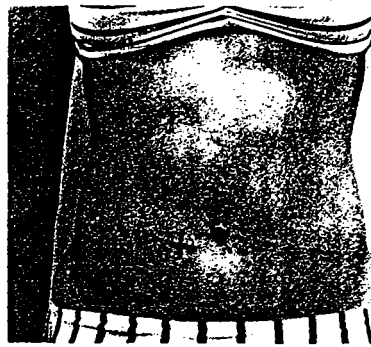


Figure 1 Location of abdominal skinfold site.



Figure 2 Measurement of abdominal skinfold.

IMPORTANT POINTS FOR ACCURATE GIRTH MEASUREMENTS
(right arm, waist, hip and proximal thigh girths)

e031 - e034

1. Carefully locate the correct site to be measured.
2. Keep the measuring tape snug so it does not slide, but do not indent the skin.
3. Make sure tape is horizontal for the entire circumference of the body part.

RIGHT ARM GIRTH (circumference) 2031

1. Locate and mark posterior tip of the acromial process on the right arm (see figure 1, next page).
2. Have participant flex right elbow 90 degrees.
3. Mark olecranon (point of the elbow) and then straighten and relax arm.
4. Measure with cloth tape the distance between the acromial process and the olecranon.
5. Make a pen mark on the back of the right upper arm halfway between the tip of the acromial process and the olecranon.
6. Have the subject place right arm at his/her side.
7. Measure arm circumference at midpoint of upper arm (see figure 2, next page). Record measurement to the **nearest 1/4 inch, rounding down.**

Reference Data

Bishop, C.W., Bowen, P.E., & Ritchey, S.S. (1981). Norms for nutritional assessment of American adults by upper arm anthropometry. American Journal of Clinical Nutrition, **34**, 2830-2839.

Frisancho, A. (1974). Triceps skinfold and upper arm muscle size norms for assessment of nutritional status. American Journal of Clinical Nutrition, **27**, 1052-1057.

Frisancho, A.R. (1981). New norms of upper limb fat and muscle areas for assessment of nutritional status. American Journal of Clinical Nutrition, **34**, 2540-2545.

RIGHT ARM GIRTH

e031



Figure 1 Location of the midpoint of the upper arm.

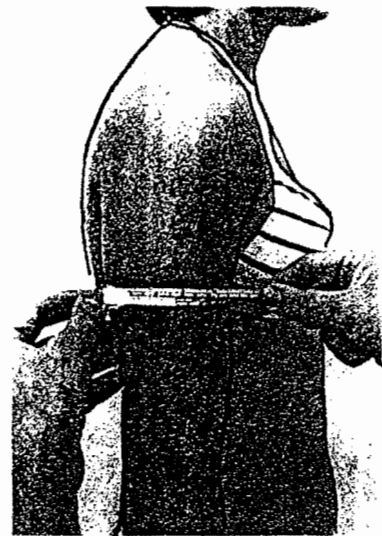


Figure 2 Measurement of arm circumference.

WAIST GIRTH (circumference) 2032

1. Participant stands erect, arms hanging loosely at sides, weight equally distributed on both feet, head facing straight ahead.
2. Apply anthropometric tape at the level of the umbilicus, underneath the gown (see figure on following page).
3. Apply tape snugly but not tightly.
4. Make sure the tape is horizontal and not twisted, checking from both the front and back.
5. Read measurement at **mid-respiration** with participant breathing normally.
6. Record measurement to the nearest 1/4 inch, rounding down.

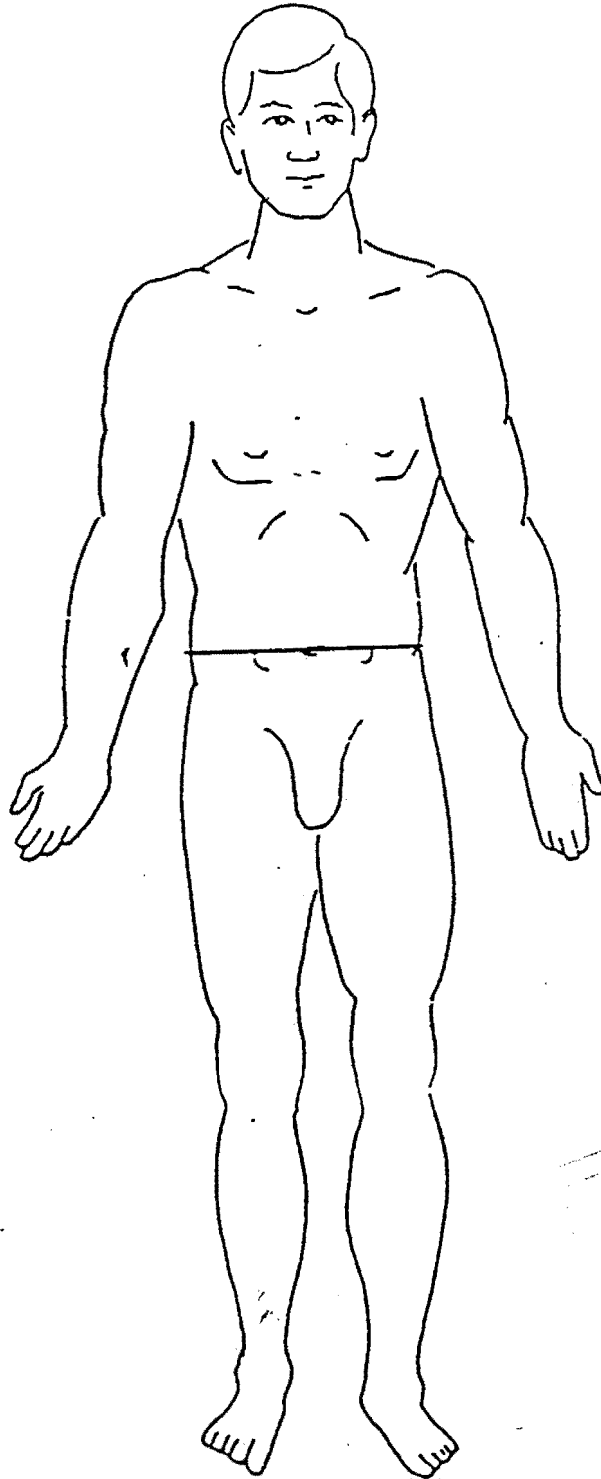
Adapted from Atherosclerosis Risk in Communities Study (ARIC) Protocol Manual 2. Cohort Component Procedures. Version 2.0 1/88, p. A50.

Reference Data

National Aeronautics and Space Administration. (1978). Anthropometric source book vol. I: Anthropometry for designers: Vol. II: A handbook of anthropometric data (No. 1024). Houston, TX: Lyndon B. Johnson Space Center.

Stoudt, H., Damon, A., & McFarland, R. (1970). Skinfolds, body girths, biacromial diameter and selected anthropometric indices of adults, United States, 1960-1962 (Vital and Health Statistics, Series 11, No. 35. U.S. Department of Health, Education and Welfare). Washington, D.C.: U.S. Government Printing Office.

WAIST GIRTH e032



Waist Girth at level
of umbilicus

HIP GIRTH (circumference) e033

1. Participant stands erect, arms hanging loosely at sides, weight equally distributed on both feet, head facing straight ahead.
2. Apply anthropometric tape at the level of the maximal protrusion of the gluteal muscles, underneath the gown but over the underwear (see figure on following page).
3. Apply tape snugly but not tightly.
4. Make sure the tape is horizontal and not twisted, checking from both the front and back.
5. Record measurement to the nearest 1/4 inch, rounding down.

Adapted from Atherosclerosis Risk in Communities Study (ARIC) Protocol Manual 2. Cohort Component Procedures. Version 2.0 1/88, p. A51.

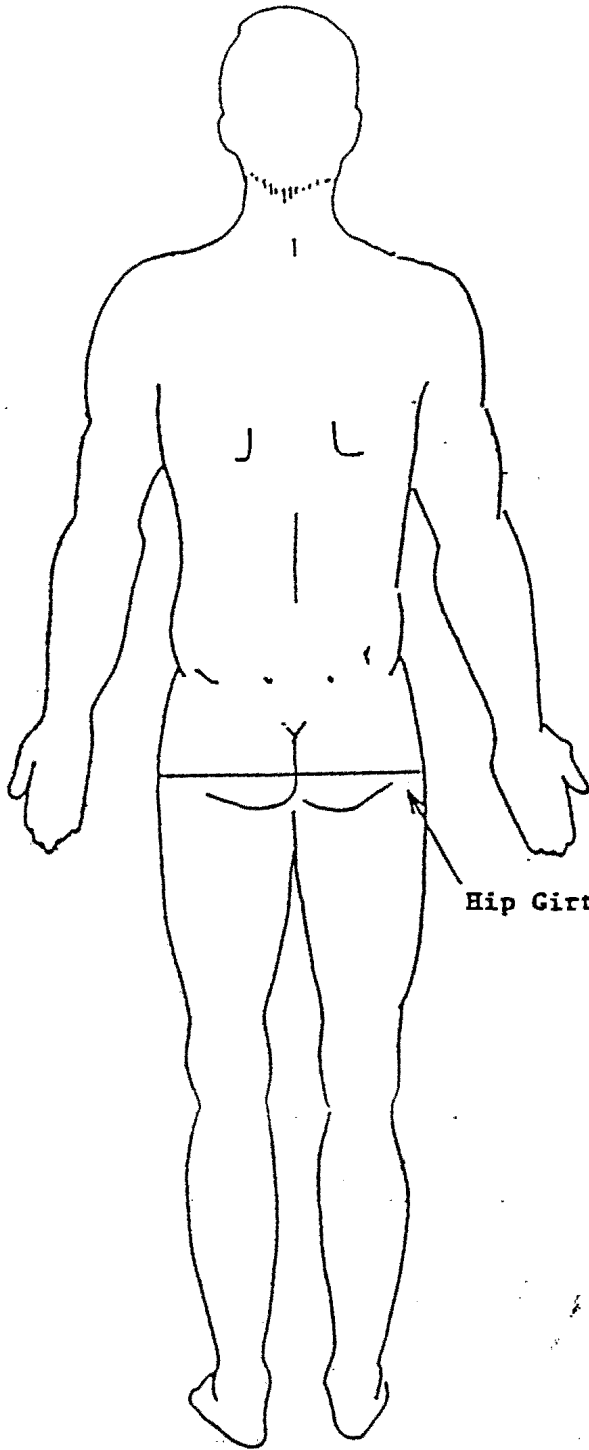
Reference Data

Clauser, C.E., Tucker, P.E., McConville, J.T., Churchill, E., Laubach, L.L., & Reardon, J.A. (1972). Anthropometry of Air Force women (Report No. AMRL-TR-70-5). Dayton, OH. Aerospace Medical Research Laboratory, Aerospace Medical Division, Air Force Systems Command, Wright-Patterson Air Force Base.

National Aeronautics and Space Administration. (1978). Anthropometric source book vol. I: Anthropometry for designers: Vol. II: A handbook of anthropometric data (No. 1024). Houston, TX: Lyndon B. Johnson Space Center.

White, R., & Churchill, E. (1971). The body size of soldiers. (TR72-51-CE). Natick, MA: U.S. Army Natick Laboratories.

HIP GIRTH e033



Hip Girth (at maximum protrusion of gluteal muscles)

PROXIMAL THIGH GIRTH (circumference) 2034

1. Participant stands erect, arms hanging loosely at sides, weight equally distributed on both feet, head facing straight ahead. Legs should be far enough apart that thighs do not touch each other.
2. Apply anthropometric tape immediately below the gluteal furrow (buttock) (see figures, next page).
3. Apply tape snugly but not tightly.
4. Make sure the tape is horizontal and not twisted, checking from both the front and back.
5. Record measurement to the nearest 1/4 inch, rounding down.

Reference Data

Clauser, C.E., Tucker, P.E., McConville, J.T., Churchill, E., Laubach, L.L., & Reardon, J.A. (1972). Anthopometry of Air Force women (Report No. AMRL-TR-70-5). Dayton, OH. Aerospace Medical Research Laboratory, Aerospace Medical Division, Air Force Systems Command, Wright-Patterson Air Force Base.

Hertzberg, H.T.E., Churchill, E., Dupertuis, C.W., White, R.M., & Damon, A. (1963). Anthropometric survey of Turkey, Greece, and Italy. New York: Macmillan Company.

MacDougall, J.D., Wenger, H.A., & Green, H.J. (1981). Physiological testing of the elite athlete. Ottawa, Canada: Canadian Association of Sport Sciences.

PROXIMAL THIGH GIRTH 2034

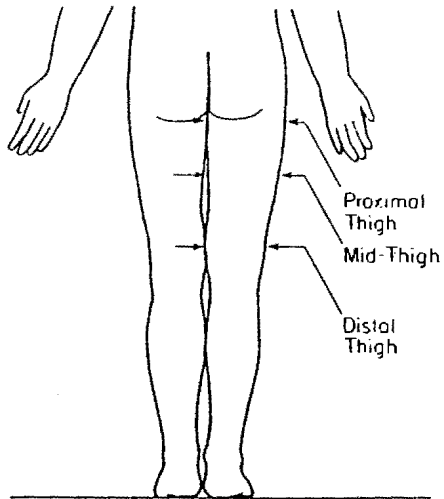


Figure 1 Posterior view of locations for thigh circumferences.



Figure 2 Measurement of proximal thigh circumference.

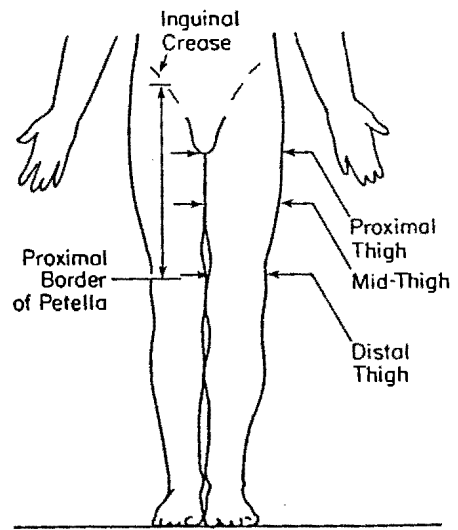


Figure 3 Anterior view of locations for thigh circumferences.



HEEL TO KNEE MEASUREMENT 2039

PURPOSE

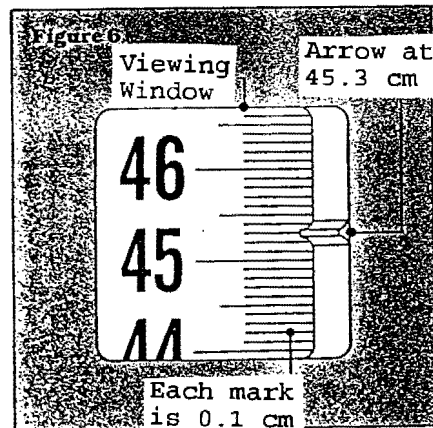
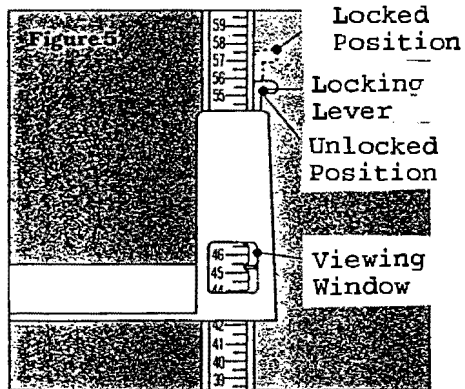
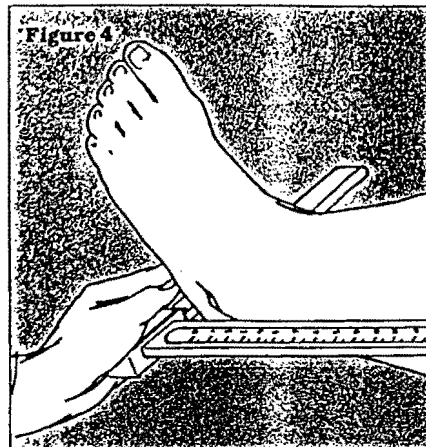
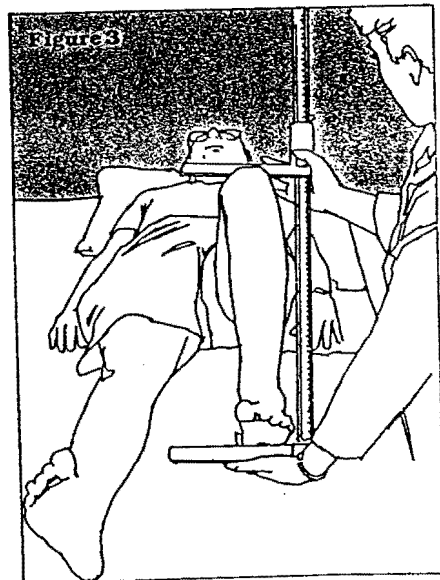
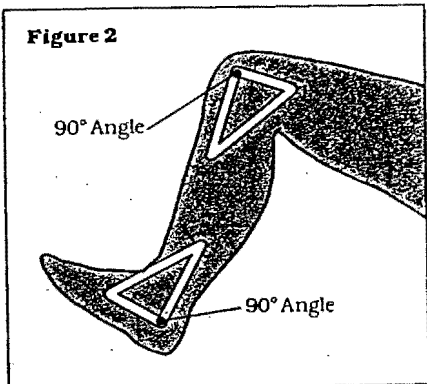
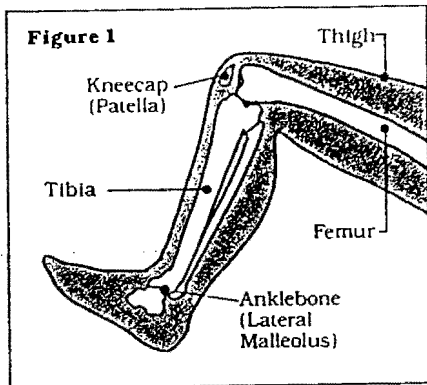
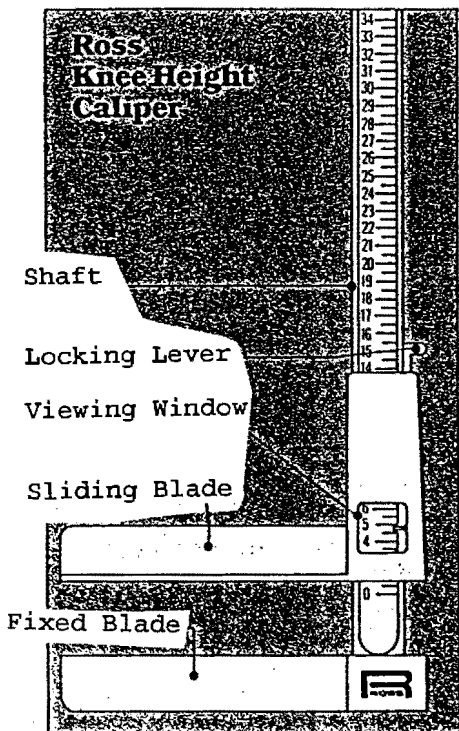
As people age, they will often shrink in height. Generally, this shrinkage is due to the spaces between the bones in the spine shrinking. The lower leg consists of two bones which go from the heel to the knee - this does not change over time. By measuring this heel to knee distance and using a factor based on age, we are better able to compare people of different ages and different amounts of spinal shrinkage.

METHOD

1. With subject seated, bend both left knee and left ankle to a 90 degree angle (figure 1 on following page). Check the angles by using the triangle (figure 2).
2. Open the caliper and place the fixed blade under the heel. The inside of the ankle and lower leg should be against the vertical bar of the caliper. Press the sliding blade down against the thigh about 2 inches behind the kneecap (patella) (figure 3). The shaft of the caliper should be in line with the large bone in the lower leg (tibia) and be over the ankle-bone (lateral malleolus) (figure 4).
3. To hold the measurement, push the locking lever away from the blades (figure 5). Read the measurement through the viewing window to the nearest 0.1 centimeter (figure 6).
4. Release the locking lever by pushing it toward the caliper blades.

HEEL TO KNEE MEASUREMENT

e039



ECG PRECORDIAL LEAD PLACEMENT (see diagram, next page)

e583 - e618

- **Point V1:** The first intercostal space is palpated just below the clavicle. Count down and identify the fourth intercostal space just below the fourth rib. **Point V1** is just to the right of the sternum in the fourth intercostal space.
- **Point V2:** Should be at the same level as **Point V1** and immediately to the left of the sternum.
- **Point V4:** Lies in the midclavicular line in the fifth interspace. (In a male or a small breasted female, this is usually close to the nipple.)
- **Point V3:** Lies at the midpoint of an imaginary straight line connecting **V2** and **V4**. Use a flexible, graduated straight edge to mark the point midway between **V2** and **V4**.
- **Point V6:** Lies in the middle axillary line in the fifth intercostal space.
- **Point V5:** Lies in the anterior axillary line in the fifth intercostal space, midway between **V4** and **V6**.

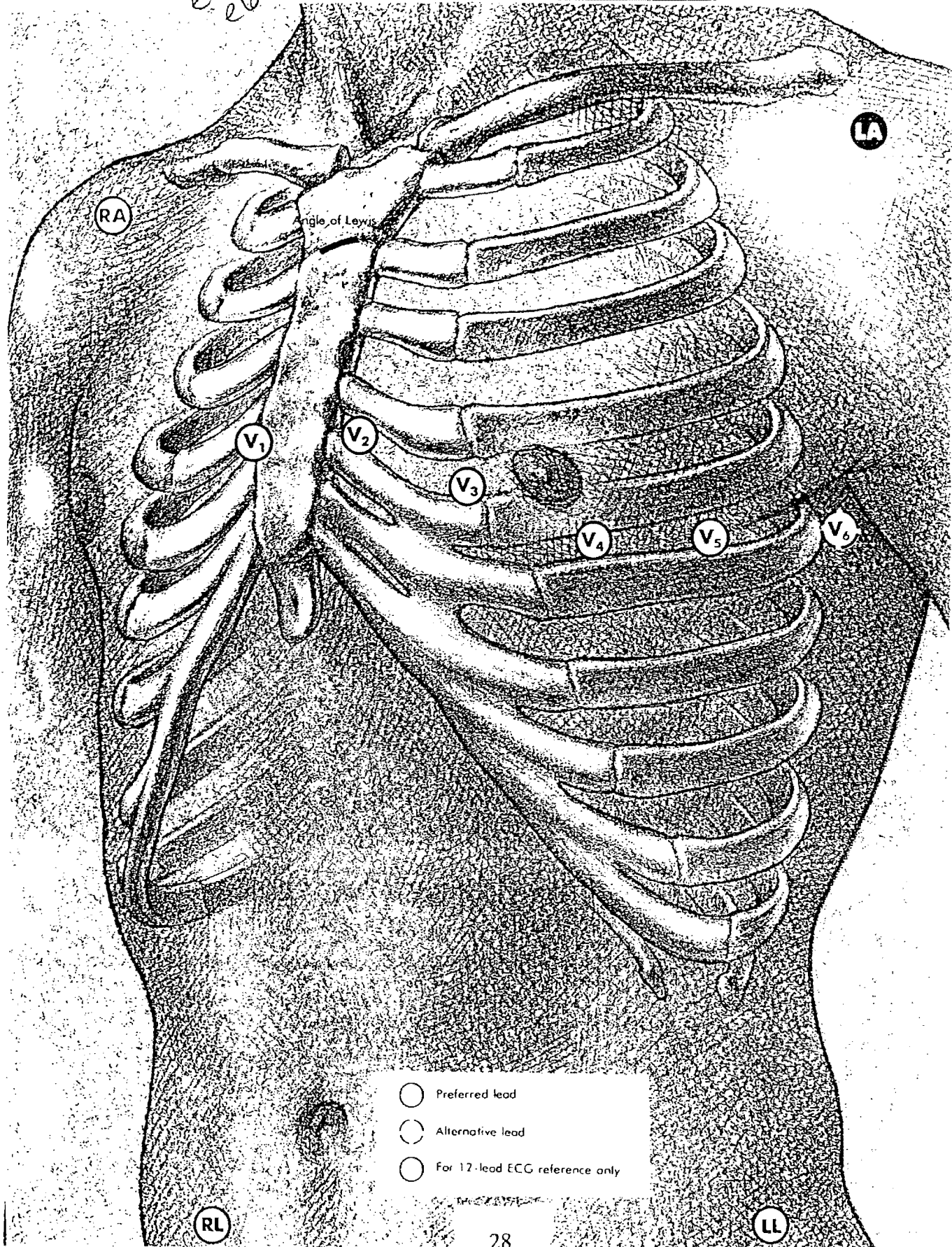
NOTE: Place electrodes on chest wall, not on top of breast.

Reference Data

Marriott, H.J.L., Practical Electrocardiography, 7th Edition. Baltimore, MD: Williams and Wilkins, 1983, 1-8.

e583-
e618

ECG PRECORDIAL LEAD PLACEMENT



BIOELECTRICAL IMPEDANCE ASSESSMENT (BIA)

See Body Comp data set

PURPOSE

(For the participant) Bioelectrical impedance assessment (BIA) is a method for determining the amount of lean and fat tissue there is in the body. These measurements will be used to investigate health risks associated with obesity.

(For the medical technician) Electrodes placed on the body are attached to the BIA machine. A very slight charge is run through the body (one cannot feel this). Fat and lean tissue conduct the charge differently and give us resistance and reactance values which are then used to calculate the percentages of lean and fat in the body.

A. For best results:

1. Use electrodes only once.
2. Legs should be far enough apart that thighs do not touch each other. If participant is obese, it may be necessary to use a towel to separate thighs.
3. Hands and arms should be far enough apart that they do not touch the torso.
4. No body part should be in contact with any external metal (although jewelry and pins in bones will not affect the results).
5. The subject's skin should be clean, dry and warm (not hot or cold) to the touch.
 - a) If skin is oily, clean with an alcohol swab before attaching the electrodes.
 - b) If skin is extremely dry, apply a small amount of ECG or conductive paste before attaching the electrodes.
6. Prior to attachment, cut the electrodes in half, bisecting the foil tab.

B. Electrode placement:

1. Bioelectrical Impedance Assessment (BIA) measurements will be made with the electrode halves in two sets of sites (four sites altogether), in order to allow estimation of total body and trunk body composition. These two sites are:
 - a. Wrist/metacarpal prominence (MCP) and ankle/metatarsal prominence (MTP)
 - b. Iliac crest/thigh and sternal notch/mid neck, respectively, according to the method of Baumgartner et. al. (see diagram on page 29).
2. Each pair of electrode halves should face each other on the cut side and be parallel. The tab side of the electrode should face toward the BIA machine.
3. Three measures are made at each site, without moving the electrodes between measurements.

C. To read the Impedance Data: *See Body Comp data set*

1. Turn on power switch.
2. Place the x1/x10 switch in the x1 position.
3. Place the Resistance/Reactance switch in the Resistance position. Record the Resistance value which appears on the Impedance meter.
4. Place the Resistance/Reactance switch in the Reactance position. Record the Reactance value which appears on the Impedance meter.
5. **Immediately** after taking the Resistance and Reactance values, turn off the power switch to conserve the system's batteries.

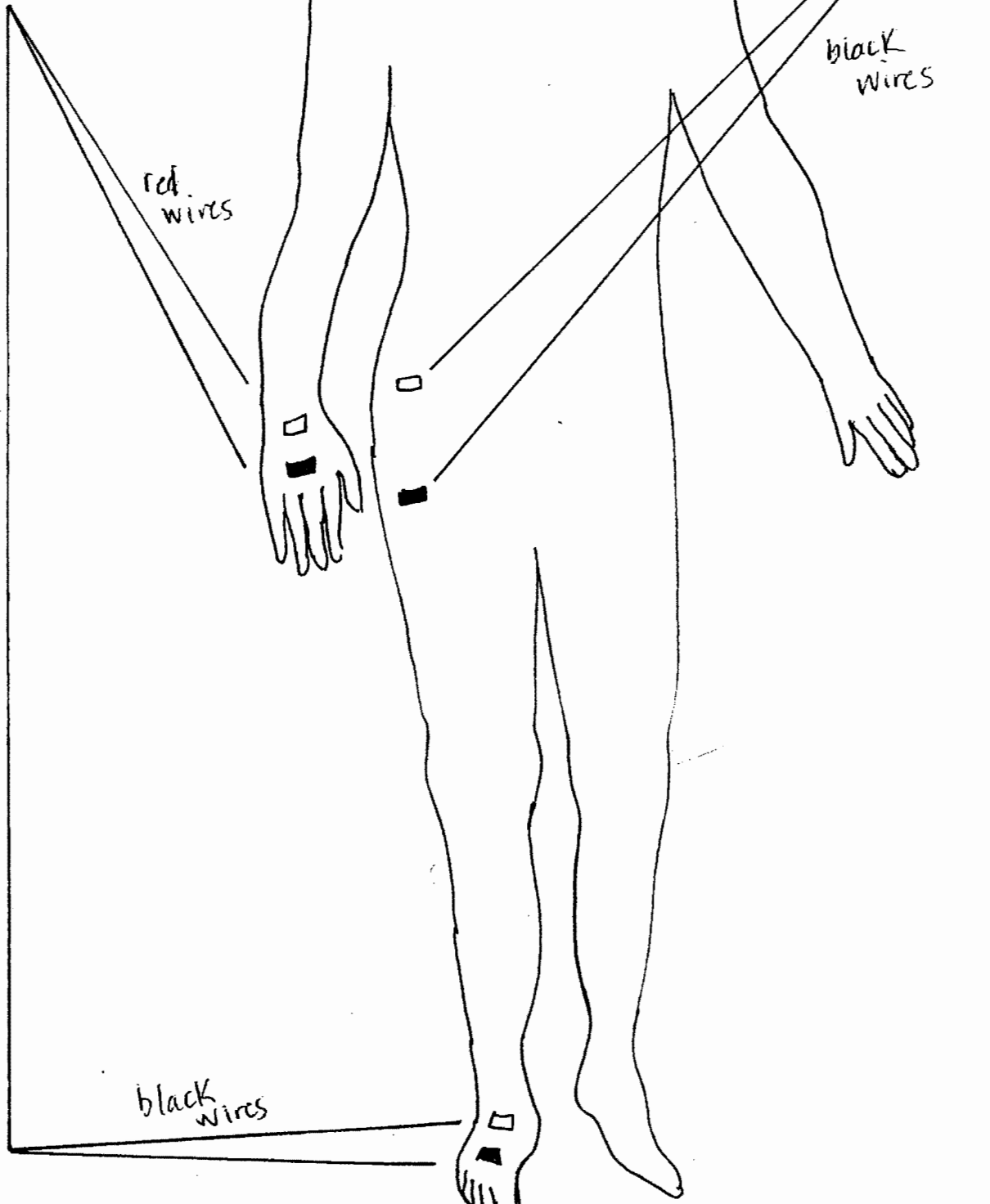
BIA ELECTRODE PLACEMENT

See Body Comp data set

- = red
- = black

site 1

site 2



32

e035, e036
e485, e486
e581, e582

PROCEDURE TO DETERMINE MAXIMAL INFLATION LEVEL

For each participant, determine the maximal inflation level, or the pressure to which the cuff is to be inflated for systolic blood pressure measurement. This assures that the cuff pressure at the start of the reading exceeds the systolic blood pressure and thus allows the first Korotkoff sound to be heard.

1. Attach the cuff tubing to the sphygmomanometer.
2. Palpate the radial pulse.
3. Inflate the cuff rapidly until the radial pulse is no longer felt (palpated systolic) by inflating rapidly to 70 mmHg, then inflating by 10 mmHg increments.
4. Deflate the cuff quickly and completely.

NURSE'S SEATED BLOOD PRESSURE

e035, e036

A. Equipment:

1. One standard Litman stethoscope tubing and earpieces with bell: Classic II 3M
2. One standard mercury column sphygmomanometer: Baumanometer
3. BP cuffs in three sizes:
 - 1 large adult cuff
 - 1 pediatric cuff
 - 1 regular adult cuff

B. Application of the blood pressure cuff:

1. With participant seated, place the appropriate cuff around the upper left arm. The midpoint of the length of the bladder should lie over the brachial artery, and the mid-height of the cuff should be at heart level.
2. Place the lower edge of the cuff, with its tubing connections, about 1 inch above the natural crease across the inner aspect of the elbow.
3. Wrap the cuff snugly about the arm, with the palm of the participant's hand turned upward.
4. If the subject has had a left-sided mastectomy, the right arm may be used for blood pressure measurement.

C. Guidelines for accurate blood pressure readings:

1. The participant should be in a seated position for at least 5 minutes before the blood pressure is measured.
2. All readings are made to the nearest even digit.
3. Any reading which appears to fall exactly between marking on the mercury column should be read to the next higher marking, i.e. 2, 4, 6, 8, or 0.
4. All readings are made at the **top of the meniscus**, the rounded surface of the mercury column.
5. When the pressure is released quickly from a high level, a vacuum is formed above the mercury and the meniscus is distorted. Allow a few moments for it to reappear before reading the manometer.

- D. Blood pressure readings: e035, e036
1. Following any previous inflation, wait at least 30 seconds after the cuff has completely deflated.
 2. By closing the thumb valve and squeezing the bulb, inflate the cuff at a rapid but smooth, continuous rate to the maximal inflation level (30mmHg above palpated systolic pressure).
 3. **The examiner's eyes should be level with the mid-range of the manometer scale and focused at the level to which the pressure will be raised.**
 4. Open the thumb valve slightly. Allow the cuff to deflate, maintaining a constant rate of deflation at approximately **2 mmHg per second**.
 5. Using the bell of the stethoscope, listen throughout the entire range of deflation, from the maximum pressure past the systolic reading (the pressure where the **first** regular sound is heard), until 10 mmHg **below** the level of the diastolic reading (that is, 10 mmHg below the level at which the **last** regular sound is heard.)
 6. Deflate the cuff fully by opening the thumb valve.
 7. Remove stethoscope. Neatly enter systolic and diastolic readings in the spaces provided on the form.

Reference data

See references for orthostatic blood pressure

ANKLE-ARM DOPPLER BLOOD PRESSURE MEASUREMENT

PURPOSE

*ankle-arm blood pressure
data set*

The ratio of the ankle blood pressure to the arm blood pressure provides a measure of lower extremity arterial disease (circulation problems).

A. Equipment:

1. 8 megahertz doppler pen probe
2. Ultrasonic Doppler Flow Detector
3. Doppler conducting jelly
4. Standard mercury column sphygmomanometer: Wall-mounted Baumanometer
5. Calibrated V-Lok BP cuffs in three sizes:
 - 2 large adult cuff
 - 2 pediatric cuffs
 - 4 regular adult cuffs
6. Black ball point pen and black eyeliner pencil
7. Tissues to remove conducting jelly

B. Exclusions:

1. Persons with venous stasis ulceration or other pathology that precludes placing a BP cuff around the ankle (e.g. open wounds.)
2. Persons with rigid arteries such that an occlusion pressure cannot be reached.
3. Persons with bilateral amputations of legs.
4. Subjects who fit any of the above categories are recorded as missing data.
5. If a subject has undergone a mastectomy, blood pressure measurement will be excluded in that extremity only, and recorded as missing data.

- C. Set-up Procedure: ankle-arm blood pressure data set
1. Ask participant to remove shoes and stockings so that the ankles are bare to mid-calf.
 2. Lay participant supine on the examining table.
 3. Keep participant supine for at least five minutes before measuring BP.
 4. Place four BP cuffs on the participant (be sure to check for appropriate cuff size):
 - a) Right arm
 - b) Left arm
 - c) Right ankle
 - d) Left ankle
 5. Apply ankle cuffs with midpoint of bladder over posterior tibial artery, with lower end of bladder approximately 3 cm above medial malleolus.
- D. General Guide to Blood Pressure Readings:
1. Following any previous inflation, wait at least 30 seconds after cuff has completely deflated.
 2. By closing the thumb valve and squeezing the bulb, inflate the cuff at a rapid but smooth, continuous rate to the maximal inflation level (30 mmHg above systolic pressure).
 3. **The examiner's eyes should be level with the mid-range of the manometer scale and focused at the level to which the pressure will be raised.**
 4. By opening the thumb valve slightly, and maintaining a constant rate of deflation at approximately 2 mmHg per second, allow the cuff to deflate.
 5. Listen throughout the entire range of deflation, past the systolic reading (the pressure where the first regular sound is heard), for 10 mmHg. **Three subsequent beats should be heard for any valid systolic blood pressure reading.**
 6. Deflate the cuff fully by opening the thumb valve.
 7. Neatly enter systolic readings in the spaces provided on the form.

- E. Right and Left arm systolic blood pressure measurement: ankle-arm blood pressure data set
1. Attach right arm cuff tubing to manometer.
 2. Locate brachial artery by palpation. Mark site with eyeliner pencil.
 3. Apply ultrasound jelly over brachial artery.
 4. Locate brachial artery using doppler pen probe.
 5. **Hold the doppler probe *absolutely* still.** It can easily slip off the artery.
 6. Measure the systolic blood pressure:
 - a) Inflate cuff quickly to maximal inflation level (30 mmHg above systolic pressure)
 - b) Deflate at 2 mmHg/second, to appearance of systolic pressure
 - c) Follow down for 10 mmHg. Three subsequent beats should be heard for any valid systolic blood pressure reading.
 - d) Deflate cuff quickly and completely.
 - e) Remove doppler pen probe.
 7. Neatly record systolic blood pressure.
 8. Follow same procedure for left arm.

ankle-arm blood pressure data set

F. Right and left ankle systolic blood pressure measurement:

1. Connect right ankle cuff to the manometer.
2. Locate posterior tibial artery by palpation. Mark site with eyeliner pencil.
3. Apply ultrasound jelly over posterior tibial artery.
4. Locate posterior tibial artery using doppler pen probe.
5. **Hold the doppler probe *absolutely* still.** It can easily slip off the artery.
6. Measure the systolic blood pressure:
 - a) Inflate cuff quickly to maximal inflation level (30 mmHg above systolic pressure).
 - b) Deflate at 2 mmHg/second to appearance of systolic pressure.
 - c) Follow down for 10 mmHg. Three subsequent beats should be heard for any valid systolic blood pressure reading.
 - d) Deflate cuff quickly and completely.
 - e) Remove doppler pen probe.
7. Neatly record ankle systolic blood pressure.
8. Disconnect right ankle cuff from manometer. Connect left ankle cuff to manometer and repeat procedure.

NOTE: If the posterior tibial pulse cannot be found with palpation or doppler pen probe, use the dorsalis pedis artery for the measurement. Have another examiner verify the absent posterior tibial pulse.

H. Repeat of ankle and arm blood pressure measurements: ankle-arm blood pressure data set

1. Repeat the sequence of measures in reverse order:

a)left ankle

b)right ankle

c)left arm

d)right arm

NOTE: If initial and repeat blood pressures measured at any one site (R arm, L arm, R ankle or L ankle) differ by more than 20 mmHg, please take a third measurement at that site.

I. Completion:

1. Review form for completeness and legibility.

2. Remove cuffs and conducting jelly.

ANKLE BLOOD PRESSURE MEASUREMENT

ankle-arm blood pressure data set

Adapted from CHS Operations Manual, 4.11.OP, February 15, 1989, pp. 1-5.

Reference Data

Schroll M. Munck O. Estimation of Peripheral Arteriosclerotic Disease by Ankle Blood Pressure Measurements in a Population Study of 60-Year Old Men and Women. J Chron Dis, 1981, 34, 261-269.

Criqui MH. Coughlin SS. Fronck, A. Noninvasively diagnosed peripheral arterial disease as a predictor of mortality; results from a prospective study. Circulation, 1985, 72, 768-773.

Safer ME. Totomoukouo JJ. Asmar RA. et. al. Increased Pulse Pressure in Patients with Arteriosclerosis Obliterans of the Lower Limbs. Arteriosclerosis, 1987, 7, 232-237.

Marinelli MR. Beach KW. Glass MJ. et. al. Noninvasive Testing vs. Clinical Evaluation of Arterial Disease. JAMA, 241, 1979, 2031-2034.

Prineas RJ. Harland WR. Janzon L. et. al. Recommendations for Use of Non-Invasive Methods to Detect Atherosclerotic Peripheral Arterial Disease - In Population Studies. Circulation, 1982, 65, 1561A-1566A.

Janzon L. Bergentz SE. Ericsson BF. et. al. The Arm-Ankle Pressure Gradient in Relation to Cardiovascular Risk Factors in Intermittent Claudication. Circulation, 1981, 63, 1339-1341.

Eickhoff JH. Engell HC. Diagnostic correctness of distal blood pressure measurements in patients with arterial insufficiency. Scand. J. Clin. Lab. Invest. 1980, 40, 647-652.

Yao ST. Hobbs JT. Irvine WT. Ankle Systolic Pressure Measurements in Arterial Disease Affecting the Lower Extremities. Brit. J. Surg. 1969, 56, 676-766.

ORTHOSTATIC BLOOD PRESSURE AND HEART RATE MEASUREMENT

Test Not Done At This Exam

A. Background and purpose:

Previous work has shown that orthostasis appears to be an independent risk factor for subsequent mortality in older adults. Work by Sparrow and colleagues has suggested that postural changes in blood pressure predict the incidence of sustained blood pressure elevation as well as myocardial infarction events. Postural changes in heart rate and blood pressure have also been proposed as markers of cardiovascular reactivity, an area of current interest in the study of determinants of blood pressure elevation and cardiovascular morbidity, about which very little is known in older adults.

B. Equipment:

1. One standard Litman stethoscope tubing and earpieces with bell: Classic II 3M
2. One standard mercury column sphygmomanometer: Baumanometer
3. Large wall clock with second hand
4. BP cuffs in three sizes:
 - 1 large adult cuff
 - 1 pediatric cuff
 - 1 regular adult cuff

C. Application of the blood pressure cuff:

1. With participant on the examination table, place the appropriate cuff around the upper left arm. The midpoint of the length of the bladder should lie over the brachial artery, and the mid-height of the cuff should be at heart level.
2. Place the lower edge of the cuff, with its tubing connections, about 1 inch above the natural crease across the inner aspect of the elbow.
3. Wrap the cuff snugly about the arm, with the palm of the participant's hand turned upward.
4. If the subject has had a left-sided mastectomy, the right arm may be used for blood pressure measurement.

Test Not Done
At This Exam

D. Guidelines for accurate blood pressure readings:

1. All readings are made to the **nearest even digit**.
2. Any reading which appears to fall exactly between markings on the mercury column should be read to the next higher marking, i.e. 2, 4, 6, 8, or 0.
3. All readings are made at the **top of the meniscus**, the rounded surface of the mercury column.
4. When the pressure is released quickly from a high level, a vacuum is formed above the mercury and the meniscus is distorted. Allow a few moments for it to reappear before reading the manometer.

E. Heart rate measurement:

1. Palpate the radial pulse with the palm of the hand turned upward for exactly 30 seconds.
2. Record the number of beats per 30 seconds.

Test Not Done
At This Exam

F. Blood pressure readings:

1. Following any previous inflation, wait at least 30 seconds after the cuff has completely deflated.
2. By closing the thumb valve and squeezing the bulb, inflate the cuff at a rapid but smooth, continuous rate to the maximal inflation level (30 mmHg above palpated systolic pressure).
3. **The examiner's eyes should be level with the mid-range of the manometer scale and focused at the level to which the pressure will be raised.**
4. Open the thumb valve slightly. Allow the cuff to deflate, maintaining a constant rate of deflation at approximately **2 mmHg per second**.
5. Listen throughout the entire range of deflation, from the maximum pressure past the systolic reading (the pressure where the **first** regular sound is heard), until 10 mmHg **below** the level of the diastolic reading (that is, 10 mmHg below the level at which the **last** regular sound is heard.)
6. Deflate the cuff fully by opening the thumb valve.
7. Remove stethoscope. Neatly enter systolic and diastolic readings in the spaces provided on the form.

G. Supine heart rate and blood pressure measurement procedures:

1. Place the participant in the full supine position for **5 minutes**.
2. Measure the heart rate. Neatly record it on the study form.
3. Obtain blood pressure measurement. Neatly record it on form.
4. Measure second heart rate 1 minute 30 seconds after obtaining first blood pressure measurement.
5. Measure second supine blood pressure measurement 2 minute after the first BP measurement.

Test Not Done
At this Exam

- H. Standing heart rate and blood pressure measurement:
1. Assist participant to standing position. If participant cannot stand without support, assist him/her to an upright seated position.
 2. Arrange cuff tubing to prevent it from pulling.
 3. Ask participant not to talk other than to express any discomfort.
 4. Hold the participant's left arm so that it rests slightly below the heart level. Support it by holding it against your side and with the hand holding the stethoscope in place.
 5. To prevent the blood pressure cuff from sliding, participant's arms are kept flexed at the elbow and relaxed, with hands clasped loosely and resting against the abdomen.
 6. Measure heart rate after participant has been standing for 30 seconds.
 7. Measure the 1 minute standing blood pressure.
 8. Measure second heart rate after 1 minute 30 seconds have elapsed since standing.
 9. Take second blood pressure measurement after 2 minutes have elapsed since standing.

Test Not Done
At This Exam

- I. Participant safety measures for orthostatic bp measurement:
1. Prior to assisting participant to standing position, notify participant that if s/he feels dizzy to lean backwards against the examination table and ask for assistance. This is the time of highest risk of orthostatic symptoms.
2. To enhance participant safety, stay close by and observe participant's alertness, to verify visually that s/he tolerates upright position well.
3. When there appear to be any symptoms of dizziness or fainting, or when in the judgement of the examiner, the participant is unstable, seat the participant and obtain remaining measurements in the sitting position.
4. If the participant continues to feel dizzy or is fainting, support participant under his/her arms and place him/her on the table.
5. Notify clinic physician that assistance is required and immediately return to the participant.
6. Elevate and support participant's feet in a 20 degree angle from the floor.
7. Obtain heart rate and blood pressure measurements.
8. After the clinic physician has attended to the participant's safety and comfort, log the incident on the study form. This will provide a record of the occurrence, and indicate the participant's position (standing/sitting) when the measurements were obtained.

Test Not Done
At This Exam

ORTHOSTATIC BLOOD PRESSURE MEASUREMENT

Adapted from CHS Operations Manual, 4.9.OP. October 7, 1989 pp. 103-109.

Reference Data

Mader SL, Palmer RM, Rubenstein LZ. Effect of Timing and Number of Baseline Blood Pressure Determinations on Postural Blood Pressure Response. J. Am Geriatr. 1989, 37, 444-446.

Thomas JE, Schirger A, Fealey RD, Sheps SG. Orthostatic Hypotension. Mayo Clin Proc. 1981, 56, 117-125.

Walczak M. Prevalence of Orthostatic Hypotension in High-Risk Ambulatory Elders. J. of Geront Nursing. 1991, 17, 26-29.

Caird FI, Andrews GR, Kennedy RD. Effect of Posture on Blood Pressure in the Elderly. Br H + J. 1973, 35, 527-530.

Sparrow D, Tiff CP, Rosner B, Wuss ST. Postural Changes in Diastolic Blood Pressure and the Risk of Myocardial Infarction: The Normative Aging Study. Arc. 1984, 70, 533-537.

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Mader SL, Josephson KR, Rubenstein LZ. Low Prevalence of Postural Hypotension Among Community-Dwelling Elderly. JAMA. 1987, 258, 1511-1514.

Lipsitz LA. Orthostatic Hypotension in the Elderly. NEJM. 1989, 321, 952-957.

CARBON MONOXIDE ANALYSIS e038

A. Set-up:

1. Keep the Analyzer set on Low range and read the needle indicator on the Red (bottom) scale. CO content is rarely large enough to necessitate switching to the High range and scale.

B. Purpose:

1. CO analysis is performed to confirm or repudiate the patient's account of his smoking/non-smoking status as recorded during the physician's interview.
2. CO analysis is not particularly useful in assessing passive smoke exposure. Since the patient is confined to the non-smoking clinic environment for a number of hours, the excess CO s/he may have picked up has had enough time to be exchanged for O₂.

C. Procedure:

1. Ask participant to take deep breath of room air and exhale completely.
2. Ask participant to take another deep breath and to hold it for 15 seconds.
3. Time the 15 seconds and offer participant encouragement to continue holding his/her breath. 15 seconds allows time for diffusion in the lungs, i.e., gas exchange of CO for O₂.
4. Ask participant to exhale a **small** amount of air, to get rid of dead-space air which does not represent blood volumes of CO.
5. Ask participant to exhale remainder of his/her lung volume into the collection bag provided. Make sure the bag is pinched off before participant removes the mouthpiece from his/her mouth, or air sample will be lost.
6. Remove the mouthpiece and insert the bag into the CO filter. Turn the Ecolyzer to the ON position.
7. Read and neatly record the CO content in ppm's.

e038

8. Expected levels for non-smokers is 3-7 ppm, which is picked up from environmental pollution. Expected levels for smokers are naturally higher than non-smokers, but will depend upon number of cigarettes consumed and the time elapsed between smoking and testing.
9. Use caution in testing participants who have recently consumed alcohol. High blood alcohol levels can damage the Ecolyzer. **The CO filter must be changed after use by a participant who has consumed alcohol.** This patient is easily identified by his/her extraordinarily high CO levels, generally 40 ppm or greater.

D. Quality Control:

1. The Ecolyzer is calibrated daily according to the procedure outlined in the company's manual. The manual gives no recommendations on changing the CO filter, so it is arbitrarily changed at the end of the month.
2. It is also wise to perform another calibration check by testing the air sample of a non-smoking technician each week. This serves as a reference standard for the clinic's ambient CO content.

COGNITIVE FUNCTION

2001-2017

I. BACKGROUND AND RATIONALE

Cognitive function may decline as a result of certain risk factors, (e.g., hypertension, elevated cholesterol, cardiac arrhythmias). This in turn could adversely impact the physical functioning and quality of life of older adults. Dementia is a major illness and cause of disability, among the elderly. Cerebrovascular disease or multi infarct dementia is the second leading cause of dementing illness among caucasians, preceded only by Senile Dementia of the Alzheimer's Type (SDAT).

- The Mini-Mental state is a widely used test of cognitive function among the elderly; it includes tests of orientation, registration, attention, calculation, recall, language and visuospatial skills.

II. DEFINITIONS

- ALERT LEVEL - Participant scoring 23 or less on the Mini-Mental State may have a cognitive impairment and, will be referred for further evaluation. Referral forms may be obtained from the clinic supervisor. They should be filled out and sent to the neurology department.
- MINI-MENTAL STATE EXAM SCORING The MMSE will be computer scored.

III. METHODS

1. The Mini-Mental State Examination asks questions to ascertain cognitive status. Responses are scored correct or incorrect.
2. If a response is ambiguous, the interviewer records the response in the margin so that a decision can be made on its appropriateness.
3. When a participant is incapacitated by blindness, has a functional disability, is illiterate, or is otherwise unable to respond to all questions, the interviewer should specify the problem and question(s) involved. (see examiner's impression)

4. EXPANDED SCORING INSTRUCTIONS FOR MINI-MENTAL EXAM

(based on meeting on 10/9/91)

Scoring for Administered Individual Items (applies only if a test item is administered)

- 0 = incorrect response; "I don't know";
unintelligible response in context of other intelligible responses (see scoring of "9" as well)
no response, but subjects attempted to respond (i.e. they are demonstrating that they heard a question and are making an attempt to respond to it).

2001-2017

IMPORTANT NOTE: "0" is meant to represent whenever subjects demonstrate the inability to correctly answer a particular item. If they refuse to listen to the question, they have not demonstrated that they cannot answer the question, they have only indicated that they do not want to answer it. If subjects give no response it will not always be clear why - again, they have not demonstrated that they cannot answer the question, but have only demonstrated that they have not answered it.

1-5 = Correct response(s); note that the scoring method for "WORLD" backwards has been standardized. A copy of this scoring method is available.

IMPORTANT NOTE: Sometimes hearing impairments prevent subjects from correctly hearing test items (for example when asked to repeat three items, "apple", "table", and "penny", they may repeat "April", "tablet", "pencil" - these alternate responses should be accepted both under the repetition and recall conditions. In the case of repeating "no ifs, and, or buts" some judgement must be made on the part of the examiner as to whether the subject could hear the "s" or not.

6 = When a test item is administered and no response is given, regardless of why (such as when a person is too severely demented, or refuses to respond to that single item (but does respond to other items on the test - right or wrong);

IMPORTANT NOTE: The single exception to scoring "6" for no response is if subject is in a coma (this circumstance would be encountered in a nursing home visit, not in a clinic visit). In this instance, administer the first item (to establish no response - give a "0" to the first item if there is no response) - (This exception is made to conform with Maggie's current scoring procedures)

9 = When test item was not administered (if subject refuses entire test, then all items were not administered and should be scored a "9");

IMPORTANT NOTE: Sometimes a subject might produce a response that is not a word (i.e. a neologism) but has been responding with intelligible responses on previous items (right or wrong), in this case the item should be scored "0". The key to differentiating a "0" or "9" is consistency within test. If a person has a speech abnormality, such as aphasia or dysarthria, across all items, most (or many) responses will be unintelligible. If a person is, for example, demented, he/she may produce a flow of intelligible responses with occasional unintelligible responses. Remember, a "9" must represent situations in which the examiner is not sure whether (1) the subject responded correctly (because of slurred speech, severe stuttering, etc.), or (2) if the subject has some other factor that prevents test item administration (such as inability to administer "copy this figure" test item to a right-handed person who has right-handed paralysis or to someone with a visual impairment; or inability to hear)

Scoring Entire Test

Add up all correct responses. The total score must be less than or equal to 30 (give "6" or "9" scores a value of "0")

EXCEPT:

If all items are scored "9", total score is "99".

If all items are scored "6", total score is "66".

If most items are scored "6"s and/or "9"s and it is unclear whether subject was able to answer questions, total score is "99".

5

Examiner's Impression

2017

Effective January 1, 1992 (exam cycle 22 for cohort; exam cycle 5 for offspring), the examiner's impression list will expand to include the following codes:

- 1 = normal
- 2 = possible dementia
- 4 = dementia present
- 5 = illiterate / low education
- 6 = not fluent in English
- 7 = poor eyesight; blind
- 8 = poor hearing; deaf
- 11 = depression present
- 22 = aphasic (speech abnormality)
- 33 = coma
- 44 = Parkinsonian features; tremors
- 55 = other _____
- 99 = unknown

IV. QUESTIONS SCRIPTS AND PROCEDURES FOR EACH QUESTION

● **INTRODUCTORY SCRIPT:** I would like to ask you a few questions dealing with concentration and memory. Some questions may seem easy and others may be a bit more difficult.

- Read each question from the form.
- Record the response on the form.

WHAT IS THE DATE TODAY? (Month, day, year, correct score=3) 2001

- Ask for the date. Then ask specifically for parts omitted, e.g., "Can you also tell me what month, year it is?"
- If participant supplies part or all of the date (e.g., month and day, or month, day, and year), record as appropriate and do not ask those questions again.

WHAT IS THE SEASON? 2002

- Since distinctions between seasons can be difficult during certain months, the following schedule has been created. For months with two seasons listed, either answer is correct for the 20th, 21st, 22nd, or 23rd day of the month. Otherwise, the first season is correct for the 1st through the 19th, and the second season is correct from the 24th to the end of the month.

MONTH	CORRECT RESPONSE
January	Winter
February	Winter
March	Winter or Spring
April	Spring
May	Spring
June	Spring or Summer
July	Summer
August	Summer
September	Summer or Fall
October	Fall
November	Fall
December	Fall or Winter

WHAT DAY OF THE WEEK IS IT? e003

WHAT TOWN, COUNTY AND STATE ARE WE IN? e004

- Ask the participant what town, county, and state we are in. Then ask specifically for parts omitted, e.g., "Can you also tell me what county this is?"

WHAT IS THE NAME OF THIS PLACE? e005

- Ask the participant where they are. Any appropriate answer is okay.

WHAT FLOOR OF THE BUILDING ARE WE ON? e006

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

e007

- Make sure participant is attentive when beginning the question.
- Read the list of objects slowly. DO NOT REPEAT ITEMS UNTIL AFTER THE FIRST TRIAL.
- If participant asks you to repeat the 3 items, RESPOND: "Can you tell me the items I just mentioned?" or, "Just do the best you can."
- Participant should repeat the items in the same order.
- Read: APPLE TABLE PENNY
- SCRIPT: Could you repeat the three items for me?
- Record the score for the first trial.
- If after scoring the first attempt, the participant has not learned the 3 objects, repeat the list of objects up to 6 times until the participant has learned them.

NOW I AM GOING TO SPELL A WORD FORWARD AND I WANT YOU TO SPELL IT 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)

e008

- Read the question slowly. Where "world" has hyphens between the letters, spell out the word.
- Repeat the spelling if necessary.
- Record the participants response. Write in the letters as the participant has spelled the word. The computer will score the response.

53

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

2009

- Items may be repeated in any order.

WHAT IS THIS CALLED? (WATCH) 2010

WHAT IS THIS CALLED? (PENCIL) 2011

- Show the wrist watch/pencil to the participant. NOTE: the pencil should be a standard sharpened wooden pencil with eraser.
 - Code "1-correct" for each correct answer.
- Correct responses include: watch, wristwatch, timepiece.

PLEASE REPEAT THE FOLLOWING: "NO IFS, ANDS, OR BUTS." 2012

- Enunciate clearly; include the 's' at the end of "if's, and's, or but's"
- Allow only one attempt.
- Code "1-correct" when the participant correctly repeated the phrase.
- Code "0-incorrect" when the participant did not repeat the phrase exactly.

PLEASE READ THE FOLLOWING & DO WHAT IT SAYS 2013

- Hand participant the card.
- The participant may read the sentence out loud. The task to be coded is the participant's ability to follow instructions by closing his/her eyes.
- Code "1-correct" when the participant closed his/her eyes.
- Code "0-incorrect" when the participant did not close his/her eyes.

PLEASE WRITE A SENTENCE 2014

- SCRIPT: Write any complete sentence on this piece of paper for me.
- Repeat the instructions to participant if necessary.
- Score "1-correct" when the participant wrote a complete sentence as directed.
- Written commands, such as "sit down", where the subject is implied, are considered correct responses.
- Spelling and/or punctuation errors are not counted as errors.
- Code "0-error" when the participant did not write a complete sentence as directed.

PLEASE COPY THIS DRAWING 2015

- SCRIPT: Here is a drawing. Please copy the drawing on the same piece of paper.
 - To be correct, each pentagon must have:
 - 5 sides, and
 - 5 sides that point outward.
 - The overlap figure must have 4 sides.
- Code "0-error" when the participant's figure did not match.

TAKE THIS PIECE OF PAPER IN YOUR RIGHT HAND, FOLD IT IN HALF WITH BOTH HANDS, AND PUT IT IN YOUR LAP 2016

(score 1 for each correctly performed act, code 6 if low vision)

- **INTRODUCTORY SCRIPT:** I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap.
- Read the full statement before handing the paper to the participant.
- Do not direct the paper to participant's right side. Hold the paper in front and have the participant reach out to take it. Observe which hand is used.
- Do not repeat instructions or coach participant.

PROCEDURE FOR CES-D INTERVIEW

Test Not Done

This interview below is given by the clinic personnel. The interviewer records the patient's response on the form.

1. RATIONALE AND BACKGROUND

The Center for Epidemiologic Studies Depression Scale (CES-D) was developed for use in epidemiologic research of depressive symptomatology in the general population. It was designed as a screening instrument to elicit symptoms associated with depression. It is intended to document the presence and severity of depressive symptoms but is not intended to make clinical diagnosis. It assesses the current state of the subject by focusing on symptomatology in the past week.

The scale is given at each exam. The scale is not given if the patient is: sedated, aphasic, non-English speaking, comatose, or uncooperative.

2. PROCEDURE

1. Each question is read to the subject who responds with one of four answers.
2. Response alternatives should be printed on paper or cards which is/are placed in front of the patient for reference.
3. Each category of response should be explained to the patient prior to the administering of the scale.
4. If the patient is unable to read the response cards, the interviewer should read each response as well as the question referring to their feelings in the past week.
5. Be sure that the patient understands that the questions refer to their feelings in the past week.

3. CES-D SCORING

Patient responses are circled on the form; the score is the sum of 20 weighted responses and the final score is calculated by the computer. Score ranges from 0 to 60 by totaling all responses. Code "9 - refused or do not know" is not included in the score. Values for each question range from 0 to 3.

4. METHODS

The CES-D Questionnaire consists of twenty questions. Since it is a scale for depression, it must be completed using responses by the participant, not a proxy.

- **SCRIPT:** The next few questions are about your feelings during the past week. For each of the following statements, please tell me if you felt that way much of the time during the past week.

Test Not Done

- Hand card to participant and explain the categories to him/her.

The following definitions should be given.

Rarely or none of the time - Less than one full day

Some or a little of the time - One to two days in the past week

Occasionally or moderate amount of time - Three to four days in the past week or about half the time

Most or all of the time - Five to seven days in the past week

- Read each item as it is written on the form, continuing with the response categories. For example:

- **SCRIPT:** During the past week I was bothered by things that usually don't bother me. Did you feel that way rarely or none of the time, some or a little of the time, occasionally or moderate amount of time, or most or all of the time.

- Discontinue reading the responses when the participant provides a response before you are finished. On the next item, however, again begin to read the entire set of responses.

- When a participant asks for an interpretation of a particular response, reread the definitions to him/her.

- Code "9 - Refused or Do No Know" is used when:

- The question was asked, but the participant chooses not to answer. For example, response was: "I would rather not say," or "Go on to the next question"

- The question was asked, but the participant does not know, does not remember, or does not understand the form.

- Check the response on the form.

- When the participant refuses to respond to the statement, check "9 - refused or do not know"

- When the participant asks about the meaning of any item or tries to qualify a statement, simply repeat the statement; for example:

PARTICIPANT: What do you mean by bothered?

INTERVIEWER: I was bothered by things that usually don't bother me. Did you feel that way rarely or none of the time, some or a little of the time, occasionally or moderate amount of time, or most or all of the time during the past week.

- When the participant still asks about the meaning or says s/he does not understand, check "9 refused or do not know. Do not try to interpret the statement for the participant.

see PFT data set

STUDY OF CORTISOL AND PULMONARY FUNCTION

**PROTOCOL FOR SUBJECT RECRUITMENT AND DISTRIBUTION OF QUESTIONNAIRES
AND URINE COLLECTION MATERIALS**

1. SUBJECT IDENTIFICATION

All subjects in the Offspring Cohort returning for their regularly scheduled visits to FHS, who live within the "Framingham Taxi Area" (consisting of Framingham and towns contiguous to Framingham as outlined in the map found in the clinic), or who work in Framingham, are eligible to participate in this study.

Eligible subjects will be identified prior to their clinic visit by reviewing the roster. These people will be recruited at the beginning of their visit, and if they agree to participate, their name tag will be marked with yellow highlighter.

2. SUBJECT RECRUITMENT

Eligible subjects (as identified by their place of residence as described above) will be recruited by a member of the clinic staff at the beginning of their visit. The study will be described and the urine collection procedure will be explained to the subject. If (s)he agrees to participate, the urine collection materials will be given to her(him) at this time and her(his) name tag will be marked with yellow highlighter to alert the phlebotomist to draw the two extra tubes of blood.

A log will be kept, recording each participant's name, ID number, date of clinic visit, and if refused to participate, the reason for the refusal.

3. URINE COLLECTION KIT

A urine collection kit will be given to each subject who agrees to participate in this study. Subjects will be given a brief explanation of how to collect the urine.

The kit consists of:

1. a 3.5-liter specimen bottle with cap, labelled with the subject's name and ID #, with summary instructions taped to the bottle
2. an 8-ounce specimen cup
3. a form with "Instructions for 24-hour Urine Collection" on one side, and "24-hour Urine Sample Collection Form" on the reverse side, with the subject's name, ID#, and date of clinic visit

4. NOTIFICATION OF THE LABORATORY

If any subjects who previously agreed to participate (and therefore had blood drawn) are unable to complete the Pulmonary Function Test or change their mind about the urine collection, the laboratory will be notified so that they do not send the blood out for analysis.

5. RESPIRATORY QUESTIONNAIRE (RQ)

A copy of the RQ will be given to each member of the Offspring Cohort to complete at the time of his/her regular clinic visit. All subjects will complete the RQ, regardless of their participation in the Cortisol Study. The subject's name and ID# will be entered on the top of the RQ.

see PFT data set

6. DELIVERY OF URINE SAMPLES AND QUESTIONNAIRES

The participants will drop off the urine collection and the urine sample collection form in the designated container at the FHS. The urine sample will be taken to the lab for processing by the laboratory personnel.

7. ASSESSING PARTICIPATION

Subjects who fail to deliver a specimen within 2-3 weeks will be contacted by telephone and encouraged to complete the urine collection.

8. REVIEWING THE RESPIRATORY QUESTIONNAIRE

Questionnaires will be reviewed for completeness. Subjects who have left questions unanswered will be contacted by telephone, and answers to incomplete items solicited by directly questioning the subject; if the subject is uncertain of the answer, choose 'NO'.

Offspring 5 Clinic Phlebotomy Protocol

e667 - e672

- 1 Venipuncture to be performed on 5-7 fasting subjects between 8:15 am and 9:30 am five days a week.
- 2 Total of 10-13 tubes of blood are collected, the number depending upon whether or not the patient is a participant in special cortisol or cholesterol studies.
- 3 Phlebotomist should wear a clean lab coat and disposable protective gloves when collecting specimens.
- 4 Blood drawing takes place in an isolated room where the patient's name and ID number are checked before applying labels to the tubes.
- 5 The participants are informed that blood is to be drawn and they are asked to lie down (the latter to standardize methodology and because platelet aggregation studies are done).
- 6 With sleeves rolled up to expose the antecubital fossa, a tourniquet is applied 3-4 inches above the venipuncture site.
- 7 After a suitable vein is found, the area is cleansed with a sterile alcohol prep and allowed to dry. A 21 gauge needle, applied to a vacutainer holder, is used for venipuncture.
- 8 The tourniquet is released after the last tube is drawn. The needle is removed and a fresh gauze is placed over the venipuncture site. Pressure is applied to stop bleeding, and a bandaid is applied.
- 9 After the initial phlebotomy, persons without a history of diabetes mellitus, not taking insulin or oral hypoglycemic agents, and those without any other contraindications, are asked to consume a drink containing 75 gm glucose as part of a 2 hour glucose tolerance test.
- 10 A follow-up phlebotomy specimen (for glucose and insulin levels) is drawn (subject may be in sitting position) two hours after the last of the 75 gm oral glucose load was consumed.

Observer Check Lists

Ankle Blood Pressure Measurement Observer Check List

See ankle-arm blood pressure data set

Date: _____

Technician: _____

Observer: _____

Instructions:

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly. Record any comments in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- y n Participant is kept warm, relaxed, and comfortable.
- y n Technician greets and informs participant of the procedure appropriately.
- y n Participant is discouraged from talking, except to voice discomfort or confusion about instructions.
- y n Technician keeps work station free of excessive noise.
- y n Measurements are not attempted for a participant with venous stasis ulceration or other pathology that precludes placing a BP cuff around the ankle, (i.e. open wounds).
- y n Technician asks participant to remove shoes and stockings, to lie down, and to stay supine for 5 minutes before the measurements are taken.
- y n Technician applies the 4 appropriately sized cuffs in the correct manner.

Right Arm and Left Arm Systolic BP measurement:

- y n Technician attaches right arm cuff tubing to manometer.
- y n Technician palpates brachial artery.
- y n Technician identifies palpated systolic pressure.
- y n Technician determines maximum inflation level (MIL) by adding 30 mmHg to the palpated systolic pressure. (MIL is always a factor of 10).
- y n Technician places probe over the brachial artery.
- y n Technician inflates rapidly to maximum inflation level (MIL).

See ankle-arm blood pressure data set

- y n Technician deflates cuff at a rate of 2 mmHg per second to 10 mmHg below the appearance of systolic pressure.
- y n Technician opens thumb valve and disconnects the tubing.
- y n Technician records the reading immediately.
- y n Technician disconnects right arm cuff from manometer and connects left arm cuff to manometer then repeats procedure EXCEPT for determining MIL again.

Right and Left Ankle Systolic BP Measurement:

- y n Technician attaches right ankle cuff tubing to manometer
- y n Technician palpates posterior tibial artery.
- y n Technician identifies palpated systolic pressure.
- y n Technician determines maximum inflation level (MIL) by adding 30 mmHg to the palpated systolic pressure. (MIL is always a factor of 10).
- y n Technician places probe over the posterior artery.
- y n Technician inflates rapidly to maximum inflation level (MIL).
- y n Technician deflates cuff at a rate of 2 mmHg per second to 10 mmHg below the appearance of systolic pressure.
- y n Technician opens thumb valve and disconnects the tubing.
- y n Technician records the reading immediately.
- y n Technician disconnects right ankle cuff from manometer. Connect left ankle cuff to manometer and repeat procedure EXCEPT for determining MIL again.

Repeat of ankle BP measurements:

- y n Technician repeats the sequence of measurements in reverse order:
left ankle, right ankle, left arm, right arm.
- y n If a reading needs to be repeated due to difficulty in measurement, the technician must always allow the mercury to return to "0" and wait 30 seconds before proceeding.

12 Lead EKG Observer Check List

e583 - e618

Date: _____

Technician: _____

Observer: _____

Instructions:

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly. Record any comments in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- y n Participant is kept warm, relaxed, and comfortable.

- y n Technician greets and informs participant of the procedure appropriately.

- y n Participant is discouraged from talking, except to voice discomfort or confusion about instructions.

- y n Technician keeps work station free of excessive noise.

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly.

- y n Participant is lying down for lead placement.

- y n Participant's arms are resting comfortably on the bed, along side the body.

- y n Technician identifies electrode location V2 in the fourth intercostal space immediately to the left of the sternum.

- y n Technician locates V1 at the same level as V2 but to the immediate right of the sternum.

- y n Technician locates V4 at the mid clavicular line in the 5th intercostal space.

- y n Technician locates V3 at the midpoint of the imaginary straight line connecting V2 and V4.

- y n Technician locates V6 in the mid-axilla and at the level of the 5th intercostal space.

- y n Technician locates V5 at the midpoint of the imaginary straight line connecting V4 and V6.

(64)

e583-e618

- y n Electrodes are placed on chest wall, not on top of breast.
- y n LL is located on the inside left ankle.
- y n RL is located on the inside right ankle.
- y n LA is located on the outside left wrist.
- y n RA is located on the outside right wrist.
- y n Technician attaches each electrode to appropriate cable.
- y n Technician verifies placement of electrodes and connections to appropriate cables.
- y n Technician asks the participant to relax, breathe normally, and remain still (without talking) while the tracing is recorded.
- y n The participant's correct name and ID number are entered into the MAC/PC.
- y n The proper technician ID number is entered into the MAC/PC.
- y n The recording of the tracing is obtained.
- y n The paper EKG record is reviewed for quality and corrective action is taken if necessary.
- y n The paper record is reviewed by the M.D. for possible alerts.

Overall comments of observer:

Instructions to technician/corrective action:

Signature of observer

Circumferences Observer Check List

2031-2034

Date: _____

Technician: _____

Observer: _____

Instructions:

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly. Record any comments in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- | | | |
|---|---|---|
| y | n | Participant is kept warm, relaxed, and comfortable. |
| y | n | Technician greets and informs participant of the procedure appropriately. |
| y | n | Technician records all measurements to the nearest $\frac{1}{4}$ inch, rounding down. |

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly.

Right Arm Girth (Circumference):

- | | | |
|---|---|---|
| y | n | Technician locates and marks tip of right shoulder (posterior tip of acromial process). |
| y | n | Technician has the participant flex right elbow. |
| y | n | Technician marks tip of elbow (olecranon process). |
| y | n | Technician instructs participant to straighten elbow and relax arm. |
| y | n | Technician measures distance between the acromial process and olecranon landmarks. |
| y | n | Technician makes a mark on the back of the right upper arm halfway between these 2 landmarks. |
| y | n | Technician has the participant place their right arm to his/her side. |
| y | n | Technician measures the arm circumference at the midpoint of the upper arm. |

e031-e034

Waist Girth (Circumference):

- y n Technician has participant stand erect facing straight ahead
- y n Technician applies the tape snugly over skin at the level of the umbilicus (waist).
- y n Technician uses mirrors to check that tape is horizontal, not twisted in both front and back.
- y n Technician takes measurement at mid-inspiration.

Hip Girth (Circumference):

- y n Technician has participant stand erect facing straight ahead
- y n Technician applies the tape snugly over underwear at the level of the maximal protrusion of the gluteal muscles.
- y n Technician uses mirrors to check that tape is horizontal, not twisted in both front and back.

Proximal Thigh Girth (Circumference):

- y n Technician asks the participant to stand erect, facing straight ahead, thighs not touching.
- y n Technician applies tape horizontally, snugly, and immediately below the buttocks.

Overall comments of observer:

Instructions to technician/corrective action:

Signature of observer

Standing Height and Weight Measurement Observer Check List 2024, 2025

Date: _____

Technician: _____ Observer: _____

Instructions:

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly. Record any comments in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- y n Participant is kept warm, relaxed, and comfortable.

- y n Technician greets and informs participant of the procedure appropriately.

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly.

Standing Height Measurement:

Technician instructs the participant:

- y n to remove shoes.
- y n to stand facing straight ahead (in the Frankfort horizontal plane) with back facing the measuring tool.
- y n to distribute weight evenly on both feet.
- y n to keep heels together and against the ruler with back against the wall.
- y n to allow arms to hang freely
- y n Technician brings carpenter square down snugly on top of the participant's head.
- y n Technician's eyes are level with the point of measurement.
- y n Technician records the measurement in the nearest $\frac{1}{4}$ inch, rounding down.

Weight Measurement:

- y n Technician positions the scale weights at zero.
- y n Technician instructs the participant to remove shoes, distribute weight evenly on both feet.
- y n Technician keeps eyes level with the point of measurement.
- y n Technician records the measurement to the nearest 0.5 lb.

Skinfold Measurements Observer Check Lists

Date: _____

2026-2030

Technician: _____

Observer: _____

Instructions:

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly. Record any comments in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- | | | |
|---|---|---|
| y | n | Participant is kept warm, relaxed, and comfortable. |
| y | n | Technician greets and informs participant of the procedure appropriately. |

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly.

Triceps Skinfold:

- | | | |
|---|---|--|
| y | n | Technician rechecks measurement obtained for right arm girth. |
| y | n | Technician checks caliper on measuring block at 10 mm. |
| y | n | Technician firmly grasps a fold of skin at 1 cm above the mark at the midpoint of the right upper arm. |
| y | n | Technician gently lifts fold away from the muscle and then releases fold. |
| y | n | Technician repeats gently lifting fold 2 or 3 times to make sure no muscle is grasped. |
| y | n | Technician again firmly grasps a fold of skin, gently lifting fold away from the muscle. |
| y | n | Technician places caliper at level of the mark. |
| y | n | Technician releases the caliper, waits 2-3 seconds, and takes reading. |
| y | n | Technician holds the pinch until the measurement is made. |
| y | n | Technician records measurement to the millimeter, rounding down, before the needle drifts. |

e026-e030

Subscapular Skinfold:

- y n Technician has the participant place their right hand in the middle of his/her back to help define the medial border of the right scapula.
- y n The technician locates the inferior angle and marks it with pen.
- y n The technician has the participant relax arm at his/her side.
- y n The technician makes a pen mark at 1 cm below the inferior angle of the right scapula on the diagonal line extending slightly downward and outward from the medial border.
- y n The technician checks for an imaginary straight line from the inferior angle to the elbow.
- y n Technician firmly grasps a fold of skin at 1 cm above the mark with the left hand.
- y n Technician gently lifts fold away from the muscle and then releases fold.
- y n Technician repeats gently lifting fold 2 or 3 times to make sure no muscle is grasped.
- y n Technician again firmly grasps a fold of skin, gently lifting fold away from the muscle.
- y n Technician places caliper at level of the mark.
- y n Technician releases the caliper, waits 2-3 seconds, and takes readings.
- y n Technician holds the pinch until the measurement is made.
- y n Technician records measurement to the millimeter, rounding down, before the needle drifts.

Abdominal Skinfold:

- y n Technician measures 3 cm to the right of the umbilicus and 1 cm inferior to it and marks with a pen.
- y n Technician grasps a fold of skin AT the marked spot. A horizontal skinfold is raised.

e026-e030

- y n Technician gently lifts fold away from the muscle and then releases fold.
- y n Technician repeats gently lifting fold 2 or 3 times to make sure no muscle is grasped.
- y n Technician again firmly grasps a fold of skin, gently lifting fold away from the muscle.
- y n Technician places caliper at level of the mark.
- y n Technician releases the caliper, waits 2-3 seconds, and takes readings.
- y n Technician holds the pinch until the measurement is made.
- y n Technician records measurement to the millimeter, rounding down, before the needle drifts.

Overall comments of observer:

Instructions to technician/corrective action:

Signature of observer

Heel to Knee Measurement Observer Check List: e039

Date: _____

Technician: _____ Observer: _____

Instructions:

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly. Record any comments in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- y n Participant is kept warm, relaxed, and comfortable.

- y n Technician greets and informs participant of the procedure appropriately.

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly.

- y n Technician instructs participant to remove shoes and to push left pant leg above knee.
It

- y n Technician assists participant, while seated, to bend both left knee and left ankle to a 90° of flexion.

- y n Technician checks that placement of the caliper is correct.

- y n Technician records the measurement to the nearest 0.1 cm.

Overall comments of observer:

Instructions to technician/corrective action:

Signature of observer

Interviewer Observer Check List:

Date: _____

Technician: _____ Observer: _____

Instructions:

Using the scale below, evaluate the interviewer's performance for each of the following procedures. Write any comments in the space provided.

- Key: N/A - Not applicable
1 - unsatisfactory (failed to meet standards)
2 - below expectations (did not meet some standards)
3 - at expectation (met standards)
4 - outstanding (consistently exceeded all expectations)

Answers participant's questions and concerns. N/A 1 2 3 4

Comments: _____

Speaks slowly and distinctly, reading the questions at neutral, even pace. N/A 1 2 3 4

Comments: _____

Maintains the focus of the interview but allows participant to express thoughts. N/A 1 2 3 4

Comments: _____

Follows instructions/reads questions as they are written. N/A 1 2 3 4

Comments: _____

Initiates (where needed) appropriate non-leading questions. N/A 1 2 3 4

Comments: _____

Records/codes answers correctly (follows skip patters as needed) N/A 1 2 3 4

Comments: _____

Completes the editing process and reviews forms. N/A 1 2 3 4

Comments: _____

General Overall Rating N/A 1 2 3 4

Comments: _____

Instructions to technician/corrective action:

Comments: _____

Signature of observer: _____

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Overall comments of observer:

Instructions to technician/corrective action:

Signature of observer

Nurse's Blood Pressure Examination Observer Check List

Date: _____ *e035, e036*

Technician: _____ Observer: _____

Instructions:

For each item, circle y or n (yes or no) to indicate whether the procedure is carried out correctly. Record any comments in the blank space between that item and the next. For certain items, specific parts of the procedure which are important are listed separately.

The following items apply throughout the exam:

- y n Participant is kept warm, relaxed, and comfortable.

- y n Technician greets and informs participant of the procedure appropriately.

- y n Participant is discouraged from talking, except to voice discomfort or confusion about instructions.

- y n Technician keeps work station free of excessive noise.

Standard Blood Pressure Examination:

- y n Technician bears participant's left arm to above point of shoulder.

- y n Technician determines correct cuff size for participant's arm by using guidelines inside the cuff.

- y n Technician palpates brachial artery.

- y n Technician wraps cuff center of bladder over brachial artery.

- y n Participant is in a seated position, with feet flat on the floor, for a minimum of 5 minutes.

- y n Technician identifies palpated systolic pressure.

- y n Technician determines maximum inflation level (MIL) by adding 30 mmHg to the palpated systolic pressure. (MIL is always a factor of 10).

- y n Technician connects manometer tubing to cuff tubing.

(b)
X

e035, e036

- y n Technician places stethoscope in ears, ear pieces forward.
- y n Technician places bell over the brachial artery.
- y n Technician inflates rapidly to maximum inflation level (MIL).
- y n Technician deflates cuff at a rate of 2 mmHg per second.
- y n Technician deflates cuff to 10 mmHg below the diastolic pressure.
- y n Technician opens thumb valve and disconnects the tubing.
- y n Technician records the reading immediately.
- y n If a reading needs to be repeated due to difficulty in measurement, the technician must always allow the mercury to return to "0", instruct the participant to raise their left arm vertically for a full 5 seconds, and waits at least 30 seconds before proceeding.

Overall comments of observer:

Instructions to technician/corrective action:

Signature of observer

Overall comments of observer:

Instructions to technician/corrective action:

Signature of observer

Following is the Spanish Form for e_exam_ex01_7_0020. The annotation is the same as the previous form.

**EL ESTUDIO DEL CORAZÓN DE FRAMINGHAM
CONSENTIMIENTO PARA UNA ENTREVISTA, EXAMEN, PRUEBAS, Y ANÁLISIS DE
LOS EXPEDIENTES**
(una copia para el participante, una para la hoja clínica)

Yo Entiendo que el objetivo de este estudio es para coleccionar información para ayudar a entender algunas enfermedades principales, incluyendo las enfermedades vasculares y del corazón, derrame cerebral, y demencia. Yo autorizo el estudio del corazón del Framingham a: 1) entrevistarme con respecto a mi pasado y presente status médico, a mi salud y mi moda de vida (incluyendo dietas y medicamentos), como también obtener información acerca de la historia médica familiar; 2) llevar a cabo procedimientos rutinarios hechos en la oficina de mi doctor (como medidas del peso y presión de la sangre, exámenes físicos incluyendo análisis del estado de humor y memoria, exámenes respiratorios y electrocardiograma); 3) obtiene muestras de sangre y orina al principio del examen; se me preguntará tomar una prueba de tolerancia a la glucosa,(es un procedimiento común en la oficina del médico, el que cual incluye tomar un líquido dulce y hacer una segunda prueba de sangre dos horas más tarde); este examen no se hará a personas que sepa tener diabetes; 4) analizar y obtener copias expedientes médicos y de la registraci3n de tumores; Estoy de acuerdo que una fotocopia de esta autorizaci3n sea considerada v3lida como la original para obtener esos expedientes médicos y esta autorizaci3n ser3 v3lida por dos años desde la fecha coleccionada o hasta el tiempo de mi próxima examen 5) llevar a cabo evaluaciones de las arterias carótidas que no se invade el cuerpo; en adici3n, yo autorizado un examen cardíaco completo, incluyendo un ecocardiograma. Yo entiendo que se me preguntará en completar cuestionarios adicional con respecto a mis hábitos alimenticios y la salud general y regresarlos al estudio del corazón del Framingham. En adici3n es posible que me llamen por teléfono para obtener informaci3n adicionales sobre mis hábitos nutricionales o para determinar mi interés en participar en otros estudios relacionados con la salud.

En el evento de un derrame cerebral, Yo seré visto durante mis hospitalizaci3n y entre tres, seis, doce, veinticuatro meses. Seré evaluado en mis habilidades desempeñando actividades del diario vivir. Seré examinado por un neur3logo cada vez. Si el neur3logo piensa que yo he tenido una derrame cerebral o problemas memorias definidos, se me preguntará si había interesado en tomando un M.R.I. (Imagen por resonancia magnética escán del cerebro). Si Yo decido tomar el examen, lo estar3 arreglado por el coordinador clínico. Yo entiendo que en algunos casos es posible que se me preguntará volver a la clínica, como un subjéctivo del estudio o un control, para exámenes adiciones basando en los resultados de mi examen bienal.

Yo entiendo que ésta informaci3n ser3 estrictamente confidencial, y servir3 para el objetivo científico y estudios exclusivos. La informaci3n no ser3 usada para identificarme. Todos los procedimientos y sus riesgos y incomodidades han estado enumerados y todas mis preguntas sobre estes procedimientos ser3 contestadas. Me doy cuenta que Yo puedo retirar mi autorizaci3n y descontinuo mi participaci3n para algunas o todas de los procedimientos en el proyecto o actividad en cualquier momento. También Yo entiendo que todos las partes de la examen son gratis a mí.

Yo entiendo que se me preguntará dar mi numero de seguro social con el objetivo de localizarme en los años que viene, y esta divulgaci3n de mi numero de seguro social es voluntario. Con mi aprobaci3n, un resumen de los resultados de mis exámenes de este periodo de estudio ser3 enviara a mi médico personal.

Yo entiendo que en el evento que una lastimadura ocurra, a causa de algunas de los procedimientos, recibiré tratamiento médico puntual conforme a normas usuales y acostumbrados de la practica médica. Sin embargo, no habran arreglos especiales por compenciaci3n o para pagos de tratamientos solamente por mi participaci3n en este estudio. Yo entiendo que este párrafo no difiere mis derechos legales.

EXAM 5

FIELD (ID type/ID)

FIELD (Last Name)

FIELD (First Name)

**EL ESTUDIO DEL CORAZÓN DE FRAMINGHAM
CONSENTIMIENTO PARA UNA ENTREVISTA, EXAMEN, PRUEBAS, Y ANÁLISIS DE
LOS EXPEDIENTES**

(una copia para el participante, una para la hoja clínica)

Yo Entiendo que el objetivo de este estudio es para coleccionar información para ayudar a entender algunas enfermedades principales, incluyendo las enfermedades vasculares y del corazón, derrame cerebral, y demencia. Yo autorizo el estudio del corazón del Framingham a: 1) entrevistarme con respecto a mi pasado y presente status médico, a mi salud y mi moda de vida (incluyendo dietas y medicamentos), como también obtener información acerca de la historia médica familiar; 2) llevar a cabo procedimientos rutinarios hechos en la oficina de mi doctor (como medidas del peso y presión de la sangre, exámenes físicos incluyendo análisis del estado de humor y memoria, exámenes respiratorios y electrocardiograma); 3) obtiene muestras de sangre y orina al principio del examen; se me preguntará tomar una prueba de tolerancia a la glucosa,(es un procedimiento común en la oficina del médico, el que cual incluye tomar un líquido dulce y hacer una segunda prueba de sangre dos horas más tarde); este examen no se hará a personas que sepa tener diabetes; 4) analizar y obtener copias expedientes médicos y de la registración de tumores; Estoy de acuerdo que una fotocopia de esta autorización sea considerada válida como la original para obtener esos expedientes médicos y esta autorización será válida por dos años desde la fecha coleccionada o hasta el tiempo de mi próxima examen 5) llevar a cabo evaluaciones de las arterias carótidas que no se invade el cuerpo; en adición, yo autorizado un examen cardíaco completo, incluyendo un ecocardiograma. Yo entiendo que se me preguntará en completar cuestionarios adicional con respecto a mis hábitos alimenticios y la salud general y regresarlos al estudio del corazón del Framingham. En adición es posible que me llamen por teléfono para obtener información adicionales sobre mis hábitos nutricionales o para determinar mi interés en participar en otros estudios relacionados con la salud.

En el evento de un derrame cerebral, Yo seré visto durante mis hospitalización y entre tres, seis, doce, veinticuatro meses. Seré evaluado en mis habilidades desempeñando actividades del diario vivir. Seré examinado por un neurólogo cada vez. Si el neurólogo piensa que yo he tenido una derrame cerebral o problemas memorias definidos, se me preguntará si había interesado en tomando un M.R.I. (Imagen por resonancia magnética escán del cerebro). Si Yo decido tomar el examen, lo estará arreglado por el coordinador clínico. Yo entiendo que en algunos casos es posible que se me preguntará volver a la clínica, como un subjetivo del estudio o un control, para exámenes adiciones basando en los resultados de mi examen bienal.

Yo entiendo que ésta información será estrictamente confidencial, y servirá para el objetivo científico y estudios exclusivos. La información no será usada para identificarme. Todos los procedimientos y sus riesgos y incomodidades han estado enumerados y todas mis preguntas sobre estes procedimientos será contestadas. Me doy cuenta que Yo puedo retirar mi autorización y descontinuo mi participación para algunas o todas de los procedimientos en el proyecto o actividad en cualquier momento. También Yo entiendo que todos las partes de la examen son gratis a mí.

Yo entiendo que se me preguntará dar mi numero de seguro social con el objetivo de localizarme en los años que viene, y esta divulgación de mi numero de seguro social es voluntario. Con mi aprobación, un resumen de los resultados de mis exámenes de este periodo de estudio será enviara a mi médico personal.

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EXAM 5 **FIELD**(ID type/ID) **FIELD**(Last Name) **FIELD**(First Name)

Date

Patient Name

Personal Physician

Patient Address

**Framingham Heart Study
Offspring Exam 5**

Summary Sheet to Personal Physician

Blood Pressure	First Reading	Second Reading
Systolic		
Diastolic		

ECG Diagnosis _____

The following tests are done on a routine basis. Only abnormal findings will be forwarded at a later date:
Echocardiogram; Serum Glucose; Blood Lipids; Carotid Doppler; Glucose Tolerance Test

Summary of Findings _____

Examining Physician
Framingham Heart Study
5 Thurber Street
Framingham, MA 01701

CUESTIONARIO RESPIRATORIO

DATE ___/___/___

Este cuestionario le hará preguntas acerca de los síntomas que están relacionados a alergias, asma u otras enfermedades pulmonarias. Sus respuestas a estas preguntas nos ayudarán a interpretar los resultados de los exámenes de funcionamiento pulmonario. Este cuestionario nos dará información importante acerca de el proceso de envejecimiento y el desarrollo de las enfermedades de los pulmones. PARA RESPONDER LAS PREGUNTAS, FAVOR DE ENCERRAR EN UN CÍRCULO LA RESPUESTA CORRECTA. SI USTED NO ESTA SEGURO DE LA RESPUESTA , ELIJA "NO".

SILBIDOS Y PRESIÓN EN EL PECHO		CODING
1	¿ Ha tenidosilbidos en su pecho en los últimos doce meses? NO SI	0 1 9
2	¿ Usted se ha despertado por la mañana con una sensación de presión en el pecho en las últimas doce meses? NO SI	0 1 9

FALTA DE AIRE		CODING
3	En los últimos doce meses ha tenido algún ataque de falta de respiración durante el día cuando usted no estaba haciendo ningún tipo de esfuerzo? NO SI	0 1 9
4	¿Ha tenido un ataque de falta de aire inmediatamente despues de esforzarse en los últimos doce meses ? NO SI	0 1 9
5	¿ En los últimos doce meses, Usted se ha despertado en la noche a causa de un ataque de falta de aire? NO SI	0 1 9

TOS Y FLEMA DEL PECHO		CODING
6	¿ En los últimos doce meses, usted se ha despertado en la noche por un ataque de tos? NO SI	0 1 9
7	¿Usted tose usualmente al despertarse por la mañana? NO SI	0 1 9
8	¿Usted generalmente escupe flema del pecho por la mañana? NO SI	0 1 9
9	¿Usted escupe flema del pecho, casi todos las mañanas por lo menos tres meses al año? NO SI	0 1 9

RESPIRACIÓN		CODING
10	¿Cuales de las siguientes frases describen <u>mejor</u> su respiracion? Chequé soló una de las siguientes frases.	0 1 2 3 9
a	Nunca o raramente tengo problemas con mi respiración.	
b	Tengo problemas repetitivos con mi respiración, pero siempre me vuelvo a sentir completamente bien.	
c	Mi respiración nunca esta completamente normal.	

EXAM 1

ANIMALES, POLVO, PLUMAS		CODING
	Cuando usted esta en una area polvosa de su casa, con animales (por ejemplo con perros, gatos, o caballos), o cerca de plumas usted:	
11	Tiene una sensación de presión en el pecho. <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9
12	Se siente con falta de respiración. <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9

ASMA		CODING
13	¿Ha tenido usted asma? <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9
14	¿Ha tenido algún ataque de asma en los últimos doce meses? <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9
15	¿Actualmente este usted tomando medicamentos? (incluyendo inhalantes, aerosoles, o tabletas) para el asma? <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9

FUMAR		CODING
16	¿Fuma actualmente cigarros o pipo? <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9
17	¿Fuma actualmente cigarros? (ejem. incluyendo la semana pasada) <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9
18	¿Ha fumado cigarros por un período de un año o más? <input checked="" type="radio"/> NO <input type="radio"/> SI (En caso de que si conteste la siguientes preguntas 18a, b y c).	0 1 9
18a	¿Cuantos años usted ha fumado o fumó? _____	
18b	¿Cuantos cigarros fuma/ fumaba el día? _____	
18c	Si usted ya no fuma, ¿ cuando lo suspendió? MENOS DE HACE CUATRO SEMANAS HACE MAS DE CUATRO SEMANAS.	0 1 2 9

MEDICAMENTOS CON ESTEROIDES		CODING
Los medicamentos esteroides son recetados en casos de enfermedades asmáticos, como así tambien en situaciones de psoriasis (dermatitis crónica) otras alteraciones de la piel, varios tipos de artritis y enfermedece de obstrucción intestinal. Este medicamento puede tomarse por la boca, por inhalación, por aplicación directa a la piel o como inyecciones (acontinuación se en listaran algunos de los esteroides mas comunmente usados.		
19	¿Esta usted tomando actualmente medicamentos con esteroides? <input checked="" type="radio"/> NO <input type="radio"/> SI	0 1 9
20	En caso de que si, ¿Por que vía la toma? (cheque cualquiera que sea) ORAL INYECTADA INHALADA NASAL EN LA PIEL	0 1 2 3 4 5 9

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

**La Relación existente entre Ejercicio y Salud
El Estudio del Corazón de Framingham**

Version 2/28/91

Esta encuesta del Estudio de Framingham es parte de un estudio longitudinal acerca de el ejercicio y la salud. Esta oportunidad nos ayudara a determinar los beneficios de el ejercicio. La mayoría de los individuos encontraran que el cuestionario puede ser contestado en aproximadamente cinco minutos. Favor de responder las preguntas, lo mejor posible.

Si Usted desea comentar cualquiera de nuestras preguntas, o qualificar sus preguntas, por favor escriban en los margenes. Sus comentarios son bienvenidos y se tomaran en consideracion.

Es muy importante que usted nos responda de cuantos mas individuos le sean posibles. Sus respuestas son importantes para nosotros.

Por favor llene el cuestionario.

Gracias por su ayuda.

EXAM 5

Physical Activity Questionnaire--Framingham Heart Study

15101110111 {5-9} FORM NUMBER

Nosotros queremos preguntarle varias preguntas acerca de sus habitos de ejercicio actuales. Por favor responda los mas adecuadamente posible. Circule sus respuestas o de el numero especifico de la linea en que se le haga la pregunta, (solo una respuesta por pregunta).

General Questions	Coding Use Only
1. ¿Cuantas veces por semana usted tiene actividad física intensa? (suficientemente como para que le haga sudar).	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 10-11
2. ¿Como compará su actividas física de las últimas semanas con su actividad usual durante el año? (circule la respuesta apropiada). <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px;">Menos activo</div> <div>igual que siempre</div> <div>más activa</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> [1] [2] [3] </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 12
3. Como comparé su nivel de actividad con otros de su misma edad. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px;">Menos activo</div> <div>igual que siempre</div> <div>más activa</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> [1] [2] [3] </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 13
4. ¿Cual es su ocupacion actual? _____ (Si utsted trabaja fuera de su casa menos de veinte horas a la semana, escriba retirado u ama de casa. Especifique, medio tiempo si solo trabaja medio tiempo) Codifique su ocupacion de acuerdo a la hoja con codigós <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 14-16
<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Occupation code (see attached coding sheet)	

5. Durante **los últimos siete** días, cuanto tiempo se ha tomado usted en realizar las siguientes actividades incluidas en la hoja de referencias ? **Diganos el tiempo en que usted se ha involucrado en alguna actividad** (Ignore los tiempos de descanso, siestas, etc.). Asegurese usted de recordar sus actividades en el trabajo, casa, y recreativas, y por favor sea cuidadoso al distinguir las actividades **MUY FUERTES** de las **FUERTES**.

Activity	Hours	Minutes	Coding use only			
			Activity	Hours	Minutes	Columns
(Use reference sheet to fill out)			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	19-25
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	26-32
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	33-39
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	40-46
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	47-53
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	55-60

Physical Activity Questionnaire--Framingham Heart Study

1510110121 (5-9) FORM NUMBER

6.¿Cuanto tiempo usted ha hecho las siguientes actividades durante el ano pasado?

Activity	Hrs	Mins	Weeks/ Yr	Coding use only				
(Use list to fill out)	(in typical week)		See note below	Activity	Hours	Minutes	Weeks/ Yr	Cols
				□□□□	□□□	□□□	□□□	10-18
				□□□□	□□□	□□□	□□□	19-27
				□□□□	□□□	□□□	□□□	28-36
				□□□□	□□□	□□□	□□□	37-45
				□□□□	□□□	□□□	□□□	46-54
				□□□□	□□□	□□□	□□□	55-63
				□□□□	□□□	□□□	□□□	64-72
				□□□□	□□□	□□□	□□□	73-81
				□□□□	□□□	□□□	□□□	82-90
				□□□□	□□□	□□□	□□□	91-99
				□□□□	□□□	□□□	□□□	100-108
				□□□□	□□□	□□□	□□□	109-117
				□□□□	□□□	□□□	□□□	118-126
				□□□□	□□□	□□□	□□□	127-135
				□□□□	□□□	□□□	□□□	146-144
				□□□□	□□□	□□□	□□□	145-153
				□□□□	□□□	□□□	□□□	154-162

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

EXAM 5

Physical Activity Questionnaire--Framingham Heart Study

15101110131 {5-9} FORM NUMBER

Caminar y trotar	Enter value	Coding Use Only
<p>7. ¿ Usted camina regularmente , con el fin de hacer ejercicio? SI NO</p> <p>En caso de afirmativo continúe abajo</p> <p>Si no síguase a la pregunta ocho.</p> <p>¿Cuántas millas usted hace en promedio, cada vez que camina?</p> <p>¿Cual es su promedio de tiempo por día?</p> <p>¿ Cuántas veces a la semana usted camina?</p>	<p>_____</p> <p>_____:</p> <p>min:sec</p> <p>_____</p>	<p>____ ____ ____ ____ 10-12</p> <p>____ ____ * ____ ____ 13-16</p> <p>____ ____ 17-18</p>
<p>7. ¿ Usted trota o corre regularmente como parte de su programa de actividades físicas? SI NO</p> <p>En caso afirmativo contiue</p> <p>¿ Cuántas millas hace usted, cada vez que usted corre?</p> <p>¿ Cual es su tiempo promedio por milla?</p> <p>¿Cuántas veces usted corre o trota a la semana ?</p>	<p>_____</p> <p>_____:</p> <p>min:sec</p> <p>_____</p>	<p>____ ____ ____ ____ 19-21</p> <p>____ ____ * ____ ____ 22-25</p> <p>____ ____ 26-27</p>

**Physical Activity Questionnaire--Framingham Heart Study
Activities Part I**

1510110141 {5-9} FORM NUMBER

Subir escaleras y Caminata	Enter value	Coding Use Only								
Cuántas escaleras usted sube cada día? (Una escalera es igual a diez escalones, 99=se desconoce)	_____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td align="center" colspan="4">10-12</td> </tr> </table>					10-12			
10-12										
¿ Cuántas cuadras camina usted al día ? (12 cuadras es igual a una milla, 99=se desconoce)	_____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td align="center" colspan="3">13-14</td> </tr> </table>				13-14				
13-14										

Actividades y Descanso en un Día Ordinario	Enter value	Coding Use Only				
Sueno --Cuántas horas duerme usted generalmente ?	_____	<table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td align="center" colspan="2">15-16</td> </tr> </table>			15-16	
15-16						
Sedentario --Cuántas horas usted se sienta al día?	_____	<table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td align="center" colspan="2">17-18</td> </tr> </table>			17-18	
17-18						
Actividad leve --Cuántas horas al día usted se la pasa parado o caminando.	_____	<table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td align="center" colspan="2">19-20</td> </tr> </table>			19-20	
19-20						
Actividad moderada --Cuántas horas al día hace trabajo de casa (aspirar, desempolvar, trabajo en el patio, subir escaleras, deportes ligeros como boliche, golf)?	_____	<table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td align="center" colspan="2">21-22</td> </tr> </table>			21-22	
21-22						
Actividades pesadas --Cuántas horas al día Usted hace trabajo pesado de casa, como trabajo pesado en el patio, como acomodar o cortar madera, ejercicio intenso, como natación, carrera	_____	<table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td align="center" colspan="2">23-24</td> </tr> </table>			23-24	
23-24						
Numero total de horas (debe decir al total de las preguntas arriba ya mencionadas)	24					

EXAM 5 FIELD(ID type/ID) FIELD>Last Name) ,FIELD(First Name)

SECCIÓN DE LA ORACIÓN Y DEL DISEÑO PARA EL PACIENTE

FAVOR DE ESCRIBIR UNA ORACIÓN

FAVOR DE COPIAR ESTE DISEÑO

COGNITIVE FUNCTION--PART I

151012110121 FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9 Write all responses on exam form.

0 1 2 3 6 9 ¿CUAL ES LA FECHA DE HOY? (Month, day, year, correct score=3)

0 1 6 9 ¿ EN QUE ESTACIÓN ESTAMOS?

0 1 6 9 ¿ QUÉ DÍA DE LA SEMANA ES?

0 1 2 3 6 9 EN QUÉ PUEBLO, ESTADO Y CONDADO VIVIMOS NOSOTROS?

0 1 6 9 ¿ CUAL ES EL NOMBRE DE ESTE LUGAR? (any appropriate answer ok.,my home, street address, heart study ... max. score = 1)

0 1 6 9 ¿ EN QUÉ PISO DEL EDEFICIO NOSOTROS ESTAMOS ?

0 1 2 3 6 9 VOY A NOMBRARLE TRES OBJETOS. DESPUES DE QUE YO LOS DIGA, REPITAMELO A MÍ. RECUERDE LAS PALABRAS, PORQUE SE LAS VOLVERÉ A PREGUNTAR EN ALGUNOS MINUTOS:
MANZANA, MESA, CENTAVO

|_|_|_|_|_| AHORA VOY A DELETREAR UNA PALABRA AL DERECHO, Y USTED ME LO VA DELETREAR AL REVES. LA PALABRA ES MUNDO M-U-N-D-O. POR FAVOR DELETREE AL REVES.
Write in _____ (letters are entered and scored later)
letters,

0 1 2 3 6 9 ¿CUALES SON LAS TRES PALABRAS QUE YO LE PEDÍ QUE RECORDARÁ HACE UNOS MINUTOS ATRAS?

EXAM 5

COGNITIVE FUNCTION --PART II

151012110131 FORM NUMBER

SCORE CORRECT NO TRY=6 UNKNOWN=9

0 1 6 9 ¿CUAL ES EL NOMBRE DE ESTE (RELOJ)?

0 1 6 9 ¿CUAL ES EL NOMBRE DE ESTE (LÁ PIZ)?

0 1 6 9 FAVOR DE REPETIR LOS SIGUIENTE "NO HAY PERO QUE VALGA"
(Perfect=1)

0 1 6 9 LEA LO SIGUIENTE, Y HAGALO. (performed=1, code 6 if low vision)

0 1 6 9 FAVOR DE ESCRIBIR UNA ORACIÓN (code 6 if low vision)

0 1 6 9 FAVOR DE COPIAR ESTE DIBUJO (code 6 if low vision)

0 1 2 3 6 9 TOME ESTA HOJA CON LA MANO DERECHA, DOBLELA POR EL MEDIO CON LAS DOS MANOS, Y PONGASELO EN SU FALDA (score 1 for each correctly performed act, code 6 if low vision)

Examiner's Assessment of Subject's Mental Status

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

1 1 3 1

EXAM 5 (ID type/ID) (Last Name) (First Name)

(HOME 1)

VERSION 02/28/91

FUNCTIONAL PERFORMANCE

1510101011 FORM NUMBER

Donde vive : (0 = Private Residence, 1 = Nursing home, 2 = Other institution, such as: home-self care, retirement village, 9=Unknown)

Quien vive con usted?ou: (0=No, 1=Yes, 9=Unknown)
(Code Nursing Home Residents as NO to these questions)

- Esposo
- con mi pareja
- hijos
- Amigos
- familia

En general como es su salud actual? (1=Excelente, 2=buena, 3=mediocre, 4=pobre, 9= se desconoce)

Comparé su salud con la mayoría de la gente de su misma edad.(1=Mejor , 2=igual, 3=Peor , 9=Se desconoce)

Trabaja usted ? : (0=No, 1=Si ,Con tiempo completa, 2=Si, Medio tiempo, 9=Se desconoce)

Durante los pasados seis meses (180 días) cuantas veces usted se enfermo , al grado que no pudo mas seguir sus actividades de todas las días.(999=Desconocido)

DURANTE EL CURSO DE UN DIA NORMAL, COMO USTED HACE USTED LAS SIGUIENTES ATIVIDADES?

Coding: 0=Sin necesidad de ayuda, es independiente 1=Usa instrumentos auxiliares, pero sigue siendo independiente 2=necesita ayuda de otros, tiene dependencia minima, 3=Dependiente, 4=No lo hace durante un día normal, 9=Desconocido

VESTIRSE (desvestirse y volverse a vestir)

BAÑARSE (incluyendo metirse y salirse de la tina)

COMER

MOVERSE (sentarse y pararse de la silla).

USO DEL BAÑO (usar el baño, y rearcomodarse la ropa)

CONTINENCIA(control de feces fecales y orina)

CAMINAR EN UNA SUPERFICIE PLANA POR MÁS O MENOS CINCUENTA YARDAS. (largo de la calle de Thurber).

SUBIR Y BAJAR ESCALERAS (USA EL RENDILDE LA ESCALERA)?

USO DEL TELEFONO

TOMA SUS PROPIAS MEDICINAS

EXAM 5

(HOME 2) ACTIVITIES QUESTIONS- PART A

VERSION 02/28/91

15101010121 FORM NUMBER

Rosow-Breslau Questions

0 Usted puede hacer trabajo pesado alrededor de la casa, como palear nieve , lavar ventanas, paredes y pisos sin ayuda? (0=No, 1=si, 9=desconocido)

1 Puede usted subir escaleras hasta el segundo piso y bajar sin ayuda?
(0=No, 1=Si , 9=Desconocido)

1 Puede usted caminar media milla sin ayuda ? (Alrededor de cuatro a seis cuadras)

0 Usted maneja? (0=No, 1=Si , 9=No se sabe) (Continúe si la respuesta es negativa)

2 Cual es la razón por la que usted no maneja?

- (1=Salud ,
- 2=No es una razón de salud,
- 3=No tiene licencia
- 8= maneja actualmente
- 9=Desconocido

EXAM 5

FIELD(ID type/ID)

FIELD(Last Name)

FIELD(First Name)

(HOME 3 ACTIVITIES QUESTIONS - PART B

VERSION 02/28/91

Nagi Questions

151010131 FORM NUMBER

Dime si tiene usted :

- (0) Sin dificultad
- (1) Un poco de dificultad
- (2) Algo de dificultad
- (3) Gran dificultad
- (4) Esta inposibilitado
- (5) Va en contra de su prescripción medica
- (9) Desconocido

JALAR O EMPUJAR OBJETOS GRANDES COMO SILLAS DE LA SALA..

ENCORVARSE, AGACHARSE, O HINCARSE

EXTENDER O ALCANSAR ALGO CON LOS BRAZOS AL NIVEL DE LOS HOMBROS.

EXTENDER O ALCANSAR ALGO CON LOS BRAZOS DEBAJO DEL NIVEL DE LOS HOMBROS.

YA SEA ESCRIBIENDO, MANEOBRAR OBJETOS O MANEOBRAR OBJETOS PEQUEÑOS

PERMANECER PARADO EN UN LUGAR POR PERIODOS LARGOS, COMO QUINCE MINUTOS

SENTARSE POR PERIODOS LARGOS, DIGAMOS UNA HORA

LEVANTAR O ACARREAR PESOS DE MENOS DE DIEZ LIBRAS (como una bolsa de papas)

LEVANTAR O ACARREAR PESOS DE MAS DE DIEZ LIBRAS (como una bolsa muy pesada de mandado)

EXAM 5
INTERVIEW

VERSION 02/28/91

Activities Questions-- Part C

15101010141 FORM NUMBER

0 Se ha caído el piso accidentalmente desde el año pasado hasta ahora? (codifique "no" si es que se cayó al estar en alguna actividad deportiva) (0=no, 1=yes, 2=maybe, 9=unknown)

 Si es que si, cuantas veces se ha caído durante el año pasado (99=descnocado)

1 DESDE LA ULTIMA VEZ QUE VINO A LA CLINICA, USTED SE HA ROTO ALGUN HUESO.
(Code: 0=No, 1=Yes, 2=Unsure, 3=Under age 30, 9=Unknown)

En caso de que si, especifique abajo Code as 3 if under age 30, and skip rest of this section
(Code: 00=No, for others give year)

Left	Right	Location
19 0 1-1	19 0 1-1	Se ha roto su brazo superior (húmero) o el codo
19 0 1-4	19 0 1-1	Se ha roto el brazo inferior o la muñeca
19 0 1-1		Espalda (si tiene una enfermedad en el disco, codifique "no")
19 0 1-1		Se ha roto el pelvis
19 0 1-1	19 0 1-1	Se ha roto la cadera
19 75		U otras partes (especificue)

Numerical Data--Part I

1510211011 FORM NUMBER

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

AGE OF PATIENT

SITE OF EXAM (0=Heart Study, 1=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 NURSE'S
 BLOOD PRESSURE BLOOD PRESSURE ID

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

15102110141 FORM NUMBER

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

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

EXAM 5 PROCEDURES SHEET

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

EXAM 5

Medical History--Cardiovascular Medications

15101310121 FORM NUMBER

(SCREEN 2)

- * **Número de aspirinas por** (0=Nunca, 1=Día, 2=semana 3=Mes, 4=Año, 9=Descnocado)
- * **Indique abajo cualquiera de los medicamentos cardiovasculares** (0=No, 1=Yes, 9=Unknown)
- ** **Toma Medicamentos para la hipertensión actualmente?**
(0=No, 1=Yes, 9=Unknown)

<input checked="" type="checkbox"/> Cardiac Glycosides	CODE
<input type="checkbox"/> Nitroglycerine	(0=No;) (1=Yes,now;)
(2=Yes,not now;)	
<input type="checkbox"/> Longer acting nitrates (Isordil, Cardilate, etc.)	(3=Maybe) (9=Unknown;)
<input type="checkbox"/> Calcium Channel Blockers (Nifedipine, Verapamil, Diltiazem)	
<input type="checkbox"/> Beta Blockers (Specify) _____	
<input type="checkbox"/> GROUP (Propranolol=01 Timolol =02 Nadolol =03 Atenolol =04 Metoprolol=05 Pindolol =06 Acebutolol=07 Labetalol=08 Other=09)	
<input type="checkbox"/> Dose (mg/day) (999=unknown)	
<input type="checkbox"/> Loop Diuretics (Lasix, etc.)	
<input type="checkbox"/> Thiazide/K-sparing diuretics (Dyazide, Maxide, etc.)	
<input type="checkbox"/> Thiazide diuretics	WRITE IN MEDS AND DOSE
<input type="checkbox"/> K-sparing diuretics (Aldactone, Triamterene)	_____
<input type="checkbox"/> Potassium supplements	_____
<input type="checkbox"/> Reserpine derivatives	_____
<input type="checkbox"/> Methyldopa (Aldomet)	_____
<input type="checkbox"/> Alpha-1 agonist (Clonidine, Wytensin, Guanabenz)	_____
<input type="checkbox"/> Alpha-2 blockers (Prazosin, Terazosin, Doxazosin)	_____
<input type="checkbox"/> Renin-angiotensin blocking drugs (Captopril, Enalapril, Lisinopril)	
<input type="checkbox"/> Peripheral vasodilators (Hydralazine, Minoxidil, etc)	
<input type="checkbox"/> Other anti-hypertensives(Specify) _____	
<input type="checkbox"/> Antiarrhythmics (Quinidine, Procainamide, Norpace, Disopyramide, etc)	
<input type="checkbox"/> Antiplatelet (Anturane, Persantine, etc.)	
<input type="checkbox"/> Anticoagulants (Coumadin, Warfarin, etc.)	
<input type="checkbox"/> Other cardiac medication (Specify) _____	

EXAM 5

Medical History-- Female Genitourinary Disease

15101310141 FORM NUMBER

(SCREEN 4)

Ha pasado al menos un año, desde que tuvo su ultimo periodo menstrual?
(0=No, 1=Yes, 9=Unknown)

Edad cuando sus períodos menstruales se terminaron(Años , 99=Unknown)

Causa del cese de menstruación (0=No se ha terminado, 1= natural ,2= cirugia 3= otra, 9=Desconoce)

Edad de hysterectomía (años), (00=No, 99=Unknown)

Ovario u ovarios removidos(0=No; 1=Yes,one; 2=Yes,two; 9=Unknown)

Número de nacimientos que llegaron a su término.
(88=No se Aplica a hombres., 99=Unknown)

Edad del ligamientos de trompas uterinas (00=No, 99=Unknown)

(Contraceptivas orales en el interim) (0=No, 1=Si,ahora 2=Si ,no actualme nte

Nombre de los últimos contraceptivos orales que tomo.
(e.g. Demulen 1/50) (soló enlistelo si fue tomando, desde el último examen)

Estrógeno conjugado usado en el interim(e.g. Premarin)
(0=No, 1=Yes,now; 2=Yes,not now, 9=Unknown)

Dosis oral premarin o Estrógeno conjugado
(0=No, 1=0.325mg, 2=0.625mg, 3=1.25mg, 4=2.5mg, 8=Other, 9=Unknown)

Parche con dosis/ día de estrógeno(0=No, 1=0.5, 9=Unknown)

Número de días que esta tomando estrógeno (99=Unknown)

Uso de Crema de estrógeno en el interín (0=No ; 1=Yes,now; 2=Yes,not now; 9=Unknown)

Uso de Progesterona en el interín (0=No ; 1=Yes,now; 2=Yes,not now; 9=Unknown)

Enfermedades Urinarias en el interín
(0=No,)
(1=Yes,)

Enfermedades del los riñones en el interín
(2=Tal vez)
(9=Unknown)

Piedras en los riñones en el interín

EXAM 5

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

15101310161 FORM NUMBER

(SCREEN 6)

En el interín ha sido Usted diagnosticado de la tiróides?
(0=No, 1=Yes, 9=Unknown)

Comments _____

Ha tenido usted un diagnostico de úlcera (ejem: estómago, o duodeno, peptico)
(0=No, 1=Yes, 9=Unknown)

Ha tenido Usted un diagnóstico de hernia hiatal (0=No, 1=Yes, 9=Unknown)

Ha tenido usted enfermedades de la vesícula biliar? (0=No, 1=Yes, 9=Unknown)

En caso de que si,(1=extracción quirúrgica, 2=litotripsía, 3= Solo un diagnóstico, 9=desconocido)

Comments _____

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

Cafeinado				Decafeinado			
	Unidad	# por día	Método		Unit	# per day	Metho
Café	taza	10 1 1	10	Coffee	cup	0 0	0 1
Té	taza	1 0 0	9 m.c. per invalid Code	Tea	cup	10 0 1	
Cola	doce onzas	1 0 0		Cola	12 oz	0 1 0	

Método predominantemente usado: 0=No toma, 1=Filtro, 2=Perc, 3=hervir 4=Instantaneo,8=Otro, 9=Desconocido

Alcohol Consumption

Bebida	Unidad	Promedio del número de tragos por semana en el curso del año	Numero de dias, tragos por semana	Promedio límite por número de tragos, en un período de tiempo
		Code 00=never, 01=1 or less, 99=unknown	Code 0-7 9=Unknown	Code number 99=Unknown
Cerveza	botella, lata, copa (12 onzas)	1 0 0	1 0	1 0 0
Vino	copa (4 oz)	1 1 1	1 1	1 1 1
Licor	cocktail,highball	1 1 1	1 1	1 1 1

EXAM 5

Medical History-- Respiratory

151013110181 FORM NUMBER

(SCREEN 8)

Tos crónica en el interín (minimo tres meses/año)
(0=No; 1=Yes, productive; 2=Yes, non-productive; 9=Unknown)

Jadeo o asma? (0=No, 1=Yes, 9=Unknown)

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

Disnea con esfuerzo
(0=No)
(1=Subir escaleras o ejercicio vigoroso)
(2=Caminata rapida o ejercicio moderado)
(3=Cualquier esfuerzo ligero).
(9=Unknown)

La Disnea se ha incrementado en los últimos dos años
(0=No, 1=Yes, 9=Unknown)

Ortópnea (0=No)
(1=Yes-new in interim;)

Paroxismo nocturno disnea (2=Si queja vieja)
(9=Unknown)

Edema bilateral del tobillo

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

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

No second opinion needed for bronchitis

Respiratory Comments

15101310191 FORM NUMBER

(SCREEN 9)

- * Ha tenido algun dolor del pecho desde su último exámen (0=No,)
 (1=Yes,)
 Ha tenido algun dolor en el pecho cuando esta haciendo esfuerzo
 o esta emocionado(a). (2=Maybe,)
 (9=Unknown)
- Ha tenido algun dolor del pecho en silencio o descansando
- Molestís del pecho y sus características (must have checked first box above)**
- * Fecha de inicio(mes/año 99/99=Unknown)
- Duración usual (minutos, 999=Unknown)
- Duración más larga(minutes: 1=1 min or less, 900=15 hrs or more,
 999=Unknown)
- Localización(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)
- Radiación (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)
- Frecuencia (Number in past month, 999=Unknown)
- Frecuencia (Number in past year, 999=Unknown)
- Tipo (1=Presión ,pesado, 2=Agudo; 3=Torpe 4=Otro ; 9=Unknown)

Alivio del molestar del pecho. (0=No, 1=Yes, 8=sin intento,=Unknown)	
<input type="checkbox"/>	Nitroglycerina en <15 minutos
<input type="checkbox"/>	El resto < 15 minutos
<input type="checkbox"/>	Espontaneidad en <15 minutos
<input type="checkbox"/>	Otra causa en <15 minutos

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

Comments _____

EXAM 5

Medical History-- Syncope

1510131101 FORM NUMBER

(SCREEN 10)

Si se levanta o se sienta rapido, te da: (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)	Número de episodios por año (999=Unknown)	Duración usual del inicio a la recuperacion. (minutos, 1=1 minuto o menos,999=descnocado)
<input checked="" type="checkbox"/> Mareo/vertigo		
<input checked="" type="checkbox"/> Deslumbramiento en la cabeza/inestable		

Se ha desmallado o perdido la consciencia en el interín
 (Si el evento fue inmediatamente seguida por una lesion en la cabeza o un accidente)
 (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

 Número de episodios en los últimos dos años(999=Unknown)

 / Fecha del primer episodio (mo/yr, 99/99=Unknown)

 Duración usual de la perdida de la consciencia (minutes, 999=Unkn)

 Actividad usual recedida del evento (0=Ninguno 1= Esfuerzo,, 2=Descanso
 3=Defecación/orina/Tos 4=Malestar emocional 5=Consumo de alcohol,
 6=Cuello torcido(ejem: al rasurarse) 7=Cambio de Postura (ejem: de estar acostado a pararte)
 8=Ingestion o cambio de medicamentos recientes
 9=Otra, o combinación especifique)_____, 99=Unknown)

Síntomas observados ante del evento. (0=No, 1=Yes, 2=Maybe, 9=Unkn)		Síntomas observados despues del evento(s). (0=No, 1=Yes, 2=Maybe, 9=Unkn)	
<input type="checkbox"/>	Nausea/vómito	<input type="checkbox"/>	Urinaria/fecal incontinencia
<input type="checkbox"/>	Signos de alerta (ejem: Aura)	<input type="checkbox"/>	Confusión
<input type="checkbox"/>	Molestía en el pecho	<input type="checkbox"/>	Debilidad Focal (ejem:.brazo, pierna)
<input type="checkbox"/>	Falta de aire	<input type="checkbox"/>	Otra: (especifique)_____
<input type="checkbox"/>	Palpitaciones		_____

Tuvo usted alguna lesión causada por el evento? (0=No, 1=Yes, 2=Maybe, 9=Unknown)

Se observaron convulsiones? (0=No, 1=Yes, 2=Maybe, 9=Unknown)
 Quien observó el evento? _____

Sala de emergencia/ /hospitalización o vió un doctor (0=No, 1=Hosp., 2=Saw M.D., 9=Unknown)

Hospitalizacion en: _____

doctor visto: _____

1st Examiner Opinions:

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

Comments _____

Medical History--Cerebrovascular

1510311111 FORM NUMBER

(SCREEN 11)

Presencia de episodios cerebrovasculares desde el último examen (0=No, 1=Yes, 2=Maybe, 9=Unknown)

Debilidad muscular repentina.

Dificultad repentina en la habla

Defectos visuales repentinos

(If more than one event specify in comments on bottom of screen)

Visión doble

Perdida de visión en un ojo

Inconsciencio

Entumecimiento/hormigueo

Entumecimiento/hormigueo es posicional

Radiografía de tipo CT (cabeza) desde el último examen (Fecha/lugar)

Examinado por un neurólogo desde el último examen (write in who and when below)

* Fecha (mes/año/99=Unkn) Observed by _____

Tiempo de inicio (1=Activo, 2=Durante el sueño, 3=Durante el despertar, 9=desconoce)

* Exacto/tiempo aproximado(use 24-hour military time, 99.99=unknown)

** Duración (use format days/hours/mins, 99/99/99=Unknown)

Hospitalización o vio a un doctor (0=No, 1=Hosp., 2=Saw M.D., 9=Unknown)

Número de días que estuvo en _____

1st Examiner Opinions

Cerebrovascular Disease

(0=No)

(1=Yes)

Stroke in Interim

(2= Maybe)

Transient Ischemic Attack in Interim (TIA)

(9=Unkown)

Neurology Comments _____

EXAM 5

Medical History--Peripheral Arterial and Venous

15101311121 FORM NUMBER

(SCREEN 12)

* Al caminar, usted tiene molestias en las extremidades inferiores? (0=No, 1=Yes, 9=Unknown)
If yes, fill in below

Izquierda	Derecho	Síntomas Vasculares (0=No, 1=Yes, 9=Unkn)
<input type="checkbox"/>	<input type="checkbox"/>	Tiene molestia en la pantorrilla mientras camina?
<input type="checkbox"/>	<input type="checkbox"/>	Tiene molestias en las piernas mientras camina (no la pantorrilla)
<input type="checkbox"/>		Ocurre con los primeros pasos
<input type="checkbox"/>		Después de caminar algo.
<input type="checkbox"/>		Relacionado a la caminata rapida o / inclinada
<input type="checkbox"/>		Forzarse para dejar caminar
<input type="checkbox"/>	<input type="checkbox"/>	El tiempo para aliviar La molestía despues de parar. (minutos) (00=No alivio con parar 88=Not Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Numero de dias/meses con molestía en las extremidades bajas. (00=No, 88=N/A, 99=Unknown)

* Tiene un pie más frío que el otro? (0=No, 1=Yes, 9=Unknown)

Ask venous questions for all patients

VENOUS DISEASE		
Izquierda	Derecha	Sistema Venoso
Code: 0=No, 1=Yes, 9=Unknown		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flebitis
<input type="checkbox"/>	<input type="checkbox"/>	Úlceras en las piernas
<input type="checkbox"/>	<input type="checkbox"/>	Tratamiento para venas varicosas.

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

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

Venous Insufficiency (Also see peripheral vessel I screen)

Comments Peripheral Vascular Disease _____

Medical History-- Raynaud's and Heart Surgery

15101311131 FORM NUMBER

(SCREEN 13)

Ask all of these	Raynaud's Questions	
<input type="checkbox"/>		Tanto, las yemas de los dedos o los pies son sensitivos al frío? (0=no, 1=yes, 9=unknown)
<input type="checkbox"/>		Algunos veces los dedos han cambiado de color? (0=no, 1=yes, 9=unknown)
	<input type="checkbox"/>	En caso de que si, se ponen blancos?
	<input type="checkbox"/>	En caso de que si , se ponen azules?
	<input type="checkbox"/>	En caso de que si , se ponen rojos ? (0=no, 1=yes, 9=unknown)
	<input type="checkbox"/>	Ha consultado usted algún doctor con respecto al cambio de color y la sensibilidad de sus dedos?
<input type="checkbox"/>		Ha usado herramientas eléctricas que tiene vibación? (0=no, 1=yes, in employment, 2=yes, at home, 3=yes, both at home & in employment, 9=unknown)

History of Heart Surgery (Not Coronary Surgery)

If unsure, please write in comments for later coding

	Aortic	Mitral	Tricuspid	Pulmonic
Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	19 _ _	19 _ _	19 _ _	19 _ _

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

Comments _____

Usted ha tenido cancer o un tumor?

(0=No and skip to next screen, 1=Yes, 2=Maybe, 9=Unknown -- for these responses, please continue)

Code for table: 0=No, 1=Yes, Cancerous, 2=Maybe, Possible Cancer, 3=Benign, 9=Unknown

Code	Localización del cancer o tumor	Año en que fué diagnóstico cado	Nombre de Diagnóstico doctor	Ciudad de doctor
<input type="checkbox"/>	Esófago			
<input type="checkbox"/>	Estómago			
<input type="checkbox"/>	Colón			
<input type="checkbox"/>	Recto			
<input type="checkbox"/>	Pancreás			
<input type="checkbox"/>	Larinje			
<input type="checkbox"/>	Traqueo/Bronqueos /Pulmones			
<input type="checkbox"/>	Leucemía			
<input type="checkbox"/>	Piel			
<input type="checkbox"/>	Seno			
<input type="checkbox"/>	Utero /cervix			
<input type="checkbox"/>	Ovario			
<input type="checkbox"/>	Prostata			
<input type="checkbox"/>	Vejiga			
<input type="checkbox"/>	Kidney			
<input type="checkbox"/>	Riñon			
<input type="checkbox"/>	Linfoma			
<input type="checkbox"/>	Otra /Desconocido			

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

Physician Blood Pressure (first reading)	Systolic	Diastolic
	110/2	060

Eyes, Xanthomata, and Thyroid

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

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

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

Achilles tendon xanthomata (0=No,)

Palmar xanthomata (1=Yes,)

Tuberos xanthomata (9=Unknown)

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

Scar Single nodule Other

Diffuse enlargement Multiple nodules

Comments about Thyroid _____

Respiratory

Increased a-p diameter (0=No,)

Fixed thorax (1=Yes,)

Wheezing on auscultation (2=Maybe,)

Rales (9=Unknown)

Other abnormal breath sounds

Comments about Respiratory _____

Physical Exam--Heart

1510311171 FORM NUMBER

(SCREEN 17)

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

Gallop (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=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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Sternum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Comments _____

EXAM 5

Physical Exam--Breasts and Abdomen

1510131181 FORM NUMBER

(SCREEN 18)

- 6 **Breast abnormality** (0=No)
(1=Yes)
 Localized mass (2=Maybe)
 Axillary nodes (9=Unknown)

	Left	Right	Breast Surgery
<u>0</u>			Breast Surgery (0=No, 1=Yes, 9=Unknown)
	<input type="checkbox"/>	<input type="checkbox"/>	Procedure Use lowest code: (0=No, 1=Radical mastectomy, 2=Simple mastectomy, 3=Biopsy, 4=Lump removal, 5=Cosmetic, 9=Unknown)

Comments about abnormality: _____

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

- 0 Liver enlarged
 Surgical scar
 Abdominal aneurysm
 Bruit
 Surgical gallbladder scar
 Other abdominal abnormality: _____

Physical Exam--Peripheral Vessels--Part I

151031191 FORM NUMBER

(SCREEN 19)

Left	Right	Varicosities
<input type="checkbox"/>	<input type="checkbox"/>	Stem (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown)
<input type="checkbox"/>	<input type="checkbox"/>	Reticular (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown)
<input type="checkbox"/>	<input type="checkbox"/>	Spider (0=No abnormality, 1=Uncomplicated 2=With skin changes, 3=With ulcer, 9=Unknown)

Left	Right	Lower Extremity Abnormalities
<input type="checkbox"/>	<input type="checkbox"/>	Ankle edema (0=No, 1,2,3,4=Grade, 9=Unknown)
<input type="checkbox"/>	<input type="checkbox"/>	Foot cold (0=no, 1=Yes, 2=Maybe, 9=Unknown)
<input type="checkbox"/>	<input type="checkbox"/>	Amputation (0=No, 1=Yes, 2=Maybe, 9=Unknown)
<input type="checkbox"/>	<input type="checkbox"/>	Amputation level (0=No, 1=Toes only, 2=Ankle, 3=Knee, 4=Hip, 8=N/A, 9=Unknown)

Comments

EXAM 5

Physical Exam--Peripheral Vessels--Part II

15101312101 FORM NUMBER

(SCREEN 20)

Artery	Pulse (0=Normal, 1=Abnormal, 9=Unkn)		Bruit (0=Normal, 1=Abnormal, 9=Unknown)	
	Left	Right	Left	Right
	Radial	9	9	
Femoral	1	1	9	9
Mid-Thigh			1	1
Popliteal			1	1
Post Tibial	1	1		
Dorsalis Pedis	9	9		

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

Comments

Physical Exam--Neurological and Final Blood Pressure

15101312111 FORM NUMBER

(SCREEN 21)

- Left Carotid Bruit
- Right Carotid Bruit
- Speech disturbance
- Disturbance in gait (0=No)
- Localized muscle weakness (1=Yes)
- Visual disturbance (2=Maybe)
- Abnormal reflexes (9=Unknown)
- Cranial nerve abnormality
- Cerebellar signs
- Sensory impairment

-
- 1st Examiner believes residual of stroke
 - 1st Examiner believes Parkinson's Disease

Comments about Neurological findings _____

Physician Blood Pressure (second reading)	Systolic	Diastolic
	□□□	□□□

EXAM 5

Électrocardiograph--Part I

15101312 | FORM NUMBER

(SCREEN 22)

ECG done (0=No, 1=Yes)

Rates and Intervals	
107.6	Ventricular rate per minute (999=Unknown)
115	P-R Interval (hundredths of a second) (99=Fully Paced, Atrial Fib, or Unknown)
107	QRS interval (hundredths of second) (99=Fully Paced, Unknown)
140	Q-T interval (hundredths of second) (99=Fully Paced, Unknown)
01-15	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	
0	1 = Normal sinus,(including s.tach, s.brady) 2 = Sinus rhythm with 1st degree AV block (PR interval \geq .20 sec.) 3 = 2nd degree AV block, Mobitz I (Wenckebach) 4 = 2nd degree AV block, Mobitz II 5 = 3rd degree AV block / AV dissociation 6 = Atrial fibrillation / atrial flutter 7 = Nodal 8 = Paced 9 = Other or combination of above (list) _____

Ventricular conduction abnormalities	
10	IV Block (0=No, 1=Yes, 9=Fully paced or Unknown)
	<input type="checkbox"/> Pattern (1=Left, 2=Right, 3=Indeterminate)
	<input type="checkbox"/> Complete (QRS interval \geq .12 sec or greater)
	<input type="checkbox"/> Incomplete (QRS interval = .10 or .11 sec)(0=No, 1=Yes, 9=Unknown)
10	Hemiblock (0=No, 1=Left Ant, 2=Left Post, 9=Fully paced or Unknown)
10	WPW Syndrome (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)

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

Electrocardiograph-Part II

15101312131 FORM NUMBER

(SCREEN 23)

Myocardial Infarction Location	
<input checked="" type="checkbox"/>	Anterior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
<input type="checkbox"/>	Inferior (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown)
<input type="checkbox"/>	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)	
<input checked="" type="checkbox"/>	R > 20mm in any limb lead
<input type="checkbox"/>	R > 11mm in AVL
<input type="checkbox"/>	R in lead I plus S ≥ 25mm in lead III
Measured Voltage	
* <input checked="" type="checkbox"/>	R AVL in mm (at 1 mv = 10 mm standard) Be sure to code these voltages
* <input type="checkbox"/>	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	
<input checked="" type="checkbox"/>	R ≥ 25mm
<input type="checkbox"/>	S ≥ 25mm
<input type="checkbox"/>	R or S ≥ 30mm
<input type="checkbox"/>	R + S ≥ 35mm
<input type="checkbox"/>	Intrinsicoid deflection ≥ .05 sec
<input type="checkbox"/>	ST depression (strain pattern, with down sloping ST)
Hypertrophy, enlargement, and other ECG Diagnoses	
<input checked="" type="checkbox"/>	Nonspecific S-T segment abnormality (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
<input checked="" type="checkbox"/>	Nonspecific T-wave abnormality (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
<input type="checkbox"/>	U-wave present (0=No, 1=Yes, 2=Maybe, 9=Paced or Unk)
<input checked="" type="checkbox"/>	Atrial enlargement (0=None, 1=Left, 2=Right, 3=Both, 9=Atrial fib. or Unknown)
<input type="checkbox"/>	RVH (0=No, 1=Yes, 2=Maybe, 9=Fully paced or Unknown; If complete BBB present, RVH=9)
<input type="checkbox"/>	LVH (0=No, 1=LVH with strain, 2=LVH with mild S-T Segment Abn, 3=LVH by voltage only, 9=Fully paced or Unkn, If complete BBB present, LVH=9)

Comments and Diagnosis

Coronary Heart Disease

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

Other Heart Diagnoses in Interim

- Rheumatic Heart Disease (0=No, 1=Yes, 2=Maybe, 9=Unknown)
- Aortic Valve Disease
- Mitral Valve Disease
- Other Heart Disease (includes congenital)
- Congestive Heart Failure
- 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

15101312151 FORM NUMBER

(SCREEN 25)

Peripheral Vascular Disease in Interim

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

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

- Stroke
- Transient Ischemic Attack (TIA)
- Dementia
- Parkinson's Disease
- Other Neurological Disease (Specify) _____

Comments CDI Neurological _____

EXAM 5

Clinical Diagnostic Impression--Part III

15101312161 FORM NUMBER

(SCREEN 26)

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

- Diabetes Mellitus
- Urinary Tract Disease
- Prostate Disease
- Renal Disease
- Emphysema
- Chronic Bronchitis
- Pneumonia
- Asthma
- Other Pulmonary Disease
- Gout
- Degerative joint disease
- Rheumatoid arthritis
- Gallbladder disease
- Other non C-V diagnosis (for cancer, see screen 15)

Comments CDI Other Diagnoses _____

Second Examiner Opinions in Interim

15101312171 FORM NUMBER

(SCREEN 27)

2nd Examiner ID Number _____ 2nd Examiner Last Name

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

Congestive Heart Failure

Cardiac Syncope

Angina Pectoris

Coronary Insufficiency

Myocardial Infarction

Comments about chest and heart disease _____

Intermittent Claudication

Comments about peripheral vascular disease _____

Stroke

TIA

Comments about possible Cerebrovascular Disease _____
