F S I A 1 (1-5)

U8799

O. M. B. 68-S74105

LRC PROGRAM
PREVALENCE FAMILY STUDY

74175

For CPR Use Only

Identification No. (6-16)

In questions 2-14 enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single stroke if the question does not apply.

1. Have you previously had your blood drawn for this study? — 1. 1 No 2 Yes (17)

2. Date of Visit or Interview: Mo. / Day / Year (18-23)

3. Last Name: (24-35)

4. First Name: (36-43)

5. Second Name: (44)

6. Third or Maiden Name: (Code JR, SR, I, II, etc. here) (45-47)

Mailing Address: For Lot or Box numbers, print LOT or BOX in the first three blanks for question 7 and then write the number in question 8.

7. House Number, LOT, or BOX: (48-53)

8. Apartment, Lot, Box Number: (54-58)

9. Street Name, Apt. Complex, Mobile Court Name, or Rural Route (RR) and Number: (59-71)

NEW CARD F S I A 2 (1-5) Dup. Col. 6-16 (6-16)

10. City: (17-29)

11. State *(use abbreviations given in instructions):* (30-31)

12. Zip Code: (32-36)

13. Social Security Number: (37-45)

14. Birthdate: (46-51) Mo. / Day / Year

CPR Number (52-57)

15. 1 2 (58)

16. 1 2 3 4 5 (59)

17. 1 2 3 9 (60)

18. 1 2 3 4 9 (61)

19. 1 2 3 4 5 6 7 9 (62)

20. 1 2 9 (63)

20. Delivery Date:

21. 1 2 9 (64)

22.
a. 1 2 9 (65)
b. 1 2 9 (66)
c. 1 2 9 (67)
d. 1 2 9 (68)

23.
a. (69)
b. (70)

24. Occupation Title:

Code: (71-72)

25. (73-74)

26. 1 2 (75)

NEW CARD F S I A 3 (1-5) DUP. COL. 6-16

27a. (17-25)

28. (26-27)

Go to Question 29, Page 2

In questions 15-22 circle the number on the answer sheet which most closely corresponds to the subject's response.

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15. Sex:

1 Male? . . . . . .

2 Female? . . . . . .

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16. Have you ever been married?

1 No . . . . . .

If "Yes," ask: "What is your present status?"

2 Married . . . . . .

3 Separated . . . . . .

4 Divorced . . . . . .

5 Widowed . . . . . .

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17. Were you born in--

1 United States? . . . . . .

2 Canada? . . . . . .

3 British Isles? . . . . . .

9 Other? . . . . . .

---

18. Of which racial group are you a member?

1 White . . . . . .

2 Negro or Black . . . . . .

3 Oriental . . . . . .

4 American Indian . . . . . .

9 Other . . . . . .

---

19. Is your origin or descent—

1 Mexican? . . . . . .

2 Puerto Rican? . . . . . .

3 Cuban? . . . . . .

4 Central or South American? . .

5 Other Spanish? . . . . . .

6 Italian? . . . . . .

7 Other European? . . . . . .

9 None of these or unknown? . . .

---

20. Are you pregnant?

1 No or male . . . . . .

2 Yes *(specify delivery date in rightmost column of answer sheet)*

9 No answer or unknown . . . . .

---

21. Are you taking oral contraceptives, estrogens, or pills for hot flashes or to regulate period?

1 No or male . . . . . .

2 Yes . . . . . .

9 No answer or unknown . . . . . .

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22. Within the past week have you taken medication prescribed by your physician for--

a. High blood pressure?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

b. High blood sugar?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

c. High uric acid or gout?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

d. High cholesterol, triglycerides or blood fats?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

---

23. *Code the number corresponding to the most appropriate category from the list provided.*

Ask: "Who is the head of your household?" *Then ask--*

a. How much education has this person had? . . .

b. How much education have you had? . . . . . .
Mark through the box with a single horizontal stroke if the subject is head of household.

Code	Category *(see instructions for explanation)*
1	Graduate and professional training (college grads only)
2	College graduate
3	Partial college training (at least 1 year)
4	High school graduate
5	Partial high school (complete tenth grade)
6	Junior high school (7-9 grade)
7	Less than 7 years of school
9	Unknown

24. What is the usual occupation of your head of household? *Print a descriptive occupation title in the boxes on the answer sheet except for those occupations that may be coded as 08, 09, 10, or 99*

Code	Category *(see instructions for explanation)*
01	High executives, proprietors of large concerns, major professionals
02	Business managers, proprietors of medium-sized businesses, lesser professionals
03	Administrative personnel, small independent businesses, minor professionals
04	Clerical and sales workers, technical workers, owners of little businesses
05	Skilled manual employees
06	Machine operators and semi-skilled employees
07	Unskilled employees and small farmers
08	Unemployed for more than two (2) years
09	Student
10	Housewife
99	Unknown

---

25. When was the last time you took anything by mouth excepting water? *(See instructions for use of wheel to determine fasting time.)*

---

26. Is subject present

1 = Yes

2 = No

If a question does not apply, mark through the boxes for that question with a single horizontal stroke. If the father's or mother's name is unknown, mark through the boxes for all four parts of the unknown name.

Subject's father:

29. Last Name: (28-39)

30. First Name: (40-47)

31. Second Name: (48)

32. Third Name *(Code JR, SR, I, II, etc. here):* (49-51)

33. Age of father now or at time of death: (52-54)

34. Are you an adoptive, foster, or stepchild of this person? 34.

1 No 1

2 Yes 2

9 No answer, uncertain or unknown 9 (55)

Subject's mother:

35. Last Name: (56-67)

36. First Name (68-75)

37. Second Name: (76)

38. Third or Maiden Name: (77-79)

NEW CARD F S I A 4 (1-5) Dup. Col. 6 through 16 (6-16)

39. Age of mother now or at time of death: (17-19)

40. Are you an adoptive, foster, or stepchild of this person? 40.

1 No 1

2 Yes 2

9 No answer, uncertain, or unknown .. 9 (20)

41. Initials and code number of person completing section I: 41. Code Number

a. Initials: _____ b. (21-22)

II. CARDIOVASCULAR HISTORY

42. 42.

a. Has your doctor ever said you had a stroke (apoplexy, cerebral vascular accident)? a.

1 No 1

2 Yes 2

9 Uncertain 9 (23)

If "No" or "Uncertain," go to question 43.

b. Age at time of first stroke? b. (24-25)

c. Were you hospitalized for your most recent stroke? c.

1 No 1

2 Yes 2

9 Uncertain 9 (26)

If "Yes" or "Uncertain," have subject sign a Hospital Information Release Form.

Section A: Chest Pain on Effort

If during Section A an answer marked with an asterisk (*) is circled, proceed directly to Section B, question 52.

43. 43.

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

1 No 1

2 Yes 2 (27)

If "Yes," go to question 44.

b. *If "No," ask:* Have you ever had any pressure or heaviness in your chest? b.

1 No 1

2 Yes 2 (28)

If "No," proceed to question 54.

44. Do you get it when you walk uphill or hurry? 44.

1 No* 1*

2 Yes 2

9 Never hurries or walks uphill 9 (29)

45. Do you get it when you walk at an ordinary pace on the level? 45.

1 No 1

2 Yes 2

(30)

46. What do you do if you get it while you are walking? — 46.
- 1 Stop or slow down 1
- 2 Carry on* 2* (31)

Circle "1" "Stop or slow down," if subject carries on after taking nitroglycerine.

47. If you stand still, what happens to it? — 47.
- 1 Relieved 1
- 2 Not relieved* 2* (32)

48. How soon? — 48.
- 1 Ten minutes or less 1
- 2 More than ten minutes* 2* (33)

49. Will you show me where it was? — 49.

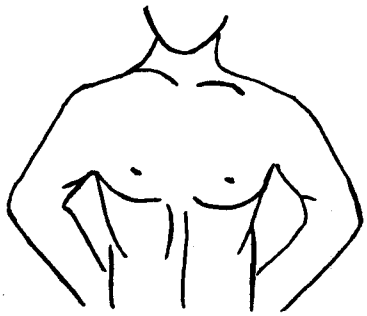
a. Sternum (upper or middle)? — a.
- 1 No 1
- 2 Yes 2 (34)

b. Sternum (lower)? — b.
- 1 No 1
- 2 Yes 2 (35)

c. Left anterior chest? — c.
- 1 No 1
- 2 Yes 2 (36)

d. Left arm? — d.
- 1 No 1
- 2 Yes 2 (37)

e. Other *(If "Yes," mark on diagram).* — e.
- 1 No 1
- 2 Yes 2 (38)



50. Do you feel it anywhere else? — 50.
- 1 No 1
- 2 Yes 2 (39)

If "Yes," record additional information in question 49 above.

51. — 51.

a. Did you see a doctor because of this pain (or discomfort)? — a.
- 1 No 1
- 2 Yes 2 (40)

b. *If "Yes," ask:* What did he say it was? — b.
- 1 Angina 1
- 2 Other 2 (41)

Section B: Possible Infarction

If an answer marked with an asterisk (*) is circled in this section, proceed to Section C, question 54.

52. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? — 52.
- 1 No* 1*
- 2 Yes 2 (42)

53. — 53.

a. Did you see a doctor because of this pain? — a.
- 1 No* 1*
- 2 Yes 2 (43)

b. What did he say it was? — b.
- 1 Heart attack 1
- 2 Other disorder 2 (44)

If "Heart attack," go to question 54b.

Section C: Infaraction and Intermittent Claudication

If an answer marked with an asterisk (*) is circled in this section, go directly to section III.

54. — 54.

a. Have you ever had a heart attack? — a.
- 1 No 1
- 2 Yes 2
- 9 Uncertain or unknown 9 (45)

If "No," go to question 55.

b. How old were you when you had your first heart attack? — b. [ ][ ] (46-47)

54. Continued
c. Were you hospitalized for your most recent heart attack?

	54. c.	
1 No	1	
2 Yes	2	
9 Uncertain	9	(48)

If "Yes" or "Uncertain," have subject sign a Hospital Information Release Form

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

	55.	
1 No*	1*	
2 Yes	2	(49)

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

	56.	
1 No	1	
2 Yes*	2*	(50)

57. In what part of the leg do you feel it?

	57.	
1 Pain includes calf/calves	1	
2 Pain does not include calf/calves*	2*	(51)

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

	58.	
1 No*	1*	
2 Yes	2	
9 Never hurries or walks uphill	9	(52)

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

	59.	
1 No	1	
2 Yes	2	(53)

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

	60.	
1 No	1	
2 Yes	2	(54)

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

	61.	
1 Stop or slow down	1	
2 Carry on*	2*	(55)

62. What happens to it if you stand still?

	62.	
1 Relieved	1	
2 Not relieved*	2*	(56)

63. How soon?

	63.	
1 10 minutes or less	1	
2 More than 10 minutes	2	(57)

III. PHYSICAL CHARACTERISTICS FROM SUBJECT *(To be asked of all subjects.)*

64. What is your height in inches?	64. [ ][ ]	(58-59)
65. What is your weight in pounds?	65. [ ][ ][ ]	(60-62)

IV. PHYSICAL CHARACTERISTICS AT CLINIC *(To be done for all subjects who come to the clinic.)*

66. Height (in cm.)	66. [ ][ ][ ] • [ ] cm	(63-66)
67. Weight (in kg.)	67. [ ][ ][ ] • [ ] kg	(67-70)

V. URINE PROTEIN

68. Urine Protein (dipstick reading)

	68.	
1 Negative	1	
2 Trace	2	
3 30 mg% or +	3	
4 100 mg% or ++	4	
5 300 mg% or +++	5	
6 1000 mg% or ++++	6	
9 Not done	9	(71)

If the urine protein is 3+ or greater, be sure the subject gets a 24 hour urine collection container and instructions.

69.
a. Are you on a special diet?

	69. a.	
1 No	1	
2 Yes	2	(72)

b. *If "Yes" to 69.a, ask:* Are you on any of these kinds of diets?

	69. b. No	Yes	
i. Weight reducing?	1	2	(73)
ii. Diabetic?	1	2	(74)
iii. Bland?	1	2	(75)
iv. Fat Modification?	1	2	(76)
v. Low Cholesterol?	1	2	(77)
vi. Other?	1	2	(78)

NEWCARD [F][S][I][A][5] (1-5) Dup. Col. 6 through 16 (6-16)

VI. LAB DATA

70. Standing plasma test:
a. Chylomicron layer:

	70. a.	
1 Present	1	
2 Absent	2	
9 Not done	9	(17)

70. Continued
b. Appearance of plasma:
1 Clear 1
2 Turbid 2
9 Not done 9 (18)

71. Cholesterol:
Record in mg%.
71. [ ][ ][ ][ ] mg % (19-22)

72.
a. Triglycerides:
Record in mg%
72. a. [ ][ ][ ][ ][ ] mg% (23-27)
b. Triglyceride blank:
To be done only if triglyceride value is greater than 300 mg%.
b. [ ][ ][ ] mg % (28-30)

73. Record the date the lipid determinations were performed in the lab.
73. [ ][ ] / [ ][ ] / [ ][ ]
Month Day Year (31-36)

74. Lipoprotein quantification
a. Floating beta present?
74. a.
1 No 1
2 Yes 2
9 Not done 9 (37)
b. Sinking prebeta present?
b.
1 No 1
2 Yes 2
9 Not done 9 (38)
c. Cholesterol in: *Record in mg%.*
c.
1 1.006 Infranate (B) ..... 1 [ ][ ][ ][ ] mg% (39-42)
2. HDL ..... 2. [ ][ ][ ][ ] mg% (43-46)
3. LDL (1.006B-HDL) ..... 3. [ ][ ][ ][ ] mg% (47-50)
4. VLDL (plasma chol.-1.006B) 4. [ ][ ][ ][ ] mg% (51-54)
d. *Record the date the lipoprotein quantification was performed in the lab.*
d. [ ][ ] / [ ][ ] / [ ][ ]
Month Day Year (55-60)

75. Hematocrit:
75. [ ][ ] (61-62)

76. Initials and code number of person completing section VI.
a. Initials: _____
76. Code Number
b. [ ][ ] (63-64)

****

For subjects being interviewed by telephone obtain the name, address, and telephone of the physician or other medical facility where a blood sample can be drawn.

Name: _____

Address: _____

_____

_____

Telephone: _____

****

Version 74178

O.M.B. 68-S74105

F S U A 1 (1-5)

Subject ID Number (6-16)

POST FAMILY STUDY LAB SHEET

Version A

Microfilm Number (42-47)

I. *Enter the subject's name beginning with the leftmost box; then enter the subject's first and second initials in the boxes labeled "Initials." Enter all letters as capitals.*

1. Last name: (17-28)

Initials: 1st 2nd (29-30)

2. Date form completed: Month / Day / Year (31-36)

3. Code number of person completing form: (37-38)

II. POST HEPARIN LIPASE ACTIVITY (PHLA): *To be completed on all subjects suspected to be either Type I or Type V.* Refer to the *Lab Methods Manual for instruction.*

4. When was the last time you took anything by mouth excepting water? *Use fasting wheel to determine fasting time.*

If fasting time is less than 12 hours, schedule the subject for another appointment.

4. (39-40)

5. Post heparin lipase activity (PHLA)?

1 Absent	1	
2 Present	2	
9 Uncertain	9	(41)

5.

III. 24-HOUR URINE PROTEIN:
To be completed if subject has a dipstick reading of 3+ or above at the Family Study screen (item 68 of Family Study Interview Form). Refer to the Lab Methods Manual for instructions.

6. Date sample collected *(First day of sample collection):* Month / Day / Year (48-53)

7. Total volume: 7. ml (54-57)

8. Total protein concentration: 8. . Mgm/100 ml (58-60)

9. Serum albumin: 9. . gm/100 ml (61-63)

Version 74178

FIRST-DEGREE RELATIVES
LINKING FORM
FAMILY STUDY

Proband's Identification Number
(From Visit 1 Interview Form)

For CPR Use Only

1. Proband's name _____ Telephone _____

Address _____ Age _____

Write in the names of both parents even if one or both are not living. Write in the names, addresses, telephone numbers, and ages for children, brothers, and sisters even if they are now deceased. In each case circle each appropriate response to the right of the names and addresses.

2. Father _____ Natural
Address _____ Other
_____ Living
Telephone _____ Age _____ Deceased

3. Mother _____ Natural
Address _____ Other
_____ Living
Telephone _____ Age _____ Deceased

4. Present Spouse _____
Address _____
_____
Telephone _____ Age _____

a. If proband has never been married, go to item 6;

b. If proband is married and this is the first marriage, complete items 5 and 6;

c. If proband is now married and has previously been married, complete items 5, 6, and a Previous Marriage Form;

d. If proband is single but has previously been married, complete item 6 and a Previous Marriage Form.

5. CHILDREN BY PRESENT MARRIAGE PARTNER ONLY

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

6. SIBLINGS *(Indicate Twins by "T" Preceding name)*

Name _____ Sister
Living? ____ Age/Age at Death ____ Brother
Address _____ Half-Sister
_____ Half-Brother
Telephone _____ Other

Name _____ Sister
Living? ____ Age/Age at Death ____ Brother
Address _____ Half-Sister
_____ Half-Brother
Telephone _____ Other

Name _____ Sister
Living? ____ Age/Age at Death ____ Brother
Address _____ Half-Sister
_____ Half-Brother
Telephone _____ Other

Name _____ Sister
Living? ____ Age/Age at Death ____ Brother
Address _____ Half-Sister
_____ Half-Brother
Telephone _____ Other

Name _____ Sister
Living? ____ Age/Age at Death ____ Brother
Address _____ Half-Sister
_____ Half-Brother
Telephone _____ Other

If additional space required for children or siblings, use continuation sheet.

Version 74178

Proband's Identification Number
(From Visit 1 Interview Form)

FIRST-DEGREE RELATIVES
PREVIOUS MARRIAGE FORM
FAMILY STUDY

For CPR Use Only

1. Proband's Name _____ Number of Previous Marriages _____

For each previous marriage the proband has had, complete the following sections giving the names, addresses, telephone numbers, and ages of the previous spouses even if they are now deceased. The same information should be given for all children by each marriage. In each case circle each appropriate response to the right of the names and addresses.

2. _____ Marriage

Spouse _____ Living
Address _____ Deceased
_____ Divorced
Telephone _____ Age _____ Widowed

3. CHILDREN BY _____ MARRIAGE PARTNER ONLY

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

4. _____ Marriage

Spouse _____ Living
Address _____ Deceased
_____ Divorced
Telephone _____ Age _____ Widowed

5. CHILDREN BY _____ MARRIAGE PARTNER ONLY

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

Name _____ Male
Living? _____ Age/Age at Death _____ Female
Address _____ Natural
_____ Other
Telephone _____

T C F A 1 (1-5)

TYPE III CONFIRMATION FORM
LRC FAMILY STUDY

(Instructions On Back of NCR Copy)

OMB 68-S76105

FOR CPR USE ONLY (58-63)

1 Family Study ID Number (6-16)	2 Date Sample Drawn (17-22)	3 Date Sample Certrifuged (23-28)	4 Dilution (29-30)	5 Sample Status	6 Agarose	7 Paper	8 Polyacrylamide
	Month Day Year	Month Day Year		Top (31) Bottom (32) WP (33)	(34) (35) (36) Date Test Performed Month Day Year (37-42)	(43) (44) Date Test Performed Month Day Year (45-50)	(51) Date Test Performed Month Day Year (52-57)
NEW CARD DUPLICATE COLUMNS 1-5 (6-16)	(17-22) Month Day Year	(23-28) Month Day Year	(29-30)	Top (31) Bottom (32) WP (33)	(34) (35) (36) Date Test Performed Month Day Year (37-42)	(43) (44) Month Day Year (45-50)	(51) Date Test Performed Month Day Year (52-57)
NEW CARD DUPLICATE COLUMNS 1-5 (6-16)	(17-22) Month Day Year	(23-28) Month Day Year	(29-30)	Top (31) Bottom (32) WP (33)	(34) (35) (36) Month Day Year (37-42)	(43) (44) Month Day Year (45-50)	(51) Month Day Year (52-57)

comments

Version 75041

O.M.B. 68-S74105

FAMILY STUDY TRANSCRIPTION NOTIFICATION FORM

F	S	T	A	1

(1-5)

For CPR Use Only (67-72)

INSTRUCTIONS: If a subject who is eligible for Family Study screening and who has completed Visit 1 and/or Visit 2 of the Prevalence Study and who refuse to be screened for the Family Study, then the Prevalence data available may be transcribed to a Family Study Interview Form. For each subject who has data transcribed, complete the following information. (Refer to sample for examples of coding.)

Family ID Number (6-16)	Prevalence ID Number (17-25)	Date of Visit 1 (26-31)	Date of Visit 2 (32-37)	Date of Visit 2 Lab Analyses (38-43)

Last Name (44-55)	First Name (56-65)	Middle Initial (66)

Family ID Number (6-16)	Prevalence ID Number (17-25)	Date of Visit 1 (26-31)	Date of Visit 2 (32-37)	Date of Visit 2 Lab Analyses (38-43)

Last Name (44-55)	First Name (56-65)	Middle Initial (66)

Family ID Number (6-16)	Prevalence ID Number (17-25)	Date of Visit 1 (26-31)	Date of Visit 2 (32-37)	Date of Visit 2 Lab Analyses (38-43)

Last Name (44-55)	First Name (56-65)	Middle Initial (66)

Family ID Number (6-16)	Prevalence ID Number (17-25)	Date of Visit 1 (26-31)	Date of Visit 2 (32-37)	Date of Visit 2 Lab Analyses (38-43)

Last Name (44-55)	First Name (56-65)	Middle Initial (66)