HOME SCREENING

OMB 68 - R1325

Form No. 1 2

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

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

2. Name: (PRINT IN BLOCK CAPITALS)

ACROSTIC 12 13 14 15 16 17

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

3. Address:

House No. Street Name or RR No. Apt. No.

City or Town State Zip Code

4. Telephone No. / Area

5. Birthdate: (3)

Month 26 27 Day 28 29 19 Year 30 31

6. Sex: (4)

M 1 F 2

32

7. Race:

1 White

33 2 Black (5)

3 Other, specify: _____

8. Marital Status:

(6) 34

1 Married

2 Widowed

3 Separated

4 Divorced

5 Never Married

IF HEAD OF HOUSEHOLD, SKIP TO 10.

9. What is the highest grade or year of school that you completed?

☐ 1 Less than 7 years (7)

☐ 2 7 - 9 years 35

☐ 3 10 - 11 years

☐ 4 High school graduate

☐ 5 Some college, but no degree

☐ 6 College graduate

☐ 7 Degree beyond college graduation

☐ 8 DK

10. Location of Interview: (8)

1 ☐ In home

2 ☐ On porch

3 ☐ In supermarket or other public building

36 4 ☐ In van outside home

5 ☐ In van at shopping center

6 ☐ At place of employment

7 ☐ In lobby or common room of residence building

8 ☐ Other, specify: _____

11. Date and Time Interview Completed: (9)

Month 37 38 Day 39 40 19 Year 41 42 Hour 43 44 (10) : Minute 45 46 (11) 1 ☐ a.m. 2 ☐ p.m. (12) 47

12. Was clinic appointment made? (13)

☐ 1 Yes, Date: Month 49 50 (14) Day 51 52 19 Year 53 54 Hour 55 56 (15) : Minute 57 58 (16) 1 ☐ a.m. 2 ☐ p.m. (17) 59

☐ 2 Appointment to be made at clinic

☐ 3 Normotensive 48

☐ 4 Refused, own doctor and own medical care

☐ 5 Refused, house-bound

☐ 6 Refused, no reason

☐ 7 Refused, other, specify: _____ (18)

13. Interviewer: _____ 60 61

Field Comments:

01/15/73

HPO2/1

14. Are you currently employed?

Yes ☐1 62 → 1☐ Full time 2☐ Part time 63 (20)

No ☐2 (19) → Are you retired?

Yes ☐1 64 (21) → Medical reasons? Yes ☐ 65 1 No ☐ 2 (22)

No ☐2 → Are you temporarily unemployed for 1☐ medical reasons? 66 or (23) 2☐ other reasons? → Specify: 1/0 67 (24)

IF YOUR CENTER EXCLUDES ITEMS 15-19, SKIP TO 20.

Now I would like to know some of your ideas about blood pressure and health.

15. If a person has high blood pressure, how likely do you think it would be that any serious health problems would result from it? (INTERVIEWER: Read choices and check the one chosen.) Would you say:

68 not likely? ☐1 probably? ☐2 definitely? ☐3 DK ☐4 (25)

16. Do you think that a person with high blood pressure should see a doctor regularly?

69 Yes 1☐ No 2☐ DK 3☐ (26)

17. What kinds of long-range benefits, if any, do you think people with high blood pressure should expect from receiving medical treatment for the high blood pressure? Do you think they should expect to have:

	Yes	No	DK
a. better vision? (27)	70 ☐1	☐2	☐3
b. longer life? (28)	71 ☐1	☐2	☐3
c. less chance of getting cancer? (29)	72 ☐1	☐2	☐3
d. less chance of having a heart attack? (30)	73 ☐1	☐2	☐3

18. In general, how satisfied have you been with the care you have received when seeking medical help? (INTERVIEWER: Read choices and check the one chosen.)

74
1☐ Very satisfied
2☐ Somewhat satisfied
3☐ Somewhat dissatisfied
4☐ Very dissatisfied (31)
5☐ Not applicable (no medical care)

19. Now I will describe several conditions and for each one asked please tell me how likely you would be to seek medical help if you had the condition. (INTERVIEWER: Read the choices and check the one chosen.)

	Not Likely	Probably	Definitely
a. Mild headache for a week	(32) 75 ☐1	☐2	☐3
b. Pains in the chest several times a day for more than one day	(33) 76 ☐1	☐2	☐3
c. Blood in your stools for several days	(34) 77 ☐1	☐2	☐3
d. Shortness of breath when walking short distances	(35) 78 ☐1	☐2	☐3
e. Feeling tired all the time for no apparent reason	(36) 79 ☐1	☐2	☐3

ASK THE REMAINING QUESTIONS OF EVERYONE.

Now I would like to ask you about some medical conditions you may have had.

20. Have you ever been told by a doctor that you had high blood pressure?

No ☐2 DK ☐3 Yes ☐1 (37)
80

How many years ago were you first told that you had high blood pressure? Years [81,82] (38)

Have you ever taken high blood pressure medicine that a doctor prescribed for you?

No ☐2 DK ☐3 Yes ☐1 (39)
83

Are you still taking medicine for high blood pressure?

Yes ☐1 DK ☐3 No ☐2 (40)
84

How many years ago did you last take medicine for high blood pressure? Years [85,86] (41)

Why did you stop? Specify: 87 1/0 (42)

FOR MEN SKIP TO 21.

Were you pregnant when the doctor first told you that you had high blood pressure?

No ☐2 DK ☐3 Yes ☐1 (43)
88

Did a doctor ever say that you had high blood pressure when you were not pregnant?

Yes ☐1 No ☐2 DK ☐3 (44)
89

21. Have you ever been told by a doctor that you had diabetes (sugar in your urine or high blood sugar)?

No ☐2 DK ☐3 Yes ☐1 (45)
90

How many years ago was this? Years [91,92] (46)

22. Did a doctor ever tell you that you had a heart attack or a coronary (myocardial infarction, coronary thrombosis or coronary occlusion)?

No ☐2 DK ☐3 Yes ☐1 (47)
93

How many years ago was this? Years [94,95] (48)

23. Have you ever been told by a doctor that you had a stroke?

No ☐2 DK ☐3 Yes ☐1 (49)
96

How many years ago was this? Years [97,98] (50)

Now I would like to ask you about your health in general and any medical care you may have received.

24. Compared with other people your own age, would you say your health is:

excellent?	good?	fair?	poor?
99 ☐1	☐2	☐3	☐4 (51)

25. Would you say you worry about your health:

never?	occasionally?	frequently?
100 ☐1	☐2	☐3 (52)

26. a. Thinking about the things you do at work (or housework), how would you rate yourself as to the amount of physical activity you get compared with others of your age and sex? Would you say you are:

much more active?	somewhat more active?	about the same?	somewhat less active?	much less active?	not applicable
101 ☐1	☐2	☐3	☐4	☐5	☐6 (53)

b. Now, thinking about the things you do outside of work (or housework), how would you rate yourself as to the amount of physical activity you get compared with others of your age and sex? Would you say you are:

much more active?	somewhat more active?	about the same?	somewhat less active?	much less active?
102 ☐1	☐2	☐3	☐4	☐5 (54)

27. During the past 12 months, that is, since __(date)__ a year ago, about how many times have you seen or talked to a medical doctor for health reasons? [103,104] (55)

28. During the past 12 months, that is, since __(date)__ a year ago, about how many visits have you made to the dentist? [105,106] (56)

29. During the past 12 months, that is, since __(date)__ a year ago, about how many days were you away from work or unable to carry out your usual daily activities because of illness, disability, or injury? [107,108,109] days (57)

30. Were you a patient in a hospital at any time since __(date)__ a year ago?

No	DK	Yes
☐2	☐3	☐1 (58)
110		

How many times were you in the hospital since __(date)__ a year ago? [111,112] (59)

How many days (total) since __(date)__ a year ago did you spend in the hospital? [113,114,115] (60)

31. Have you ever smoked cigarettes regularly?

No	DK	Yes
☐2	☐3	☐1 (61)
116		

Do you smoke cigarettes at present?

No	Yes
☐2	☐1 (62)
117	

How many cigarettes do you usually smoke per day? [118,119] (63)

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

32. How tall are you (without shoes on)? 64 [120] feet 65 [121,122] inches

33. How much do you weigh (without heavy clothes on)? 66 [123,124,125] pounds

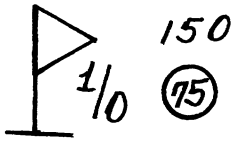
34. Pulse: number of beats in 30 seconds _____ x 2 = 67 [126,127,128] beats / minute

Now I would like to take three readings of your blood pressure.

35. Blood Pressure Readings:

	Systolic	Diastolic (5th Phase)
Reading 1	68 [129,130,131]	69 [132,133,134]
Reading 2	70 [135,136,137]	71 [138,139,140]
		+
Reading 3	72 [141,142,143]	73 [144,145,146]
		74 [147,148,149] SUM
Average of Readings 2 and 3	___	___

INTERVIEWER: Explain the readings and enter any remarks.



36. Social Security Number: 76 [151,152,153] – [154,155] – [156,157,158,159]

INTERVIEWER: If SUM of diastolic Readings 2 and 3 is less than 190, thank the respondent and terminate the interview. Enter interview completion information on page 1.

37. Do you have a personal physician or family doctor?

No ☐2 Yes ☐1 (77)

160 ↓

a. May I have his name, address and telephone number?

Dr. _____

First | Middle | Last

_____

House No. | Street Name or RR No. | Apt. No.

_____

City or Town | State | Zip Code

Telephone No.: _____ / _____

Area

b. When did you last see him?

_____

38. Do you have insurance to help pay:

a. all or part of your hospital bills?

No ☐2 Yes ☐1 (78)

161 ↓

What kind? _____ 1/0 (79) 162

_____

b. all or part of the bill when you go to a doctor's office?

No ☐2 Yes ☐1 (80)

163 ↓

What kind? _____ 1/0 (81) 164

_____

INTERVIEWER: 1. Schedule a clinic appointment.

2. Ask the participant to bring all medications to First Clinic Visit to insure proper identification.

3. Complete remaining items on page 1.

Remarks: