HP31: Exit Interview Form

Purpose

The Exit Interview was the last standard interview that the HDFP trial participants had at the HDFP clinic. These interviews began after the Program results had been released in November, 1979.

The transition phase of the HDFP lasted approximately six to nine months after the final year of follow-up had been completed, during which the transfer of Stepped Care participants to non-HDFP sources of blood pressure care took place. To serve as an aid to the transfer process and as a means of documenting this valuable experience, two standard forms were designed to be administered to all Stepped Care participants: The *Transfer Information Questionnaire*, HP29, and the *Exit Interview Form*, HP31. (Refer to **Chapter 16** and **Sections 16.5** and **16.8** of the *Manual of Operations* for details).

FORM NO. 31

BATCH NO. 18, 19, 20, 21, 22, 23, 24, 25

EXIT INTERVIEW

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

Coordinating Center: 12, 13, 14, 15, 16, 17

2. Name: (PRINT IN BLOCK CAPITALS)

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

3. Date of Exit Interview: Month 26, 27 Day 28, 29 19 Year 30, 31

4. Date all items completed: Month 32, 33 Day 34, 35 19 Year 36, 37

INTERVIEWER: The following is a checklist of topics that, for those applicable, should be discussed with the participant during the Exit Interview.

	Yes	No	NA
5. Results of HDFP National Program discussed	☐	☐	☐
Review of individual participant's status and recommendations, including:			
a. level of blood pressure control	☐	☐	☐
b. current medications	☐	☐	☐
c. adverse reactions in past	☐	☐	☐
d. comorbid conditions	☐	☐	☐

7. Source of care to whom the participant has been referred:

a. Name of new source of care (i.e., physician, clinic): (NAME OF SOURCE CARE) ▷ 1 38

Address: No. / Street Name or RR No. / City or Town

State Zip Code Telephone number: / Area Code

b. ☐ No source of care to be identified ↓38

SKIP to 9

1 Name of Care Source
or
2 No Source Identified

8. Information about appointment with the source of care reported in item 7:

a. Date of first appointment: Month [ ] Day [ ] 19 Year [ ]

b. ☐ No appointment being made. → SKIP to 9

c. Date confirmation was made that the appointment was actually kept:

Month [ ] Day [ ] 19 Year [ ] → SKIP to 9

d. ☐ First appointment not kept.

INTERVIEWER: If the participant failed to keep the first appointment, make all reasonable attempts to ensure that a second appointment is scheduled.

e. Date of second appointment: Month [ ] Day [ ] 19 Year [ ]

f. ☐ No appointment being made → SKIP to 9

g. Date confirmation was made that second appointment was actually kept:

Month [ ] Day [ ] 19 Year [ ] → SKIP to 9

h. ☐ Second appointment not kept.

9. a. Do you have any plans for moving in the forseeable future?

Yes ☐ DK ☐ No ☐

b. Do you know where you'd be moving to?

(6) Yes [1] No [2]

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Address: (7) ▷ 0/1 40 / /

House Number Street Name or RR Number Apt. No.

City or Town State Zip Code

10. Could we have the name, address, and telephone number of three people, not in your household, who will know where you are if we should need to contact you?

(8) P 0/1 41 / /

First Middle Last

If above person is a married female, list first name of husband _____

/ /

House Number Street Name or RR Number Apt. No.

City or Town State Zip Code

Telephone Number: _____ / _____

Area Code

/ /

First Middle Last

If above person is a married female, list first name of husband _____

/ /

House Number Street Name or RR Number Apt. No.

City or Town State Zip Code

Telephone Number: _____ / _____

Area Code

/ /

First Middle Last

If above person is a married female, list first name of husband _____

/ /

House Number Street Name or RR Number Apt. No.

City or Town State Zip Code

Telephone Number: _____ / _____

Area Code

INTERVIEWER:

a. An HP03A should be completed to give permission to send the participants' Clinical Summary and other information to the new source of care when the study ends.

HP03A completed and signed by participant:

Yes	No	
☐	☐	Participant refused to sign
	☐	No new source of care will be identified
	☐	Other, specify _____

b. A referral letter and Clinical Summary are scheduled to be sent to the new source of care on:

Month	Day		Year
		19	

OR:

A referral letter and Clinical Summary have already been sent on:

Month	Day		Year
		19	

12. COMMENTS:

(9) P 0/1 42

INTERVIEWER: This form is to be held at the clinic until the first visit with the non-HDFP source of care has been confirmed or until the participant has either refused referral or has failed to keep both the first and second appointments with the non-HDFP source of care.

13. Interviewer's signature: _____ (10) 43, 44 Code No.