Form no. 12 CLINIC REVISIT OMB 68 - R1325

1. Program Number: 3,4 | 5,6,7,8,9 | 10,11 042074

Name: (PRINT IN BLOCK CAPITALS) (1) Acrostic 12,13,14,15,16,17 (2) Batch 18,19,20,21,22,23,24,25

(Mr., Miss, Mrs.) Last First Middle

3. Date: (3) Month 26,27 Day 28,29 19 Year 30,31

4. Time arrived: (4) Hour 32,33 : (5) Minute 34,35 ☐ a.m. ☐ p.m. (6) 36

5. Changes required in identifying information: (7) None ☐ HP11A attached ☐ 37

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

6. Is participant at goal blood pressure at this visit? Yes ☐ No ☐

7. Review of completed HPO6

- ☐ Every item on each page is complete and legible.
- ☐ Name and Program Number are correct.
- ☐ Antihypertensive medication received (or none prescribed).
- ☐ Columns (a) through (f) of Item 10 completed.
- ☐ Flow Sheet for Blood Pressure, Weight and Medications updated.
- ☐ IF FOUR-MONTH VISIT:
  - ☐ ECG completed
  - ☐ Blood sample drawn
  - ☐ Urine specimen collected
  - ☐ Item 18 completed
- ☐ Special Purpose Reports, if required, have been initiated.
- ☐ Appointment slip given:

Clinic Revisit schedule is:
- ☐ Step-Up Schedule (2 weeks)
- ☐ Maintenance Schedule A (4 weeks)
- ☐ Maintenance Schedule B (8 weeks)
- ☐ Step-Down Schedule (specify interval: _____)
- ☐ Individualized Therapy (specify interval: _____)

Date of next visit: (11) Month 45,46 Day 47,48 19 Year 49,50 (12) Hour 51,52 : (13) Minute 53,54 ☐ a.m. ☐ p.m. (14) 55

8. Time visit completed: (15) Hour 56,57 : (16) Minute 58,59 ☐ a.m. ☐ p.m. (17) 60

This section completed by: _____ (18) 61,62

9. Did the participant bring his medications to the Clinic at this visit?

(20) Yes, all ☐ Yes, some ☐ None ☐ — 64

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10. MEDICATION RECORD

(Complete column (a) and, if desired, column (g) before physician's review; complete columns (b) through (f) after medications have been dispensed; complete column (h) after receiving report from coordinating center.)

Medication	(a) Number of pills remaining. = C. No. of pills returned this visit	(b) Number of days of medication given at this visit.	(c) Number of pills given at this visit. = K	(d) Pill size (mg/pill). = G	(e) Number of pills/dose. = L. 3 col. (xx.x) in V2	(f) Number of doses/day. 2 col (x.x) in V2	(g) Adherence Index. (Clinical Center Use)	(h) Adherence Index. (Coordinating Center Report)
1. Chlorthalidone	(24) q_2 q_3 q_4	(286) 6_{08} 6_{09}	(165) 3_{37} 3_{38} 3_{39}	(151) 3_{26} 3_{27} 3_{28}	(152) 3_{34} 3_{35} 3_{36}	(153) 3_{32} 3_{33}		
2. Spironolactone	(30) q_{10} q_{11} q_{12}	(287) 6_{10} 6_{11}	(166) 3_{50} 3_{51} 3_{52}	(295) 6_{26} 6_{27} 6_{28}	(158) 3_{42} 3_{43} 3_{44}	(159) 3_{45} 3_{46}		
3. Reserpine	(36) 108 109 110	(288) 6_{12} 6_{13}	(167) 3_{65} 3_{66} 3_{67}	(163) 0_{P} 3_{64} 3_{65} 3_{66}	(164) 3_{57} 3_{58} 3_{59}	(165) 3_{60} 3_{61}		
4. Regroton®	(42) 126 127 128	(289) 6_{14} 6_{15}	(172) 3_{77} 3_{78} 3_{79}		(169) 3_{69} 3_{70} 3_{71}	(170) 3_{72} 3_{73}		
5. Methyldopa	(48) 144 145 146	(290) 6_{16} 6_{17}	(171) 3_{89} 3_{90} 3_{91}	(296) 6_{29} 6_{30} 6_{31}	(174) 3_{81} 3_{82} 3_{83}	(175) 3_{84} 3_{85}		
6. Hydralazine	(54) 162 163 164	(291) 6_{18} 6_{19}	(183) 4_{04} 4_{05} 4_{06}	(179) 3_{93} 3_{94} 3_{95}	(180) 3_{87} 3_{88}	(181) 3_{99} 4_{00}		
7. Guanethidine	(60) 180 181 182	(292) 6_{20} 6_{21}	(189) 4_{18} 4_{19} 4_{20}	(185) 4_{08} 4_{09}	(186) 4_{10} 4_{11} 4_{12}	(187) 4_{13} 4_{14}		
(64) 8. (190) 421 422	(67) 200 201 202	(293) 6_{22} 6_{23}	(196) 4_{36} 4_{36} 4_{37}	(192) 4_{24} 4_{25} 4_{26}	(193) 4_{27} 4_{28} 4_{29}	(194) 4_{30} 4_{31}		
(71) 9. (197) 438 439	(74) 220 221 222	(294) 6_{24} 6_{25}	(202) 4_{52} 4_{53} 4_{54}	(199) 4_{41} 4_{42} 4_{43}	(200) 4_{44} 4_{45} 4_{46}	(201) 4_{47} 4_{48}		
			(156) ☐ None 340					

192 193

212 213

(25) 661 Filler

(26) 662 Filler

(27) 663 Filler

(28) 664 Filler

(29) 665 Filler

(30) Century Date

11 Blood Pressure Measurements: (238) 505 506 507

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a. Pulse: Beats in 30 seconds _____ x2= beats/minute.

I will be taking six blood pressure readings, four of them while you are seated and two of them just after you stand up.

b. Blood pressure readings:

	Systolic	Diastolic (5th phase)	
Reading 1 (Std)	(239) 508 509 510	(240) 51 512 513	
Reading 2 (R-Z)	(241) 514 515 516	(242) 517 518 519	
Zero	(243) 520 521	(244) 522 523	
Corrected	(245) 524 525 526	(246) 527 528 529	→
Reading 3 (Std)	(247) 530 531 532	(248) 533 534 535	
Reading 4 (R-Z)	(249) 536 537 538	(250) 539 540 541	+
Zero	(251) 542 543	(252) 544 545	
Corrected	(253) 546 547 548	(254) 549 550 551	→
			(256) 555 556 557 SUM
Average of Readings 2 and 4			
Reading 5 (Std) (One minute after standing)	(257) 558 559 560	(258) 561 562 563	
Reading 6 (R-Z) (One minute after standing)	(259) 564 565 566	(260) 567 568 569	
Zero	(261) 570 571	(262) 572 573	
Corrected	(263) 574 575 576	(264) 577 578 579	

c. Is SUM less than 180? 632

(197) No ☐ Yes ☐

Participant is at goal blood pressure.

d. Is the corrected systolic value of Reading 6 lower than the corrected systolic value of Reading 4, by 20 or more?

(267) No ☐ Yes ☐ 583

Is the participant dizzy or faint after standing?

(268) No ☐ Yes ☐ 584

Findings are suggestive of postural hypotension.

e. Remarks: (298) 633 0/1

12. Weight: (269) Pounds 595 596 597

Percent of ideal weight: (From standard table) (270) 588 589 590

(271) 591 592

Observer: _____

042074

13. I would like to ask several questions about your general health, since your last visit.

13 a-l - RECODE:	
old code	new code
1	1
2	3
3	4
new or increasing	2

Since your last visit,

Comments:
IF YES, to any item, check the box in this space if the problem is new or increasing and comment if necessary.

	Yes	No	DK	
a. have you been troubled with skin rash or bruising?	1	3	4	2
b. have you been troubled with headaches that were so bad you had to stop what you were doing?	1	3	4	2
c. have you been troubled with faintness or lightheadedness when you stand up quickly?	1	3	4	2
d. have you been troubled with your heart beating fast or skipping beats?	1	3	4	2
e. have you been troubled with blacking out or losing consciousness?	1	3	4	2

91 259 299 634

112 280 300 635

92 260 301 636

110 278 302 637

114 282 303 638

042074

Yes No DK

f. have you been troubled with swelling or tenderness of your breasts?

1 3 4 2

97
265

304 639

g. have you been troubled with recurrent stomach pains?

1 3 4 2

98
266

305 640

h. have your stools been black or tarry?

1 3 4 2

99
267

306 641

i. have you noticed bright red blood in your stools?

1 3 4 2

100
268

301 642

j. have you been troubled by waking up too early and having difficulty getting back to sleep?

1 3 4 2

270 102
276 108

308 643

k. have you often felt so depressed (sad or blue) that it interfered with your work, recreation or sleep?

1 3 4 2

271 103 109 277

309 644

l. Have you been troubled by tiredness or fatigue?

1 3 4 2

258 90

310 645

14. Since your last visit, were you unable to perform your usual activities because of sickness or disability?

042074

No 288 Yes
☐ ☐
120 How many days? 121 289 290

15. Have you seen any doctors because of illness since your last visit?

No Yes
☐ ☐ 291
122

Date	Doctor	Illness	Treatment	Results

16. Have you had to stay overnight in a hospital since your last visit?

No 292 Yes
☐ ☐
123 How many different times were you admitted to the hospital? 124 293 294

Complete Notification of Non-Fatal Event (HPO8) for each different visit.

17. a. Would you please list for me each medicine you are now taking and how often you take it?

Medication: 86 253 254 01/00

Times/day

b. Thinking only of the medicines we gave you at your last visit, have you run out of any of them?

No 257 Yes N.A. V1 only
☐ ☐ ☐
89 Which ones? 311 646

c. Again, thinking only about the medicines we gave you at your last visit, are you having any problems taking these pills?

255
No Yes N.A.
☐ ☐ ☐
87 Explain: 312 647

042074

18. (Complete this item only at Four-Month visit.)
Do you smoke cigarettes at present?

593

No ☐ Yes ☐

272 How many cigarettes do you usually smoke per day? 273 594 595

FOR MEN SKIP TO 20.

19. Have you had a menstrual period within the past six weeks?

Yes ☐ 285 No ☐

117 What is the reason?

286 118

[5] Post-menopause, natural
[6] Post-menopause, other
[2] Known pregnancy
→ SKIP TO 20.

[3] Possible pregnancy
[4] Other, specify: _____
→ Order pregnancy test at this visit.

Are you currently taking birth control pills?

No ☐ 287 Yes ☐

119 Discuss at this visit.

Physician's Review of Participant Status:

20. Interval clinical findings of importance.

313 648

21. Were medications discontinued or reduced since last visit because of side effects?

295

Yes ☐ No ☐

125

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Medication	Reason	Decision made by: HP Physician	Other Physician: HP concurs	Other Physician: HP does not concur	Participant: HP concurs	Participant: HP does not concur
1.						
2.						
3.	649 650					
4.						
5.						

314

Was other therapy required for possible side effects?

No 311 Yes

☐ ☐

315 651

136 Specify: _____

_____

22. On the basis of all information available at this time, does this participant have:

a. A new indication for any Special Test?

No 312 Yes

☐ ☐

137 A new Special Tests form (HP10) initiated

b. A new condition requiring notification of non-fatal event (myocardial infarction, stroke, or hospitalization)?

No 313 Yes

☐ ☐

138 Notification of Non-Fatal Event (HPO8) initiated

c. A new condition suggesting a critical toxic reaction?

No 314 Yes

☐ ☐

139 Toxic Reaction Report (HPO9) attached.

d. A change in drug contraindications or precautions?

No 315 Yes

☐ ☐

140 Current Contraindications and Precautions (HP13) attached

23. Has participant reached goal blood pressure (below 90 mm Hg)?

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316 Yes ☐ No ☐

141 Is participant being advanced to next Treatment Step?

142 Yes ☐ 317 No ☐

Why was choice made to not increase medication this visit, despite failure to achieve goal?

319 144 ☐ Participant not taking present medications regularly or missed doses recently.

323 148 ☐ Side effects from present medications at present dose.

318 143 ☐ Present medications may not yet have reached peak effect.

316 ☐ Blood pressure is close to goal and may reach goal without medication change.

324 149 ☐ Other, specify: 317 653

24. Remarks on further management plans, diagnostic evaluation or other matters:

318 654

25. The Clinic Revisit schedule is:

479 216

- [1] Step-Up Schedule (2 weeks)
- [3] Maintenance Schedule A (4 weeks)
- [4] Maintenance Schedule B (8 weeks)
- [5] Step-Down Schedule (specify interval: 480) weeks (converted from days) 217
- [6] Individualized Therapy (specify interval: 481, 482) days 218

26. Since the last visit, or at this visit, has participant received consultation concerning:

325 661 FILLER

326 662 FILLER

327 663 FILLER

328 664 FILLER

329 665 FILLER

330 ~~666 670~~ CENTURY DATE

		Yes						No
		By physician		By therapist		By counselor		
a. drug adherence?	483 219	☐	484 220	☐	485 221	☐	486 222	☐
b. cigarette smoking?	487 223	☐	488 224	☐	489 225	☐	490 226	☐
c. diet?	491 227	☐	492 228	☐	493 229	☐	494 230	☐
d. weight?	495 231	☐	496 232	☐	497 233	☐	498 234	☐

Physician _____ 235 499, 500

Therapist _____ 236 501, 502

655 Health Counselor _____ 237 503, 504

319 version [1] dated 01/15/13

HPO6/9

HP06

Version 2

16. IS THIS A FOUR-MONTH VISIT?

(19) No ☒ Yes ☐ → Complete HPO6A instead of Items 17-19, below.

17. Blood Pressure Measurements:

a. Pulse: Beats in 30 seconds _____ x 2 = (238) ____ beats/minute.

I will be taking three blood pressure readings, two of them while you are seated and one of them after you stand up.

b. Blood pressure readings:

	(241) Systolic	(242) Diastolic (5th phase)
R-Z Reading 1	514, 515, 516	517, 518, 519
Zero	(243) 520, 521	(244) 522, 523
Corrected	(245) 524, 525, 526	(246) 527, 528, 529
R-Z Reading 2	(249) 536, 537, 538	(250) 539, 540, 541
Zero	(251) 542, 543	(252) 544, 545
Corrected	(253) 546, 547, 548	(254) 549, 550, 551
SUM of Corrected Readings (255)	552, 553, 554	(256) 555, 556, 557
Average of Corrected Readings (SUM divided by 2)		
R-Z Reading 3 (2 minutes after standing)	(259) 564, 565, 566	(260) 567, 568, 569
Zero	(261) 570, 571	(262) 572, 573
Corrected	(263) 574, 575, 576	(264) 577, 578, 579

(266) Participant's Goal: ____ or below

c. (265) Is the Average Diastolic BP at or below Goal? No ☒ Yes ☐

d. Is Reading 3 (corrected systolic) lower than Reading 2 (corrected systolic) by 20 or more?

(267) No ☐ Yes ☐ → Is the participant dizzy or faint after standing? (268) No ☐ Yes ☐ → Findings are suggestive of postural hypotension.

e. Remarks

(269) 18. Weight: 585, 586, 587

19. Observer: _____ (271) 591, 592

IDENTIFYING INFORMATION (complete at beginning of visit)

1. Program Number: ____ ____ ____

(7) 3. Changes required in identifying information: None ☐ HP11A attached ☐

2. Name: (PRINT IN BLOCK CAPITALS) (1) 12, 13, 14, 15, 16, 17 Acrostic (2) 18, 19, 20, 21, 22, 23, 24, 25 Batch

(Mr, Miss, Mrs.) Last First Middle

(3) Month Day Year

4. Date: 26, 27 28, 29 19 30, 31

(4) Hour (5) Minute (6) 36 ☐ a.m. ☒ p.m.

5. Time arrived: 32, 33 : 34, 35

Coordinating Center ____

6. Type of visit: ☐ SU-2 ☒ SU-4 ☒ MA-4 ☒ MB-8

V2 only (8) ☒ Step-Down ☒ Individualized Schedule

38 ☒ Unscheduled visit ☒ MC-16

7. Date of next Four-Month Visit: Month / Day / Year _____

V2 only (9) 8. Year-Day No. this visit 39, 40, 41

(10) Year-Day No. last visit 42, 43, 44

Days since last visit ____

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

9. ☐ Review of completed HPO6 done. Every item on each page is complete and legible. Name and Program Number are correct.

10. ☐ Appointment slip given: Next Clinic Revisit schedule is: ☐ SU-2 ☐ SU-4 ☐ MA-4 ☐ MB-8 ☐ Step-Down (specify interval: _____) ☐ Indiv. Schedule (specify interval: _____)

11. ☐ Antihypertensive medication received (or none prescribed).

(11) Month Day Year (12) Hour (13) Minute (14) 55 ☐ a.m. ☒ p.m.

12. Date of next visit: 45, 46 47, 48 19 49, 50 51, 52 : 53, 54

13. Year-Day No. next visit: ____

(15) Hour (16) Minute (17) 60 ☐ a.m. ☒ p.m.

14. Time this visit completed: 56, 57 : 58, 59

(18)

15. This section completed by: _____ 61, 62

20. MEDICATION RECORD

Did the participant bring his medications to the Clinic at this visit? (20) 64 Yes, all [1] Yes, some [2] None [3] Not applicable [4] V_2 Only

PRESCRIPTIONS AND USAGE (Medication →)	1. Chlorthalidone	2. Spironolactone	3. Reserpine	4. Regroton	5. Methyldopa	6. Hydralazine	7. Guanethidine	8. (64) 192 193	9. (71) 212 213	10. (78) V_2 Only 232 233
a. No. pills given last visit (from last HPO6, Item 34k) (21) 65 [ ] none	22 66 67 68	28 84 85 86	34 102 103 104	40 120 121 122	46 138 139 140	52 156 157 158	58 174 175 176	65 194 195 196	72 214 215 216	79 234 235 236
b. No. pills given in interval since last visit (if any)	23 69 70 71	29 87 88 89	35 105 106 107	41 123 124 125	47 141 142 143	53 159 160 161	59 177 178 179	66 197 198 199	73 217 218 219	80 237 238 239
c. No. pills returned this visit	24 72 73 74	30 90 91 92	36 108 109 110	42 126 127 128	48 144 145 146	54 162 163 164	60 180 181 182	67 200 201 202	74 220 221 222	81 240 241 242
d. Pills taken (= a + b - c)	25 75 76 77	31 93 94 95	37 111 112 113	43 129 130 131	49 147 148 149	55 165 166 167	61 183 184 185	68 203 204 205	75 223 224 225	82 243 244 245
LAST VISIT PRESCRIPTION										
e. No. pills per day (from last HPO6 Item 34j)	26 78 79 80	32 96 97 98	38 114 115 116	44 132 133 134	50 150 151 152	56 168 169 170	62 186 187 188	69 206 207 208	76 226 227 228	83 246 247 248
f. No. days since last visit (from page 1 this form, Item 8)										
g. Total pills to be taken (= e x f) (Round off to whole number)	27 81 82 83	33 99 100 101	39 117 118 119	45 135 136 137	51 153 154 155	57 171 172 173	63 189 190 191	70 209 210 211	77 229 230 231	84 249 250 251
h. Adherence Index (= d/g x 100) (Round off to whole number)										

These Rows V_2 Only

↑This col. V_2 only

21. How have you been feeling since your last visit?

(85) [1] No medical problems
[2] Minor medical problems
[3] Major medical problems
→ Comment: V_2 only

22. Now I would like to review with you the medicines you are taking. Would you please list for me each medicine you are now taking and how often you take it?

Medication: **Times/day**

(86) 253 254 [0 1 / 0 0]

FOR PARTICIPANTS FOR WHOM NO MEDICATIONS WERE PRESCRIBED AT LAST VISIT → SKIP TO 26

23. Are you having any problems taking the medicines we gave you at your last visit?

(87) 255 No [2] Yes [1] → Explain: _____

24. INTERVIEWER: DID PARTICIPANT BRING ALL MEDICINES TO THE CLINIC (SEE ITEM 20)?

(88) 256 No [2] Yes [1] → SKIP TO 25

ASK: Thinking only of the medicines we gave you at your last visit, have you run out of any of them?

(89) 257 No [2] Yes [1] → Which ones? _____

25. Check box in upper left hand corner of block if on medication in question. Comments on significant positive responses should be recorded in section on review of participant's status, below (Item 31).

I would like to ask several questions about your general health since your last visit.

Since your last visit, have you been troubled with

	Yes, unchanged	Yes, new or increasing	No	DK
☐ Ask if on any BP medicine, tiredness or fatigue?	(90) ☐ 258	☐ 2	☐ 3	☐ 4
• skin rash or bruising?	(91) ☐ 259	☐	☐	☐
• faintness or lightheadedness when you stand up quickly?	(92) ☐ 260	☐	☐	☐
☐ If on chlorthalidone* or any thiazide, ask, • increasing weakness?	(93) ☐ 261	☐	☐	☐
• a recent blurring of your vision?	(94) ☐ 262	☐	☐	☐
• excessive thirst? V2 only	(95) ☐ 263	☐	☐	☐
• severe pain in any joint?	(96) ☐ 264	☐	☐	☐
☐ If on spironolactone, ask, • (males only) swelling or tenderness of your breasts?	(97) ☐ 265	☐	☐	☐
☐ If on reserpine*, ask, • recurrent stomach pains?	(98) ☐ 266	☐	☐	☐
• black or tarry stools?	(99) ☐ 267	☐	☐	☐
• blood in the stools?	(100) ☐ 268	☐	☐	☐
• nightmares? V2 only	(101) ☐ 269	☐	☐	☐
• waking up too early and having difficulty getting back to sleep?	(102) ☐ 270	☐	☐	☐
• feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep?	(103) ☐ 271	☐	☐	☐
• stuffy nose? V2 only	(104) ☐ 272	☐	☐	☐

	Yes, unchanged	Yes, new or increasing	No	DK
☐ If on methyldopa, ask, • excessive dry mouth?	(105) ☐ 273	☐	☐	☐
• excessive drowsiness? V2 only	(106) ☐ 274	☐	☐	☐
• nausea or vomiting?	(107) ☐ 275	☐	☐	☐
• waking up too early and having difficulty getting back to sleep?	(108) ☐ 276	☐	☐	☐
• feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep?	(109) ☐ 277	☐	☐	☐
☐ If on hydralazine, ask, • heart beating fast or skipping beats?	(110) ☐ 278	☐	☐	☐
• episodes of chest pain or heaviness in the chest? V2 only	(111) ☐ 279	☐	☐	☐
• severe headaches that were so bad that you had to stop what you were doing?	(112) ☐ 280	☐	☐	☐
☐ If on guanethidine, ask, • faintness or dizziness when arising in the morning, or on hot days, or after exercise? V2 only	(113) ☐ 281	☐	☐	☐
• blacking out or losing consciousness?	(114) ☐ 282	☐	☐	☐
• persistent diarrhea? V2 only	(115) ☐ 283	☐	☐	☐

*alone or as a constituent of Regroton

26. FOR MALES → SKIP TO 27

INTERVIEWER: IS PARTICIPANT POSTMENOPAUSAL?

No ☐ Yes (116) 284 ☐ → SKIP TO 27

ASK: Have you had a menstrual period within the past six weeks?

(117) 285 Yes ☐ No ☐ → What is the reason?

(118) 286 [1] Hysterectomy [2] Known pregnancy → SKIP TO 27

[3] Possible pregnancy. Order pregnancy test at this visit.

[4] Other, specify: _____

287 (119) Are you currently taking birth control pills? No ☐ Yes ☐ → Discuss at this visit, if appropriate.

27. Since your last visit, were you unable to perform your usual activities because of sickness or disability?

No ☐ Yes ☐ → How many days? 289 290

(120) 288 (121)

28. Have you seen any doctors because of illness since your last visit?

(122) Yes [1] → Describe: No [2] → SKIP TO 29

291

Doctor	Date seen	Illness	Treatment	Result

29. Have you had to stay overnight in a hospital since your last visit?

(123) No [ ] Yes [ ]

292

How many different times were you admitted to the hospital? [293, 294] (124)
(Complete Notification of Non-Fatal Event (HPO8) for each different visit.)

30. Were medications discontinued or reduced since last visit or at this visit because of side effects?

(125) Yes [ ] No [ ] → SKIP TO 31

295

Medication	Discontinued By: HDFP	Discontinued By: Other	Reduced HDFP	Reduced Other	Reason
1. (126) 296, 297 [01, 00]	[1]	[2]	[3]	[4]	(127) 298
2. (128) 299, 300	[ ]	[ ]	[ ]	[ ]	(129) 301
3. (130) 302, 303	[ ]	[ ]	[ ]	[ ]	(131) 304
4. (132) 305, 306	[ ]	[ ]	[ ]	[ ]	(133) 307
5. (134) 308, 309	[ ]	[ ]	[ ]	[ ]	(135) 310

V_2 only

Was other therapy required for possible side effects? No [ ] Yes [ ] → Specify: (136) 311

31. Review of Participant's Status (including expansion of answers to preceding questions, and other pertinent history or physical findings):

32. On the basis of all information available at this time, does participant have:

a. A new indication for any Special Test? No [ ] (137) 312 Yes [ ] → Special Tests form (HP10) initiated.

b. A new condition requiring notification of non-fatal event (myocardial infarction, stroke, or hospitalization)? No [ ] (138) 313 Yes [ ] → Notification of Non-Fatal Event (HPO8) initiated.

c. A new condition suggesting a critical toxic reaction? 314 (139) No [ ] Yes [ ] → Toxic Reaction Report (HPO9) initiated.

d. A change in drug contraindications, or in precautions which justify an Exception to the Basic Plan of Therapy or otherwise require initiation of HP13? No [ ] (140) 315 Yes [ ] → Review of Drugs and Exceptions to the Basic Plan of Therapy (HP13) initiated.

33. Is participant at or below goal blood pressure?

No [2] (141) Yes [1] → SKIP TO 34

Is participant being advanced in dosage or to next Treatment Step?

317 No [2] (142) Yes [1] → SKIP TO 34

Why was choice made to not increase medication this visit, despite failure to achieve goal?

318 (143) [1] Present medications may not yet have reached peak effect, in accordance with drug protocol.

319 (144) [1] Participant not taking present medications regularly or missed doses recently, as documented by

320 (145) [1] Adherence index of less than 80%. (Complete HP13.)

321 (146) [1] Failed to bring back pills. (Complete HP13.)

322 (147) [1] Reports missed doses recently. (Complete HP13.)

(148) [1] Side effects from present medications at present dose. (Complete HP13.)

323

324 [1] Other, specify (Complete HP13.): _____

(149)

34. Prescription This Visit:

	1.Chlorthalidone	2.Spironolactone	3.Reserpine	4.Regroton	5.Methyldopa	6.Hydralazine	7.Guanethidine	8. (190) 421 422	9. (197) 438 439	10. (204) 455 456
a.No. pills returned this visit (20 c. above)										
b.Stop 1										
c.Continue same dose 2										
d.Increase dose 3	(150) 325	(157) 341	(162) 353	(168) 368	(173) 380	(178) 392	(184) 407	(191) 423	(198) 440	(205) 457
e.Reduce dose 4										
f.Start (HP13 required) 5										
g.Pill size (mg/pill)	(151) 326 327 328	2.5	(163) 0 354 355 356	X	2.5.0	(179) 393 394 395	(185) 408 409	(192) 424 425 426	(199) 441 442 443	(206) 458 459 460
h.No. pills/dose	(152) 329 330 331	(158) 342 343 344	(164) 357 358 359	(169) 369 370 371	(174) 381 382 383	(180) 396 397 398	(186) 410 411 412	(193) 427 428 429	(200) 444 445 446	(207) 461 462 463
i.No. doses/day	(153) 332 333	(159) 345 346	(165) 360 361	(170) 372 373	(175) 384 385	(181) 399 400	(187) 413 414	(194) 430 431	(201) 447 448	(208) 464 465
j.No. pills/day= (h x i)	(154) 334 335 336	(160) 347 348 349	(166) 362 363 364	(171) 374 375 376	(176) 386 387 388	(182) 401 402 403	(188) 415 416 417	(195) 432 433 434	(202) 449 450 451	(209) 466 467 468
k.No. pills given at this visit (including a. above) (156) [1] None 340	(155) 337 338 339	(161) 350 351 352	(167) 365 366 367	(172) 377 378 379	(177) 389 390 391	(183) 404 405 406	(189) 418 419 420	(196) 435 436 437	(203) 452 453 454	(210) 469 470 471

(This row V_2 only)

(This row V_2 only)

(211) [1] Participant is on potassium: Dose (212) 473 . 474 [1] KCl 10% 475 (213) (V_2 only) (214) 476 [1] Other preparation, specify: (V_2 only) (This column V_2 only)

472 V_2 Only

[1] Other medicines than those listed above: (215) 477. 478 (V_2 only)

35. Remarks on further management plans, diagnostic evaluation or other matters:

(320) 656 [1]

(321) 657 [1]

(322) 658 [1]

(323) 659 [1]

(324) 660 [1]

Alpha

Medication codes (A = Z and 0)

REV 11/12/73

HPO6/5

36. The next Clinic Revisit schedule is:

(216) 479

- [1] Step-Up Schedule (2 weeks) Diastolic ≥ 105 mm Hg
- [2] Step-Up Schedule (4 weeks) Diastolic ≤ 104 mm Hg ← V_2 only
- [3] Maintenance Schedule A (4 weeks)
- [4] Maintenance Schedule B (8 weeks)
- [5] Step-Down Schedule (specify interval: [4 0] 480 weeks) (217)
- [6] Individualized Schedule (specify interval: [6 0 . 0 0] 481 482 days) (218)
- [7] Maintenance Schedule C (16 weeks)

37. Since the last visit, or at this visit, has participant received consultation concerning:

	YES			NO
	By M.D.	By Ther.	By H.C.	
drug adherence?	(219) ☐483	(220) ☐484	(221) ☐485	(222) ☐486
cigarette smoking?	(223) ☐487	(224) ☐488	(225) ☐489	(226) ☐490
diet?	(227) ☐491	(228) ☐492	(229) ☐493	(230) ☐494
weight?	(231) ☐495	(232) ☐496	(233) ☐497	(234) ☐498

38. Physician _____ 99 0 [499, 500] (235)

Therapist _____ 99 0 [501, 502] (236)

Health Counselor _____ 99 0 [503, 504] (237)

(319) Version
- [1] dated 1/15/73
- [2] dated 11/12/73

(325) 661 FILLER

(326) 662 FILLER

(327) 663 FILLER

(328) 664 FILLER

(329) 665 FILLER

(330) 666 CENTURY DATE

FOUR MONTH VISIT - SUPPLEMENT

4. **Blood Pressure Measurements:**

a. **Pulse: Beats in 30 seconds** _____ x 2 = (238) 505, 506, 507 **beats/minute.**

will be taking six blood pressure readings, four of them while you are seated and two of them just after you stand up.

b. **Blood pressure readings:**

		Systolic		Diastolic (5th phase)	
1.(Std)		(239) 508, 509, 510		(240) 511, 512, 513	
2.(R-Z)	Zero		(241) 514, 515, 516		(242) 517, 518, 519
			(243) 520, 521		(244) 522, 523
	Corrected		(245) 524, 525, 526		(246) 527, 528, 529
3.(Std)		(247) 530, 531, 532		(248) 533, 534, 535	
4.(R-Z)	Zero		(249) 536, 537, 538		(250) 539, 540, 541
			(251) 542, 543		(252) 544, 545
	Corrected		(253) 546, 547, 548		(254) 549, 550, 551
SUM of Corrected Readings 2 & 4			(255) 552, 553, 554		(256) 555, 556, 557
Average of R-Z Readings=SUM of Corrected Readings 2 & 4 Divided by 2					
5.(Std) after standing 2 minutes		(257) 558, 559, 560		(258) 561, 562, 563	
6.(R-Z) after standing 2 minutes	Zero		(259) 564, 565, 566		(260) 567, 568, 569
			(261) 570, 571		(262) 572, 573
	Corrected		(263) 574, 575, 576		(264) 577, 578, 579

c. **Is Average RZ Diastolic at or below Goal BP?** (265) 580 No [2] Yes [1] V2 only (Goal: (266) 581, 582 or below)

d. **Is Reading 6 (corrected systolic) lower than Reading 4 (corrected systolic), by 20 or more?** e. **Remarks**

(267) 583 No [2] Yes [1] → **Is the participant dizzy or faint after standing?**

(268) 584 No [2] Yes [1] → **Suggestive of postural hypotension.**

5. **Weight** (269) Pounds 585, 586, 587

Percent of ideal weight: (From standard table) (270) 588, 589, 590

Observer: _____ (271) 591, 592

6. **Do you smoke cigarettes at present?** (272) 593 No [2] Yes [1] → **How many cigarettes do you usually smoke per day?** (273) 594, 595

7. **Review of symptoms(check if present). Expand positives in review of participant's status section of attached HPO6.**

596 (274) [1] **Dyspnea**
597 (275) [1] **Orthopnea**
598 (276) [1] **Paroxysmal nocturnal dyspnea**
599 (277) [1] **Ankle edema**
600 (278) [1] **Chest pain or heaviness**
601 (279) [1] **Intermittent claudication**
602 (280) [1] **Weakness or paralysis**
603 (281) [1] **Numbness or paresthesia**
604 (282) [1] **Change in sexual ability, describe:** [1] **increase** [2] **decrease** (283) 605 _____
(284) 606 [1] **Other, describe:** _____

V2 only

8. (285) 607 ☐ **Blood sample drawn for 4 month tests (HP12 initiated)** (except for MC-16 participants)

IDENTIFYING INFORMATION (complete at beginning of visit)

1. **Program Number:** _____ _____ _____

2. **Name: (PRINT IN BLOCK CAPITALS)**

3. **Date** Month _____ Day _____ 19 Year _____

(Mr.,Miss,Mrs.) Last First Middle

HP06

Version 3

FILL OUT ONLY IF LABEL UNAVAILABLE

CLINIC REVISIT (20) ☑ 64 HOME VISIT FORM 54 = 1 2

1. PROGRAM NUMBER: 3 4 5 6 7 8 9 10 11 COORDINATING CENTER 12 13 14 15 16 17 (1)

2. NAME _____ LAST _____ FIRST _____ MIDDLE _____

8. YEAR-DAY NO. THIS VISIT (9) 39 40 41

LAST VISIT (10) 42 43 44

DAYS SINCE LAST VISIT ☐☐☐

18-25 BATCH NO. (2)

3. DATE (3) MONTH 26 27 DAY 28 29 19 YEAR 30 31

4. TIME ARRIVED: HOUR 32 33 : MINUTE 34 35 (4) (5) 36 ☐1 AM ☐2 PM (6)

5. (83) 249 250 MONTH VISIT

6. NEXT 4-MONTH VISIT DATE ___/___/___

7. GOAL BP: 587 588 (266)

9. CHANGES REQUIRED IN IDENTIFYING INFORMATION (7) ☐1 NONE 37 ☐2 HP11A INITIATED

10. TYPE OF THIS VISIT (8) ☐1 SU-2 38 ☐4 SU-4 ☐5 MA-4 ☐6 MB-8 ☐8 MC-16 ☐2 STEPDOWN ☐7 INDIVIDUALIZED SCHEDULE ☐3 UNSCHEDULED

11. BLOOD PRESSURE MEASUREMENT

A. PULSE: BEATS IN 30 SECONDS: _____ X 2 (238) 511 512 513 BEATS/MINUTE

PULSE OBLITERATION PRESSURE Col. 611 (283) 1 complete 0 missing _____ +30

PEAK INFLATION LEVEL (STANDARD) _____

MAXIMUM ZERO: _____ +

PEAK INFLATION LEVEL (R-Z) _____

CUFF SIZE: (237) ☐1 REGULAR 510 ☐2 LG. ARM ☐3 THIGH ☐4 PEDIATRIC

RANDOM ZERO: ALL VISITS

	SYSTOLIC		DIASTOLIC	
(2) R-Z	520 521 522	(241)	523 524 525	(242)
ZERO	526 527	(243)	528 529	(244)
CORRECTED	530 531 532	(245)	533 534 535	(246)
(4) R-Z	542 543 544	(249)	545 546 547	(250)
ZERO	548 549	(251)	550 551	(252)
CORRECTED	552 553 554	(253)	555 556 557	(254)
SUM OF CORRECTED (2+4)	558 559 560	(255)	561 562 563	(256)
AVERAGE (SUM/2)	☐☐☐		☐☐☐	
(AFTER STANDING 2 MINUTES) (6) R-Z	570 571 572	(259)	573 574 575	(260)
ZERO	576 577	(261)	578 579	(262)
CORRECTED	580 581 582	(263)	583 584 585	(264)

B. BLOOD PRESSURE READINGS STANDARD 4 MONTH ONLY

	SYSTOLIC		DIASTOLIC	
(1) STANDARD	514 515 516	(239)	517 518 519	(240)
(3) STANDARD	536 537 538	(247)	539 540 541	(248)
(AFTER STANDING 2 MINUTES) (5) STANDARD	564 565 566	(257)	567 568 569	(258)

C. IS PARTICIPANT AT GOAL ☐1 YES ☐2 NO (265) 586

D. IS READING (6) CORRECTED SYSTOLIC LOWER THAN READING (4) (CORRECTED SYSTOLIC) BY 20 OR MORE?

☐2 NO ☐1 YES (267) 589

IS PARTICIPANT DIZZY OR FAINT AFTER STANDING (268) 590
☐2 NO ☐1 YES → SUGGESTIVE OF POSTURAL HYPOTENSION

12. WEIGHT (269) 591 592 593 Lbs. % OF IDEAL WEIGHT 594 595 596 % (270)

(285) 613

14. BLOOD SAMPLE NOT DRAWN: ☐1 MC-16 AT GOAL ☐4 REFUSED ☐3 COULD NOT OBTAIN ☐9 OTHER

13. DO YOU SMOKE CIGARETTES AT PRESENT? ☐2 NO 599 (272) ☐1 YES → 600 601 CIGARETTES/DAY (273)

OBSERVER: (271) 597 598

PROGRAM NO. ____ – ____ NAME _____ DATE: ___/___/___

START INTERVIEW HERE

COMMENTS

15. How have you been feeling since your last visit?
NO PROBLEMS ☐1 PROBLEMS ☒2 (85) 254

16. Have you seen or talked with any doctors or nurses for health related reasons since your last visit?
NO ☒1 (Skip to question 18) YES ☐2 (122) 293

17. Have you had to stay overnight in a hospital since your last visit?
294 (123)
NO ☒1 YES ☐2 How many times were you admitted to the hospital? (124) [295][296]
(NOTE: Fill out HP08 for each admittance)

18. Have you had a period in the past 6 weeks? (117) 287
NA (Postmenopausal, etc) ☒3 YES ☐1 NO ☒2

NOTE!
If pregnancy possible **DO PREGNANCY TEST**
If not, explain

19. Now I would like to review with you the medicines you are taking, including medicines not prescribed by us. Would you please list for me each medicine you are now taking and how often you take it?
(Be sure to ask about birth control pills if appropriate)

MEDICINE OR DESCRIPTION	AMOUNT	TIMES/DAY
256 ▷ 1/0 (86)		

IF NOT ON HDFP MEDICINES, SKIP TO 22

20. Are you having any problems taking the medicine we gave you at the last visit?
NO ☒1 YES ☐2 (87) 257
(Comment on any compliance problems or situations preventing the participant from following the prescribed drug regime)

21. (If failed to bring medicines to clinic)
Thinking only of the medicines we gave you at the **last visit**, have you run out of any of them?
NO ☒1 YES ☐2 (89) 259

IF YES, EXPLAIN WHICH ONES ⇨

22. CHECK BOX IF ON MEDICINE IN QUESTION

I would like to ask several questions about your general health since your last visit.

Since your last visit have you been troubled by:

COMMENTS

If possible adverse reactions lead to drug discontinuation, change in drug contraindictions or precautions, or an exception to the basic plan of therapy, complete an HP22.

☐ **Ask if on any blood pressure medicine** — 2 / 1

- Tiredness or fatigue — (90) NO ☐ 260 YES ☐
- Skin rash or bruising — (91) NO ☐ 261 YES ☐
- Faintness or lightheadedness when you stand up quickly — (92) NO ☐ 262 YES ☐

☐ **If on Chlorthalidone or any Thiazide ask** (Alone or in combination, e.g., Regroton)

- Increasing weakness — (93) NO ☐ 263 YES ☐
- A recent blurring of your vision — (94) NO ☐ 264 YES ☐
- Excessive thirst — (95) NO ☐ 265 YES ☐
- Severe pain in any joint — (96) NO ☐ 266 YES ☐
- Muscle cramps — (219) NO ☐ 489 YES ☐
- Heart beating fast or skipping beats — (220) NO ☐ 490 YES ☐

☐ **If on Spironolactone, ask** — (97) 267

- Swelling or tenderness of your breasts — NO ☐ YES ☐

☐ **If on Reserpine ask** (Alone or in combination e.g., Regroton)

- Recurrent stomach pains — (98) NO ☐ 268 YES ☐
- Black or tarry stools — (99) NO ☐ 269 YES ☐
- Blood in the stools — (100) NO ☐ 270 YES ☐
- Nightmares — (101) NO ☐ 271 YES ☐
- Waking up too early and having difficulty getting back to sleep — (102) NO ☐ 272 YES ☐
- Feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep — (103) NO ☐ 273 YES ☐
- Stuffy nose — (104) NO ☐ 274 YES ☐

☐ **If on Methyldopa, ask**

- Excessive dry mouth — (105) NO ☐ 275 YES ☐
- Excessive drowsiness — (106) NO ☐ 276 YES ☐
- Nausea or vomiting — (107) NO ☐ 277 YES ☐
- Waking up too early and having difficulty getting back to sleep — (108) NO ☐ 278 YES ☐
- Feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep — (109) NO ☐ 279 YES ☐

☐ **If on Hydralazine, ask**

- Heart beating fast or skipping beats — (110) NO ☐ 280 YES ☐
- Episodes of chest pain or heavinesss in chest — (111) NO ☐ 281 YES ☐
- Severe headaches, that were so bad you had to stop what you were doing — (112) NO ☐ 282 YES ☐

☐ **If on Guanethidine, ask**

- Faintness or dizziness when arising, on hot days or after exercise — (113) NO ☐ 283 YES ☐
- Blacking out or losing consciousness — (114) NO ☐ 284 YES ☐
- Persistent diarrhea — (115) NO ☐ 285 YES ☐

(4 MONTH VISIT ONLY)

COMMENTS

23. Review of symptoms. Expand positives.

Has participant experienced:

a. Dyspnea	274	NO ☒ 602 YES ☐
b. Orthopnea	275	NO ☐ 603 YES ☐
c. Paroxysmal nocturnal dyspnea	276	NO ☐ 604 YES ☐
d. Ankle edema	277	NO ☐ 605 YES ☐
e. Chest pain or heaviness	278	NO ☐ 606 YES ☐
f. Intermittent claudication	279	NO ☐ 607 YES ☐
g. Weakness or paralysis	280	NO ☐ 608 YES ☐
h. Numbness or paresthesia	281	NO ☐ 609 YES ☐
i. Change in sexual ability	282	NO ☐ 610 YES ☐
j. Other	284	NO ☐ 612 YES ☐

24. Since last visit or at this visit:

a. Has there been a new event of any of the following:

(1) New Gout	492	NO ☒	YES ☐ 221 491 SUSPECT ☐
(2) New diabetes	220	NO ☐	YES ☐ SUSPECT ☐
(3) Hemolytic anemia	223 493	NO ☐	YES ☐ SUSPECT ☐
(4) Asthma	494 224	NO ☐	YES ☐ SUSPECT ☐

b. Was any drug discontinued because of a suspected side effect Or for any other reason? 225 NO ☒ 495 YES ☐; 226 NO ☐ 496 YES ☐ } COMPLETE HP22

c. Have there been other side effects which have caused reductions of medicines? YES ☐ 227 NO ☒ 497

SIDE EFFECT	CC CODE	SUSPECTED MEDICATION	CC CODE
1.	286 614 615		78 A 194 195
2.	287 616 617		204 B 460 "
3.	288 618 619		215 C 493 494

d. Is there a change in drug contraindications or precautions, or an exception to the basic plan of therapy? 140 317 NO ☒ YES ☐ } COMPLETE HP22

25. On the basis of all available information at this visit:

a. Is there an indication for a special test? 137 314 NO ☒ YES ☐ } COMPLETE HP 10

498 228 ☐ Sustained BP ⩾ 115 at Step 2 or beyond with
499 229 ☐ attacks of headache, sweating and palpatations
☐ 2 K^{+}'s < 3.5 off diuretics for > 1 week
230 ☐ Sustained BP ⩾ 115 at Step 2 or beyond
500 and retinal hemorrhages or
501 231 ☐ papilledema
☐ Decreasing hematocrit and/or hemolysis
502 232 ☐ on methyldopa
☐ Jaundice, SGOT > 70, or hepatomegaly
233 ☐ LE symptoms or signs on hydralazine
503

b. Is there a new now-fatal event? 138 315 NO ☒ YES ☐ } COMPLETE HP08

292 ☐ 627 Hospitalization
☐ MI 293 629
294 ☐ Stroke 631
☐ Other events involving
295 end-organ damage
634

26. PRESCRIPTION LAST VISIT	CHLOR.	SPIRO.	RSERP.	RGROT.	METHYL.	HYDRA.	GUANE.	OTHER NAME / CC CODE	OTHER NAME / CC CODE	POT. SUP.
☐ NOT ON ANTI-HYPERTENSIVE (SKIP THIS ITEM)										
NON-HDFP Prescription	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. PILLS GIVEN Last visit										
ONE GIVEN	☐	☐	☐	☐	☐	☐	☐	☐	☐	
b. PILLS GIVEN Since last visit										
c. PILLS RETURNED										
Not all remaining pills returned	☐	☐	☐	☐	☐	☐	☐	☐	☐	
d. PILLS TAKEN (a + b − c)										
e. PILLS/DAY										MEq/DAY
Pill size										
f. DAYS SINCE LAST VISIT										
g. PILLS TO BE TAKEN (exf)										
h. ADHERENCE INDEX (d/g x 100)										
Missed doses recently	☐	☐	☐	☐	☐	☐	☐	☐	☐	

☐ Adherence index suspected invalid ☐ Poor compliance suspected

COORDINATING CENTER CODE

27. PRESCRIPTION THIS VISIT	CHLOR.	SPIRO.	RSERP.	RGROT.	METHYL.	HYDRA.	GUANE.	OTHER NAME / CC CODE	OTHER NAME / CC CODE	POT. SUP.
☐ NOT ON ANTI-HYPERTENSIVE (SKIP TO #28)										
a. STOP (Complete HP22)										
CONTINUE										
INCREASE										
REDUCE										
START (Complete HP22)										
b. PILL SIZE (MG/Pill)		25		X						☐ KCl
c. PILLS/DOSE										☐ K-lor
d. DOSES/DAY										☐ more than ONE box
e. PILLS/DAY										☐ Other
f. PILLS GIVEN This Visit										MEq/DAY
NONE GIVEN	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
NON-HDFP PRESCRIPTION	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

COORDINATING CENTER CODE

28. List all medicines, other than antihypertensives, that the participant is currently taking and will continue to take between this visit and the next.

	MEDICINE	CC CODE	HDFP	OTHER SOURCE	COMMENTS
(1)			☐	☐	
(2)			☐	☐	
(3)			☐	☐	
(4)			☐	☐	
(5)			☐	☐	
(6)			☐	☐	
(7)			☐	☐	

29. Is participant at or below goal blood pressure?

318 (141) NO [2] YES [1] → SKIP TO 30

Is participant being advanced in dosage or to next treatment step?

319 (142) NO [2] YES [1] → SKIP TO 30

COMMENTS

WHY NOT?

- First visit in last 4 visits 1-9mm above goal — 316 (139) [1]
- Present medications have not reached effect per protocol — 320 (143) [1]
- Poor compliance; adherence index < 80 — 322 (145) [1]
- Poor compliance; failure to return pills — 323 (146) [1]
- Poor compliance; reports missing doses recently — 324 (147) [1]
- Participant is at maximum Step 3, and goal is < 90 — 321 (144) [1]
- Participant is pregnant — 325 (148) [1]
- Participant is seriously ill — 342 (156) [1]
- Other — 326 (149) [1]

1/0 (209) 473

OUTLINE PLAN FOR IMPROVING COMPLIANCE

COMPLETE HP22

COMPLETE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

30. Next clinic revisit schedule is: (216) 485

[1] SU-2 [2] SU-4 [3] MA-4 [4] MB-8 [7] MC-16

[5] STEPDOWN [487][488] SPECIFY INTERVAL (WEEKS)

[6] INDIVIDUALIZED SCHEDULE (218) [487][489] SPECIFY INTERVAL (DAYS)

☐ HOME VISIT 486 (217)

31. Date of next visit: MONTH [45][46] (11) DAY [47][48] 19 YEAR [49][50] HOUR [51][52] : MINUTE [53][54] [1] AM [2] PM 55 (14) YEAR-DAY NO. (206) [149][150][151]

32. Time this visit completed: HOUR [56][57] (15) : MINUTE [58][59] (16) [1] AM [2] PM 60 (17)

This section completed by (18) [61][62]

ADDITIONAL REMARKS ON PARTICIPANT'S STATUS OR PRESCRIPTION

(329) Propranolol Effect 693

4 MON. VISIT?

(19) 663 [1] yes [2] no

(219) 661 Version No. #3

Participants currently taking propranolol

Since your last visit have you:

- ☐ had any wheezing or difficulty breathing?
- ☐ had any shortness of breath on exertion?
- ☐ had any shortness of breath on lying flat?
- ☐ wakened at night short of breath?
- ☐ noted any ankle swelling?
- ☐ had any increased difficulty getting to sleep?
- ☐ had any problem with diarrhea?

☐ None

(235) Physician [505][506]

(236) Therapist [507]

Review of completed HP06 each item complete & legible name & program number correct ✓

Editor (290) [622][623]

Clinic Code [625] (291)

HP06/6