

# APPENDIX 9

## The Strong Heart Study Vascular Disease In American Indians Mortality Survey Medical Records Abstract

Medical charts (IHS and/or other community hospitals) of all potential CVD decedents will be reviewed. Section A is to determine whether the decedent had any possible morbid events of interest between 1984 and 1988. Sections B through F will be filled out if the decedent had the following ICD-9 codes listed as the underlying cause of death or contributing cause of death and had been hospitalized within 6 weeks prior to the death : 250, 390-448, 518.4, 585, 798, 799. Use all available medical records to complete this form.

FORMID:SHMORT

ID Number:

IDNO

Community code: (see instruction):

CC

Social Security Number:

SSN

### A. MEDICAL HISTORY

This section needs to be filled for every eligible decedent.

1. Degree of Indian Blood, if know the fraction, record it.

SHMORT1

SHMORT2

If not, record the code appear on the face sheet of the chart (Item 7-Optional)

SHMORT3

What is decedent's tribe of enrollment ? (Using IHS tribal code)

SHMORT4

2. Has the decedent been hospitalized within six weeks prior to his/her death ?

1=yes, 2=no.

SHMORT5

3. What was the date of the latest outpatient or ER visit?

SHMORT6

(Do not include Death on Arrival (DOA)).

mo

day

4. a. Hospital code number - last facility before death  
(see instruction)

S	H	M	O	R	T	7
---	---	---	---	---	---	---

- b. Hospital location - Town/City

S	H	M	O	R	T	8													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

- c. Hospital location - State

S	H	M	O	R	T	9
---	---	---	---	---	---	---

- d. Medical record number

S	H	M	O	R	T	1	0		
---	---	---	---	---	---	---	---	--	--

5. Usual IHS facility code and chart number  
if different from Question 3

S	H	M	O	R	T	1	1
---	---	---	---	---	---	---	---

-

S	H	M	O	R	T	12
---	---	---	---	---	---	----

6. a. Date of ADMISSION to this hospitalization:

S	H	M	O	R	T	1	3				
						mo	day	yr			

- b. Date of DISCHARGE(for nonfatal case) or death:

S	H	M	O	R	T	1	4				
						mo	day	yr			

7. Is there a history of a prior myocardial infarction ?

( Not including the event precipitating the death ).

1=yes, 2=no, 8=uncertain, 9=not mentioned

S	H	M	O	R	T	15
---	---	---	---	---	---	----

8. If yes, date of most recent event (month/day/year):

S	H	M	O	R	T	1	6				
						mo	day	yr			

Facility where hospitalized: -----

If between 1984-1988, fill out Morbidity Medical Review Form for each event.

9. Is there any history of angina pectoris or coronary insufficiency ?

1=yes, 2=no, 8=uncertain, 9=not mentioned

S	H	M	O	R	T	17
---	---	---	---	---	---	----

10. Is there a history of valvular disease or cardiomyopathy ?

1=yes, 2=no, 8=uncertain, 9=not mentioned

S	H	M	O	R	T	18
---	---	---	---	---	---	----

11. Is there a history of coronary bypass surgery ?

1=yes, 2=no, 8=uncertain, 9=not mentioned

S	H	M	O	R	T	19
---	---	---	---	---	---	----

12. Is there a history of coronary angioplasty ? (1=yes, 2=no, 8=uncertain, 9=not mentioned) ☐ SHMORT20
13. Is there a history of hypertension (high blood pressure) ? ☐ SHMORT21  
1=yes, 2=no, 8=uncertain, 9=not mentioned
14. Is there a history of stroke ? (1=yes, 2=no, 8=uncertain, 9=not mentioned) ☐ SHMORT22  
If between 1984-1988, fill out Morbidity Medical Review Form for each event.
15. Is there a history of congestive heart failure ? (1=yes, 2=no, 8=uncertain, 9=not mentioned) ☐ SHMORT23
16. Is there a history of diabetes ? ( 1=yes, 2=no, 8=uncertain, 9=not mentioned ) ☐ SHMORT24  
Record "8" for borderline diabetes if treated or on medication.
17. Is there an EKG (ECG) on file in the chart within the last 10 years ? ( 1=yes, 2=no ) ☐ SHMORT25

\*\*\*\*\* If YES, attach a copy of the latest tracing and interpretation and also one \*\*\*\*\*  
\*\*\*\*\* other example of any tracing and interpretation showing myocardial infarction \*\*\*\*\*

If any of the following tests or procedures were done to diagnose a condition mentioned in Questions 9-16, attach a photocopy of the report of results : chest X-ray, echocardiogram, angiogram, cardiac catheterization, CT/MRI scan, bypass/angioplasty report, ultrasound.

For decedent who had NOT been hospitalized WITHIN SIX WEEKS  
prior to their death, STOP HERE !!!

For DOAs attach a photocopy of all clinical notes recorded in the chart at the time  
the decedent arrived at the hospital

If decedent had been hospitalized within six weeks prior to his/her death, CONTINUE to finish this form.

Abstractor Number

CODE

Date abstract completed:

-  -  DOC  
mo day yr

The Strong Heart Study  
Cardiovascular Disease In American Indians

Mortality Survey  
Medical Records Abstract

FORMID:SHMORT

ID Number:

IDNO

Social Security Number:

SSN

## B. OTHER MEDICAL PROBLEMS

18. Has the decedent been diagnosed or treated for the following:

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

a. Atrial fibrillation ?

☐

MRA1

b. Other arrhythmias ?

☐

MRA2

c. Claudication in the lower limbs ?

☐

MRA3

d. Brain tumor ?

☐

MRA4

e. Subdural hematoma or subarachnoid hemorrhage ?

☐

MRA5

f. Metabolic disorder ?

☐

MRA6

If yes, specify: \_\_\_\_\_

g. Other neurological disorder(s) ?

☐

MRA7

If yes, specify: \_\_\_\_\_



C. ADMISSION AND DISCHARGE

19. Was the patient hospitalized more than once? ( 1=yes, 2=no )

☐ MRA8

If no, go to Question 21.

20. Hospitalizations in the 6 weeks prior to death.

a. Hospital \_\_\_\_\_ Town \_\_\_\_\_ Code       MRA9

Record number           MRA10

Admission Date       mo day yr MRA11

Discharge Date or Date of Death       mo day yr MRA12

b. Hospital \_\_\_\_\_ Town \_\_\_\_\_ Code       MRA13

Record number           MRA14

Admission Date       mo day yr MRA15

Discharge Date or Date of Death       mo day yr MRA16

c. Hospital \_\_\_\_\_ Town \_\_\_\_\_ Code       MRA17

Record number           MRA18

Admission Date       mo day yr MRA19

Discharge Date or Date of Death       mo day yr MRA20

d. Hospital \_\_\_\_\_ Town \_\_\_\_\_ Code       MRA21

Record number           MRA22

Admission Date       mo day yr MRA23

Discharge Date or Date of Death       mo day yr MRA24

21. Enter the ICD-9 code numbers for the hospital discharge diagnoses and procedure codes exactly as they appear on the front sheet of the medical records and/or on the discharge summaries. Be sure these are ICD-9 codes.

- |  |   |
|--|---|
| 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA25 | 7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA31  |
| 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA26 | 8. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA32  |
| 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA27 | 9. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA33  |
| 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA28 | 10. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA34 |
| 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA29 | 11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA35 |
| 6. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA30 | 12. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MRA36 |

22. Were any of the following events diagnosed within 6 weeks prior to patient's death ?

a. Myocardial infarction ? ( 1=yes, 2=no )

☐ MRA37

b. Stroke ? ( 1=yes, 2=no )

☐ MRA38

If yes, what was the primary diagnosis ?

☐ MRA39

1. Subarachnoid hemorrhage
2. Intraparenchymal hemorrhage
3. Lacunar infarction
4. Embolic infarction
5. Atherosclerotic infarction
6. Other, unknown infarction
7. Unknown type stroke

c. Congestive heart failure ? ( 1=yes, 2=no )

☐ MRA40

d. Any other cardiovascular diseases ? ( 1=yes, 2=no )

☐ MRA41

If yes, specify -----

23. What was the disposition of the patient on discharge ? ( 1=deceased, 2=discharged alive ) ☐ MRA42
24. If deceased, was an autopsy performed ? ( 1 yes, 2=no ) ☐ MRA43
- If yes, it was done by
1. Hospital ☐ MRA44
2. Medical Examiner/Coroner
25. If deceased, was the patient either dead on arrival or did he/she die in the emergency room ? ☐ MRA45
- ( 1=yes, 2=no )
26. Approximately how long was it from the onset of acute cardiac symptoms to arrival at this hospital? ☐ MRA46
- 0 = symptoms did not begin prior to arrival,
- 1 = less than 20 minutes,
- 2 = longer than 20 minutes, but shorter than an hour,
- 3 = longer than one hour, but shorter than 2 hours,
- 4 = longer than 2 hours, but shorter than 4 hours,
- 5 = longer than 4 hours, but shorter than 6 hours,
- 6 = longer than 6 hours, but shorter than 12 hours,
- 7 = longer than 12 hours, but shorter than 24 hours,
- 8 = longer than one day,
- 9 = not reported
- If not applicable, draw two lines across the box (eg. DOA).

#### D. SYMPTOMS.

Taking into account all of the available information, is there evidence of:

27. An acute episode(s) of pain or discomfort anywhere in the chest, left arm or shoulder or jaw recorded in patient's chart ? ( 1=yes, 2=no, 8=uncertain, 9=not mentioned ) ☐ MRA47
28. If yes, approximately how long did this pain or discomfort last ? ☐ MRA48
- 1= less than 1 hour,
- 2= longer than 1 hour but less than 24 hours,
- 3= longer than 24 hours,
- 4= not applicable (discharged alive)
- 5= uncertain
- 6= not mentioned.

29. If death occurred, was it under any of the following situations ?

- a. Death occurred within one hour after the onset of severe cardiac symptoms (prolonged cardiac pain, shortness of breath, or fainting).

☐ MRA49

1=yes, 2=no, 7=not applicable, 8=uncertain, 9=not mentioned

OR

- b. Death occurred within one hour after the decedent was last seen and without any symptoms.

☐ MRA50

1=yes, 2=no, 7=not applicable, 8=uncertain, 9=not mentioned

OR

- c. Death occurred after the onset of neurologic symptoms.

☐ MRA51

1=yes, 2=no, 7=not applicable, 8=uncertain, 9=not mentioned

Skip Question 30 if Question 28 describes an episode immediately prior to death.

30. Approximately how long was it from the onset of symptoms to death?

☐ MRA52

1= less than 1 hour,

2= equal to or greater than 1 hour and less than 24 hours,

3= 24 hours or more,

4= not applicable (discharged alive)

5= uncertain

6= not mentioned

31. Was there evidence of a focal (localized) neurological deficit ?

☐ MRA53

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

If yes,

☐ MRA54

1 = less than 1 hour

2 = equal to 1 hour and less than 24 hours

3 = greater than or equal to 24 hours

32. Was there evidence of a change in state of consciousness that lasted more than 24 hours?

☐ MRA55

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

33. Was there evidence of TIA (Transient Ischemic Attack) ?

☐ MRA56

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

34. Was there evidence of a rapid (sudden) onset of neurological symptoms (approximately less than 48 hours from onset to time of admission or maximum acute neurologic deficits) ?

☐ MRA57

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

35. Time from onset of neurological symptoms to admission or maximum neurologic deficit and/or change in state of consciousness.

Choose shortest time, in hours. 98=no neurologic symptoms, 99=not mentioned.

☐ ☐ MRA58

36. Which (if any) of the following physical findings were present?

1=yes, 2=no, 8=uncertain, 9=not mentioned

a. Abnormal gait

☐ MRA59

b. Romberg

☐ MRA60

c. Weakness or drift

☐ MRA61

d. Asymmetry of reflexes

☐ MRA62

e. Babinski (positive)

☐ MRA63

f. Loss of visual fields

☐ MRA64

g. Aphasia or apraxia

☐ MRA65

h. Change in mental status

☐ MRA66

i. Headache

☐ MRA67

j. Loss of consciousness

☐ MRA68

k. Other: \_\_\_\_\_

☐ MRA69

37. Lumbar puncture with cerebral spinal fluid evidence of hemorrhage ?

1=yes, 2=no, 7=not done, 8=uncertain, 9=not mentioned

☐ MRA70

38. Which (if any) of the following physical findings were present ?

1=yes, 2=no, 8=uncertain, 9=not mentioned

- a. Edema ☐ MRA71
- b. Jugular venous (neck-vein) distension ☐ MRA72
- c. Hepatomegaly ☐ MRA73
- d. Hepatojugular reflex ☐ MRA74
- e. Displaced point of maximum impulse (PMI) ☐ MRA75
- f. Pulmonary congestion or rales ☐ MRA76
- g. S<sub>3</sub> gallop ☐ MRA77
- h. Pulmonary edema ☐ MRA78
- i. Cardiomegaly ☐ MRA79

39. Is the patient reported to have paroxysmal nocturnal dyspnea or orthopnea ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA80

40. Is there a report of dyspnea on exertion ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA81

41. Is there any report of increased venous pressure > 16 cm water ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA82

42. Is there any report of night cough ? ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA83

43. Is there any report of pleural effusion ? ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA84

44. Is there any report of tachycardia (rate of > 120/min)?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA85



45. Is there any report of a reduction in vital capacity by one-third from maximum ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA86

46. Is there evidence of fluid overload secondary to renal failure or other non cardiac disease ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA87

#### E. TESTS

47. Were any cardiac enzymes test done within DAYS 1-4 after arrival at the hospital or after in-hospital coronary heart disease event ? ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA88

48. If yes,

a. Is there mention of the patient having either trauma, a cardiac surgical procedure, or rhabdomyolysis within one week prior to measurement of enzymes ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA89

b. If yes, specify the date and reason.

MRA90  
mo day yr

c. Reason : -----

d. Is there any evidence of hemolytic disease during the hospitalization ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ MRA91

\*\*\*\*\*  
\*\*\*\*\* RECORD THE ENZYME TEST RESULTS ON THE FOLLOWING PAGE \*\*\*\*\*  
\*\*\*\*\*

49. Were any 12 lead ECG's taken during this admission? ( 1=yes, 2=no )

\*\*\* If ECGs were taken, attach copies of required ECGs and interpretations. \*\*\*

\*\*\*\*\* ( see instructions ) \*\*\*\*\*

☐ MRA92

50. Which (if any) of the following diagnostic tests were performed ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

(If yes, please attach copies of interpretation)

a. Computerized Axial Tomography (CAT) of the head

☐ MRA93

b. Magnetic Resonance Image (MRI) of the head

☐ MRA94

c. Carotid ultrasound

☐ MRA95

d. Chest X-ray

☐ MRA96

e. Exercise tolerance test

☐ MRA97

If yes, was test done with thallium ?

☐ MRA98

f. Echocardiography

☐ MRA99

g. Angiogram

☐ MRA100

h. Other

☐ MRA101

Specify:-----

## F. PROCEDURES

51. Were any of the following procedures performed during this hospital stay :

If yes, attach a copy of the report if available. ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

a. Cardiac catheterization ?

☐ MRA102

b. Coronary angioplasty ?

☐ MRA103

c. Swan-Ganz catheterization ?

☐ MRA104

d. Coronary bypass surgery ?

☐ MRA10552. Narrative: (Attach photocopies of face sheet (including discharge diagnoses and procedures),  
Discharge Summary and Admitting history and Physical examination).

53. Abstractor Number

   CODE

54. Date abstract completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DOC
mo		day		yr		

CARDIAC    ENZYME    TEST    RECORDS

	DAY ONE			DAY TWO			DAY THREE			DAY FOUR		
	(DATE: DAY1 )			(DATE: DAY2 )			(DATE: DAY3 )			(DATE: DAY4 )		
	No. 1	No. 2	No. 3	No. 1	No. 2	No. 3	No. 1	No. 2	No. 3	No. 1	No. 2	No. 3
Total CK (CPK)	ENZ1	ENZ2	ENZ3	ENZ34	ENZ35	ENZ36	ENZ67	ENZ68	ENZ69	ENZ100	ENZ101	ENZ102
Upper limit of Total CK (CPK)	ENZ4	ENZ5	ENZ6	ENZ37	ENZ38	ENZ39	ENZ70	ENZ71	ENZ72	ENZ103	ENZ104	ENZ105
CK-MB	ENZ7	ENZ8	ENZ9	ENZ40	ENZ41	ENZ42	ENZ73	ENZ74	ENZ75	ENZ106	ENZ107	ENZ108
Upper limit of CK-MB	ENZ10	ENZ11	ENZ12	ENZ43	ENZ44	ENZ45	ENZ76	ENZ77	ENZ78	ENZ109	ENZ110	ENZ111
Total LDH	ENZ13	ENZ14	ENZ15	ENZ46	ENZ47	ENZ48	ENZ79	ENZ80	ENZ81	ENZ112	ENZ113	ENZ114
Upper limit of normal LDH	ENZ16	ENZ17	ENZ18	ENZ49	ENZ50	ENZ51	ENZ82	ENZ83	ENZ84	ENZ115	ENZ116	ENZ117
LDH1	ENZ19	ENZ20	ENZ21	ENZ52	ENZ53	ENZ54	ENZ85	ENZ86	ENZ87	ENZ118	ENZ119	ENZ120
LDH2	ENZ22	ENZ23	ENZ24	ENZ55	ENZ56	ENZ57	ENZ88	ENZ89	ENZ90	ENZ121	ENZ122	ENZ123
LDH1/LDH2	ENZ25	ENZ26	ENZ27	ENZ58	ENZ59	ENZ60	ENZ91	ENZ92	ENZ93	ENZ124	ENZ125	ENZ126
SGOT	ENZ28	ENZ29	ENZ30	ENZ61	ENZ62	ENZ63	ENZ94	ENZ95	ENZ96	ENZ127	ENZ128	ENZ129
Upper limit of normal SGOT	ENZ31	ENZ32	ENZ33	ENZ64	ENZ65	ENZ66	ENZ97	ENZ98	ENZ99	ENZ130	ENZ131	ENZ132

## APPENDIX 17

## STRONG HEART STUDY

## Non-Participant Form

ID number:

IDNO

Community code: (see instruction)

CC

This form is to be used for individuals who refuse to participate in the examinations and interview portions of the STRONG HEART STUDY so that accurate rates of hospitalization for stroke and myocardial infarction can be calculated and risk factors prevalence can be estimated for non-participants.

NAME: \_\_\_\_\_ NAME

PHONE: ( NONP1 ) \_\_\_\_\_ NONP2

ADDRESS: \_\_\_\_\_ NONP3

Street or Box #

NONP4

NONP5

NONP6

City,

State,

Zip

Non-participants will initially be contacted by mail or telephone to complete this form, and then by personal interview. If attempts to complete the form are unsuccessful, the form should be completed by medical record review.

Record Date and Time of Attempted Contact. Three attempts should be made

DATE	Method and Time of Contact (Letter, Phone or Home Visit)		Contact Successful YES or NO	Interview Completed Yes or Refused
1. NONP7	NONP8	NONP9	NONP10	NONP11
2. NONP12	NONP13	NONP14	NONP15	NONP16
3. NONP17	NONP18	NONP19	NONP20	NONP21

How was non-participant form completed?

Mail ☐ Telephone ☐ Personal interview ☐ Medical chart review ☐  
NONP22 NONP23 NONP24 NONP25

Form not completed — Unable to contact patients ☐  
No information in medical records ☐ NONP26

What is your sex?

Female

☐

Male

☐

NONP27

Which IHS Hospital/Clinic do you usually go for health care?

NONP28

What is your IHS Hospital/Clinic chart number?

NONP29

The STRONG HEART STUDY will help us learn more about heart disease in Indians. Please answer a few questions that will help us a great deal.

1. How tall are you? \_\_\_\_\_ Feet \_\_\_\_\_ Inches. NONP30 NONP31
2. How much do you weigh? \_\_\_\_\_ Pounds. NONP32
3. Have you ever been hospitalized for heart attack, stroke or other problems in the last ten years ?

Yes

☐

No

☐

NONP33

4. If yes, list which hospital(s), when and what the reason was ?

	Hospital/Clinic	Town/State	Date	Reason
i.	NONP34	NONP35 NONP36	NONP37	NONP38
ii.	NONP39	NONP40 NONP41	NONP42	NONP43
iii.	NONP44	NONP45 NONP46	NONP47	NONP48

The Strong Heart Study would like to review your medical records to better understand heart disease and stroke in Indian people. We request your consent to release your medical records to the Strong Heart Study. Please sign the enclosed form and return it in the enclosed envelope. Thank you.

5. Do you smoke cigarettes now ? (1=yes 2=no)

Yes

☐

No

☐☐

NONP49



MEDICAL CONDITIONS: I'd like you to answer some questions about medical problems.

Has a medical person EVER told you that you had any of the following conditions ?  
(Please check the correct answer)

6. High blood pressure?

Yes ☐ No ☐ I don't know ☐ NONP50

If yes, are you taking any medication for your blood pressure?

Yes ☐ No ☐ I don't know ☐ NONP51

7. Diabetes ?

Yes ☐ No ☐ I don't know ☐ NONP52

If you have diabetes, please answer the next two questions.

How old were you when you were first told by a medical person that you had diabetes?  
Indicate the actual age.

NONP53  
years

What treatment do you take for your diabetes?

None ☐ Insulin ☐ Pills ☐ Diet only ☐ I don't Know ☐ NONP54

8. Kidney failure?

Yes ☐ No ☐ I don't know ☐ NONP55

9. Are you on dialysis (a kidney machine)?

Yes ☐ No ☐ I don't know ☐ NONP56

10. Have you ever received a kidney transplant?

Yes ☐ No ☐ I don't know ☐ NONP57

11. What is your birth date?  /  /  NONP58  
month day year

12. What is your Social Security Number?

NONP59

Thank you for answering these questions. Please sign and return this form in the attached envelope.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DOC



APPENDIX 28  
STRONG HEART STUDY  
PHYSICAL EXAMINATION

FORMID:PHYSICAL EXAM

=====

ID number:

IDNO

Social Security Number:

--	--	--	--	--	--	--	--	--

SSN

=====

Is blood sample taken?

1 = yes,

☐

EXAMØ1

2 = no, participant is on renal dialysis,

3 = no, participant has had a kidney transplant,

4 = participant refused,

5 = other, specify: -----

Fasting Accucheck, glucose, if done. If not done, draw two lines across the boxes.

--	--	--

EXAMØ2

I. BASIC MEASUREMENT: With shoes removed and heavy articles from pockets removed.

Fractions less than 0.5 will be omitted and fractions greater than or equal to 0.5 will be rounded up to the next higher unit.

1. Height in CENTIMETERS

--	--	--

EXAMØ3

2. Weight in KILOGRAMS

--	--	--

EXAMØ4

II. SITTING MEASUREMENT

A. TOBACCO AND CAFFEINE USE

"Tobacco use and caffeine can change the results of the exams and laboratory tests we will do today. Because of this we will ask you a few questions."

3. Have you smoked or used chewing tobacco or snuff within the last 4 hours ?

☐

EXAMØ5

1= yes,

2= no, go to Question 5.

# PHYSICAL

4. How long ago did you last smoke or last use chewing tobacco or snuff?

Specify the lag by hours

EXAM06

If less than an hour, specify the minutes

EXAM07

\*\* "We are going to ask you not to smoke or use chewing tobacco until you have completed your

\*\* visit with us today. We do this so that your test results are not affected by tobacco use.

\*\* If you must use tobacco, please tell us that you did before you leave."

5. Have you had any coffee, tea, caffeinated soft drink or chocolate within the last 4 hours ?

1=yes, 2=no

EXAM08

6. How long ago did you last have any coffee, tea, or chocolate ?

Specify the lag by hours

EXAM09

If less than an hour, specify the minutes

EXAM10

B. PRELIMINARY MEASUREMENTS: With participant standing, measurements should not be made over gown or scub suit.

7. Right arm circumference, measured in centimeters (cm)

(Midway between acromium and olecranon)

EXAM11

8. Cuff size (arm circumference in brackets)

1= Pediatric (under 24cm)

2= Regular arm (24-32cm)

3= Large arm (33-41cm)

4= Thigh (>41cm)

EXAM12

9. Hip circumference, measured in centimeters (cm)

EXAM13

C. EXAMINATION OF THE CHEST

In this section use the following codes to answer the questions.

1=clear, 2=rales, 3=rhonchi, 4=both

10. a. Right posterior lung

Apex .....

☐ EXAM14

Mid .....

☐ EXAM15

Lower .....

☐ EXAM16

b. Left posterior lung

Apex .....

☐ EXAM17

Mid .....

☐ EXAM18

Lower .....

☐ EXAM19

D. EXAMINATION OF NECK VEINS (sitting position)

11. a. Left (1=Distended, 2=Flat)

☐ EXAM20

b. Right (1=Distended, 2=Flat)

☐ EXAM21

E. SITTING BLOOD PRESSURE

12. Recorder ID:

EXAM22

13. Time of day (Please use military time, hour:minute)

:   EXAM23

14. Pulse obliteration pressure

EXAM24

F. FIRST BLOOD PRESSURE MEASUREMENT

(After 5 minutes in sitting position - Right arm)

15. Systolic, Phase I - first sound

--	--	--

EXAM25

16. Diastolic, Phase V - first silence in a series of at least two silences.

(If Phase V did not appear, record Phase IV)

--	--	--

EXAM26

G. SECOND BLOOD PRESSURE MEASUREMENT (after raising the arm for 5 seconds and resting it on the table for another 25 seconds)

17. Systolic, Phase I - first sound

--	--	--

EXAM27

18. Diastolic, Phase V - first silence in a series of at least two silences.

(If Phase V did not appear, record Phase IV)

--	--	--

EXAM28

H. THIRD BLOOD PRESSURE MEASUREMENT (after raising the arm for 5 seconds and resting it on the table for another 25 seconds)

19. Systolic, Phase I - first sound

--	--	--

EXAM29

20. Diastolic, Phase V - first silence in a series of at least two silences.

(If Phase V did not appear, record Phase IV)

--	--	--

EXAM30

21. Were the above blood pressures taken from LEFT arm because of missing right arm or some other reason ? ( 1=yes, 2=no )

--

EXAM31

If yes, specify \_\_\_\_\_

I. EXAMINATION OF EXTREMITIES

Ask participant to remove shoes and socks, then examine for AMPUTATIONS.

22. Are any extremities missing ?

--

EXAM32

1=yes, fill out the following questions (Q23 - Q32).

2=no, skip to Supine measurements in Section III.

# PHYSICAL

If "yes" to amputation in item 18. Codes for the cause of amputation :

1 = Diabetes

2 = Trauma

3 = Congenital

4 = Other, please specify

9 = Unknown

23. Right arm. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM33

EXAM34

24. Right hand. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM35

EXAM36

25. Left arm. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM37

EXAM38

26. Left hand. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM39

EXAM40

27. Right leg above knee. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM41

EXAM42

28. Left leg above knee. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM43

EXAM44

29. Right leg below knee. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM45

EXAM46

30. Left leg below knee. (1=yes, 2=no)

If yes, cause : \_\_\_\_\_

☐  
☐

EXAM47

EXAM48

31. Number of fingers missing \_\_\_\_\_

☐☐

EXAM49

32. Number of toes missing \_\_\_\_\_

☐☐

EXAM50



## III. SUPINE MEASUREMENTS

## A. GIRTH MEASUREMENT, ECG AND IMPEDANCE

33. Waist measurement at umbilicus, in centimeters (cm)

 EXAM51

34. Electrocardiogram Reading (Preliminary reading)

 EXAM52

1= Normal,

2= Abnormal

3= Borderline

4= Unclassified

35. Impedance measurement

a. Resistance

 EXAM53

b. Reactance

 EXAM54

c. Activity Levels (supplemental for impedance measurement)

 EXAM55

1 = Inactive : no regular physical activity with a sit-down job (eg. hospital patients).

2 = Light : no organized physical activity during leisure time with three to four hours of walking or standing per day.

3 = Moderate : sporadically involved in recreational activities such as weekend golf or tennis, occasional jogging, swimming or cycling.

4 = Heavy : consistent job activities of lifting or stair climbing or participating regularly in recreational/fitness activities such as jogging, swimming or cycling at least three times a week for 30 to 60 minutes per session.

5 = Vigorous : participation in extensive physical activity for 60 or more minutes at least four days per week.

d. Taken on left side because of amputation ( 1=yes, 2=no )

 EXAM56

e. Not taken because of amputation ( 1=yes, 2=no )

 EXAM57



## B. PULSE AND BRUIT

For the following items (36 to 43), use the following codes for findings :

1 = present, 2 = absent, 3 = missing limbs.

- |   |                          |        |
|---|--------------------------|--------|
| 36. Right posterior tibial pulse                              | <input type="checkbox"/> | EXAM58 |
| 37. Right dorsalis pedis pulse                                | <input type="checkbox"/> | EXAM59 |
| 38. Left posterior tibial pulse                               | <input type="checkbox"/> | EXAM60 |
| 39. Left dorsalis pedis pulse                                 | <input type="checkbox"/> | EXAM61 |
| 40. Right femoral bruit                                       | <input type="checkbox"/> | EXAM62 |
| 41. Left femoral bruit  | <input type="checkbox"/> | EXAM63 |
| 42. Right carotid bruit (can be examined in sitting position) | <input type="checkbox"/> | EXAM64 |
| 43. Left carotid bruit (can be examined in sitting position)  | <input type="checkbox"/> | EXAM65 |

## C. DOPPLER BLOOD PRESSURE AND EDEMA

44. Right ankle Doppler blood pressure - measure in posterior tibial artery. If not audible, use dorsalis pedis.

If neither is audible, record zero. Record 999 if participant refuses or if blood pressure is not taken for a medical reason or amputation. Record 888 if you cannot obliterate.

- a) First systolic B.P. measurement :

EXAM66

~~1 = posterior tibial~~ ————— ~~2 = dorsalis pedis~~ Deleted from data base

☒ EXAM67

- b) Second systolic B.P. measurement (no waiting time needed) :

EXAM68

1 = posterior tibial

2 = dorsalis pedis

☐ EXAM69

45. Left ankle Doppler blood pressure - measure in posterior tibial artery. If not audible, use dorsalis pedis. If neither is audible, record zero. Record 999 if participant refuses or if blood pressure is not taken for a medical reason or amputation. Record 888 if you cannot obliterate.

a) First systolic B.P. measurement :

   EXAM70

1 = posterior tibial ————— 2 = dorsalis pedis

*Not led from  
data base*

☒ EXAM71

b) Second systolic B.P. measurement (no waiting time needed) :

   EXAM72

1 = posterior tibial

2 = dorsalis pedis

☐ EXAM73

For item 46, use left arm if left arm is used for standard blood pressure reading.

46. Right arm Doppler blood pressure - brachial artery.

a) First systolic B.P. measurement :

   EXAM74

b) Second systolic B.P. measurement (no waiting time needed) :

   EXAM75

47. Pedal edema (1= Absent, 2= Mild, 3= Marked, above midpoint between malleolus and patella) ☐ EXAM76

- D. HEART EXAM - With the diaphragm, listen to 5 or more beats at the apex (PMI), left sternal border at the 5th intercostal space, left sternal border at the 2nd intercostal space and right sternal border at the 2nd intercostal space. Then turn the stethoscope to the bell and listen at the apex for five additional beats. (The patient may be turned partially on their left side to bring the heart closer to the chest wall and facilitate auscultation at the apex).

48. Presence of S<sub>3</sub> gallop : (1=yes, 2=no)

☐ EXAM77

49. Is there a murmur present ? if no, skip to Question 54. (1=yes, 2=no)

☐ EXAM78

50. Is ejection murmur present ? ( 1=yes, 2=no )

☐ EXAM79

51. If yes in item 50, describe murmur

☐ EXAM80

- 0= No murmur
- 1= Barely audible
- 2= Easily audible
- 3= Intermediate
- 4= Intermediate-palpable thrill
- 5= Louder but requires stethoscope to hear
- 6= Heard with stethoscope off chest

52. Other type of murmur (Check all that apply)

- 1. holosystolic (1=yes, 2=no)
- 2. diastolic rumble (1=yes, 2=no)
- 3. diastolic regurgitation (1=yes, 2=no)

☐ EXAM81  
☐ EXAM82  
☐ EXAM83

53. Location (Check all that apply)

a. Apex

- 1. holosystolic (1=yes, 2=no)
- 2. diastolic rumble (1=yes, 2=no)
- 3. diastolic regurgitation (1=yes, 2=no)

☐ EXAM84  
☐ EXAM85  
☐ EXAM86

b. Left sternum 5th ICS

- 1. holosystolic (1=yes, 2=no)
- 2. diastolic rumble (1=yes, 2=no)
- 3. diastolic regurgitation (1=yes, 2=no)

☐ EXAM87  
☐ EXAM88  
☐ EXAM89

c. Left sternum 2nd ICS

- 1. holosystolic (1=yes, 2=no)
- 2. diastolic rumble (1=yes, 2=no)
- 3. diastolic regurgitation (1=yes, 2=no)

☐ EXAM90  
☐ EXAM91  
☐ EXAM92

d. Right sternum 2nd ICS

- 1. holosystolic (1=yes, 2=no)
- 2. diastolic rumble (1=yes, 2=no)
- 3. diastolic regurgitation (1=yes, 2=no)

☐ EXAM93  
☐ EXAM94  
☐ EXAM95

54. Evidence of chest surgery or chest deformity (1=yes, 2=no)

☐ EXAM96

If yes, specify \_\_\_\_\_

IV. ADMINISTRATIVE INFORMATION

55. Code number of person completing this form

CODE

56. Date of data collection

DOC  
mo day yr

NAME	RELATIONSHIP CODE <sup>a</sup>	YEAR OF BIRTH	VITAL STATUS <sup>b</sup>	DEATH		HISTORY OF							
				AGE	CAUSE	MI <sup>c</sup>	HD <sup>c</sup>	HBP <sup>c</sup>	DM <sup>c</sup>	KF <sup>c</sup>	CVA <sup>c</sup>	AT <sup>c</sup>	CANCER <sup>d</sup>
	FH1	FH2	FH3	FH4	FH5	FH6	FH7	FH8	FH9	FH10	FH11	FH12	FH13
	FH14	FH15	FH16	FH17	FH18	FH19	FH20	FH21	FH22	FH23	FH24	FH25	FH26
	FH27	FH28	FH29	FH30	FH31	FH32	FH33	FH34	FH35	FH36	FH37	FH38	FH39
	FH40	FH41	FH42	FH43	FH44	FH45	FH46	FH47	FH48	FH49	FH50	FH51	FH52
	FH53	FH54	FH55	FH56	FH57	FH58	FH59	FH60	FH61	FH62	FH63	FH64	FH65
	FH66	FH67	FH68	FH69	FH70	FH71	FH72	FH73	FH74	FH75	FH76	FH77	FH78
	FH79	FH80	FH81	FH82	FH83	FH84	FH85	FH86	FH87	FH88	FH89	FH90	FH91
	FH92	FH93	FH94	FH95	FH96	FH97	FH98	FH99	FH100	FH101	FH102	FH103	FH104
	FH105	FH106	FH107	FH108	FH109	FH110	FH111	FH112	FH113	FH114	FH115	FH116	FH117
	FH118	FH119	FH120	FH121	FH122	FH123	FH124	FH125	FH126	FH127	FH128	FH129	FH130
	FH131	FH132	FH133	FH134	FH135	FH136	FH137	FH138	FH139	FH140	FH141	FH142	FH143
	FH144	FH145	FH146	FH147	FH148	FH149	FH150	FH151	FH152	FH153	FH154	FH155	FH156
	FH157	FH158	FH159	FH160	FH161	FH162	FH163	FH164	FH165	FH166	FH167	FH168	FH169
	FH170	FH171	FH172	FH173	FH174	FH175	FH176	FH177	FH178	FH179	FH180	FH181	FH182
	FH183	FH184	FH185	FH186	FH187	FH188	FH189	FH190	FH191	FH192	FH193	FH194	FH195

## Responses for

relationship:

- a
- 1 = Mother
  - 2 = Father
  - 3 = Sister
  - 4 = Half-sister
  - 5 = Brother
  - 6 = Half-brother
  - 7 = Daughter
  - 8 = Son

vitalstatus:

- b
- 0 = alive
  - 1 = dead
  - 9 = unknown

heart attack(MI), heart diseases(HD), high blood pressure(HBP), diabetes mellitus(DM), kidney failure(KF), stroke(CVA), arthritis(AT):

- c
- 1 = Yes
  - 2 = No
  - 9 = Unknown/not sure

cancer:

- d
- For each family member with a history of cancer, list type if known.

NOTE : If YEAR OF BIRTH or AGE AT DEATH is not known, draw two lines across the box.



NAME	RELATIONSHIP CODE <sup>a</sup>	YEAR OF BIRTH	VITAL STATUS <sup>b</sup>	DEATH		HISTORY OF							
				AGE	CAUSE	MI <sup>c</sup>	HD <sup>c</sup>	HBP <sup>c</sup>	DM <sup>c</sup>	KF <sup>c</sup>	CVA <sup>c</sup>	AT <sup>c</sup>	CANCER <sup>d</sup>
1	FH196	FH197	FH198	FH199	FH200	FH201	FH202	FH203	FH204	FH205	FH206	FH207	FH208
2	FH209	FH210	FH211	FH212	FH213	FH214	FH215	FH216	FH217	FH218	FH219	FH220	FH221
3	FH222	FH223	FH224	FH225	FH226	FH227	FH228	FH229	FH230	FH231	FH232	FH233	FH234
4	FH235	FH236	FH237	FH238	FH239	FH240	FH241	FH242	FH243	FH244	FH245	FH246	FH247
5	FH248	FH249	FH250	FH251	FH252	FH253	FH254	FH255	FH256	FH257	FH258	FH259	FH260
	FH261	FH262	FH263	FH264	FH265	FH266	FH267	FH268	FH269	FH270	FH271	FH272	FH273
	FH274	FH275	FH276	FH277	FH278	FH279	FH280	FH281	FH282	FH283	FH284	FH285	FH286
	FH287	FH288	FH289	FH290	FH291	FH292	FH293	FH294	FH295	FH296	FH297	FH298	FH299
	FH300	FH301	FH302	FH303	FH304	FH305	FH306	FH307	FH308	FH309	FH310	FH311	FH312
	FH313	FH314	FH315	FH316	FH317	FH318	FH319	FH320	FH321	FH322	FH323	FH324	FH325
	FH326	FH327	FH328	FH329	FH330	FH331	FH332	FH333	FH334	FH335	FH336	FH337	FH338
	FH339	FH340	FH341	FH342	FH343	FH344	FH345	FH346	FH347	FH348	FH349	FH350	FH351
	FH352	FH353	FH354	FH355	FH356	FH357	FH358	FH359	FH360	FH361	FH362	FH363	FH364
	FH365	FH366	FH367	FH368	FH369	FH370	FH371	FH372	FH373	FH374	FH375	FH376	FH377
	FH378	FH379	FH380	FH381	FH382	FH383	FH384	FH385	FH386	FH387	FH388	FH389	FH390

## Responses for

relationship:

vitalstatus:

heart attack(MI), heart diseases(HD), high  
blood pressure(HBP), diabetes mellitus(DM),  
kidney failure(KF), stroke(CVA), arthritis(AT):

cancer:

- a 1 = Mother  
2 = Father  
3 = Sister  
4 = Half-sister  
5 = Brother  
6 = Half-brother  
7 = Daughter  
8 = Son

- b 0 = alive  
1 = dead  
9 = unknown

- c 1 = Yes  
2 = No  
9 = Unknown/not sure

- d For each family member  
with a history of cancer,  
list type if known.

NOTE : If YEAR OF BIRTH or AGE AT DEATH is not known, draw two lines across the box.



NAME	RELATIONSHIP CODE <sup>a</sup>	YEAR OF BIRTH	VITAL STATUS <sup>b</sup>	DEATH		HISTORY OF							
				AGE	CAUSE	MI <sup>c</sup>	HD <sup>c</sup>	HBP <sup>c</sup>	DM <sup>c</sup>	KF <sup>c</sup>	CVA <sup>c</sup>	AT <sup>c</sup>	CANCER <sup>d</sup>
	FH1	FH2	FH3	FH4	FH5	FH6	FH7	FH8	FH9	FH10	FH11	FH12	FH13
	FH14	FH15	FH16	FH17	FH18	FH19	FH20	FH21	FH22	FH23	FH24	FH25	FH26
	FH27	FH28	FH29	FH30	FH31	FH32	FH33	FH34	FH35	FH36	FH37	FH38	FH39
	FH40	FH41	FH42	FH43	FH44	FH45	FH46	FH47	FH48	FH49	FH50	FH51	FH52
	FH53	FH54	FH55	FH56	FH57	FH58	FH59	FH60	FH61	FH62	FH63	FH64	FH65
	FH66	FH67	FH68	FH69	FH70	FH71	FH72	FH73	FH74	FH75	FH76	FH77	FH78
	FH79	FH80	FH81	FH82	FH83	FH84	FH85	FH86	FH87	FH88	FH89	FH90	FH91
	FH92	FH93	FH94	FH95	FH96	FH97	FH98	FH99	FH100	FH101	FH102	FH103	FH104
	FH105	FH106	FH107	FH108	FH109	FH110	FH111	FH112	FH113	FH114	FH115	FH116	FH117
	FH118	FH119	FH120	FH121	FH122	FH123	FH124	FH125	FH126	FH127	FH128	FH129	FH130
	FH131	FH132	FH133	FH134	FH135	FH136	FH137	FH138	FH139	FH140	FH141	FH142	FH143
	FH144	FH145	FH146	FH147	FH148	FH149	FH150	FH151	FH152	FH153	FH154	FH155	FH156
	FH157	FH158	FH159	FH160	FH161	FH162	FH163	FH164	FH165	FH166	FH167	FH168	FH169
	FH170	FH171	FH172	FH173	FH174	FH175	FH176	FH177	FH178	FH179	FH180	FH181	FH182
	FH183	FH184	FH185	FH186	FH187	FH188	FH189	FH190	FH191	FH192	FH193	FH194	FH195

Responses for

relationship:

vitalstatus:

heart attack(MI), heart diseases(HD), high  
blood pressure(HBP), diabetes mellitus(DM),  
kidney failure(KF), stroke(CVA), arthritis(AT):

cancer:

- a 1 = Mother  
2 = Father  
3 = Sister  
4 = Half-sister  
5 = Brother  
6 = Half-brother  
7 = Daughter  
8 = Son

- b 0 = alive  
1 = dead  
9 = unknown

- c 1 = Yes  
2 = No  
9 = Unknown/not sure

- d For each family member  
with a history of cancer,  
list type if known.

NOTE : If YEAR OF BIRTH or AGE AT DEATH is not known, draw two lines across the box.

FAMILY HISTORY - STRONG HEART STUDY

NAME	RELATIONSHIP CODE <sup>a</sup>	YEAR OF BIRTH	VITAL STATUS <sup>b</sup>	DEATH		HISTORY OF								
				AGE	CAUSE	MI <sup>c</sup>	HD <sup>c</sup>	HBP <sup>c</sup>	DM <sup>c</sup>	KF <sup>c</sup>	CVA <sup>c</sup>	AT <sup>c</sup>	CANCER <sup>d</sup>	
16		FH196	FH197	FH198	FH199	FH200	FH201	FH202	FH203	FH204	FH205	FH206	FH207	FH208
17		FH209	FH210	FH211	FH212	FH213	FH214	FH215	FH216	FH217	FH218	FH219	FH220	FH221
18		FH222	FH223	FH224	FH225	FH226	FH227	FH228	FH229	FH230	FH231	FH232	FH233	FH234
19		FH235	FH236	FH237	FH238	FH239	FH240	FH241	FH242	FH243	FH244	FH245	FH246	FH247
20		FH248	FH249	FH250	FH251	FH252	FH253	FH254	FH255	FH256	FH257	FH258	FH259	FH260
21		FH261	FH262	FH263	FH264	FH265	FH266	FH267	FH268	FH269	FH270	FH271	FH272	FH273
22		FH274	FH275	FH276	FH277	FH278	FH279	FH280	FH281	FH282	FH283	FH284	FH285	FH286
23		FH287	FH288	FH289	FH290	FH291	FH292	FH293	FH294	FH295	FH296	FH297	FH298	FH299
24		FH300	FH301	FH302	FH303	FH304	FH305	FH306	FH307	FH308	FH309	FH310	FH311	FH312
25		FH313	FH314	FH315	FH316	FH317	FH318	FH319	FH320	FH321	FH322	FH323	FH324	FH325
26		FH326	FH327	FH328	FH329	FH330	FH331	FH332	FH333	FH334	FH335	FH336	FH337	FH338
27		FH339	FH340	FH341	FH342	FH343	FH344	FH345	FH346	FH347	FH348	FH349	FH350	FH351
28		FH352	FH353	FH354	FH355	FH356	FH357	FH358	FH359	FH360	FH361	FH362	FH363	FH364
29		FH365	FH366	FH367	FH368	FH369	FH370	FH371	FH372	FH373	FH374	FH375	FH376	FH377
30		FH378	FH379	FH380	FH381	FH382	FH383	FH384	FH385	FH386	FH387	FH388	FH389	FH390

Responses for

- |   |  |   |   |
|---|--|---|---|
| <p>relationship :</p> <p>a   1 = Mother<br/>              2 = Father<br/>              3 = Sister<br/>              4 = Half-sister<br/>              5 = Brother<br/>              6 = Half-brother<br/>              7 = Daughter<br/>              8 = Son</p> | <p>vitalstatus :</p> <p>b   0 = alive<br/>              1 = dead<br/>              9 = unknown</p> | <p>heart attack(MI), heart diseases(HD), high blood pressure(HBP), diabetes mellitus(DM), kidney failure(KF), stroke(CVA), arthritis(AT) :</p> <p>c   1 = Yes<br/>              2 = No<br/>              9 = Unknown/not sure</p> | <p>cancer :</p> <p>d   For each family member with a history of cancer, list type if known.</p> |
|---|--|---|---|
- NOTE : If YEAR OF BIRTH or AGE AT DEATH is not known, draw two lines across the box.

2

[illegible]

INTERVIEW2

heart attack(MI), heart diseases(HD), high blood pressure(HBP), diabetes mellitus(DM), kidney failure(KF), stroke(CVA), arthritis(AT):

d For each family member with a history of cancer, list type if known.  
Use codes in Appendix 23 (c)

b    0 = alive  
      1 = dead  
      9 = unknown

c. 1 = Yes  
2 = No  
9 = Unknown/not sure

NOTE : If YEAR OF BIRTH or AGE AT DEATH is not known, draw two lines across the box.

## GTT CHECKLIST

ID number          IDNO         

Center                                 

Today's Date DATE                

When was the last time you ate          GTT1          AM PM

Time of collection of fasting samples          GTT2         

Time the 75 gram glucose beverage was consumed          GTT3         

Time of collection of urine sample          GTT4         

Time of 2-hr blood sample          GTT5         

The participant did not have GTT because of

1. diabetes, on insulin treatment          GTT6         

2. diabetes, on oral agent with two previous  
fasting glucose > 250 mg/dl          GTT7         

3. Accucheck > 225 mg/dl          GTT8         

4. renal dialysis          GTT9         

5. a kidney transplant          GTT10         

6. refusal to have GTT done          GTT11         

Comments :

# THE STRONG HEART STUDY

## MEDICAL HISTORY FORM

FORMID:MEDHX

ID number:

IDNO

Social Security Number:

SSN

### A. CURRENT PRESCRIBED MEDICATION HISTORY :

1. Chart review and patient interview - current medications. Bring medications to exams and record from them. Use Medical Record to verify that the participant brought all her/his medications.

Medicine	Is he/she currently taking it regularly ? 1=yes, 2=no	Medication Code
a) -----	<input type="checkbox"/> MED1	<input type="text"/> MED2
b) -----	<input type="checkbox"/> MED3	<input type="text"/> MED4
c) -----	<input type="checkbox"/> MED5	<input type="text"/> MED6
d) -----	<input type="checkbox"/> MED7	<input type="text"/> MED8
e) -----	<input type="checkbox"/> MED9	<input type="text"/> MED10
f) -----	<input type="checkbox"/> MED11	<input type="text"/> MED12
g) -----	<input type="checkbox"/> MED13	<input type="text"/> MED14
h) -----	<input type="checkbox"/> MED15	<input type="text"/> MED16

2. a) How many aspirin tabs or aspirin-containing products have you taken in the last week ?  MED17

b) How many teaspoons of aspirin-containing products have you taken in the last week ?  MED18

## B. MEDICAL CONDITIONS :

"And now I'd like to ask you some questions about medical problems".

3. Has a medical person EVER told you that you had any of the following conditions ?

a. High blood pressure ? (1=yes, 2=no, 9=unknown)

☐ MED19

How old were you when you were first told by a medical person that you had high blood pressure ? Indicate the actual age. Don't know=99

MED20

b. Rheumatic heart disease ? (1= yes, 2= no, 9=unknown)

☐ MED21

c. Gallstones ? (1=yes, 2=no, 9=unknown)

☐ MED22

d. Arthritis ? (1=yes, 2=no, 9=unknown)

☐ MED23

e. Cancer, including leukemia and lymphoma ? (1=yes, 2=no, 9=unknown)

☐ MED24

If yes, specify type of cancer : -----

f. Diabetes ? (1=yes, 2=no, 3="borderline", 9=unknown)

☐ MED25

If yes or "borderline", do you still have it now ? (1=yes, 2=no, 3="borderline", 9=unknown)

☐ MED26

How old were you when you were first told by a medical person that you had diabetes ?

MED27

Indicate the actual age. Don't know=99

g. Kidney failure ? (1=yes, 2=no, 9=unknown)

☐ MED28

If yes, do you still have it now ? (1=yes, 2=no, 9=unknown)

☐ MED29

How old were you when you were first told by a medical person that you had kidney failure ?

MED30

Indicate the actual age. Don't know=99

h. Emphysema ? (1=yes, 2=no, 9=unknown)

☐ MED31

i. Cirrhosis of the liver ? (1=yes, 2=no, 9=unknown)

☐ MED32



j. Have you ever had heart surgery ? (1=yes, 2=no)

☐ MED33

k. Heart failure ? (1= yes, 2=no)

☐ MED34

If yes, do you still have it now ? (1=yes, 2=no, 9=unknown)

☐ MED35

How old were you when you had your first heart failure ?

MED36

Indicate the actual age. Don't know=99

l. Heart attack ? (1=yes, 2=no, 9=unknown)

☐ MED37

If yes, how old were you when you had your first heart attack ?

MED38

Indicate the actual age. Don't know=99

m. Any other heart trouble ? (1=yes, 2=no, 9=unknown)

☐ MED39

If yes, specify -----

n. Stroke ? (1=yes, 2=no, 9=unknown)

☐ MED40

How old were you when you had your first stroke ?

MED41

Indicate the actual years. Don't know=99

o. Care received for heart attack and/or stroke or other problems. List all facilities where patient was hospitalized in the last TEN years. If subject has never been hospitalized for heart attack and/or stroke or other problems, skip to Question 4.

Reason :          1=Heart attack          2=Stroke          3=Other

	Hospital/Clinic	Town/State	Date	Reason
i.	_____	_____	_____	<input type="checkbox"/>
ii.	_____	_____	_____	<input type="checkbox"/>
iii.	_____	_____	_____	<input type="checkbox"/>
iv.	_____	_____	_____	<input type="checkbox"/>

v.	_____	_____	<input type="checkbox"/>
vi.	_____	_____	<input type="checkbox"/>
vii.	_____	_____	<input type="checkbox"/>
viii.	_____	_____	<input type="checkbox"/>

\*\*\*\*\* Ask patient to sign release form for care received at non-IHS facilities. \*\*\*\*\*

4a. Are you on renal dialysis ? (1=yes, 2=no, 9=unknown) ☐ MED42

b. Have you ever received a kidney transplant ? (1=yes, 2=no, 9=unknown) ☐ MED43

C. ACCESS TO MEDICAL CARE :

5. How many miles do you live from the nearest clinic ? ☐☐ MED44  
Indicate how many miles. If less than one mile, record 1.

6. How many miles do you live from the nearest hospital ? ☐☐☐ MED45  
Indicate how many miles. If less than one mile, record 1.

\*\*\*\*\* IF THE PARTICIPANT IS MALE, GO TO ROSE QUESTIONNAIRE \*\*\*\*\*

\*\*\*\*\* IF THE PARTICIPANT IS FEMALE, GO TO NEXT SECTION . \*\*\*\*\*

## D. REPRODUCTION AND HORMONE USE (WOMEN ONLY) :

"The following questions are related to your reproductive system".

## 7. How many times have you been pregnant ?

Times pregnant (Gravidity)

  REPRO1

Number of live births (Parity)

  REPRO2

Number of lost pregnancies

  REPRO3

Number of living children

  REPRO4

## 8. Have your menstrual cycles stopped permanently ? ( 1= yes, 2= no, go to Question 11)

 REPRO5

## 9. How old were you when they stopped completely ? Indicate the age in years.

  REPRO6

## 10. Was your menopause natural or surgical ? ( 1= Natural, 2= Surgical )

 REPRO7

If surgical, was only your uterus removed ? ( 1=yes, 2=no, 9=unknown )

 REPRO8

## 11. Have you ever used birth control pills ? ( 1= yes, 2= no, go to Question 14)

 REPRO9

## 12. How old were you when you started ? Indicate the age in years.

  REPRO10

## 13. How many years altogether did you use them ? Specify the duration in years.

  REPRO11

"ESTROGEN is a female hormone that may be taken after a hysterectomy or menopause."

## 14. Have you ever taken estrogen pills, except birth control pills, for any reason ?

 REPRO12

1= yes,

2= no, go to next section.

## 15. How old were you when you started using them ? Indicate the age in years.

  REPRO13

## 16. How many years altogether did you take them ? Specify the duration in years.

  REPRO14

Medical Records Abstract  
Stroke

FORMID:NEWSTROKE

=====

ID number:

IDNO

=====

If the event occurred in a non-IHS facility, review the IHS chart for Questions 15-25.

1. A. Hospital code number

STROK1

B. Hospital name

STROK2

C. Hospital location

STROK3

D. Medical record number

STROK4

2. Date of ADMISSION to this hospital:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

STROK5

3. Date of discharge:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

STROK6

4. Was the patient transferred to or from another acute care hospital? (1=yes, 2=no)

STROK7

If no, go to Question 6.

## 5. Hospitalizations.

a.      Hospital _____	Town _____	Code <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	STROK8		
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	Record number STROK9	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Admission Date STROK10 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Discharge Date or Date of Death STROK11 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>
b.      Hospital _____	Town _____	Code <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	STROK12		
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	Record number STROK13	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Admission Date STROK14 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Discharge Date or Date of Death STROK15 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>
c.      Hospital _____	Town _____	Code <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	STROK16		
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	Record number STROK17	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Admission Date STROK18 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Discharge Date or Date of Death STROK19 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>
d.      Hospital _____	Town _____	Code <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	STROK20		
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	Record number STROK21	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Admission Date STROK22 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Discharge Date or Date of Death STROK23 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>mo</span><span>day</span><span>yr</span> </div>



6. Enter the ICD-9 code numbers for hospital discharge diagnoses and procedure codes exactly as they appear on the front sheet of the medical record and/or on the discharge summaries. Be sure they are ICD-9 codes. Record diagnoses if no codes are available.

1.	<input type="text"/>	STROK24	7.	<input type="text"/>	STROK30
2.	<input type="text"/>	STROK25	8.	<input type="text"/>	STROK31
3.	<input type="text"/>	STROK26	9.	<input type="text"/>	STROK32
4.	<input type="text"/>	STROK27	10.	<input type="text"/>	STROK33
5.	<input type="text"/>	STROK28	11.	<input type="text"/>	STROK34
6.	<input type="text"/>	STROK29	12.	<input type="text"/>	STROK35

7. Photocopy the discharge diagnoses as they appear on face sheet of medical records and/or discharge summaries for this admission. Attach copies.

\*\*\*\*\* If there is mention in the chart that the patient subsequently died prior to 1989, \*\*\*\*\*  
 \*\*\*\*\* DON'T forget to FILL OUT the mortality survey form \*\*\*\*\*  
 \*\*\*\*\*

8. Was the primary diagnosis:

☐ STROK36

1. Subarachnoid hemorrhage
2. Intraparenchymal hemorrhage
3. Lacunar infarction
4. Embolic infarction
5. Atherosclerotic infarction
6. Other, unknown infarction
7. Unknown type stroke
8. Transient Ischemic Attack (TIA)

Taking into account all of the available information, is there evidence of:

9. A focal (localized) neurological deficit that lasted more than 24 hours? ( 1=yes, 2=no )

☐ STROK37



10. Change in state of consciousness that lasted more than 24 hours. ( 1=yes, 2=no ) ☐ STROK38
11. Rapid (sudden) onset of localizing neurological deficit and/or change in state of consciousness  
(approximately less than 48 hours from onset to time of admission or maximum acute neurologic deficit) ( 1=yes, 2=no ) ☐ STROK39
12. Time from onset of symptoms to admission or maximum neurologic deficit and/or change in state of consciousness. Choose shortest time, in hours. 1=less than or equal to one hour, 99=unknown.   STROK40
13. Which (if any) of the following physical findings were present? (1=yes, 2=no, 9=not mentioned)
- a. Abnormal gait ☐ STROK41
  - b. Romberg ☐ STROK42
  - c. Weakness or drift ☐ STROK43
  - d. Asymmetry of reflexes ☐ STROK44
  - e. Babinski (positive) ☐ STROK45
  - f. Loss of visual fields ☐ STROK46
  - g. Aphasia or apraxia ☐ STROK47
  - h. Change in mental status ☐ STROK48
  - i. Headache ☐ STROK49
  - j. Loss of consciousness ☐ STROK50
  - k. Other: \_\_\_\_\_ ☐ STROK51
14. Lumbar puncture (LP) evidence of hemorrhage ? ( 1=yes, 2=no, 3=not done, 9=unknown ) ☐ STROK52

15. Is there a history of a prior myocardial infarction? ( 1=yes, 2=no )

☐ STROK53

If yes, date of most recent event:

STROK54  
mo day yr

16. Is there any history of angina pectoris or coronary insufficiency ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK55

17. Is there any history of any other chronic ischemic heart disease?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK56

18. Is there a history of valvular disease or cardiomyopathy?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK57

19. Is there a history of coronary bypass surgery?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK58

20. Is there a history of coronary angioplasty?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK59

21. Is there a history of hypertension (high blood pressure) ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK60

22. Is there a history of prior stroke?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK61

If yes, DATE of most recent previous event :

STROK62  
mo day yr

23. Is there a history of transient ischemic attack (TIA) ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK63

24. Is there a history of congestive heart failure ?

( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK64

25. Is there a history of diabetes ? ( 1=yes, 2=no, 8=uncertain, 9=not mentioned )

☐ STROK65

26. Which (if any) of the following diagnostic tests were performed?

( 1=yes, 2=no, 9=not mentioned )

( If yes, please attach copies of interpretation )

a. Computerized Axial Tomography (CAT) of the head

☐ STROK66

b. Magnetic Resonance Image (MRI) of the head

☐ STROK67

c. Carotid ultrasound/doppler

☐ STROK68

d. Electrocardiogram

☐ STROK69

e. Angiography

☐ STROK70

f. Other

☐ STROK71

Specify: \_\_\_\_\_

27. Was there evidence from computerized axial tomography (CAT) scan of either cerebral infarction or hemorrhage without evidence of other disease process or event ?

☐ STROK72

( 1=yes, 2=no, 3=not done, 9=unknown )

If yes,

a. did scan show a focal area of decreased or normal attenuation consistent with cerebral infarct ?

☐ STROK73

( 1=yes, 2=no, 3=not done, 9=unknown )

b. did scan show focal increased attenuation consistent with intracerebral hemorrhage ?

☐ STROK74

( 1=yes, 2=no, 3=not done, 9=unknown )

28. Has the patient been diagnosed or treated for : ( 1=yes, 2=no, 9=unknown )

- |                                    |                          |         |
|------------------------------------|--------------------------|---------|
| a. Atrial fibrillation             | <input type="checkbox"/> | STROK75 |
| b. Other arrhythmias               | <input type="checkbox"/> | STROK76 |
| c. Claudication in the lower limbs | <input type="checkbox"/> | STROK77 |
| d. Brain tumor                     | <input type="checkbox"/> | STROK78 |
| e. Subdural hematoma               | <input type="checkbox"/> | STROK79 |
| f. Metabolic disorder              | <input type="checkbox"/> | STROK80 |

Specify : \_\_\_\_\_

- g. Other neurological disorder(s) ☐ STROK8]

Specify : \_\_\_\_\_

29. Narrative (Attach photocopies of Discharge summary, Admitting History, and Physical examination.)

### 30. Abstractor Code

			CODE
--	--	--	------

31. Date abstract completed

mo      day      yr    DOC

THE STRONG HEART STUDY  
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

MORBIDITY STUDY  
PERSONAL INTERVIEW FORM I

FORMID:INTERVIEW1

=====

ID number:

IDNO

Community Code:

CC

Social Security Number:

SSN

=====

A. DEMOGRAPHIC INFORMATION :

1. What is your full name? (Last, middle, first)

Last:

INTI\_1

Middle:

INTI\_2

First:

INTI\_3

2. To which IHS Hospital/Clinic do you usually go ? List the one they go most often first. Give names and codes.

Hospital

Chart number

Hospital Code

a.

\_\_\_\_\_ IHS00 \_\_\_\_\_

INTI\_4

b.

\_\_\_\_\_

INTI\_5

c.

\_\_\_\_\_

INTI\_6

d.

\_\_\_\_\_

INTI\_7

3. To which non-IHS Hospital/Clinic do you usually go ?

\_\_\_\_\_

INTI\_8



4. What is the name by which you are known to your friends?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_9

5. If ever married, what was your maiden name?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_10

Since we may need to obtain information from various sources about your medical history, are there any other names which you have used previously that might help us find this information ?

6. Name 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_11

7. Name 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_12

8. What is your current mailing address ?

a. Street/PO Box

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_13

b. City/town

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_14

c. County

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_15

d. State and zip code

--	--	--	--	--	--	--	--	--	--

INTI\_16

INTI\_17

9. What is your residential address ? (Optional)

a. Street Number

---

b. City/town

---

c. State and zip code

---

10. What is your home or evening telephone number and area code ?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_18

11. What is your work or day time telephone number and area code ?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTI\_19

MORBIDITY STUDY  
PERSONAL INTERVIEW FORM II

ID number:

□ □ □ □ □

Social Security Number:

--	--	--	--	--	--	--	--	--

12. Gender (1=male/2=female): .....

□

13. What is your marital status? (Enter up to 3 options)

□ □ □

( Person of Opposite Sex Sharing Living Quarters )

14. What is your date of birth ?

mo      day      yr

15. Since we know that years of education may be a risk factor for some diseases, and that completing education may be more difficult for persons living in rural areas, we need to ask about the years of education you have completed.

How many years of education have you completed ?

--	--

20= Doctorate

Since we are investigating heart disease in the American Indian population, we need to ask about your degree of Indian blood.

16. What do you estimate to be your degree of Indian blood ?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
INT2_5			INT2_6	

17. Blood contents

Write the name of each tribe in the spaces below.

Tribe 1: \_\_\_\_\_

Tribal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INT2\_7

Blood content

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------

INT2\_8 INT2\_9

Tribe 2: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INT2\_10

INT2\_11 INT2\_12

Tribe 3: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INT2\_13

INT2\_14 INT2\_15

Tribe 4: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INT2\_16

INT2\_17 INT2\_18

Tribe 5: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INT2\_19

INT2\_20 INT2\_21

White — non-Hispanic: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------

INT2\_22 INT2\_23

White — Hispanic: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------

INT2\_24 INT2\_25

Other: specify \_\_\_\_\_

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------

INT2\_26 INT2\_27

18. What is your tribe of enrollment? ( Enter name and IHS tribal code )

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

INT2\_28

## B. FAMILY HISTORY :

This section is about the medical history of your family members. Complete the following table for natural mother, natural father, natural siblings, and natural sons and natural daughters.

19. How many natural sons do you have ?

<input type="text"/>	<input type="text"/>
INT2_29	

20. How many natural daughters do you have ?

<input type="text"/>	<input type="text"/>
INT2_30	

## C. SMOKING CIGARETTES :

21. When you were growing up, did your father or male guardian ever smoke cigarettes regularly ? ☐ INT2\_31  
1= yes  
2= no  
3= no father or male guardian  
9= Unknown
22. When you were growing up, did your mother or female guardian ever smoke cigarettes regularly ? ☐ INT2\_32  
1= yes  
2= no  
3= no mother or female guardian  
9= Unknown
23. Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others ? ( If none, fill in zero ) ☐ ☐ INT2\_33
24. Have you smoked at least 100 cigarettes in your entire life ? ☐ INT2\_34  
1= yes  
2= no (skip to Section D)  
9= unknown
25. How old were you when you first started smoking cigarettes fairly regularly ? ☐ ☐ INT2\_35  
Indicate age started smoking.  
00= Never smoked regularly (skip to Section D),  
99= Unknown
26. Do you smoke cigarettes now ? ☐ INT2\_36  
1= yes (skip to Question 28)  
2= no
27. How old were you when you stopped smoking cigarettes ? ☐ ☐ INT2\_37  
Indicate the age stopped smoking.  
99= Unknown

28. On the average, how many cigarettes (did/do) you usually smoke a day ?

INT2\_38

Indicate the number of cigarettes smoked daily

00= Less than one cigarettes per day

99= Unknown

29. For how many years (have you been/were you) a regular smoker, do not include the times you may have stayed off cigarettes ?

INT2\_39

Indicate number of years of regular smoking

00= Less than one year

99= Unknown

#### D. SMOKING - PIPES, CIGARS, AND SMOKELESS TOBACCO :

"Now I would like to ask you some questions about use of regular pipes, cigars, or smokeless tobacco."

30. Do you smoke a pipe NOW ? ( 1 =yes, 2= no )

INT2\_40

31. Do you smoke cigars NOW ? ( 1 =yes, 2= no )

INT2\_41

32. Do you use chewing tobacco/snuff NOW ? ( 1 =yes, 2= no )

INT2\_42

#### E. CAFFEINE :

33. How many cups/glasses of caffeinated beverages (i.e., hot or iced coffee, tea, cocoa or chocolate milk) do you drink per day ? Specify how many cups/glasses per day.

INT2\_43

34. How many soft drinks with caffeine do you drink per day ?

INT2\_44

(Coke, Pepsi, Mountain Dew, TAB, etc.) Specify how many 12oz. cans per day.

#### F. TRADITIONAL VALUES/CULTURE :

35. Can you speak your native language, \_\_\_\_\_ (interviewer should specify the language) ?

INT2\_45

1=yes, fluently

2=yes, but not fluently

3=no

If no, skip to Question 37.



36. How often do you speak your native language ? (Read options)

☐ INT2\_46

- 1= Always
- 2= Almost always
- 3= Often
- 4= Seldom
- 5= Never
- 9= Not applicable

37. How often do you use traditional medicine or herbs for any reason ? (Read options)

☐ INT2\_47

- 1= Always
- 2= Almost always
- 3= Often
- 4= Seldom
- 5= Never
- 9= Not applicable

38. How often do you or your family participate in traditional tribal ceremonies (i.e., the Pipe Ceremony, Naming Ceremony, Prayer Ceremony). (Read options)

☐ INT2\_48

- 1= Always
- 2= Almost always
- 3= Often
- 4= Seldom
- 5= Never
- 9= Not applicable

39. How long have you lived in Indian Country or the reservation ?

☐ ☐ INT2\_49

Enter actual years. ( If " All their lives " then put respondent's age )

40. Have you ever lived outside Indian Country or the reservation ? ( 1= yes, 2=no )

☐ INT2\_50

41. a) If so how long ? Enter appropriate years.

☐ ☐ INT2\_51

b) Have you lived on the reservation or in Indian country for 6 or more months in the last year ?

☐ INT2\_51A

(1=yes, 2=no)

## G. STRESS EVALUATION :

42. How much sleep have you lost because of worry recently ? (Read responses)

☐ INT2\_52

1= None

2= Occasionally

3= Frequently

43. How much strain or stress are you under ? (Read responses)

☐ INT2\_53

1= None

2= Minimal

3= A lot

44. How many open arguments have you had with your relatives in the last 2 weeks ? (Read responses) ☐ INT2\_54

1= None

2= Only minor arguments

3= More than one argument

4= Many arguments

5= Constantly arguing

45. Does any member of your household currently have a problem with alcohol ?

☐ INT2\_55

1=yes, 2=no, 9=don't know/not sure.

46. How many people live in your household ? Enter number in household.

  INT2\_56

## H. ALCOHOL :

"The next few questions are about the use of wine, beer, or liquor, including all kinds of alcoholic beverages".

## READ THE FOLLOWING TO THE PARTICIPANT:

"We are asking these questions about alcohol, because we think alcohol consumption may be related to heart disease. We want to assure you that this information is strictly confidential and that we are not trying to judge your drinking habits and do not intend to report them to anyone."

47. In YOUR ENTIRE LIFE have you had at least 12 drinks of any kind of alcoholic beverage?

☐ INT2\_57

1= yes

2= no (skip to Section I)

48. How long ago did you last drink any kind of alcoholic beverage ?

Indicate number of days, months, or years of their last drink.

Number of days .....

INT2\_58

( if they drank today, fill in zero in days )

OR

Number of months .....

INT2\_59

( if they drank this month, fill in zero in months )

OR

Number of years .....

INT2\_60

( if they drank this year, fill in zero in years )

If more than one year, skip to Question 54.

49. How many drinks of alcoholic beverages do you have in a typical week ?

INT2\_61

Enter 1 for occasional drinkers.

1 qt. of beer = 2.5 drinks

1 pt. of beer = 1.5 drinks

1 pt. of wine = 4 drinks

1 qt. of wine = 8 drinks

0.5 gal. of wine = 16 drinks

1 pt. of hard liquor = 12 drinks

One-fifth of hard liquor = 19 drinks

1 case of beer (12 oz. cans) = 24 drinks

6 pack of beer (12 oz. cans) = 6 drinks

Add up the total number of drinks in a typical week and fill them in the box in Question 49.

Round up to nearest whole number if fraction is greater than or equal to 0.5 .

50. On how many days in a typical month do you have at least one drink ?

INT2\_62

Indicate number of days per month.

51. On the days when you drank any liquor, beer or wine, about how many drinks do you have on the average ? Indicate number of drinks per day.

INT2\_63

52. How many times during the past month did you have 5 or more drinks on an occasion ?

INT2\_64

Indicate times per month. (Enter zero if subject has quit drinking more than one month ago.)

53. How many times during the past year did you have 5 or more drinks on an occasion ?

INT2\_65

Indicate times per year. (Enter zero if subject has quit drinking more than one year ago.)

54. Did you drink a lot in the past ? ( 1=yes, 2=no )

INT2\_66

I. FAMILY INCOME :

55. Do you have enough family income to pay the bills ? ( 1=yes, 2=no )

INT2\_67

56. Of those people who regularly live in your home, how many of them regularly receive food stamps or are on the WIC program ?

INT2\_68

57. Of those people who regularly live in your home, how many of them regularly receive commodity food ?

INT2\_69

58. Which of the following categories best describes your annual household income from all sources ?

Please show a list .

INT2\_70

1= less than 5,000

6= 25,000 to 35,000

2= 5,000 to 10,000

7= 35,000 to 50,000

3= 10,000 to 15,000

8= over 50,000

4= 15,000 to 20,000

9= don't know/not sure

5= 20,000 to 25,000

0= refused

J. ADMINISTRATIVE INFORMATION :

59. How reliable was the participant in completing the questionnaire ?

INT2\_71

1= very reliable

2= reliable

3= unreliable

4= very unreliable

5= uncertain

60. Interviewer

CODE

61. Date

DOC

mo

day

yr

# THE STRONG HEART STUDY

## Morbidity Survey DECISION FORM

=====

ID number:  IDNO

Participant's name: \_\_\_\_\_ NAME

Last First Middle

=====

Disposition: 1. Regular 2. QC case 3. Equivocal case  DISPOS

A. DIAGNOSIS (enter appropriate code number):  FINALDX

1. Definite non-fatal myocardial infarction
2. Possible non-fatal myocardial infarction
3. Definite non-fatal stroke
4. Possible non-fatal stroke
5. Other, specify : \_\_\_\_\_

COMMENT 1

B. Criteria used: (Please check one box in each field)

### 1. MYOCARDIAL INFARCTION

a. PROLONGED CARDIAC PAIN Present  EVENT 1

Absent

b. ECG FINDINGS

Evolving diagnostic ECG

Diagnostic ECG

Equivocal ECG  EVENT 2

Absent, uncodable, or other

c. CARDIAC ENZYMES

Abnormal

Equivocal

Incomplete  EVENT 3

Normal

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENT 2



## 2. STROKE

### a. DIAGNOSTIC EVIDENCE

Unequivocal physician or laboratory

Discharge diagnoses of stroke (431,432,434,436,437)

Neither of above

☐  
☐  
☐

EVENT 4

### b. ONSET/DURATION OF NEUROLOGICAL DEFICIT

Rapid/ > 24 hours

Rapid/ ≤ 24 hours

Protracted/ > 24 hours

Protracted/ ≤ 24 hours

☐  
☐  
☐  
☐

EVENT 5

### c. OTHER CAUSES

Present

Absent

☐  
☐

EVENT 6

COMMENT 3

### d. TYPE OF STROKE:

1. Thrombotic infarction

5. Embolic infarction

2. Subarachnoid hemorrhage

6. Atherosclerotic infarction

3. Intraparenchymal hemorrhage

7. Other, unknown infarction

4. Lacunar infarction

8. Unknown type stroke

☐

EVENT 7

COMMENTS:

COMMENT 4

C. Does the diagnosis in Section A (DIAGNOSIS) agree with your clinical impression?

☐

EVENT 8

1. Yes 2. No

If "No", what is your diagnosis?

COMMENT 5

Why?

COMMENT 6

Coder

☐☐☐

CODE

Date completed

☐☐☐☐☐☐

mo

day

yr

DOC

APPENDIX 18 (b)  
THE STRONG HEART STUDY  
Cardiovascular Disease in American Indians  
Morbidity Survey  
Possible Myocardial Infarction  
ECG Analysis  
Field Sheet

High resolution photocopies of ECGs taken as evidence of a myocardial infarction during the morbidity survey should be arranged in chronological order from earliest to latest. ECG series for each case will be reviewed independently by three cardiologists at the ECG Reading Center (Fitzsimons). When possible, a baseline ECG obtained most recently, but prior to the event in question, should be labeled and included as the top tracing.

ID number:

Community code:

Social Security Number:

 -  - 

1) Baseline ECG

Available : Date

 mo  day  yr

Time (24 hr. clock)

 hr :  min

Not Available :

2) First Prolonged (  $> \frac{1}{2}$  hour ) symptom onset

Available : Date

 mo  day  yr

Time (24 hr. clock)

 hr :  min

Not Available :

3) Record Patient ID number, Date, and Time on each ECG submitted in the above format.

4) Attach this cover sheet to the front of each group of ECGs submitted for analysis.

## Cardiovascular Disease In American Indians

## Medical Records Abstract

FORMID:SHMORB

\*\*\*\*\*

listed as in the IHS utilization tape or hospital discharge codes will be reviewed.

These ICD-9 codes include: 402, 410 to 414, 427, 428, 430-438, 518.4 .

\*\*\*\*\*

ID number:

--


Community code: (see instruction)

--	--	--

Social Security Number:

--	--	--	--	--	--	--	--	--

Degree of Indian blood, record in fractions.



If the fraction is not known, record the code from face of the chart (Item 7)

9

1. Were either of the following events diagnosed between January 1, 1984 and December 31, 1988 ?

a. Possible Myocardial Infarction (events with codes 402, 410 to 414, 427, 428, 518.4)?

9

1=yes, fill out the NEWMI form for each event

2=no.

b. Possible Stroke (events with codes 430-438) ?



1=yes, fill out the NEWSTROKE form for each event

2=no.

If the answers of 1 a, and b are both “NO”, STOP HERE

### Abstractor code

--	--	--

Date abstract completed





5. Hospitalizations.

<p style="text-align: center;">Hospital</p> <p>a. _____</p>	<p style="text-align: center;">Town</p> <p>_____</p>	<p style="text-align: center;">Code</p> <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>																
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6. Enter the ICD-9 code numbers for the hospital discharge diagnoses recorded in all medical records and procedure codes exactly as they appear on the front sheet of the medical record and/or on the discharge summaries. Be sure they are ICD-9 codes. Record diagnoses if no codes are available.

1. 

			.		
--	--	--	---	--	--

7. 

			.		
--	--	--	---	--	--

2. 

			.		
--	--	--	---	--	--

8. 

			.		
--	--	--	---	--	--

3. 

			.		
--	--	--	---	--	--

9. 

			.		
--	--	--	---	--	--

4. 

			.		
--	--	--	---	--	--

10. 

			.		
--	--	--	---	--	--

5. 

			.		
--	--	--	---	--	--

11. 

			.		
--	--	--	---	--	--

6. 

			.		
--	--	--	---	--	--

12. 

			.		
--	--	--	---	--	--

7. Photocopy the discharge diagnoses as they appear on face sheet of medical records and/or discharge summaries for this ADMISSION. Attach copies.

\*\*\*\*\*

If there is mention in the chart that the patient subsequently died prior to 1989,

DON'T forget to fill out the MORTALITY survey form

\*\*\*\*\*

8. Is there a history of a previous myocardial infarction? ( 1=yes, 2=no )

☐

9. If yes,

a. Date of most recent previous event:

--	--

 - 

--	--

 - 

--	--

  
mo                  day                  yr

b. Facility where hospitalized: \_\_\_\_\_

10. Is there any history of angina pectoris or coronary insufficiency ?

☐

(1=yes, 2=no, 8=uncertain, 9=not mentioned)

11. Is there any history of any other chronic ischemic heart disease ?

(1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

12. Is there any history of valvular disease ? (1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

13. Is there any history of coronary bypass surgery? (1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

14. Is there any history of coronary angioplasty? (1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

15. Is there any history of hypertension (high blood pressure) ?

(1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

16. Is there any history of stroke? (1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

If yes, date of most recent event :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

17. Is there a history of congestive heart failure ? (1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

18. Is there a history of diabetes ? (1=yes, 2=no, 8=uncertain, 9=not mentioned)

☐

19. Approximately how long was it from the onset of acute cardiac symptoms (pain in chest, left arm or shoulder or jaw) to arrival at the initial hospital?

☐

0= symptoms did not begin prior to arrival

1= less than 20 minutes,

2= at least 20 minutes, but shorter than an hour,

3= at least one hour, but shorter than 2 hours,

4= at least 2 hours, but shorter than 4 hours,

5= at least 4 hours, but shorter than 6 hours,

6= at least 6 hours, but shorter than 12 hours,

7= at least 12 hours, but shorter than 24 hours,

8= one day or longer

9= not reported

20. Was there mention of an acute coronary heart disease (CHD) event with onset after arrival at the initial hospital? ( 1=yes, 2=no ) ☐

21. If yes, date of in-hospital CHD event:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

22. a. Was there an acute episode(s) of pain or discomfort anywhere in the chest, left arm or shoulder or jaw, either within 72 hours prior to arrival to the initial hospital or in conjunction with the in-hospital CHD event in Question 20 ? ( 1=yes, 2=no, 9=unknown ) ☐

b. Date of onset of pain:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

c. Did this pain or discomfort specifically involve the chest ? ( 1=yes, 2=no, 9=unknown ) ☐

d. Did it last more than 20 minutes ? ( 1=yes, 2=no, 9=unknown ) ☐

e. Was the pain or discomfort diagnosed as having a non-cardiac origin ? ( 1=yes, 2=no, 9=unknown ) ☐

f. If yes, specify: \_\_\_\_\_

g. Was coronary reperfusion (coronary angioplasty, bypass, intravenous or intracoronary thrombolysis) attempted in the first 24 hours after onset of the event ? ( 1=yes, 2=no ) ☐

h. If yes, approximately how long was it between event onset and attempt at reperfusion ? ☐

1= less than one hour,

2= at least 1 hour, but shorter than 2 hours.

3= at least 2 hours, but shorter than 4 hours.

4= at least 4 hours, but shorter than 6 hours.

5= at least 6 hours, but shorter than 8 hours.

6= 8 hours or longer.

9= unknown.

23. For each of the following procedures, if performed during this hospital stay, please enter the appropriate code number and attach a copy of the report, if available.

1=yes, 2=no or not mentioned

- |  |                          |
|--|--------------------------|
| a. Cardiac catheterization                                     | <input type="checkbox"/> |
| b. Coronary angiography  | <input type="checkbox"/> |
| c. Coronary angioplasty  | <input type="checkbox"/> |
| d. Swan-Ganz catheterization                                   | <input type="checkbox"/> |
| e. Echocardiography  | <input type="checkbox"/> |
| f. Coronary bypass surgery                                     | <input type="checkbox"/> |
| g. Intracoronary streptokinase, urokinase, or TPA reperfusion. | <input type="checkbox"/> |
| h. Intravenous streptokinase, urokinase, or TPA reperfusion.   | <input type="checkbox"/> |
| i. Aortic balloon pump   | <input type="checkbox"/> |
| j. Radionuclide scan   | <input type="checkbox"/> |
| k. MRI scan  | <input type="checkbox"/> |
| l. Other: _____  | <input type="checkbox"/> |

24. Were any cardiac enzymes reported within DAYS 1-4 after arrival at the hospital or after in-hospital CHD event ? (1=yes, 2=no)

☐



25. If yes,

a. Is there mention of the patient having either trauma, a cardiac surgical procedure, or rhabdomyolysis within one week prior to measurement of enzymes ? (1=yes, 2=no) ☐

b. If yes, specify the date and reason.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	

c. Reason : \_\_\_\_\_

\*\*\* Ignore the enzyme report corresponding to this trauma or cardiac surgical procedure. \*\*\*

d. Is there any evidence of hemolytic disease during the hospitalization ? ( 1=yes, 2=no ) ☐

\*\*\*\*\* FILL THE ENZYME TEST RESULTS IN THE FOLLOWING PAGE \*\*\*\*\*

26. Were any 12 lead ECG's taken during this admission? ( 1=yes, 2=no ) ☐

\*\*\* If ECGs were taken, attach copies of required ECGs and interpretations, at least one per day. \*\*\*

\*\*\*\*\* (see instructions) \*\*\*\*\*

27. Narrative: (Attach photo-copy of discharge summary, and admitting history and Physical examination.)

28. Abstractor Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

29. Date abstract completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mo		day		yr	



Mortality Survey  
Death Certificate Form

ID number:

\_\_\_\_\_

--	--	--

Social Security Number:

--	--	--	--	--	--	--	--	--

Information from death certificate:

1. Decedent:

- a. Last name:

[illegible]

DCFI

- b. Middle name:

[illegible]

DCF2

- c. First name:

[illegible]

DCF3

2. Death certificate number: (State File Number)

--	--	--	--	--	--	--	--

DCF4

3. Sex: (1=Male/ 2=Female)

1

DCF5

4. Race/Ethnicity:

--	--

DCF6

(1=American Indian/ 2=Hispanic/ 3=White/ 4=Black/ 5=Oriental/ 8=Other/ 9=Unknown)

5. Marital status:

7

DCF7

1= married

2= single

3= separated

4= divorced

5= widowed

9= unknown

6. Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DCF8
mo		day		yr

7. Date of death:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DCF9
mo		day		yr

8. Age at death:

<input type="text"/>	<input type="text"/>	DCF10
----------------------	----------------------	-------

9. Time of death (24 hour clock):

(If "Death Occurred" is missing use "Death Pronounced")

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	DCF11
hr			min		

10. Where did the decedent die?

<input type="text"/>	DCF12
----------------------	-------

1= IHS hospital/clinic in study area

2= non-IHS hospital in study area

3= hospital out of area

4= home

5= other, \_\_\_\_\_

9= location unknown

If died in hospital, fill out Question 11, otherwise skip to Question 12.

11. Name of hospital/clinic or nursing home where death occurred or pronounced.

a. Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DCF13
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	-------

b. City/Reservation:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DCF14
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	-------

c. State:

<input type="text"/>	<input type="text"/>	DCF15
----------------------	----------------------	-------

12. Was an autopsy performed ? ( 1=yes, 2=no, 9=unknown )

<input type="text"/>	DCF16
----------------------	-------

13. Was this a coroner's or medical examiner's case ? ( 1=yes, 2=no, 9=unknown )

<input type="text"/>	DCF17
----------------------	-------

14. If yes, coroner or medical examiner:

a. Last name:

[illegible]

DCFI8

b. First name and middle initial:

[illegible]

DCFI 9

c. Street address:

[illegible]

DCF20

d. City:

[illegible]

DCF2I

e. State-Zip:

--	--	--	--	--	--

DCF22

DCF23

15. Interval between onset and death (for immediate cause of death):

☐

DCF24

1= 5 min. or less

2= 1 hour or less

3= 1 day or less

4= 1 week or less

5= 1 month or less

6= more than 1 month

9= unknown or not recorded

16. Informant listed on death certificate:

a. Last name:

[illegible]

DCF25

b. First name and middle initial:

[illegible]

DCF26

c. Street address:

[illegible]

DCF27

d. City:

[illegible]

DCF28

e. State-Zip:

DCF29

DCF30

9= unknown

[illegible]

DCF32

[illegible]

DCF33

[illegible]

DCF34

[illegible]

DCF35

--	--	--	--	--	--	--	--

DCF36

DCF37

--	--	--	--	--	--

DOC

mo

day

 $\gamma$ 

--	--	--

CODE

THE STRONG HEART STUDY  
Mortality Survey

FINAL DECISION FORM II

=====

ID number:

IDNO

Decedent's name: -----

NAME

Last

First

Middle

=====

Disposition:

1. Regular

2. QC case

3. Equivocal case

☐

DISPOS

A. Cause of death, choose appropriate one.

☐

FD 1

1. Definite fatal myocardial infarction

2. Definite sudden death due to coronary heart disease

3. Definite fatal coronary heart disease

4. Possible fatal coronary heart disease

5. Definite fatal stroke

6. Possible fatal stroke

7. Definite fatal congestive heart failure

8. Possible fatal congestive heart failure

9. Other fatal cardiovascular diseases

10. Other, specify : -----

COMMENT 1

B. Criteria used: (Please check the appropriate boxes)

1. Definite fatal myocardial infarction

FD2 [ ] a. Definite MI within 4 weeks of death by criteria: ( 1=yes, 2=no )

1. Evolving diagnostic ECG, AND/OR

2. Diagnostic ECG and abnormal cardiac enzymes, AND/OR

3. Prolonged cardiac pain and abnormal cardiac enzymes

OR

☐

FD 3

☐

FD 4

☐

FD 5

FD6 [ ] b. Acute MI diagnosed by autopsy

AND

FD7 [ ] c. No known non-atherosclerotic or noncardiac-atherosclerotic that was probably lethal according to death certificate, autopsy report, hospital records, or physician records.



## 2. Definite sudden death due to CHD

FD8 [ ] a. Death witnessed as occurring within 1 hour after the onset of severe cardiac symptoms (prolonged cardiac pain, shortness of breath, fainting) or within 1 hour after the subject was last seen without symptoms.

AND

FD9 [ ] b. No documentation of acute MI within 4 weeks prior to death.

AND

FD10 [ ] c. No known non-atherosclerotic or noncardiac-atherosclerotic process that was probably lethal according to death certificate, autopsy report, hospital records, or physician report.

## 3. Definite fatal CHD

FD11 [ ] a. Death certificate with consistent underlying or immediate causes. AND

FD12 [ ] b. No documentation of definite acute MI within 4 weeks prior to death. AND

FD13 [ ] c. Criteria for sudden death not met (above). AND

FD14 [ ] d. No known non-atherosclerotic or noncardiac-atherosclerotic process or event that was probably lethal according to death certificate, autopsy report, hospital records, or physician records.

AND

FD15 [ ] e(i). Previous history of MI according to relative, physician, or hospital records, or definite or possible MI by criteria. OR

FD16 [ ] e(ii). Autopsy reporting severe atherosclerotic-coronary artery disease or old MI without acute MI ( > 50% proximal narrowing of two major vessels or > 75% proximal narrowing of one more vessel, if anatomic details give. ) OR

FD17 [ ] e(iii). Death occurring greater than 1 and less than or equal to 24 hours after the onset of severe cardiac symptoms or after subject was last seen without symptoms.

## 4. Possible fatal CHD

FD18 [ ] a. No documentation by criteria of definite acute MI within 4 weeks prior to death.

AND

FD19 [ ] b. No documentation by criteria of definite sudden death.

AND

FD20 [ ] c. No documentation by criteria of definite fatal CHD.

AND

FD21 [ ] d. Death certificate with consistent underlying or immediate cause.

AND

FD22 [ ] e. No known non-atherosclerotic or noncardiac-atherosclerotic process that was probably lethal according to death certificate, autopsy report, hospital records, or physician records.

5. Definite fatal stroke (Complete also Section C)

FD23 [ ] a. Cerebral infarction or hemorrhage diagnosed at autopsy.

AND

FD24 [ ] b. No other known disease process or event such as brain tumor, subdural hematoma, subarachnoid hemorrhage, metabolic disorder, or peripheral lesion that could cause localizing neurologic deficit or coma according to death certificate, autopsy, hospital records, or physician records.

OR

FD25 [ ] c. History of rapid onset ( approximately  $< 48$  hours from onset to time of admission or maximum acute neurologic deficit ) of localizing neurologic deficit and/or change in state of consciousness.

AND

FD26 [ ] d. Localized neurologic deficit within 6 weeks of death documented by unequivocal physician or laboratory findings with  $> 24$  hours duration of objective physician findings.

6. Possible fatal stroke (Complete also Section C)

FD27 [ ] a. Death certificate with consistent underlying or immediate cause ( ICD-9, code 431-437 ), but neither autopsy evidence nor adequate pre-terminal documentation of the event.

AND

FD28 [ ] b. No evidence at autopsy examination of the brain, if performed, of any disease process that could cause localizing neurologic signs that would not be connected with cerebral infarction or hemorrhage.

7. Definite fatal congestive heart failure.

Two major criteria or one major and two minor criteria:

a. Major criteria

FD29 [ ] i. Paroxysmal nocturnal dyspnea or Orthopnea

FD30 [ ] ii. Neck vein distention

FD31 [ ] iii. Rales

FD32 [ ] iv. Cardiomegaly

FD33 [ ] v. Acute pulmonary edema

FD34 [ ] vi.  $S_3$  gallop

FD35 [ ] vii. Increased venous pressure  $> 16$  cm water

FD36 [ ] viii. Circulation time  $\geq 25$  seconds

FD37 [ ] ix. Hepatojugular reflux

## b. Minor criteria

- FD38 [ ] i. Ankle edema  
 FD39 [ ] ii. Night cough  
 FD40 [ ] iii. Dyspnea on exertion  
 FD41 [ ] iv. Hepatomegaly  
 FD42 [ ] v. Vital capacity reduced by one third from maximum  
 FD43 [ ] vi. Tachycardia (rate of  $\geq 120/\text{min.}$ )

## c. Major or minor criteria

- FD44 [ ] i. Weight loss  $> 4.5$  kg in 5 days in response to treatment

FD45 d. [ ] No known non cardiac process leading to fluid overload such as renal failure

## 8. Possible fatal congestive heart failure

- FD46 [ ] Death certificate with consistent underlying or immediate cause, but neither autopsy evidence nor adequate pre-terminal documentation of the event.

## 9. Other fatal cardiovascular diseases

- FD47 [ ] i. Death certificate with consistent underlying or immediate cause.

Comment: \_\_\_\_\_

COMMENT 2

## C. TYPE OF STROKE: (To be completed only if "5" or "6" is coded in Section B)

☐ FD48

- |                                |                               |
|--------------------------------|-------------------------------|
| 1. Thrombotic infarction       | 5. Embolic infarction         |
| 2. Subarachnoid hemorrhage     | 6. Atherosclerotic infarction |
| 3. Intraparenchymal hemorrhage | 7. Other, unknown infarction  |
| 4. Lacunar infarction          | 8. Unknown type stroke        |

## D. Does the diagnosis in Section A (Cause of death) agree with your clinical impression?

☐ FD49

1. Yes 2. No

If "No", what is your diagnosis? \_\_\_\_\_

COMMENT 3

Why? \_\_\_\_\_

COMMENT 4

Coder

☐☐☐ CODE

Date completed

☐☐☐☐☐☐ DOC

# PHYSICAL ACTIVITY

## A. ACTIVITY QUESTIONNAIRE - LEISURE PHYSICAL ACTIVITIES

ID number :

IDNO

- 1) In general, about how many HOURS per WEEK did you regularly participate in sports and other strenuous LEISURE physical activities (excluding time spent walking)?

a) during the past year

hrs/wk

PA1A

b) during the past week

hrs/wk

PA1B

- 2) a) Identify all activities done more than 10 times in your lifetime, not including time spent in school physical education classes: Circle all the activities you have participated.

### ACTIVITY CODES:

Running for exercise . . .02	PA2	Racquetball/Handball . . .11	PA11	Hiking through Mts . . .20	PA20
Swimming (laps) . . . .03	PA3	Horseback riding . . . . .12	PA12	Rodeo . . . . .21	PA21
Bicycling . . . . .04	PA4	Hunting . . . . .13	PA13	Other . . . . .22	PA22
Softball/Baseball . . .05	PA5	Fishing . . . . .14	PA14	Other . . . . .23	PA23
Volleyball . . . . .06	PA6	Non-Indian Dancing . . . .15	PA15	Tennis . . . . .24	PA24
Bowling . . . . .07	PA7	Gardening or Yardwork . .16	PA16	Golf . . . . .25	PA25
Basketball . . . . .08	PA8	Weight lifting . . . . .17	PA17	Canoeing . . . . .26	PA26
Skating (roller or ice) .09	PA9	Calisthenics . . . . .18	PA18	Indian Dancing . . . . .27	PA26A
Football/Soccer . . . .10	PA10	Walking for exercise . . . .19	PA19		

- b) List all activities done over the PAST YEAR along with the AVERAGE amount of time spent in each activity:

ACTIVITY	PAST YEAR				PAST WEEK
CODE	#mos	#times/wk	#wk/mos	#hrs/time	# hours
PA27	PA28	PA29	PA30	PA31	PA32
PA33	PA34	PA35	PA36	PA37	PA38
PA39	PA40	PA41	PA42	PA43	PA44
PA45	PA46	PA47	PA48	PA49	PA50
PA51	PA52	PA53	PA54	PA55	PA56
PA57	PA58	PA59	PA60	PA61	PA62
PA63	PA64	PA65	PA66	PA67	PA68
PA69	PA70	PA71	PA72	PA73	PA74
PA75	PA76	PA77	PA78	PA79	PA80
PA81	PA82	PA83	PA84	PA85	PA86
PA87	PA88	PA89	PA90	PA91	PA92

## B. ACTIVITY QUESTIONNAIRE - OCCUPATIONAL ACTIVITY

- 3) In general, about how many HOURS per WEEK did you regularly participate in sports and other strenuous physical activities (excluding walking and time spent in school physical education classes)?

age 12-18    hrs/wk PA93      age 19-34    hrs/wk PA94

age 35-49    hrs/wk PA95      age 50-64    hrs/wk PA96

age 65-74    hrs/wk PA97

- 4) Over the past year, have you had a job that required physically demanding work? (1=yes, 2=no)  PA98

- 5) List all jobs held over the past year for more than one month. Account for all 12 months:

		JOB SCHEDULE: (average of past yr)				JOB ACTIVITIES Was most of this time spent in light activities such as sitting? If yes, enter total # in light activity category. If no, determine how it was spent.		
Job Title*	Job Code#	Walk or bike to work? min/day	mos/yr	da/wk	hr/day	Light	Mod	Hard
	PA99	PAI00	PAI01	PAI02	PAI03	PAI04	PAI05	PAI06
	PAI07	PAI08	PAI09	PAI10	PAI11	PAI12	PAI13	PAI14
	PAI15	PAI16	PAI17	PAI18	PAI19	PAI20	PAI21	PAI22
	PAI23	PAI24	PAI25	PAI26	PAI27	PAI28	PAI29	PAI30

\*if unemployed/retired/housewife during all or part of the past year, list as such and probe for job activities of a normal 8 hour day.

**LIGHT ACTIVITIES**  
(includes all sitting activities)

Sitting  
Standing still w/o heavy lifting  
Light cleaning-ironing,cooking,  
washing,dusting  
Driving a tractor,harvester  
Slow,leisure walking

**MODERATE ACTIVITIES**  
(includes most indoor activity)

Carrying light loads  
Continuous walking  
Heavy cleaning-mopping,sweeping,  
scrubbing,scraping  
Gardening-planting,weeding  
Painting/Plastering  
Plumbing/Welding  
Electrical Work

**HARD ACTIVITIES**  
(heavy industrial work  
outdoor construction,  
heavy farming)

Carrying moderate to heavy  
loads  
Heavy construction  
Farming-hoeing,digging,  
mowing  
Digging ditches  
Chopping (ax)  
Sawing  
Shoveling



- 6) Have you EVER had a job for longer than one year that required physically demanding work? (1=yes, 2=no). If no, skip to Question 7. ☐ PAI31

If yes, how many physically active jobs have you ever held? ☐ ☐ PAI32

What is the TOTAL number of YEARS that you have worked in these physically demanding jobs? (Sum of years) ☐ ☐ PAI33

### JOB CODES #

#### Not Employed:

1. Student
2. Homemaker
3. Retired
4. Disabled
5. Unemployed

#### Employed (or volunteer):

- |                                       |  |
|---------------------------------------|--|
| 6. Professional and technical workers | 12. Non-farm laborers                        |
| 7. Managers, officials, & proprietors | 13. Private household workers                |
| 8. Clerical workers                   | 14. Service workers except private household |
| 9. Sales-worker                       | 15. Farmers and farm managers                |
| 10. Craftsman and foreman             | 16. Farm laborers and foreman                |
| 11. Machine/equipment operator        | 17. Armed Services                           |

### C. ACTIVITY QUESTIONNAIRE - GENERAL QUESTIONS

- 7) Did you ever compete in an individual or team sport (not including any time spent in sports performed during school physical education classes)? (1=yes, 2=no) ☐ PAI34

If yes, how many total YEARS did you participate in sport teams? ☐ ☐ PAI35

- 8) Have you ever spent any time confined to a bed or chair for greater than one month as a result of an injury or an illness? (1=yes, 2=no) ☐ PAI36

If yes, how old were you when you first became confined to bed/chair? ☐ ☐ PAI37

How many MONTHS did confinement to a bed or chair last? ☐ ☐ ☐ PAI38

- 9) In general, about how many HOURS per DAY did you spend watching television? During this past year ☐ ☐ PAI39

past week ☐ ☐ PAI40

- 10) Do you have difficulty doing any of the following activities: (1=yes, 2=no) ☐ PAI41

- a) getting in or out of a bed or chair? ☐ PAI42

- b) walking across a small room without resting? ☐ PAI43

- c) walking for 10 minutes without resting? ☐ PAI43

- 11) Approximately how many HOURS per WEEK do you spend doing moderately vigorous or vigorous housework such as sweeping, vacuuming, scrubbing, chopping wood, etc. (Do NOT include cooking or dusting) ☐ ☐ ☐ PAI44

12) During a typical day (including time spent both at work and at home), how many HOURS do you usually spend,

(a) sleeping at night?

PAI45

(b) napping during the day?

PAI46

(c) walking?

PAI47

(d) carry/lifting moderate or heavy loads (including children)?

PAI48

Interviewer code number

CODE

Reliable Test? (1=yes, 0=no)

PAI49

# ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

ID number:

## Section A: Chest Pain on Effort

1. Have you ever had any pain or discomfort in your chest ?

Yes

☐

If "No", go to Section C.

No

☐

If "Yes", ask next question.

(If during the remainder of Section A an answer is recorded in a box marked \*, go to Section B)

2. Do you get it when you walk uphill, upstairs or hurry ?

Yes

☐

No

\*

☐

Never hurries or walks uphill or upstairs

☐

3. Do you get it when you walk at an ordinary pace on the level ?

Yes

☐

No

☐

4. What do you do if you get it while you are walking ?

Stop or slow down

☐

Carry on

\*

☐

(Record "Stop or slow down" if subject carries on after taking nitroglycerine.)

5. If you stand still, what happens to it ?

Relieved

☐

Not relieved

\*

☐

6. How soon ?

10 minutes or less

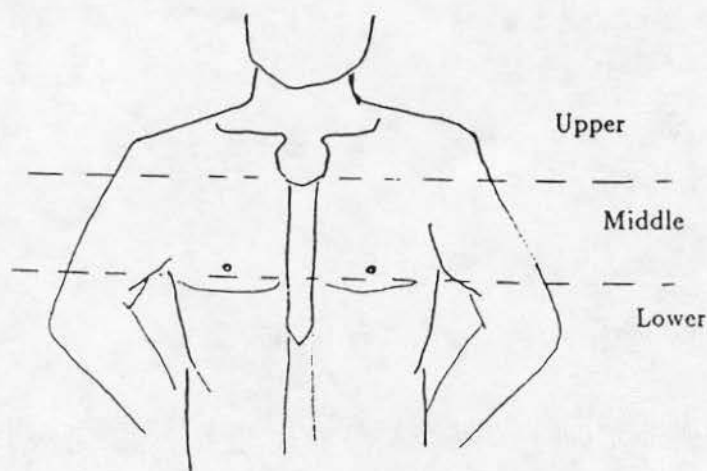
☐

More than 10 minutes

\*

☐

7. Will you show me where it was ? (Record all areas mentioned. Use the diagram below to show the location if participant can not tell exactly.)



Sternum (upper or middle) ☐

Sternum (lower) ☐

Left anterior chest ☐

Left arm ☐

Other \_\_\_\_\_ ☐

8. Do you feel it anywhere else ?

Yes ☐

No ☐

(If "Yes", record additional information below)

=====

## Section B: Possible Infarction

9. Have you ever had a severe pain across the front of your chest lasting for half an hour or more ?

Yes ☐

No ☐

=====

## Section C: Intermittent Claudication

If an answer is recorded in a box marked \*, no further question in this section need be asked.

10. Do you get pain in either leg on walking ?

Yes ☐

No ☐

11. Does this pain ever begin when you are standing still or sitting ?

Yes \* ☐  
No ☐

12. In what part of your leg did you feel it ?

Pain includes calf/calves ☐

Pain does not includes calf/calves \* ☐

If calves not mentioned, ask: Anywhere else and specify.

-----

13. Do you get it if you walk uphill or hurry ?

Yes ☐  
No \* ☐

Never hurries or walks uphill ☐

14. Do you get it if you walk at an ordinary pace on the level ?

Yes ☐  
No ☐

15. Does the pain ever disappear while you are walking ?

Yes \* ☐  
No ☐

16. What do you do if you get it when you are walking ?

Stop or slow down ☐  
Carry on \* ☐

17. What happens to it if you stand still ?

Relieved ☐  
Not Relieved ☐

18. How soon ?

10 minutes or less ☐  
More than 10 minutes ☐

=====

\*\*\* END OF ROSE QUESTIONNAIRE \*\*\*

Code number of person completing this form

Date of data collection

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
mo	day	yr