

FORM 1,2

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

2. Name: (PRINT IN BLOCK CAPITALS) 12,13,14,15,16,17 ACROSTIC

BATCH NO. (2) 18,19,20,21,22,23,24,25

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

3. Age: (3) Month Day Year

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

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

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

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

7. Result: (8) N H N=Normotensive H=Hypertensive 38 Attach randomization envelope. (9)

Envelope number is: 39,40 41,42,43,44 142000 010001

10 C Were you taking anti-hypertensive medication at the time your blood pressure was taken at home?

(143) 2 NO 1 YES 232

8. Review of completed HPO3: [] Every item on each page is complete and legible. [] Name and Program Number are correct. [] Participant is N and has been advised accordingly. or [] Participant is H:

10 D Are you now taking or in the past two days have you taken anti-hypertensive medication?

(144) 2 NO 1 YES 233

- [] HPO3A, Release of Program Information, signed and entered in Clinic Record. [] HP11, Identifying and Contact Information, completed and entered in Clinic Record. [] HP12, Clinical Center Laboratory Report, initiated and entered in Clinic Record.

[] Second Clinic Visit scheduled, Date: (10) Month Day Year (11) Hour (12) Minute (13) a.m./p.m. 45,46 47,48 19 49,50 51,52 : 53,54 55

[] Appointment Slip Given. [] Chest X-ray scheduled: Date Time a.m./p.m.

[] ECG completed. (14) Hour (15) Minute (16) a.m./p.m. 56,57 : 58,59 60

9. Time visit completed: (17) 61,62

This section completed by: _____

Now I would like to record your blood pressure and measure your height and weight.

10. Blood Pressure

(18)

a. Pulse: Beats in 30 seconds _____ x 2 = $\boxed{63, 64, 65}$ beats/minute. $\frac{200}{30}$

INTERVIEWER: I will be taking four blood pressure measurements:

b. Readings:

		Systolic	Diastolic (5th Phase)	
Reading 1 (Std.)	$\frac{300}{60}$	(19) $\boxed{66, 67, 68}$	(20) $\boxed{69, 70, 71}$	$\frac{200}{0}$
Reading 2 (R-Z)	$\frac{301}{60}$	(21) $\underline{72, 73, 74}$	(22) $\underline{75, 76, 77}$	$\frac{299}{0}$
Zero	$\frac{99}{0}$	(23) $\underline{78, 79}$	(24) $\underline{80, 81}$	$\frac{99}{0}$
Corrected	$\frac{300}{60}$	(25) $\boxed{82, 83, 84}$	(26) $\boxed{85, 86, 87}$	$\frac{200}{0} \rightarrow$
Reading 3 (Std.)	$\frac{300}{60}$	(27) $\boxed{88, 89, 90}$	(28) $\boxed{91, 92, 93}$	$\frac{200}{0}$
Reading 4 (R-Z)	$\frac{301}{60}$	(29) $\underline{94, 95, 96}$	(30) $\underline{97, 98, 99}$	$\frac{299}{0}$
Zero	$\frac{99}{0}$	(31) $\underline{100, 101}$	(32) $\underline{102, 103}$	$\frac{99}{0}$
Corrected	$\frac{300}{60}$	(33) $\boxed{104, 105, 106}$	(34) $\boxed{107, 108, 109}$	$\frac{200}{0} \rightarrow$
Average of Readings 2 and 4			(35) $\boxed{110, 111, 112}$	SUM $\frac{400}{0}$

11. Height: Inches

(36) $\boxed{113, 114}$ $\frac{99}{36}$

12. a. Weight: Pounds

(37) $\boxed{115, 116, 117}$ $\frac{500}{50}$

b. Percent of ideal weight: (From standard table) (38) $\boxed{118, 119, 120}$ $\frac{152}{72}$

INTERVIEWER: IF SUM is less than 180, advise the participant accordingly and end the visit.
 IF SUM is 180 to 248, continue and complete the First Clinic Visit (HPO3).
 IF SUM is 250 or greater, notify the physician and complete HPO3 and HPO4 during this visit.

REMARKS:

(39) 121

Observer: _____ $\frac{99}{0}$ (40) $\boxed{122, 123}$

13. Now I would like to ask you some questions about the health of your relatives.
Has any close relative (father, mother, brothers, sisters, children) ever had any of the following diseases?

Comments:

003502

	Yes	No	DK	Relationship
Heart attack (41)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 124	
Other heart disease (42)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 125	
High blood pressure (43)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 126	
Stroke (44)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 127	
Diabetes (45)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 128	
Kidney disease (46)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 129	

(47) 130

14. Now some questions about your own health.
Do you have any conditions or health problems at the present time?

	Condition or Health Problem	Duration
(1)		
(2)		
(3)	(48) 131	
(4)		

(49) 132

15. I would like to know about some specific conditions you may have had:

- a. Has a doctor ever told you that you had kidney stones, or other kidney trouble? (50) Yes No DK 133
- b. Has a doctor ever told you that you had gout? (51) Yes No DK 134
- c. Has a doctor ever told you that you had cirrhosis or liver disease? (52) Yes No DK 135
- d. Has a doctor ever told you that you had tuberculosis? (53) Yes No DK 136
- e. Has a doctor ever told you that you had intestinal bleeding or ulcers? (54) Yes No DK 137
- f. Has a doctor ever told you that you had cancer?

(55) No DK Yes

138 What part of the body was affected?

- 139 (56) Breast (59) Gastro-intestinal tract
 140 (57) Lung (60) Genito-urinary system
 141 (58) Skin (61) Other, specify: (62) 145

(63) 146

16. a. Do you have attacks of headache, racing of your heart, and sweating all at once?

(64) Yes No DK

147

(65) 148

Now thinking about the past several months, have you been troubled with:

Comments:

16. b. skin rash or bruising?

Yes No DK
1 2 3
149

66

c. headaches so bad that you had to stop what you were doing?

1 2 3
150

67

d. faintness or light-headedness when you stand up quickly?

1 2 3
151

68

e. your heart beating fast or skipping beats?

1 2 3
152

69

f. blacking out or losing consciousness?

1 2 3
153

70

g. swelling or tenderness of your breasts?

1 2 3
154

71

h. recurrent stomach pains?

1 2 3
155

72

i. waking up too early and having difficulty getting back to sleep?

1 2 3
156

73

Within the past several months:

j. have your stools been black or tarry?

1 2 3
157

74

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

1 2 3
158

75

FOR WOMEN SKIP TO m.

l. have you noticed a decrease in sexual ability?

1 2 3
159

76

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

1 2 3
160

77

78 161

FOR MEN SKIP TO 18.

17. a. Have you ever been pregnant?

79 No 2 DK 3 Yes 1
162

(1) How many live born children?

80 3 4 20
0

(2) How many miscarriages or stillbirths?

81 5 6 20
0

(3) Have seizures or convulsions occurred during any pregnancy?

82 Yes 1 No 2 DK 3 167

(4) Has high blood pressure or toxemia complicated any pregnancy?

83 Yes 1 No 2 DK 3 168

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

84 Yes 1 No 2
169

What is the reason?

- 1 Post-menopause, natural
 - 2 Post-menopause, other
 - 3 Known pregnancy
 - 4 Possible pregnancy
 - 5 Other, specify: _____
- 85 170 → SKIP TO 18.

c. Are you currently taking birth control pills?

86 Yes 1 No 2 DK 3
171

Comments:

87 172

18. a. (1) Have you ever had any pain or discomfort in your chest?

88 Yes 1 No 2
173

IF NO, have you ever had any pressure or heaviness in your chest?

89 Yes 1 No 2
174

IF NO, TO BOTH OF THESE QUESTIONS SKIP TO 18c.

IF YES, TO EITHER OF THESE TWO QUESTIONS, continue to

(2). If any answer given below is marked *, skip to 18b;

do NOT finish 18a.

90 175

(2) Do you get this pain (or discomfort) when you walk up-hill or hurry?

Comments:

91 Yes No* Never walks up-hill or hurries

176

(3) Do you get this pain or discomfort when you walk at an ordinary pace on the level?

92 Yes No

177

(4) What do you do if you get this pain while you are walking?

93 Stop or slow down
 Take a nitroglycerin
 Continue at same pace*

178

(5) If you stand still what happens to the pain?

94 Relieved Not relieved*

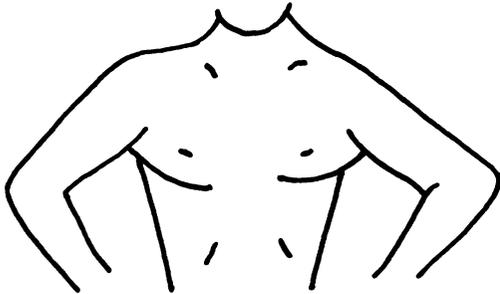
179

(6) How soon is the pain relieved?

95 10 minutes or less More than 10 minutes*

180

(7) Will you show me where it was?



(a) Sternum (middle or upper)

Yes No
181

(b) Sternum (lower)

182

(c) Left anterior chest

183

(d) Left arm

184

96

97

98

99

Did you feel it anywhere else?

100 Yes No

185

IF YES, record additional information on the diagram above.

101 186

NOTE: IF YES to (a); or (b); or (c) and (d), history is positive for angina.

18. b. (1) Have you ever had a severe pain across the front of your chest lasting half an hour or more?

102 Yes No

187

IF NO, skip to 18c; do NOT finish 18b.

IF YES, history is positive for possible infarction.

103 188

(2) Did you see a doctor because of this pain?

104

Yes No

189
IF YES, what did he say it was? _____

(3) How many of these attacks have you had? (Record number of attacks)

105

90, 91 99
0

	<u>Date</u>	<u>Duration</u>
Tell me about your first attack:	_____	_____
Your last attack:	_____	_____

106 192

18. c. If any answer given below is marked*, SKIP TO 19; do NOT finish 18c.

(1) Do you get pain in either leg on walking?

107

Yes No*

193
(2) Does this pain ever begin when you are standing still or sitting?

108

Yes* No

194
(3) In what part of your leg do you feel it?

109

Pain includes calf/calves Pain does not include calf*

195
IF calves not mentioned, ask, "Anywhere else?" If calves still not mentioned, indicate "Pain does not include calf", above.

(4) Do you get this pain when you walk uphill or hurry?

110

Yes No* Never walks uphill or hurries

196
(5) Do you get this pain when you walk at an ordinary pace on the level?

111

Yes No

197
(6) Does the pain ever disappear while you are still walking?

112

Yes* No

198

113 199

(7) What do you do if you get this pain while you are walking?

114 Stop or slacken pace Continue at same pace*
200

(8) What happens to the pain if you stand still?

115 Relieved Not relieved*
201

(9) How soon is it relieved?

116 10 minutes More than 10 minutes
202

NOTE: If 10 minutes or less, history is positive for intermittent claudication.

Comments:

117 203

19. a. Do you get shortness of breath that requires you to stop and rest?

118 Yes No
204

IF NO, SKIP TO 19b.

IF YES, do you get it walking on level ground or climbing a single flight of stairs?

119 Yes No
205

19. b. Do you get shortness of breath when you are lying down flat?

120 Yes No
206

IF NO, SKIP TO 19c.

IF YES, does this shortness of breath improve when you sit up, or do you use extra pillows at night to prevent it?

121 Yes No
207

19. c. Do you get severe shortness of breath which wakes you up when lying down asleep?

122 Yes No
208

123 209

20. a. (1) Do you usually cough first thing in the morning (on getting up) in the winter? (Include a cough with first smoke or on first going out of doors. Exclude clearing throat or a single cough.)

124 Yes No
210

125 211

(2) Do you usually cough during the day -- or at night -- in the winter?
(Ignore an occasional cough.)

126 Yes No

212

IF NO TO BOTH QUESTIONS (1) & (2), SKIP TO 20b.

(3) Do you cough like this on most days (or nights) for as much as three months each year?

127 Yes No

213

20. b. (1) Do you usually bring up any phlegm from your chest first thing in the morning (on getting up) in the winter? (Include: phlegm with the first smoke, phlegm on first going out of doors and swallowed phlegm. Exclude phlegm from the nose.)

128 Yes No

214

(2) Do you usually bring up any phlegm from your chest at least twice during the day -- or at night -- in the winter?

129 Yes No

215

IF NO TO BOTH QUESTIONS (1) & (2), SKIP TO 20c.

(3) Do you bring up phlegm like this on most days (or nights) for as much as three months each year?

130 Yes No

216

IF YES, have you had phlegm like this for 3 years or more?

131 Yes No

217

20. c. (1) Does your chest ever sound wheezing or whistling?

132 Yes No

218

IF YES, do you get this most days -- or nights?

133 Yes No

219

(2) Have you ever had attacks of shortness of breath with wheezing?

134 Yes No

220

IF YES, is (was) your breathing absolutely normal between attacks?

135 Yes No

221

Comments:

003502

136 222

21. Now I would like to ask you about medications you may be taking now or have taken in the past.

Comments:

a. Has any medication ever caused you to have a skin rash or other kind of allergic reaction?

(137) Yes No

223

IF YES, describe medications, reaction, and circumstances:

(138) 224 - 225 01 00

NOTE: Positive responses will be verified by a clinic physician and, if confirmed, entered on the inside cover of the clinic record, Identifying Information (HP11).

b. Have you taken any medications or drugs or treatments including special diet, today or in the past two weeks?

(139) Yes No

226

IF YES, describe:

(141) 229

	<u>Reason for medication</u>	<u>When Started</u>	<u>Identification</u>
(1)			
(2)			
(3)		(140) 227-228 01 00	
(4)			
(5)			

Ask participant to bring all medications to next visit to insure proper identification, if not already done.

[For Item 21.b see following page for field 154 for drug codes]

This interview completed by: _____

(142) 230, 231 99 0

Fields 143 and 144 - see page HP03/1 items 10.C and 10.D

HP03 First Clinic Visit Computed Fields Format

<u>Variable Name</u>	<u>Field</u>	<u>Col. Position Start</u>	<u>Col. Position End</u>	<u>Field length</u>	<u>Units or Value labels</u>	<u>Comments</u>
Randomization Group	145	234	- 234	1	1=Referred Care 2=Stepped Care	
Goal Blood Pressure	146	235	- 236	2	millimeters of mercury	Based upon DBP and treatment status at First Clinic Visit (HP03) See Manual of Operations page 2/6.
Participant Acrostic	147	237	- 242	6		1st 3 characters of last name, 1st 2 characters of first name, middle initial. Based upon most current information on file.
Age of Enumeration	148	243	- 244	2	years	Computed from Birthdate on HP02 (item 5) as of date of HP01
Obsolete	149	245	- 246	2		
Blood Pressure Strata	150	247	- 247	1	1=90-104mm Hg,mild 2=105-114mm Hg,moderate 3=115+mm Hg,severe	
Treatment	151	248	- 248	1	1=Referred Care 2=Stepped Care	Actual Treatment differs from randomization (field 145) due to "Household Rule". See Manual of Operations Section 9.2.
HP23A form processed	152	249	- 249	1	1=yes 2=no	Indicates if this form was received and processed during masterfile update. The records are stored on the Name and Address masterfile.
Obsolete	153	250	- 254	5		
Drug Codes	154	255	- 264	10	alpha data	Field includes five variables for the drugs in item 21.b, HP03 and item 26, HP04. See "Baseline Drug Coding Instructions" in the Medication Code List.