



### BIOBANQUE- AVAILABLE VARIABLES

<input type="checkbox"/>	<b>DEM</b>	<b>Demographics - ALL</b>
<input type="checkbox"/>	DEM-11	Date of screening/Recruitment
<input type="checkbox"/>	DEM-12	Age at Recruitment
<input type="checkbox"/>	DEM-13	Gender – Male/Female
<input type="checkbox"/>	DEM-14	Race/Ethnicity
<input type="checkbox"/>	DEM-21	Éducation – Number of Years of Schooling
<input type="checkbox"/>	DEM-22	- Highest Degree Obtained
<input type="checkbox"/>	DEM-31	Living situation – House type
<input type="checkbox"/>	DEM-32	- Type of Geographical Area
<input type="checkbox"/>	DEM-33	- With whom does the person live
<input type="checkbox"/>	DEM-41	- ACTUAL Working Status
<input type="checkbox"/>	DEM-42	- Type of Work
<input type="checkbox"/>	DEM-43	- Work Schedule
<input type="checkbox"/>	DEM-44	- Annual Family Income
<input type="checkbox"/>	DEM-50	- Present working status a general reflection of your past
<input type="checkbox"/>	DEM-51	- Past working status
<input type="checkbox"/>	DEM-52	- Past Type of Work
<input type="checkbox"/>	DEM-53	- Past Work Schedule
<input type="checkbox"/>	DEM-54	- Past Annual Family Income
<input type="checkbox"/>	DEM-61	- Family Ancestry – French Canadian descent
<input type="checkbox"/>	DEM-62	- Patient's parents and grandparents Origins
<input type="checkbox"/>	<b>CVHX</b>	<b>Patient's cardiovascular Medical History - ALL</b>
<input type="checkbox"/>	CVHX-11	Previous Myocardial Infarction
<input type="checkbox"/>	CVHX-12	Previous PCI (Percutaneous coronary intervention)
<input type="checkbox"/>	CVHX-13	Angina



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<input type="checkbox"/>	CVHX-14	Stroke/ TIA
<input type="checkbox"/>	CVHX-15	Congestive Heart failure
<input type="checkbox"/>	CVHX-16	Peripheral Vascular Disease
<input type="checkbox"/>	CVHX-17	Hypertension
<input type="checkbox"/>	CVHX-18	Diabetes
<input type="checkbox"/>	CVHX-19	Dyslipidemia
<input type="checkbox"/>	CVHX-20	Valvular disease
<input type="checkbox"/>	CVHX-21	Disease of the aorta
<input type="checkbox"/>	CVHX-30	Cardiovascular surgeries
<input type="checkbox"/>	CVHX-40	Other Cardiovascular Diseases
<input type="checkbox"/>	CVHX-50	Other Family Incidence of Cardiovascular Disease
<input type="checkbox"/>	<b>FATHX</b>	<b>Father Cardiovascular Medical History - ALL</b>
<input type="checkbox"/>	FATHX-10	- High Blood Pressure
<input type="checkbox"/>	FATHX-11	- High Blood Cholesterol
<input type="checkbox"/>	FATHX-12	- Diabetes
<input type="checkbox"/>	FATHX-13	- Heart Attack before Age 55
<input type="checkbox"/>	FATHX-14	- Heart Bypass Surgery before Age 55
<input type="checkbox"/>	FATHX-15	- Stroke before Age 65
<input type="checkbox"/>	FATHX-16	- Coronary Angioplasty before Age 55
<input type="checkbox"/>	FATHX-17	- Died of Heart Disease before Age 65
<input type="checkbox"/>	FATHX-18	- Smoking
<input type="checkbox"/>	FATHX-19	- History of obesity
<input type="checkbox"/>	<b>MOTHX</b>	<b>Mother Cardiovascular Medical History - ALL</b>
<input type="checkbox"/>	MOTHX-20	- High Blood Pressure
<input type="checkbox"/>	MOTHX-21	- High Blood Cholesterol
<input type="checkbox"/>	MOTHX-22	- Diabetes



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<input type="checkbox"/>	MOTHX-23	- Heart Attack before Age 55
<input type="checkbox"/>	MOTHX-24	- Heart Bypass Surgery before Age 55
<input type="checkbox"/>	MOTHX-25	- Stroke before Age 65
<input type="checkbox"/>	MOTHX-26	- Coronary Angioplasty before Age 55
<input type="checkbox"/>	MOTHX-27	- Died of Heart Disease before Age 65
<input type="checkbox"/>	MOTHX-28	- Smoking
<input type="checkbox"/>	MOTHX-29	- History of Obesity
<input type="checkbox"/>	<b>FAMHX</b>	<b>Family Cardiovascular Medical History</b>
<input type="checkbox"/>	<b>ARR</b>	<b>Arrhythmia - ALL</b>
<input type="checkbox"/>	ARR-11	History of Palpitations
<input type="checkbox"/>	ARR-12	History of Fainting
<input type="checkbox"/>	ARR-13	History of Cardiac Arrest
<input type="checkbox"/>	ARR-14	History of Arrhythmia
<input type="checkbox"/>	ARR-15	Atrial Fibrillation
<input type="checkbox"/>	ARR-16	Arrhythmia – Supraventricular Tachycardia
<input type="checkbox"/>	ARR-17	Arrhythmia – Atrial Flutter
<input type="checkbox"/>	ARR-18	Arrhythmia – Ventricular Tachycardia / Fibrillation
<input type="checkbox"/>	ARR-19	Arrhythmia – Sick Sinus Syndrome
<input type="checkbox"/>	ARR-20	Arrhythmia – AV Block (Atrioventricular)
<input type="checkbox"/>	ARR-21	Arrhythmia – History of Other Arrhythmia
<input type="checkbox"/>	ARR-22	History of Arrhythmia Treatment
<input type="checkbox"/>	ARR-30	Family History of Sudden Death or Cardiac Arrest
<input type="checkbox"/>	ARR-40	Family History of Atrial Fibrillation
<input type="checkbox"/>	<b>ALL</b>	<b>Allergies - ALL</b>
<input type="checkbox"/>	ALL-11	Celiac Disease (Gluten allergy)
<input type="checkbox"/>	ALL-12	Drug/ Medication Allergies



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<input type="checkbox"/>	ALL-13	Dust mites
<input type="checkbox"/>	ALL-14	Food Allergies
<input type="checkbox"/>	ALL-15	Hay Fever/ Pollen & Mold
<input type="checkbox"/>	ALL-16	Insect Stings and Bites
<input type="checkbox"/>	ALL-17	Jewellery Allergies (Nickel Allergy)
<input type="checkbox"/>	ALL-18	Lactose Intolerance
<input type="checkbox"/>	ALL-19	Latex
<input type="checkbox"/>	ALL-20	Pet Allergies
<input type="checkbox"/>	ALL-21	Other Allergies
<input type="checkbox"/>	<b>MEDHX</b>	<b>Non Cardiovascular Medical History - ALL</b>
<input type="checkbox"/>	MEDHX-01	Dermatological
<input type="checkbox"/>	MEDHX-02	Eyes, Ears, Nose and Throat
<input type="checkbox"/>	MEDHX-03	Pulmonary/ Respiratory
<input type="checkbox"/>	MEDHX-04	Gastro-intestinal/ hepatic
<input type="checkbox"/>	MEDHX-05	Neurological
<input type="checkbox"/>	MEDHX-06	Musculoskeletal
<input type="checkbox"/>	MEDHX-07	Urinary
<input type="checkbox"/>	MEDHX-08	Endocrinal (thyroid)
<input type="checkbox"/>	MEDHX-09	Psychiatric
<input type="checkbox"/>	MEDHX-10	Blood disease
<input type="checkbox"/>	MEDHX-11	Immunological diseases
<input type="checkbox"/>	MEDHX-12	Other
<input type="checkbox"/>	<b>EXAMS</b>	<b>Exams and tests - ALL</b>
<input type="checkbox"/>	<b>CAN</b>	<b>Cancer and tumors - ALL</b>
<input type="checkbox"/>	<b>OBGYN</b>	<b>Medical history female Ob/ Gyn History - ALL</b>
<input type="checkbox"/>	OBGYN-11	Menstruation has stopped for one year or more



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<input type="checkbox"/>	OBGYN-12	Hysterectomy
<input type="checkbox"/>	OBGYN-13	Ovaries Removed
<input type="checkbox"/>	OBGYN-14	Number of Live Births
<input type="checkbox"/>	OBGYN-15	Number of Miscarriages
<input type="checkbox"/>	OBGYN-16	Uterine Fibroma
<input type="checkbox"/>	OBGYN-17	Breast Disease
<input type="checkbox"/>	OBGYN-18	Hormone Replacement Therapy
<input type="checkbox"/>	<b>MEDS</b>	<b>Current medication - ALL</b>
<input type="checkbox"/>	<b>NAT</b>	<b>Natural/ Homeopathic products - ALL</b>
<input type="checkbox"/>	NAT-10	Product List
<input type="checkbox"/>	NAT-11	Vitamine A
<input type="checkbox"/>	NAT-12	Vitamine C
<input type="checkbox"/>	NAT-13	Vitamine E
<input type="checkbox"/>	NAT-14	Folic Acid
<input type="checkbox"/>	NAT-15	Multivitamins
<input type="checkbox"/>	NAT-16	Glucosamine
<input type="checkbox"/>	NAT-17	Homeopathic Products
<input type="checkbox"/>	NAT-18	Omega 3
<input type="checkbox"/>	NAT-19	Other
<input type="checkbox"/>	<b>VS</b>	<b>Vital Signs - ALL</b>
<input type="checkbox"/>	VS-11	Weight
<input type="checkbox"/>	VS-12	Height
<input type="checkbox"/>	VS-13	Waist Girth
<input type="checkbox"/>	VS-14	Hip Girth
<input type="checkbox"/>	VS-15	Brachial Blood Pressure
<input type="checkbox"/>	VS-16	Heart Rate



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<input type="checkbox"/>	VS-17	Sphygmocor Data
<input type="checkbox"/>	PHYS	Physical activities
<input type="checkbox"/>	NUT	Nutrition
<input type="checkbox"/>	BEV	Beverages
<input type="checkbox"/>	CIGT	Cigarette
<input type="checkbox"/>	CIGR	Cigar
<input type="checkbox"/>	PIPE	Pipe
<input type="checkbox"/>	SMOKE	Secondary smoke
<input type="checkbox"/>	ALC	Use of alcohol
<input type="checkbox"/>	DRUGS	Medication Without Prescription
<input type="checkbox"/>	PS	Psychosocial
<input type="checkbox"/>	PS-1	Psychosocial - Depression
<input type="checkbox"/>	PS-2	Psychosocial - Aggressivity
<input type="checkbox"/>	HAND	Preferred Hand