

# Framingham Heart Study

## Original Cohort Exam 10

05/21/1966-08/17/1970

N=3595

### Exam Form Version

5-67 Numerical Data (Deck 121), X-Ray Report,  
Medical History, Physical Examination,  
Electrocardiograph and Oscillograph & Clinical  
Diagnostic Impression

8-68 Numerical Data (Deck 127 & Deck 128)

There are two different numerical data sheets present in this sample; one labeled deck 121 and another labeled deck 127 and 128. Either may be present in a participants chart but not both.

# Notes on Framingham Heart Study Main Exam Data Collection Forms

Multiple versions of each exam form were used at the time of data collection. However, only one version of each exam form has been provided in the samples below. The other versions, which can be found in the participants' charts, have the same variables as the sample exam forms, but may be placed in a different format.

On some of the sample exam forms, the same variable may be found on two different data sheets. An example of this would be variable "FA159" on original cohort exam 8, which is "Signs of CVA: Aphasia." This variable appears both in the physical examination and Exam VIII Code Sheet Card No. 4. The reason for the reappearance of variables is that one data sheet was used for collection of the data, while the other was used to enter the data into the computer. Variables appearing more than once on an exam form should hold the same value in both places for that particular participant.

EXAM X CODE SHEET Framingham Heart Study		NUMERICAL DATA Deck 121				DATE THIS EXAM	
						DATE LAST EXAM	
COLS.	CODE				ITEM		
1-4	ID				RECORD NUMBER	NAME	AGE FC3
5-7	FC6				WEIGHT (To nearest pound)		
8-11	FC7				HEIGHT (Inches, to next lower quarter inch)		
12-15	<div>Right</div> <div>FC8</div> <div>Left</div> <div>FC9</div>				SKINFOLD TRICEPS (Millimeters)		
16	Negative   Positive   Doubtful   Unknown 0            1            2            9				SUGAR IN URINE      FC10		
17	0            1            2            9				ALBUMIN IN URINE    FC11		
BLOOD PRESSURE (Left arm, mm Hg):							
18-23	Systolic FC12		Diastolic FC13		NURSE		
24-29	FC14		FC15		PHYSICIAN (First reading)		
30-35	FC16		FC17		PHYSICIAN (Second reading)		
BLOOD ANALYSIS:							
36	No 0		Yes 1		Unknown 9		
37-38					FASTING      FC20		
39-41					HEMATOCRIT (Percent)      FC18		
42-44					SUGAR (mg/100 ml)      FC21		
45-47					TOTAL CHOLESTEROL (mg/100 ml)      FC22		
48-50					BETA CHOLESTEROL (mg/100 ml)      FC23		
51-53					ALPHA CHOLESTEROL (mg/100 ml)      FC24		
54-56					PHOSPHOLIPID (mg/100 ml)      FC25		
57-59					TRIGLYCERIDE (mg/100 ml)      FC32		
60-62					FIBRINOGEN (mg/100 ml)      FC26		
63-68	Filtered FC27		Unfiltered FC28		FIBRINOLYSIS TIME (Minutes)		
69-71					LIGHT SCATTERING INTENSITY (L.S.I. units described by Thorp)		
72	Negative 0		Frederickson Class 1 2 3 4 5		Unknown 9		
	None 0		Positive 1 2		Trace 3		
					Unknown 9		
					LIPOPROTEIN ELECTROPHORETIC PATTERN      FC30		
					DENSITY OF PRE-BETA BAND      FC31		
78-80					DECK NUMBER 121		VERIFIED BY
							DATE

EXAM ~~1~~ CODE SHEET  
Framingham Heart Study

## NUMERICAL DATA

Deck ~~101~~ 127

DATE THIS EXAM

DATE LAST EXAM

S.	CODE				ITEM	
1-4	ID				RECORD NUMBER	NAME
5-10	Month	Day	Year	DATE THIS EXAM		
11	Single 1	Married 2	Widowed 3	Divorced 4	Separated 5	MARITAL STATUS
12-15	Nurse				Physician	EXAMINERS' NUMBERS
16-18						WEIGHT (To nearest pound)
19-22						HEIGHT (Inches, to next lower quarter inch)
23-26	Right FC8				Left FC9	SKINFOLD TRICEPS (Millimeters)
27-30	FC33				FC34	SKINFOLD SUBSCAPULAR (Millimeters)
31	Negative 0	Positive 1	Doubtful 2	Unknown 9		
32	0	1	2	9		
SUGAR IN URINE FC10						
ALBUMIN IN URINE FC11						
BLOOD PRESSURE (Left arm, mm Hg):						
33-38	Systolic FC12		Diastolic FC13		NURSE	
44	FC14		FC15		PHYSICIAN (First reading)	
45-50	FC16		FC17		PHYSICIAN (Second reading)	
LUNG FUNCTION:						
51-52	FC188				TOTAL VITAL CAPACITY (Deciliters)	
53-55	FC189				FIRST SECOND VOLUME (Centiliters)	
GLUCOSE CHALLENGE:						
56-60	AM-PM FC35	Hour FC36	Minute FC37			TIME OF LAST EATING (Meal or snack)
61-65	FC38	FC39	FC40			TIME GLUCOSE GIVEN
BLOOD ANALYSIS:						
66-67					HEMATOCRIT (Percent) FC18	
68-70					SUGAR (mg/100 ml) FC41	

COMMENTS

78-80		1	2	7	DECK NUMBER <del>101</del> 127	VERIFIED BY	DATE
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EXAM ~~1~~ CODE SHEET  
Framingham Heart StudyNUMERICAL DATA (Continued)  
HISTORY OF PHYSICAL ACTIVITY  
Deck ~~127~~ 128

COLS.	CODE				ITEM	
1-4	ID				RECORD NUMBER	
BLOOD ANALYSIS: FASTING LIPIDS						
5-7	FC42				TOTAL CHOLESTEROL (mg/100 ml)	
8-10	FC43				ALPHA CHOLESTEROL (mg/100 ml)	
11-13	FC44				VLDL CHOLESTEROL (mg/100 ml)	
14-16	FC45				BETA CHOLESTEROL (mg/100 ml)	
17-19	FC46				TRIGLYCERIDE (mg/100 ml)	
20-25	Unfiltered FC27		Filtered FC28		LIGHT SCATTERING INTENSITY (L.S.I. units described by Thorp)	
26	None 0	Positive 1 2	Trace 3	Unknown 9	DENSITY OF PRE-BETA BAND FC47	
27	None 0	Yes 1	Unknown 9		VLDL BETA BAND FC48	
AGAROSE ELECTROPHORESIS						
28-30					Origin (Standard units)	
31-33					Beta Band (Standard units)	
34-36					Pre-Beta Band (Standard units)	
37-39					Alpha Band (Standard units)	
REST AND ACTIVITY (Average Hours Per Day)						
40-41	SLEEP				JOB: WHAT DO YOU DO?	
42-43	ADDED REST					
44-45	SEDENTARY					
46-47	SLIGHT ACTIVITY					
48-49	MODERATE ACTIVITY					
50-51	HEAVY ACTIVITY				EXTRACURRICULAR ACTIVITIES	
52-53	SEDENTARY					
54-55	SLIGHT ACTIVITY					
56-57	MODERATE ACTIVITY					
58-59	HEAVY ACTIVITY					
60-61	SEDENTARY				SUMMARY BY EXAMINER	
62-63	SLIGHT ACTIVITY					
64-65	MODERATE ACTIVITY					
66-67	HEAVY ACTIVITY					
78-80						VERIFIED BY
				1 2 3	DECK NUMBER <del>127</del> 128	DATE

**EXAM X CODE SHEET**  
Framingham Heart Study

**X-RAY REPORT**  
Deck 122

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM	
1-4					RECORD NUMBER	NAME
FC49 <sub>5</sub>	Sat. 1	UnSat. 2	Not Done 9		<b>CHEST FILM:</b>	
	No	Yes	Maybe	Unknown	ABNORMALITY NOTED BY RADIOLOGIST BEFORE CLINICAL DATA	
FC50 <sub>6</sub>	0	1	2	9	Generalized Cardiac Enlargement	*DESCRIBE
FC51 <sub>7</sub>	0	1	2	9	Left Ventricular Hypertrophy	
FC52 <sub>8</sub>	0	1	2	9	Atrial Hypertrophy L R	
FC53 <sub>9</sub>	0	1	2	9	Right Ventricular Hypertrophy	
FC54 <sub>10</sub>	0	1	2	9	Other Contour*	
FC55 <sub>11</sub>	0	1	2	9	Pulmonary Artery*	
FC56 <sub>12</sub>	0	1	2	9	Position*	
FC57 <sub>13</sub>	0	1	2	9	Calcification, Not Aortic*	
	No	Yes	Maybe	Unknown	<b>AORTIC ABNORMALITY</b>	
FC58 <sub>14</sub>	0	1	2	9	Arch	*DESCRIBE
FC59 <sub>15</sub>	0	1	2	9	Tortuous Ascending	
FC60 <sub>16</sub>	0	1	2	9	Descending	
FC61 <sub>17</sub>	0	1	2	9	Calcified	
FC62 <sub>18</sub>	0	1	2	9	Other*	
	No	Yes	Maybe	Unknown	<b>NON-CARDIOVASCULAR ABNORMALITY</b>	
FC63 <sub>19</sub>	0	1	2	9	Bone*	*DESCRIBE
FC64 <sub>20</sub>	0	1	2	9	Pleural*	
FC65 <sub>21</sub>	0	1	2	9	Parenchymal*	
FC66 <sub>22</sub>	0	1	2	9	Other*	
FC67 <sub>23-25</sub>					MEASUREMENT OF HEART SIZE (100 Added to Denominator of Fraction Shown for Heart Size)	HEART SIZE / CT RATIO /

**EXAM X CODE SHEET**  
Framingham Heart Study

**X-RAY REPORT**  
Deck 122  
(Continued)

RECORD NUMBER

**CHEST FILM: (Continued)**

COLS.	CODE				ITEM
	No	Yes	Maybe	Unknown	
<b>FC68</b> <sub>26</sub>	0	1	2	9	Generalized Cardiac Enlargement
<b>FC69</b> <sub>27</sub>	0	1	2	9	Left Ventricular Hypertrophy
<b>FC70</b> <sub>28</sub>	0	1	2	9	Atrial Hypertrophy
<b>FC71</b> <sub>29</sub>	0	1	2	9	Right Ventricular Hypertrophy
<b>FC72</b> <sub>30</sub>	0	1	2	9	Other Contour*
<b>FC73</b> <sub>31</sub>	0	1	2	9	Position
<b>FC74</b> <sub>32</sub>	0	1	2	9	HEART LARGER NOW THAN AT PRECEDING EXAM
<b>FC75</b> <sub>33</sub>	No 2	Yes 1		Not done 9	CARDIO-ROENTGEN ACTIVATOR IS SATISFACTORY

**PERSONAL HISTORY**

<b>FC76</b> <sub>34-35</sub>			PRESENT AGE (Years last birthday)
<b>FC77</b> <sub>36-37</sub>			BIRTH ORDER (Live births)
<b>FC78</b> <sub>38-39</sub>			NUMBER OF SIBLINGS (Including subject)
<b>FC79</b> <sub>40</sub>			MARITAL STATUS (1-Single 2-Married 3-Widowed 4-Divorced 5-Separated)

78-80

1 2 2

DECK NUMBER 122

VERIFIED BY

DATE

COLS.	CODE			ITEM	
1-4				RECORD NUMBER	NAME
FCB <sub>5</sub>	No 0	Yes 1	Unknown 9	HOSPITALIZATION IN INTERIM	
FCB <sub>6</sub>	0	1	9	ILLNESS AND/OR VISIT TO DOCTOR IN INTERIM	

REASON	MONTH - YEAR	NAME AND LOCATION OF HOSPITAL	DOCTOR

					MEDICINE USED IN INTERIM:		COMMENTS
No	Yes (Now)	Yes (Not Now)	Unknown				
FC82 7	0	1	2	9	CARDIAC GLYCOSIDES		
FC83 8	0	1	2	9	NITRITES		
FC84 9	0	1	2	9	QUINIDINE (OR PROCAINAMIDE)		
FC85 10	0	1	2	9	DIURETICS		
FC86 11	0	1	2	9	HYPOTENSIVES		
FC87 12	0	1	2	9	ANTI-CHOLESTEROL AGENTS		
FC88 13	0	1	2	9	THYROID		
FC89 14	0	1	2	9	ANTITHYROID		
FC90 15	0	1	2	9	ANTICOAGULANTS		
FC91 16	0	1	2	9	HYPOGLYCEMIC AGENTS ( <i>Specify</i> )		
FC92 17	0	1	2	9	TRANQUILIZERS		

		MENOPAUSE:					COMMENTS
18	Man 8		Woman 2			SEX FC2	
FC93 19	Man 8	No 0	Yes 1	Unk. 9		PERIODS HAVE STOPPED 1 YEAR OR MORE	
FC94 20-21	88					AGE AT WHICH PERIODS STOPPED (00 = Not Stopped)	
FC95 22	NS 8	Nat- ural 7	Sur- gery 0	Other 1	Unk. 2	CAUSE OF CESSATION OF MENSES (NS = Not Stopped)	
FC96 23		No 8	Yes Under a year 7	Yes Over a year 0	Unk. 1	HORMONE THERAPY IN INTERIM ( <i>Specify</i> )	
FC97 24	8	7	No 0	Yes 1	Unk. 9	HYSTERECTOMY	
FC98 25		No 8	Yes (one) 7	Yes (two) 0	Unk. 1	OVARIES REMOVED	



EXAM X CODE SHEET  
Framingham Heart Study

MEDICAL HISTORY

Deck 123  
(Continued)

COLS.	CODE				ITEM	
					<b>SMOKING, IN INTERIM:</b>	DESCRIBE ANY CHANGES
26	No 0	Yes 1	Unknown 9	SMOKED AT LEAST ONE YEAR IN LAST TWO YEARS	FC99	
27	0	1	9	SMOKES CIGARS	FC100	
28	0	1	9	SMOKES PIPE	FC101	
29	0	1	9	SMOKES CIGARETTES	FC102	
30-31				Number of Cigarettes Per Day	FC103	
32	Quarters 1 2 3		Unknown 9	Portion of Cigarette Smoked	FC104	
33	No 0	Yes 1	Unknown 9	Uses Filter	FC105	
34	0	1	9	Inhales	FC106	
					<b>DIET:</b>	COMMENTS
35	No 0	Yes 1	Unknown 9	LOW FAT	FC107	
36	0	1	9	LOW CALORIE	FC108	
37	0	1	9	LOW SALT	FC109	
38	0	1	9	BLAND	FC110	
39	0	1	9	DIABETIC	FC111	
40	0	1	9	OTHER	FC112	
41	0	1	9	DO YOU AVOID SALT OR SALTY FOODS	FC113	
42	0	1	9	FOLLOWING DIET (Examiner's Opinion)	FC114	
					<b>RESPIRATORY SYMPTOMS, IN INTERIM:</b>	
FC115 43	No 0	Yes Pro- duc- tive 1	Yes Non- pro- duc- tive 2	Un- known 9	CHRONIC COUGH	Duration _____ + - Nocturnal + - Hemoptysis
FC116 44	No 0	Yes 1	Unknown 9		TROUBLED WITH WHEEZING	+ - Seasonal + - Long Duration + - With Respiratory Infection
FC117 45	No 0	Highest Grade 1 2 3		Unknown 9	DYSPNEA ON EXERTION	Grade 1: Climbing stairs or vigorous exertion Grade 2: Rapid walking or moderate exertion Grade 3: Any slight exertion
FC118 46	No 0	Yes 1	Unknown 9		Dyspnea Increased in Past Two Years	
FC119 47	0	1	9		ORTHOPNEA	<input type="checkbox"/> Recent <input type="checkbox"/> Old Complaint
FC120 48	0	1	9		PAROXYSMAL NOCTURNAL DYSPNEA	
FC121 49	0	1	9		ANKLE EDEMA, BILATERAL	
FC122 50	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject Had Congestive Heart Failure Since Last Examination	



EXAM X CODE SHEET  
Framingham Heart Study

MEDICAL HISTORY  
Deck 123  
(Continued)

COLS.	CODE				ITEM		
<b>PERIPHERAL VASCULAR DISEASE, LIFETIME:</b>							
FC132 60	No 0	Yes 1	Unknown 9	FAMILY HISTORY (parent, sibling, offspring) OF NON-TRAUMATIC AMPUTATION OF LOWER EXTREMITY		RELATIVE	
61 FC133	No 0	Any + 1	Unknown 9	EVER HAD?	- + Trouble With Varicose Veins L R		
					- + Phlebitis L R		
					- + Swelling of Leg, Unilateral L R		
					- + Leg Ulcers L R		
62 FC134	No 0	Yes 1	Unknown 9	TROUBLED WITH FREQUENT COLD- NESS IN ONE EXTREMITY	- +L +R IN ONE Hand, Not Both		
					- +L +R IN ONE Foot, Not Both		
63 FC135	No 0	Yes 1	Unknown 9	TROUBLE WITH FINGERS ON EX- POSURE TO COLD (RAYNAUD'S) L R	DESCRIBE		
FC136 64	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject Has Raynaud's Phenomenon		
65 FC137	No 0	Yes 1	Unknown 9	DISCOMFORT IN LOWER LIMBS WHILE WALKING	- + Onset at First Steps		
					- + After Walking Awhile		
					- + Related to Rapidity of Walking or Steepness of Grade		
					- +L +R Calf	- + Forced to Stop Walking	DISTANCE
					- +L +R Other	- + Relieved by Stopping, in _____ Minutes	
					DURATION OF SYMPTOMS _____ YEARS _____ MONTHS		LEG IN WHICH COMPLAINT BEGAN <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
					CONDITION IS: <input type="checkbox"/> Improving <input type="checkbox"/> Getting Worse <input type="checkbox"/> Stationary		
FC138 66	No 0	Yes 1	Maybe 2	Unknown 9	Examiner Believes Subject Has Intermittent Claudication	DO RATSCHOW'S TEST IF ANY POSITIVE ARTERIAL PERIPHERAL VASCULAR FINDINGS.	
67 FC139	No 0	Yes 1	Maybe 2	Unknown 9	<b>GOUTY ARTHRITIS:</b>		
					EVER HAD GOUT	DATE LAST ATTACK	
						COMMENT	
COMMENTS							
78-80		1	2	3	DECK NUMBER 123	VERIFIED BY	
						DATE	

<b>EXAM X CODE SHEET</b> Framingham Heart Study	<b>PHYSICAL EXAMINATION</b> Deck 124	DATE THIS EXAM _____  DATE LAST EXAM _____
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COLS.	CODE	ITEM
1-4		RECORD NUMBER _____ NAME _____
5-10		DATE THIS EXAM (Month, day, year) _____
FC140 11-14	NURSE _____ PHYSICIAN _____	EXAMINERS' NUMBERS _____
		DEGREE OF OBESITY _____
FC141 15	None Slight Moderate Marked Unknown 0 1 2 3 9	COMMENTS _____
FC142 16	Slight Mod. Marked Unk. 0 1 2 3 9	<b>EYES:</b> _____ *DESCRIBE (GIVE LOCATION AND SIZE) <b>ARCUS SENILIS</b> _____ <b>XANTHELASMA*</b> _____
FC143 17	No Yes Maybe Unk. 0 1 2 9	<b>XANTHOMATA</b> _____ DESCRIBE AND LOCATE _____
FC144 18	No Yes Maybe Unk. 0 1 2 9	<b>THYROID:</b> _____ DESCRIBE ANY ABNORMALITY _____ <b>SCAR</b> _____ <b>SINGLE NODULE</b> _____ <b>MULTIPLE NODULES</b> _____ <b>DIFFUSE ENLARGEMENT</b> _____ <b>OTHER MANIFESTATION OF THYROID DISEASE</b> _____
FC145 19	No Yes Maybe Unk. 0 1 2 9	DESCRIBE ANY ABNORMALITY _____
FC146 20	No Yes Maybe Unk. 0 1 2 9	
FC147 21	No Yes Maybe Unk. 0 1 2 9	
FC148 22	No Yes Maybe Unk. 0 1 2 9	
FC149 23	No Yes Maybe Unk. 0 1 2 9	<b>RESPIRATORY SYSTEM:</b> _____ DESCRIBE ANY ABNORMALITY _____ <b>INCREASED ANTERO-POSTERIOR DIAMETER</b> _____ <b>ABNORMAL BREATH SOUNDS</b> _____ <b>RALES</b> _____
FC150 24	No Yes Maybe Unk. 0 1 2 9	DESCRIBE ANY ABNORMALITY _____
FC151 25	No Yes Maybe Unk. 0 1 2 9	
FC152 26	No Yes Maybe Unk. 0 1 2 9	

COMMENTS \_\_\_\_\_

<b>AM X CODE SHEET</b> Birmingham Heart Study	<b>PHYSICAL EXAMINATION</b> Deck 124 (Continued)
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COLS.	CODE	ITEM
		<b>HEART:</b>
27 FC153	No    Yes    Maybe    Unk. 0     1     2     9	ABNORMAL SOUNDS (e.g., clicks, gallops, abnormal splitting, muffled, or accentuated sounds, rubs)
		SPECIFY AND DESCRIBE
		SYSTOLIC MURMURS:
		DESCRIBE SIGNIFICANT MURMURS
		Heard Maximally At:
28 FC154	No                      Grade                      Unk. 0   1   2   3   4   5   6   9	Apex
29 FC155	0   1   2   3   4   5   6   9	Midprecordium
30 FC156	0   1   2   3   4   5   6   9	Left Base
31 FC157	0   1   2   3   4   5   6   9	Right Base
32 FC158	No    Yes    Maybe    Unk. 0     1     2     9	Any Murmur Significant
33 FC159	Normal    Mitral    Aortic    Both    Other    Unknown 0           1       2       3       4       9	FOR SIGNIFICANT MURMURS Examiner's opinion of valve origin
		DIASTOLIC MURMURS:
34 FC160	No    Mitral    Aortic    Both    Other    Unk. 0     1     2     3     4     9	Grade 1   2   3   4   5   6
35 FC161	No    Yes    Maybe    Unk. 0     1     2     9	DISTENDED NECK VEINS (Semi-recumbent)
		BREASTS:
36 FC162	No    Yes    Unknown 0     1     9	Abnormal
37 FC163	Mastectomy Radi-    Sim- cal      ple No      2      Other    Unk. 0      1      3      9	Scar Present L                   R
38 FC164	No    Yes    Maybe    Unk. 0     1     2     9	Localized Mass*
38 FC165	0     1     2     9	Axillary Nodes*
		ABDOMEN:
40 FC166	No    Yes    Maybe    Unk. 0     1     2     9	Liver Enlarged
		Other Liver Abnormality
41 FC167	0     1     2     9	Other Abdominal Abnormality

EXAM X CODE SHEET  
Framingham Heart Study

PHYSICAL EXAMINATION  
Deck 124  
(Continued)

RECORD NUMBER

ID

COLS.	CODE				ITEM			
<b>PERIPHERAL VESSELS:</b>								
FC168 <sup>42</sup>	No	Grade			Unknown	LEFT ANKLE EDEMA	DESCRIBE	
	0	1	2	3	4			9
FC169 <sup>43</sup>	0	1	2	3	4	9	RIGHT ANKLE EDEMA	DESCRIBE
FC170 <sup>44</sup>	No	Grade			Unknown	VISIBLE VARICOSITIES	DESCRIBE	GRADE LEGEND 1 - UNCOMPLICATED 2 - WITH EDEMA OR SKIN CHANGES 3 - WITH ULCER
	0	1	2	3	9	Left		
FC171 <sup>45</sup>	0	1	2	3	9	Right		
FC172 <sup>46</sup>	No	Yes			Unk.	AMPUTATION*	SITE	
	0	1			9		EXTENT	
FC173 <sup>47</sup>	No	Yes	Maybe	Unk.		TEMPERATURE DIFFERENCE IN FEET*	REASON	
	0	1	2	9			Colder Foot	L
FC174 <sup>48</sup>	No	Yes	Maybe	Unk.		ABSENT OR FEEBLE PERIPHERAL PULSES*		
FC175 <sup>49</sup>	0	1	2	9		Dorsal Pedis	L	R
FC176 <sup>50</sup>	0	1	2	9		Posterior Tibial	L	R
FC177 <sup>51</sup>	0	1	2	9		Femoral	L	R
FC178 <sup>52</sup>	0	1	2	9		Radial	L	R
FC179 <sup>53</sup>	No	Yes	Maybe	Unk.		VASCULAR BRUITS IMMEDIATELY AFTER EXERCISE*		
	0	1	2	9		- + Medial Aspect of Thigh	L	R
						- + Groin	L	R
						- + Lower Abdomen	L	R
						- + Umbilical	L	R
						- + Carotid	L	R
FC180 <sup>54</sup>	No	Yes	Unknown		WAS PATIENT EXERCISED BEFORE BRUITS WERE LISTENED FOR?			
	0	1	9					

COMMENTS

EXAM X CODE SHEET  
Framingham Heart Study

PHYSICAL EXAMINATION  
Deck 124  
(Continued)

COLS.	CODE					ITEM										
						<b>PERIPHERAL VESSELS: (Continued)</b>										
FC181 55	Not Done 0	Pos. 1	Neg. 2	May be 3	Unk. 9	<b>RATSCHOW'S POSTURAL CHANGE TEST:</b> <table border="1"> <tr> <td>+L -+R Pallor on Elevation</td> <td rowspan="5"> <b>DESCRIBE</b>   <b>NOTE: COMPARE TWO FEET</b> </td> <td rowspan="5"> <b>DO RATSCHOW'S TEST IF ANY POSI- TIVE ARTERIAL VASCULAR FINDINGS</b> </td> </tr> <tr> <td>+L Delayed Return of Color in -+R 1 foot ( _____ Sec. Delayed)</td> </tr> <tr> <td>+L Delayed Filling in 1 foot -+R ( _____ Sec. Delayed)</td> </tr> <tr> <td>+L -+R Reactionary Rubor</td> </tr> <tr> <td></td> </tr> </table>	+L -+R Pallor on Elevation	<b>DESCRIBE</b>  <b>NOTE: COMPARE TWO FEET</b>	<b>DO RATSCHOW'S TEST IF ANY POSI- TIVE ARTERIAL VASCULAR FINDINGS</b>	+L Delayed Return of Color in -+R 1 foot ( _____ Sec. Delayed)	+L Delayed Filling in 1 foot -+R ( _____ Sec. Delayed)	+L -+R Reactionary Rubor				
+L -+R Pallor on Elevation	<b>DESCRIBE</b>  <b>NOTE: COMPARE TWO FEET</b>	<b>DO RATSCHOW'S TEST IF ANY POSI- TIVE ARTERIAL VASCULAR FINDINGS</b>														
+L Delayed Return of Color in -+R 1 foot ( _____ Sec. Delayed)																
+L Delayed Filling in 1 foot -+R ( _____ Sec. Delayed)																
+L -+R Reactionary Rubor																
FC182 56	No 0	Yes 1	Maybe 2	Unk. 9	1ST EXAMINER'S OPINION	Arterial Peripheral Vascular Disease										
FC183 57	0	1	2	9		Chronic Venous Insufficiency or Varicose Veins										
FC184 58	0	1	2	9	2ND EXAMINER'S OPINION	Arterial Peripheral Vascular Disease										
FC185 59	0	1	2	9		Chronic Venous Insufficiency or Varicose Veins										
						<b>NEUROLOGICAL FINDINGS:</b>										
						<table border="1"> <tr> <td>- + SPEECH DISTURBANCE</td> <td rowspan="9"> <b>DESCRIBE EACH ABNORMALITY</b> </td> </tr> <tr> <td>- + MENTAL IMPAIRMENT</td> </tr> <tr> <td>- + DISTURBANCE IN GAIT</td> </tr> <tr> <td>- + LOCALIZED MUSCLE WEAKNESS</td> </tr> <tr> <td>- + VISUAL DISTURBANCE</td> </tr> <tr> <td>- + ABNORMAL REFLEXES</td> </tr> <tr> <td>- + CRANIAL NERVE ABNORMALITY</td> </tr> <tr> <td>- + CEREBELLAR SIGNS</td> </tr> <tr> <td>- + SENSORY IMPAIRMENT</td> </tr> </table>	- + SPEECH DISTURBANCE	<b>DESCRIBE EACH ABNORMALITY</b>	- + MENTAL IMPAIRMENT	- + DISTURBANCE IN GAIT	- + LOCALIZED MUSCLE WEAKNESS	- + VISUAL DISTURBANCE	- + ABNORMAL REFLEXES	- + CRANIAL NERVE ABNORMALITY	- + CEREBELLAR SIGNS	- + SENSORY IMPAIRMENT
- + SPEECH DISTURBANCE	<b>DESCRIBE EACH ABNORMALITY</b>															
- + MENTAL IMPAIRMENT																
- + DISTURBANCE IN GAIT																
- + LOCALIZED MUSCLE WEAKNESS																
- + VISUAL DISTURBANCE																
- + ABNORMAL REFLEXES																
- + CRANIAL NERVE ABNORMALITY																
- + CEREBELLAR SIGNS																
- + SENSORY IMPAIRMENT																
FC186 60	No 0	Yes 1	Maybe 2	Unk. 9	ANY NEUROLOGICAL FINDINGS											
FC187 61	0	1	2	9	Examiner believes this is residual of cerebrovascular accident											
						<b>LUNG FUNCTION:</b>										
FC188 62-63					TOTAL VITAL CAPACITY (Deciliters)											
FC189 64-65					FIRST SECOND VOLUME (Centiliters)											
67-69					FLOW RATE (Centiliters/second)											
78-80		1	2	4	DECK NUMBER 124											
					VERIFIED BY	DATE										

AM X CODE SHEET Birmingham Heart Study		ELECTROCARDIOGRAPH AND OSCILLOGRAPH Deck 125		DATE THIS EXAM	
				DATE LAST EXAM	
COLS.	CODE	ITEM			
1-4	5-8	RECORD NUMBER	NAME		
		<b>ELECTROCARDIOGRAPHIC FINDINGS:</b>			
FC190-7		VENTRICULAR RATE PER MINUTE			
FC191-8-9		P-R INTERVAL (Hundredths of second)			
FC192-10-11		QRS INTERVAL (Hundredths of second)			
FC193-12	No 0	Yes 1	Maybe 2	Unknown 9	MYOCARDIAL INFARCTION
FC194-13	0	1	2	9	LEFT VENTRICULAR HYPERTROPHY
FC195-14	0	1	2	9	NON-SPECIFIC T-WAVE ABNORMALITY
FC196-15	0	1	2	9	NON-SPECIFIC S-T SEGMENT ABNORMALITY
FC197-16	No 0	IVB L R Ind Other 1 2 3 4		WPW Unk. 5 9	INTRAVENTRICULAR BLOCK  ABBREVIATIONS WPW - Wolff-Parkinson-White Syndrome Ind - Indeterminate whether left or right
FC198-17	No 0	Degree 1 2 3		Unknown 9	ATRIOVENTRICULAR BLOCK  DEGREE LEGEND 1 - Prolonged P-R interval (0.20 second or more) 2 - Dropped beat 3 - Complete A-V dissociation (C.H.B.)
FC199-18	No 0	Atrial 1	Ven- tricular 2	Nodal 3	Combined Unknown 4 9
FC200-19	No 0	Yes 1	Unknown 9		
FC201-20	0	1	9		
FC202-21	No 0	Yes 1	Maybe 2	Unknown 9	OTHER ARRHYTHMIA
FC203-22	No 0	Digitalis Effect 1	Other 2	Unk. 9	OTHER ECG ABNORMALITY
FC204-23	No 0	Yes 1	Maybe 2	Unknown 9	ANY ABOVE ABNORMALITY PRESENT IN ECG
FC205-24	0	1	2	9	
FC206-25	Normal 0	Abnormal 1	Doubtful 2	Unk. 9	ECG CLINICAL READING



EXAM X CODE SHEET Framingham Heart Study	ELECTROCARDIOGRAPH AND OSCILLOGRAPH Deck 125 (Continued)	RECORD NUMBER
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COLS.	CODE					ITEM
OSCILLOGRAPHIC FINDINGS:						
	Degree      Unknown 1 2 3 4      9					DICROTIC NOTCH
26						Wrist
27						Leg
28						Foot
	RIGHT   LEFT [ ] [ ]   [ ] [ ]					AMPLITUDE DIFFERENCES
29-30						Wrist
31-32						Leg
33-34						Foot
	No   Yes   Maybe   Unknown 0   1   2   9					ABNORMAL CONTOUR
35						Wrist, left
36						Wrist, right
37						Leg, left
38						Leg, right
39						Foot, left
40						Foot, right
	No   Yes   Maybe   Unknown 0   1   2   9					INDEX SHIFT
41						Wrist, left
42						Wrist, right
43						Leg, left
44						Leg, right
45						Foot, left
46						Foot, right
	Number      Unknown 0 1 2 3 4      9					INTERPRETATION
47						Abnormal pulses
						SPECIFY
78-80	1   2   5					DECK NUMBER 125
VERIFIED BY						DATE

FC207

EXAM X CODE SHEET  
Birmingham Heart StudyCLINICAL DIAGNOSTIC IMPRESSION  
Deck 126

DATE THIS EXAM

DATE LAST EXAM

COLS.	CODE				ITEM		
1-4	ID				RECORD NUMBER	NAME	
	Normal	Def- inite	Border- line	Un- known	<b>HEART:</b>		
FC208 <sup>5</sup>	0	1	2	9	HYPERTENSIVE STATUS (based on two blood pressure readings taken by physician)		
FC209 <sup>6</sup>	No	Yes	Maybe	Un- known	Under Treatment for Hypertension		
FC210 <sup>7</sup>	0	1	2	9	HYPERTENSIVE HEART DISEASE		
FC211 <sup>8</sup>	0	1			Diagnosis of HHD is Outside of Criteria		
	No	Yes	May- be	Un- known	CORONARY HEART DISEASE		
FC212 <sup>9</sup>	0	New	Old	Recur	4	9	
FC213 <sup>10</sup>	0	1	2	3	4	9	
FC214 <sup>11</sup>	0	1	2	3	4	9	
	No	Yes	Maybe	Un- known	RHEUMATIC HEART DISEASE		
FC215 <sup>12</sup>	0	1	2	9	Aortic Valve Disease	TYPE	
FC216 <sup>13</sup>	0	1	2	9	Mitral Valve Disease		
FC217 <sup>14</sup>	0	1	2	9	Other Rheumatic Heart Disease	SPECIFY	
FC218 <sup>15</sup>	0	1	2	9	OTHER VALVULAR DISEASE	TYPE	
FC219 <sup>16</sup>	0	1	2	9	CONGENITAL HEART DISEASE	TYPE	
FC220 <sup>17</sup>	0	1	2	9	OTHER HEART DISEASE	SPECIFY	
FC221 <sup>18</sup>	0	1	2	9	CONGESTIVE HEART FAILURE	ETIOLOGY	
FC222 <sup>19</sup>	0	1	2	9	ARRHYTHMIA	TYPE	
FC223 <sup>20</sup>	No HD	Class			Un- known	9	
	0	1	2	3	4	9	
						<b>PERIPHERAL VASCULAR DISEASE:</b>	
	No	Yes	Maybe	Un- known	ATHEROSCLEROTIC OCCLUSIVE PERIPHERAL VASCULAR DISEASE		
FC224 <sup>21</sup>	0	1	2	9	With Intermittent Claudication		
FC225 <sup>22</sup>	0	1	2	9	With Other Manifestation	SPECIFY	
FC226 <sup>23</sup>	0	1	2	9	VARICOSE VEINS		
FC227 <sup>24</sup>	0	1	2	9	RAYNAUD'S PHENOMENON		

<b>EXAM X CODE SHEET</b> Framingham Heart Study	<b>CLINICAL DIAGNOSTIC IMPRESSION</b> Deck 126 (Continued)	RECORD NUMBER
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COLS.	CODE	ITEM
		<b>VASCULAR DISEASE OF BRAIN:</b>
FC228 <sup>25</sup>	No New 0 1 2 3 4 9	Atherosclerotic Infarction of Brain
FC229 <sup>26</sup>	Yes Old 0 1 2 3 4 9	Embolic Infarction of Brain
FC230 <sup>27</sup>	May- Recur 0 1 2 3 4 9	Hemorrhage into Brain
FC231 <sup>28</sup>	Un- known 0 1 2 3 4 9	Subarachnoid Hemorrhage
FC232 <sup>29</sup>		Transient Ischemic Attacks
FC233 <sup>30</sup>		<b>OTHER VASCULAR DIAGNOSIS:</b> SPECIFY
		<b>NON-CARDIOVASCULAR DIAGNOSES:</b>
FC234 <sup>31</sup>	No 0 1 2 9	Diabetes Mellitus
FC235 <sup>32</sup>	Yes 0 1 2 9	Urinary Tract Disease
FC236 <sup>33</sup>	Maybe 0 1 2 9	Pulmonary Disease
FC237 <sup>34</sup>	Un- known 0 1 2 9	Gouty Arthritis
FC238 <sup>35</sup>		Other Non-Cardiovascular Diagnoses SPECIFY

SUMMARY OF CLINICAL DIAGNOSES

SIGNATURES	FIRST EXAMINER	SECOND EXAMINER
78-80	1 2 6	DECK NUMBER 126
		VERIFIED
		DATE