

«FName» «MName» «LName»«Suffix»
«Str1»
«Str2»
«City», «State» «Zip»

ID#: «ID»

Dear «Prefix» «LName»,

We would like to update the health information that we have on file for you at the Framingham Heart Study. As a participant in the Heart Study, it is important that we have information regarding diagnoses for any significant heart disease, vascular disease, stroke or cancer since we last examined you.

Please complete the enclosed medical history update form. Also, please sign and date the consent form. This procedure will give us permission to obtain the necessary information from the physicians and hospitals where you may have received care. Please inform us if there is any name, address or telephone number change.

If you have questions, please don't hesitate to call Mary Ann Crossen at 1-508-935-3430 or 1-800-854-7582, extension 430.

Thank you for your help.



Sincerely,

Daniel Levy
Director
Framingham Heart Study

I hereby authorize _____

to release to the Framingham Heart Study

OMB#: 0925-0216
Expiration Date: xx/xxxx

For Office Use Only

TYPE	_ _	1=TELEPHONE	2=MAILER	3=ONSITE BONE STUDY	4=ONSITE EBCT	88=OTHER
INTERVIEWER	_ _ _	DATA ENTRY	_ _ _ 1	_ _ _ 2		

ID **«ID»**

DATE OF LAST EXAM OR UPDATE **«Evddate»**

NAME **«FName» «MName»**
«LName»

ADDRESS and PHONE (if changed
since last exam/update) _____

SOCIAL SECURITY NUMBER |_|_|_|_| - |_|_|_| - |_|_|_|_|_|

DATE COMPLETED |_|_|_| - |_|_|_| - |_|_|_|

1. a. First, please tell us who is completing this form:

Framingham Heart Study (FHS) participant whose name is above **(Go to question 3)** Spouse

Family member other than spouse
(Relationship) _____

Friend

Health care provider for FHS participant

Other _____

Go to 1.b

If other than participant, please answer the following questions.

b. Name _____

c. How long have you known the participant?

|_|_| years |_|_| months

d. Are you currently living in the same household with the participant?

yes no

e. How often did you talk with the participant during the prior 11 months? Check one.

- Almost every day
- Several times a week
- Once a week
- 1 to 3 times per month
- Less than once a month
- Unknown / N/A

2. Have you noticed that he/she has had any memory problems or change in personality?

yes no

Specifically:

If response to #2 "yes":

Has there been a diagnosis of dementia or Alzheimer's Disease made by a doctor?

yes no

TO WHOM SHOULD WE SEND A CONSENT FORM TO BE SIGNED SO THAT WE CAN OBTAIN MEDICAL RECORDS?

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

Please go on to the next page

3. Since the date of the last Framingham Heart Study exam or update on the first page of the Medical History Update form, have you seen a doctor or been hospitalized?

yes no If yes, did you have any of the following

problems?

a. Heart Problems, such as:

Yes No (Mark yes or no for each question)

- Chest pain, angina or angina pectoris
- Heart attack or myocardial infarction or MI
- Heart failure or congestive heart failure or CHF
- Atrial fibrillation or atrial flutter
- Heart catheterization or cardiac catheterization
- Heart bypass operation or coronary bypass surgery or CABG
- Procedure to unblock narrowed blood vessels to your heart muscles (PTCA, coronary angioplasty, or coronary stent)

... Other heart problem (pacemaker, valve problem, aorta surgery, ventricular tachycardia, other rhythm problem)
Specify

b. Circulatory Problems, such as:

Yes No (Mark yes or no for each question)

- ... Stroke, TIA (transient ischemic attack), sudden paralysis, vision loss, inability to speak
- Procedure to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty).
- ... Poor blood circulation or blocked or narrowed blood vessels to the legs or feet, (claudication, peripheral arterial disease, gangrene)
- ... Amputation of part of a leg or toes, because of poor circulation or gangrene.
- Blood clot or embolism in leg or lung.
- Other circulatory problem.

Specify

Since the date of the last Framingham Heart Study exam or update on the first page of the Medical History Update form, have you seen a doctor or been hospitalized for the following:

c. Other Neurological Problems

Yes No (Mark yes or no for each question)

- ... Memory problems
... Other neurological problems such as Parkinson's, multiple sclerosis, seizures, head injury. Specify problem_____

Have you had an MRI scan of your brain other than for the Framingham Heart Study?
Name of MRI Facility

Date of MRI |__|__| - |__|__| - |__|__|
Reason for MRI:_____

d. Other Problems

Yes No (Mark yes or no for each question)

- Diabetes If yes, please list medications you take for diabetes

 Cancer Specify type

Physician

Place where biopsy performed_____

Fracture, broken bone (Specify including hip, back, arm, leg,
pelvis,
collarbone, foot, toe and
others)_____

Other Specify problem

Please go on to the next page

4. Since the date of your last Framingham Heart Study exam or update on the first page of the Medical History Update form, have you been admitted to a **HOSPITAL** or gone to an **EMERGENCY ROOM** or seen a **PHYSICIAN** for other than a routine examination?

yes (if yes, please give details) no (go to question 5 on the next page)

Date |__|__| - |__|__| - |__|__|

Type* _____

Reason** _____

Hospital Name _____ Doctor's Name _____

Address _____ Address _____

Date |__|__| - |__|__| - |__|__|

Type* _____

Reason** _____

Hospital Name _____ Doctor's Name _____

Address _____ Address _____

Date |__|__| - |__|__| - |__|__|

Type* _____

Reason** _____

Hospital Name _____ Doctor's Name _____

Address _____ Address

* Type

1. Overnight admission
2. Emergency room visit
loss, inability
3. Day Surgery/Procedure
4. M.D. visit

** Reason

1. Heart problems
2. Stroke or transient ischemic attack (TIA), sudden paralysis, vision
to speak
3. Broken, crushed or fractured bones
4. Cancer or malignant tumor
5. Circulation problem, or blood clots
6. Other reasons (Please specify)

Nursing Home/Rehabilitation Admissions.

5. Have you stayed overnight as a patient in a nursing home, rehabilitation center or transitional care unit (TCU) since the date of your last Framingham Heart Study exam or update on the top of the first page of the Medical History Update form?

yes no (if no, go to Question 8.)

6. Please list the name and location of the nursing home or rehabilitation center and the date you were admitted.

Nursing home/Rehab Center name:

Street address:

City/State/Zip Code

Date you entered the nursing home/rehabilitation center |__|__| - |__|__| - |__|__|

7. Were you an overnight patient in a nursing home, rehabilitation center or transitional care unit (TCU) at any **other** time since your last exam?

yes no

Nursing home/Rehab Center name:

Street address:

City/State/Zip Code

Date you entered the nursing home/rehabilitation |__|__| - |__|__| - |__|__|

Marital Status.

8. What is your **current** marital status? Please check one

- married widowed divorced separated
 single, never married living with partner

Health Status. (Questions 9 and 10 to be filled out only by the participant.)

9. In general, how is your health now?

- Excellent
- Fair
- Poor
- Good
- Don't know

10. Compare your health to most people your own age. Would you say your health is?

- Better
- Worse than most people
- About the same
- Don't know

Primary Care Physician

11. Please list the name and address of your primary care physician.

Name _____

Address _____

YOU MIGHT BE SENT A CONSENT FORM TO SIGN SO THAT WE MAY OBTAIN YOUR MEDICAL RECORDS.