

Supplementary material [posted as supplied by author]

Appendix 2

Original MCE data collection forms

Data collection forms for the Minnesota Coronary Experiment

MINNESOTA CORONARY SURVEY FORM 01		ADMISSION TO STUDY				Tech Signature
COLS.	CODE				ITEM	
1-6					Hospital and Number	
7-15					Last Name	
16-22					First Name	
23					Middle Initial	
24-26					Hospital Address	
27					Sex 1-Male 2-Female	
28-33					Birthdate (mo. day yr.)	
34-39					Date Admitted to Hospital (mo. day yr.)	
40-45					Date Blood Drawn (mo. day yr.)	
46-50					Serum Number	
51-53					Serum Location (Tray Number)	
54-59					Date ECG Recorded (mo. day yr.)	
60-62					ECG Tape Number	
63-64					Height (To nearest inch)	
65-67					Weight (To nearest pound)	
68-73	Systolic	Diastolic			Blood Pressure (Left arm, mm Hg)	
74					Arcus Senilis 1-Yes 2-No	
75					Xanthelasma 1-Yes 2-No	
76					Remarks 1-Yes 2-No	
					If Yes:	
78-80	0	1	1		Card Number	

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MINNESOTA
CORONARY SURVEY
FORM 01

ADMISSION TO STUDY

Tech Signature

COLS.	CODE	ITEM
		Name
1-6		Hospital and Number
7		Previous Admission to any Minnesota State Mental Hospital 1-Yes 2-No
8-13		If yes, last Hospital and Number
14-19		If yes, Date of Discharge (mo. day yr.)
20		Pre-Hospital Residence 1-Urban 2-Small Town 3-Rural Non Farm 4-Farm 5-Unknown
21		Number of Heart Attacks
22-23		Year of Last Heart Attack
24		Number of Strokes
25-26		Year of Last Stroke
27		Diabetic 1-Yes 2-No
28		If yes, Treatment 1-Insulin 2-Oral Agent 3-Diet 4-Unknown 5-None
29		Present Physical Activity 1-Sedentary 2-Moderate 3-Active
		Present Smoking Habits
30-31		Cigars, Number Smoked Per Day 99-Unknown
32-33		Pipe, Pipefuls Smoked Per Day 99-Unknown
34-35		Cigarettes, Number Smoked Per Day 99-Unknown
		Past Cigarette Smoking Habits
36		Ever Smoked Cigarettes More Heavily in Past? 1-Yes 2-No 3-Unknown
37-38		If yes, Maximum Number Smoked Per Day 99-Unknown
39-40		Year in Which Present Smoking Pattern Began 99-Unknown
72-77		Location of Form in File
78-80	0 1 2	Card Number Verified By Date

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MINNESOTA
CORONARY SURVEY
FORM 02

ROUTINE FOLLOW-UP EXAMINATION

Tech Signature

COLS.	CODE						ITEM
							Name
1-6							Hospital and Number
7-11							Previous Hospital Number, If Above Changed
12-14							Hospital Address
15-17							Routine Follow-Up Examination Number
18-23							Date Blood Drawn (mo. day yr.)
24-28							Serum Number
29-31							Serum Location (Tray Number)
32-37							Date ECG Recorded (mo. day yr.)
39-40							ECG Tape Number
41-43							Weight (to nearest pound)
44-49	Systolic		Diastolic				Blood Pressure (Left arm, mm Hg)
50							Diabetic 1-Yes 2-No
51							If yes, Treatment 1-Insulin 2-Oral Agent 3-Diet 4-Unknown 5-None
52							Present Physical Activity 1-Sedentary 2-Moderate 3-Active
							Present Smoking Habits
53-54							Cigars, Number Smoked Per Day 99-Unknown
55-56							Pipe, Pipefuls Smoked Per Day 99-Unknown
57-58							Cigarettes, Number Smoked Per Day 99-Unknown
59							Remarks 1-Yes 2-No
							If Yes:
72-77							Location of Form in File
78-79				0	2		Form Number
							Verified By
							Date

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MINNESOTA
CORONARY SURVEY
Form 03

DAILY PATIENT MOVEMENT

Tech. Signature _____

DATE (Day Ending Midnight)

HOSPITAL _____

Col. 1 - 6

List all patient movement into, out of and within the hospital each day

Previous Hosp & No	Present Hosp & No	Last Name, F. I.	Movement	New Hosp Address	Comments
7-12	13-18		19-20	21-23	
25-30	31-36		37-38	39-41	
43-48	49-54		55-56	57-59	
61-66	67-72		73-74	75-77	
7-12	13-18		19-20	21-23	
25-30	31-36		37-38	39-41	
43-48	49-54		55-56	57-59	
61-66	67-72		73-74	75-77	

- | | |
|---|---|
| 01 Admitted to hospital | 16 Returned from temporary medical transfer |
| 02 Readmitted to hospital, yes Form 11 | 17 Transferred to sick bay |
| 03 Readmitted to hospital, no Form 11 | 18 Transferred out of sick bay |
| 04 Final discharge from hospital | 19 Left for visit before breakfast |
| 05 Provisional discharge from hospital | 20 Left for visit after breakfast |
| 06 Died in hospital | 21 Left for visit after lunch |
| 07 Died on visit or discharge | 22 Left for visit after dinner |
| 08 Unauthorized absence from hospital | 23 Returned from visit before breakfast |
| 09 Returned from unauthorized absence | 24 Returned from visit before lunch |
| 10 Temporary medical transfer to Anoka | 25 Returned from visit before dinner |
| 11 Temporary medical transfer to Rochester | 26 Returned from visit after dinner |
| 12 Temporary medical transfer to General | 27 Hospital address changed |
| 13 Temporary medical transfer to University | 28 Missed breakfast |
| 14 Temporary medical transfer to Willmar Inebriate | 29 Missed lunch |
| 15 Temporary medical transfer to Moose Lake Inebriate | 30 Missed dinner |
| | 31 Temporary medical transfer to local hospital |

Col 78-79

Form Number

03

Edited by _____ Date _____

Original to Data Center

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Attending
Physician

Name		CODE				ITEM	
COLS.							
1-6							Hospital and Number
7-12							Date of Death (mo. day yr.)
	Yes	No	Question- able	Unknown			Signs and Symptoms Prior to Death
13	1	2	3	4			Shock (Systolic Blood Pressure below 90 mm Hg)
14	1	2	3	4			Rhythm Disturbance
15	1	2	3	4			Chest Discomfort
16	1	2	3	4			History of Angina Pectoris
17	1	2	3	4			Acute Congestive Heart Failure
18	1	2	3	4			Chronic Congestive Heart Failure
19	1	2	3	4			Convulsive Seizure
20	1	2	3	4			Stertorous Breathing
21	1	2	3	4			Facial Asymmetry
22	1	2	3	4			Stiff Neck
23	1	2	3	4			Headache
24	1	2	3	4			Aphasia or Dysarthria
25	1	2	3	4			Dysphagia
26	1	2	3	4			Flaccidity of or Inability to Move Limbs
27-30	RArm	RLeg	LArm	LLeg			Circle Which Limbs
31	1	2	3	4			Conjugate Deviation of Eyes
32							Which Direction? 1-Right 2-Left
33							Duration of Acute Symptoms
							1-Less than one hour 2-One to 24 hours
							3-More than 24 hours 4-Unknown
34	1	2					Electrocardiogram Recorded?
35	1	2					Blood Drawn for LDH Determination?
36	1	2	3	4			Clinical Diagnosis of Cause of Death
37	1	2	3	4			Acute Myocardial Infarction
38	1	2	3	4			Cerebral Hemorrhage
39-43							Cerebral Thrombosis
44-59							Other:
							Other Major Diagnoses
60	1	2					Autopsy Performed?
61-64							If yes, Autopsy No. By Whom?
65	1	2					Heart and Aorta sent to University
66	1	2					Brain sent to University
67-72							Location of Form in File
78-79					0	5	Form Number Verified By Date

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Name

Attending
Physician

COLS.

CODE

ITEM

1-6

Hospital and Number

7-12

Date of Death (mo. day yr.)

Yes No Question-
able Unknown

Signs and Symptoms Prior to Death

13

1

2

3

4

Shock (Systolic Blood Pressure below 90 mm Hg)

14

1

2

3

4

Rhythm Disturbance

15

1

2

3

4

Chest Discomfort

16

1

2

3

4

History of Angina Pectoris

17

1

2

3

4

Acute Congestive Heart Failure

18

1

2

3

4

Chronic Congestive Heart Failure

19

1

2

3

4

Convulsive Seizure

20

1

2

3

4

Stertorous Breathing

21

1

2

3

4

Facial Asymmetry

22

1

2

3

4

Stiff Neck

23

1

2

3

4

Headache

24

1

2

3

4

Aphasia or Dysarthria

25

1

2

3

4

Dysphagia

26

1

2

3

4

Flaccidity of or Inability to Move Limbs

27-30

RArm

RLeg

LArm

LLeg

Circle Which Limbs

31

1

2

3

4

Conjugate Deviation of Eyes

32

Which Direction? 1-Right 2-Left

33

Duration of Acute Symptoms

1-Less than one hour 2-One to 24 hours
3-More than 24 hours 4-Unknown

34

1

2

Electrocardiogram Recorded?

35

1

2

Blood Drawn for LDH Determination?

36

1

2

3

4

Clinical Diagnosis of Cause of Death

37

1

2

3

4

Acute Myocardial Infarction

38

1

2

3

4

Cerebral Hemorrhage

39-43

Cerebral Thrombosis

44-59

Other:

Other Major Diagnoses

60

1

2

Autopsy Performed?

61-64

If yes, Autopsy No.

By Whom?

65

1

2

Heart and Aorta sent to University

66

1

2

Brain sent to University

67-72

Location of Form in File

78-79

0

5

Form Number

Verified By

Date

Name

Attending
Physician

COLS.

CODE

ITEM

1-6

Hospital and Number

7-12

Date of Onset of Acute Illness

Yes No Question-
able Unknown

Signs and Symptoms:

13

1 2 3 4

Shock (Systolic Blood Pressure below 90 mm Hg)

14

1 2 3 4

Rhythm Disturbance

15

1 2 3 4

Chest Discomfort

16

1 2 3 4

History of Angina Pectoris

17

1 2 3 4

Acute Congestive Heart Failure

18

1 2 3 4

Chronic Congestive Heart Failure

19

1 2 3 4

Convulsive Seizure

20

1 2 3 4

Stertorous Breathing

21

1 2 3 4

Facial Asymmetry

22

1 2 3 4

Stiff Neck

23

1 2 3 4

Headache

24

1 2 3 4

Aphasia or Dysarthria

25

1 2 3 4

Dysphagia

26

1 2 3 4

Flaccidity of or Inability to Move Limbs

27-30

1 RArm 2 RLeg 3 LArm 4 LLeg

Circle Which Limbs

31

1 2 3 4

Conjugate Deviation of Eyes

32

Which Direction? 1-Right 2-Left

33

1 2 3 4

Blood in Spinal Fluid?

34

1 2

Electrocardiogram Recorded? 1st, 3rd, 7th day

35

1 2

Blood Drawn for LDH Determination? 1, 2, 3, 4

Discharge Diagnosis:

36

1 2 3 4

Acute Myocardial Infarction

37

1 2 3 4

Cerebral Hemorrhage

38

1 2 3 4

Cerebral Thrombosis

39

1 2

Other, List:

40-70

71-76

Location of Form in File

78-79

0 6

Form Number

Edited By

Date

1-6 Hospital & No.

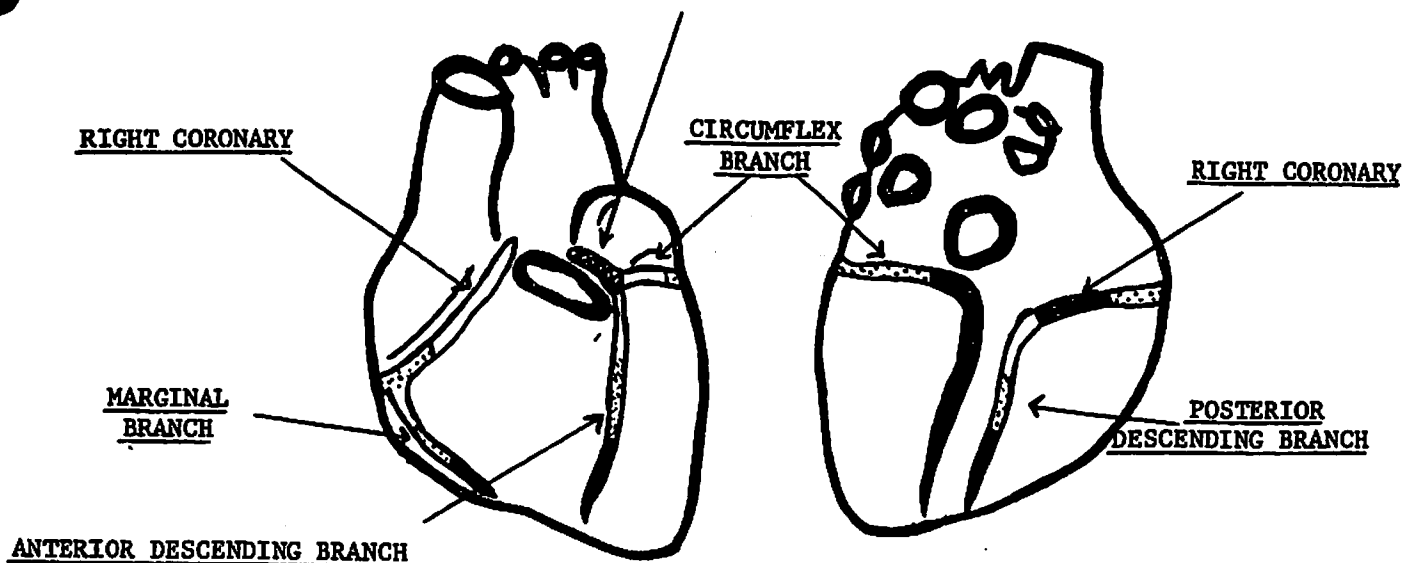
7-11 Last Name

12 First

13 M.I.

14-17 Autopsy No.

LEFT MAIN CORONARY



16 SEGMENTS SECTIONED FOR AREA OF GREATEST NARROWING

GRADE 1 - Less than 25% reduction in lumen size

GRADE 3 - 50% closure of lumen

GRADE 2 - 25% closure of lumen

GRADE 4 - 100% closure of lumen

GRADE 5 - 100% closure with thrombus

ARTERY	PROXIMAL	MIDDLE	DISTAL
RIGHT CORONARY	18 1 2 3 4 5	19 1 2 3 4 5	20 1 2 3 4 5
MARGINAL BRANCH	21 1 2 3 4 5	22 1 2 3 4 5	23 1 2 3 4 5
POSTERIOR DESCENDING	24 1 2 3 4 5	25 1 2 3 4 5	26 1 2 3 4 5
ANTERIOR DESCENDING	27 1 2 3 4 5	28 1 2 3 4 5	29 1 2 3 4 5
CIRCUMFLEX BRANCH	30 1 2 3 4 5	31 1 2 3 4 5	32 1 2 3 4 5
LEFT MAIN CORONARY	33 1 2 3 4 5		

Coronary Artery Preponderance: 1 Right 2 Left 3 Balanced

78-79

1 Right

2 Left

3 Balanced

Form and Card Number

Edited By

Date

MINNESOTA
CORONARY SURVEY
Form 09

CLASSIFICATION OF MYOCARDIAL INFARCTS

Pathologist

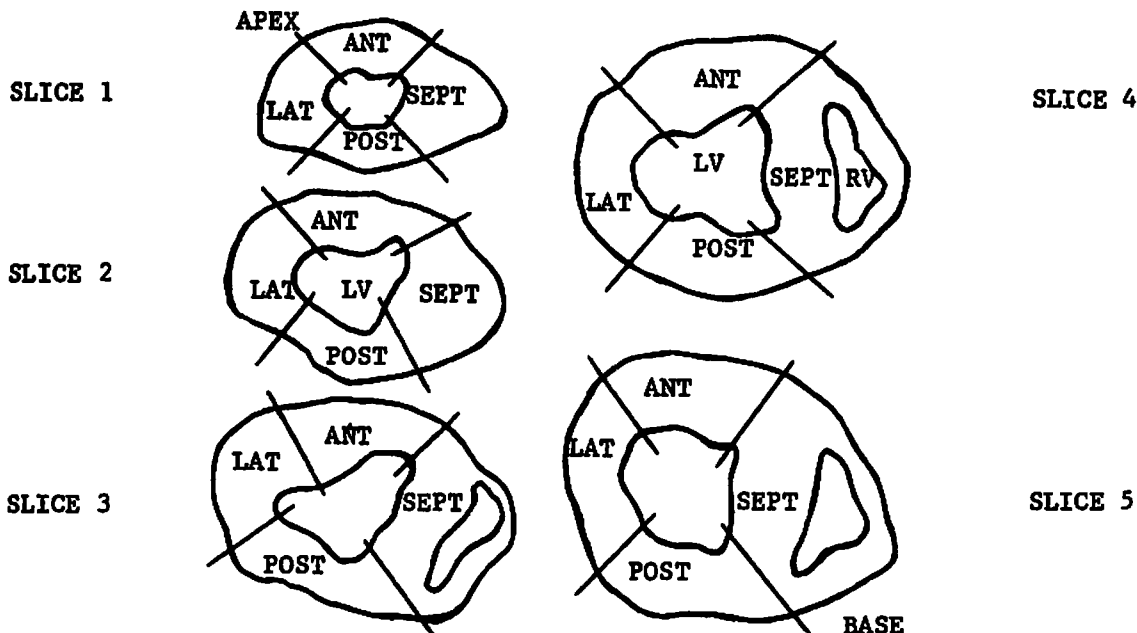
1-6 Hospital & No.

7-11 Last Name

12 First

13 M.I.

14-17 Autopsy No.



0-NO 1-YES 2-SEMI (Subendocardial Infarction)

	ANTERIOR			LATERAL			POSTERIOR			SEPTAL						
ACUTE INFARCT	18	0	1	2	19	0	1	2	20	0	1	2	21	0	1	2
HEALING INFARCT	22	0	1	2	23	0	1	2	24	0	1	2	25	0	1	2
OLD INFARCT	26	0	1	2	27	0	1	2	28	0	1	2	29	0	1	2
DIFFUSE FIBROSIS	30	0	1	2	31	0	1	2	32	0	1	2	33	0	1	2
FIBROSIS & ANEURYSM	34	0	1	2	35	0	1	2	36	0	1	2	37	0	1	2
TOTAL ACUTE INFARCTS	38															
TOTAL HEALED INFARCTS	39															

Form and Card Number

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0 9

Edited By _____ Date _____

MINNESOTA CORONARY SURVEY Form 10	ATHEROSCLEROSIS OF AORTA			Pathologist
1-6 Hospital & No.	7-11 Last Name	12 First	12 M.I.	14-17 Autopsy No.

MODEL MATCHING PANEL
FOR
GRADING ATHEROSCLEROTIC LESIONS OF AORTA

	18-19						
OBSERVER 1	1	2	3	4	5	6	7

	20-21						
OBSERVER 2	1	2	3	4	5	6	7

	22-23						
AVERAGE	1	2	3	4	5	6	7

Form and Card Number 78-79

1	0
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Edited By Date

**MINNESOTA
CORONARY SURVEY
FORM 11**

READMITTED TO STUDY

Tech Signature

COLS.	CODE	ITEM	DATE DISCHARGED
		Name	
1-6		Hospital and Number	
7-11		Previous Hospital Number, If Above Changed	
12-14		Hospital Address	
15-20		Date Readmitted to Hospital (mo. day yr.)	
21-26		Date Blood Drawn (mo. day yr.)	
27-31		Serum Number	
32-34		Serum Location (Tray Number)	
35-40		Date ECG Recorded (mo. day yr.)	
41-43		ECG Tape Number	
44-46		Weight (to nearest pound)	
47-52	Systolic	Diastolic	Blood Pressure (left arm, mm Hg)
53		Diabetic	1-Yes 2-No
54		If Yes, Treatment	1-Insulin 2-Oral Agent 3-Diet 4-Unknown 5-None
55		Present Physical Activity	1-Sedentary 2-Moderate 3-Active
		Present Smoking Habits	
56-57		Cigars, Number Smoked Per Day	99-Unknown
58-59		Pipe, Pipefuls Smoked Per Day	99-Unknown
60-61		Cigarettes, Number Smoked Per Day	99-Unknown
62		Remarks	1-Yes 2-No
		If Yes:	
72-77		Location of Form in File	
78-79		Form Number	Edited By Date

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RIGHT SIDE	Atherosclerosis			Arteriosclerosis			Infarction			Hemorrhage						
	11	0	1	2	12	0	1	2	13	0	1	2	14	0	1	2
Anterior Cerebral Portion	15	0	1	2	16	0	1	2	17	0	1	2	18	0	1	2
Middle Cerebral Portion	19	0	1	2	20	0	1	2	21	0	1	2	22	0	1	2
Posterior Cerebral Portion	23	0	1	2	24	0	1	2	25	0	1	2	26	0	1	2
Basilar-Vertebral Portion	27	0	1	2	28	0	1	2	29	0	1	2	30	0	1	2
Midbrain	31	0	1	2	32	0	1	2	33	0	1	2	34	0	1	2
Pons	35	0	1	2	36	0	1	2	37	0	1	2	38	0	1	2
Medulla	39	0	1	2	40	0	1	2	41	0	1	2	42	0	1	2
Cerebellum																
LEFT SIDE																
Anterior Cerebral Portion	43	0	1	2	44	0	1	2	45	0	1	2	46	0	1	2
Middle Cerebral Portion	47	0	1	2	48	0	1	2	49	0	1	2	50	0	1	2
Posterior Cerebral Portion	51	0	1	2	52	0	1	2	53	0	1	2	54	0	1	2
Basilar-Vertebral Portion	55	0	1	2	56	0	1	2	57	0	1	2	58	0	1	2
Midbrain	59	0	1	2	60	0	1	2	61	0	1	2	62	0	1	2
Pons	63	0	1	2	64	0	1	2	65	0	1	2	66	0	1	2
Medulla	67	0	1	2	68	0	1	2	69	0	1	2	70	0	1	2
Cerebellum	71	0	1	2	72	0	1	2	73	0	1	2	74	0	1	2

GRADE AND CODE

1. Atherosclerosis (extra parenchymal)

None = 0
 <50% occlusion = 1
 >50% occlusion = 2

2. Arteriosclerosis (parenchymal)

None = 0
 Present but no occlusion = 1
 Present with occlusion = 2

3. Infarction

None = 0
 Microscopic = 1
 Macroscopic = 2

4. Hemorrhage

None = 0
 Microscopic = 1
 Macroscopic = 2

78-79

Form and Card Number

1	2
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Edited by _____ Date _____

MINNESOTA CORONARY SURVEY

CIRCLE OF WILLIS

Form 13
1-6 Hospital No

Last Name

First

M.I.

7-10 Autopsy No

Pathologist

- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____
- 16 _____
- 17 _____
- 18 _____
- 19 _____
- 20 _____
- 21 _____
- 22 _____
- 23 _____
- 24 _____
- 25 _____
- 26 _____
- 27 _____
- 28 _____
- 29 _____
- 30 _____
- 31 _____
- 32 _____
- 33-34 _____

Form and Card

78-79

1	3
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Edited By _____ Date _____

LACTIC ACID DEHYDROGENASE DETERMINATIONS

Number

NAME	HOSPITAL AND NUMBER	DAY	DATE DRAWN	DATE DONE	INTERNATIONAL UNITS		DAY	DATE DRAWN	DATE DONE	INTERNATIONAL UNITS		FORM AND CARD NUMBER	COMMENTS											
					TOTAL	HEAT STABLE				TOTAL	HEAT STABLE													
Col 1-6	7	8-13	14-17	18-21	22-24	25	26-31	32-35	36-39	40-42	78-79	15												
													43	44-49	50-53	54-57	58-60	61-66	67-70	71-74	75-77	78-79	15	
	7	8-13	14-17	18-21	22-24	25	26-31	32-35	36-39	40-42	78-79	15												
													43	44-49	50-53	54-57	58-60	61-66	67-70	71-74	75-77	78-79	15	
	7	8-13	14-17	18-21	22-24	25	26-31	32-35	36-39	40-42	78-79	15												
													43	44-49	50-53	54-57	58-60	61-66	67-70	71-74	75-77	78-79	15	

Completed By _____ Date _____

Hospital and No.	Electrocardiogram Classification									Date EKG Recorded
	1	2	3	4	5	6	7	8	9	
COL. 1-6	8-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24	25-27	29-34

Location of Form in File

Cols. 72-77

Form and

Electrocardiogram Classification

Edited By: _____
Date: _____

2	3	4	5	6	7	8	9	Date EKG Recorded	Form No.	Repeat	Date un-acceptable EKG
11-12	13-14	15-16	17-18	19-20	21-22	23-24	25-27	29-34	36-37		

Cols. 72-77

File

Form and Card Number

Cols. 78-79

1 6