FORM APPROVED
OMB No. 68-R1325
Expires 12/31/79

FIVE YEAR FOLLOW-UP CLINIC VISIT

FORM NUMBER 1 2

COMPLETE ITEMS 1, 2, 13, 19, 20, 21, 22, and 38 PRIOR TO CLINIC VISIT

1. Program Number: 3,4 | 5,6,7,8,9 | 10,11 (1) | 12,13,14,15,16,17 Coordinating Center

2. Name: (PRINT IN BLOCK CAPITALS) (2) BATCH NUMBER 18,19,20,21,22,23,24,25 ACROSTIC

(Mr., Miss, Mrs., Ms.) 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 (6) a.m. [1] p.m. [2] 36

5. Changes required in identifying information: 48 None [1] HP11A Initiated [4] (13)

6. Time since last meal? (7) Hours 37,38 : (8) Minutes 39,40

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

7. Procedures

a. Envelope allocation of participant (14) 49
[1] Referred Care
[2] Stepped Care

b. Treatment allocation of participant (15) 50
[1] Referred Care
[2] Stepped Care

c. Results to be sent to care source? (16) 51
NO [2] YES [1] → ☐ HP03A completed

8. Review of completed HP26

52 1 ☐ Every item on each page is complete and legible. 53 (18) 1 ☐ Name and Program Number are correct.

(17)

	Completed	Scheduled	Refused
Fasting blood specimen obtained. (19)	[1] 54	[2]	[3]
1 Hr. post-glucose load specimen obtained. (20)	[1] 55	[2]	[3]
Urinalysis performed. (21)	[1] 56	[2]	[3]
ECG completed. (22)	[1] 57	[2]	[3]
Chest x-ray completed. (23)	[1] 58	[2]	[3]

(24) 59 1 ☐ HP12, Clinical Center Laboratory Report, initiated and entered in Clinic Record.

9. Location of examination: Clinic 60 [1] (25) In Home [2] Other, specify: (26) FLAG 61

10. Time visit completed: Hour (9) 41,42 : Minute (10) 43,44 a.m. [1] p.m. [2] 45 (11)

This section completed by: _____ (12) 46,47

11. **Blood Pressure Measurements:**

a. **Pulse: Beats in 30 seconds** 62|63 (27) x 2 = 64|65|66 (28) **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.

29 67

Cuff size:
- [1] regular
- [2] large arm
- [3] thigh
- [4] pediatric

Pulse obliteration pressure: _____

+30

Peak Inflation level: _____
(Baumanometer)
Maximum Zero + _____

Peak inflation level: _____
(Random-Zero)

30 FLAG 68

b. **Blood pressure readings:**

		Systolic	Diastolic (5th phase)
1. (Std)		69|70|71 (31)	72|73|74 (32)
2. (R-Z)		75|76|77 (33)	78|79|80 (34)
	Zero	81|82 (35)	83|84 (36)
	Corrected	85|86|87 (37)	88|89|90 (38)
3. (Std)		91|92|93 (39)	94|95|96 (40)
4. (R-Z)		97|98|99 (41)	100|101|102 (42)
	Zero	103|104 (43)	105|106 (44)
	Corrected	107|108|109 (45)	110|111|112 (46)
Sum of Corrected Readings 2 & 4		113|114|115 (47)	116|117|118 (48)
Average of R-Z Readings=SUM of Corrected Readings 2 & 4 Divided by 2			
5. (Std) after standing 2 minutes		119|120|121 (49)	122|123|124 (50)
6. (R-Z) after standing 2 minutes		125|126|127 (51)	128|129|130 (52)
	Zero	131|132 (53)	133|134 (54)
	Corrected	135|136|137 (55)	138|139|140 (56)

c. **Are you now taking, or in the past two days have you taken any medication for high blood pressure?**

	NO	YES	
141	[2]	[1]	57

12. a. **Height:** **Inches** 142|143 (58) b. **Weight** **Pounds** 144|145|146 (59) c. **Percent of ideal weight:** **(From standard table)** 147|148|149 (60)

Observer: _____ 150|151 (61)

13. **Interval Medical History Since Home Interview, HP25, (Date ___/___/___):**

a. **Since we last saw you at home, have you stayed overnight or longer in the hospital as a patient?**

62 152 **NO** ☐2 **YES** ☐1 → **What was the primary reason for this hospitalization?**

FLAG 153 63

~~☐ HP05B signed by participant (if not, specify reason: _____)~~

~~REQUIRED:~~

~~☐ HP06 initiated with completion of items 1-3 and 8 of that form~~

b. **Since we last saw you at home, have you started any new medicines, or have you stopped taking any medicines?**

154 **NO** ☐2 64 **YES** ☐1 **Describe:**

FLAG 155 65

14. **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?**

		Yes	No	DK	Relationship
66	Heart attack	156 ☐1	☐2	☐3	
67	Other heart disease	157 ☐1	☐2	☐3	
68	High blood pressure	158 ☐1	☐2	☐3	
69	Stroke	159 ☐1	☐2	☐3	FLAG 162 72
70	Diabetes	160 ☐1	☐2	☐3	
71	Kidney disease	161 ☐1	☐2	☐3	

PARTICIPANT MAY NOW BE SENT TO THE LAB FOR DRAWING OF BLOOD SAMPLE

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

73 163 YES [1] NO [2]

Have you ever had any pressure or heaviness in your chest?

74 164 YES [1] NO [2] → Skip to 15c

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

75 165 YES [1] NO [2] → Skip to 15b Never walks up-hill or hurries [3]

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

76 166 YES [1] NO [2]

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

77 167
[1] Stop or slow down
[2] Take a nitroglycerin
[3] Continue at same pace → Skip to 15b

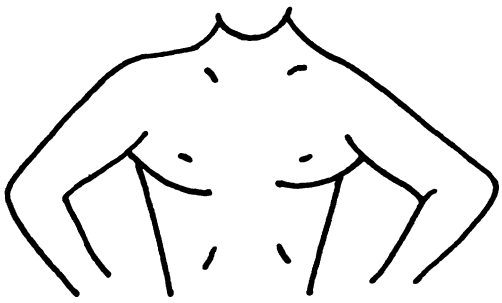
(5) If you stand still, what happens to the pain?

78 168 Relieved [1] Not Relieved [2] → Skip to 15b

(6) How soon is the pain relieved?

79 169 10 minutes or less [1] More than 10 minutes [2] → Skip to 15b

(7) Will you show me where it was?



		YES	NO
(a) Sternum (middle or upper)	80	[1]	[2] 170
(b) Sternum (lower)	81	[1]	[2] 171
(c) Left anterior chest	82	[1]	[2] 172
(d) Left arm	83	[1]	[2] 173

Did you feel it anywhere else?

84 174 NO [2] YES [1]

Record additional information on the diagram above.

Comments:

85

FLAG 175

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

86 176 YES [1] NO [2] → Skip to 15c.

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

87 177 NO [2] YES [1] ↓

What did he say it was? 88 FLAG 178

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

89 179 180 attacks

Tell me about your first attack: 90 Date 181 182 183 184 Duration 185 91

Your last attack: 92 186 187 188 189 MO / YR 190 93

94 FLAG 191

NOTE: For fields 91 and 93:

Duration Codes

CODE	MINUTES
0	DK
1	1-30
2	31-45
3	46-60
4	61 or more

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

95 192 YES [1] NO [2] → Skip to 16

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

96 193 YES [1] ↓ NO [2]

Skip to 16

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

(If calves not mentioned, ask, "Anywhere else?" If still not mentioned, indicate "Pain does not include calf.")

97 194 Pain includes calf/calves [1] Pain does not include calf [2] → Skip to 16

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

98 195 YES [1] NO [2] ↓ Never walks uphill or hurries [3]

Skip to 16

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

99 196 YES [1] NO [2]

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

100 197 YES [1] ↓ NO [2]

Skip to 16

101 FLAG 198

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

Stop or slacken pace — Continue at same pace

102 199 [1] — [2] → Skip to 16

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

Relieved — Not Relieved

103 200 [1] — [2] → Skip to 16

(9) How soon is it relieved?

10 minutes — More than 10 minutes

104 201 [1] — [2]

Comments

105

FLAG 202

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

NO — YES

106 203 [2] — [1]

Do you get it walking on level ground or climbing a single flight of stairs?

YES — NO

107 204 [1] — [2]

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

NO — YES

108 205 [2] — [1]

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

YES — NO

109 206 [1] — [2]

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

YES — NO

110 207 [1] — [2]

111

FLAG 208

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17. 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.

YES — NO

112 209 [1] — [2]

(2) Do you usually cough during the day — or at night — in the winter?

> Ignore an occasional cough.

YES — NO

113 210 [1] — [2] → If no to both questions (1) and (2), skip to 17b

114

FLAG 211

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

YES NO

115 212 [1] [2]

17. 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.

YES NO

116 213 [1] [2]

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

YES NO

117 214 [1] [2]→ If no to both questions (1) and (2), skip to 17c

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

NO YES

118 215 [2] [1]

Have you had phlegm like this for 3 years or more?

YES NO

119 216 [1] [2]

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

NO YES

120 217 [2] [1]

Do you get this most days — or nights?

YES NO

121 218 [1] [2]

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

NO YES

122 219 [2] [1]

Is (was) your breathing absolutely normal between attacks?

YES NO

123 220 [1] [2]

18. In the past two years, have you noticed any decrease in sexual ability?

YES NO

124 221 [1] [2]

Comments

125

FLAG 222

19. **List all medications to which the participant reported having side effects or reactions on HP25 (Items 61c and e, 62b, and 63b).**

	Medication	Side Effect
1.	126 223 1224 1225	127 226 1 227
2.	128 228 1229 1230	129 231 1 232
3.	130 233 1234 1235	131 236 1 237
4.	132 238 1239 1240	133 241 1 242
5.	134 243 1244 1245	135 246 1 247
6.	136 248 1249 1250	137 251 1 252

Comments: 138

FLAG 253

NOTE: Medications in fields 126,128,130,132,134 and 136, and side effects in fields 127,129,131,133,135 and 137 are from Drug Code List.

20. **DURING THE PAST 12 MONTHS, the participant has experienced the condition(s) checked below:**

Positive responses and additional information as appropriate should be transferred from HP25 Items 26–28 for use by the clinic physician.

		COMMENT
139	a. 1 ☐ heart attack or coronary. 254	FLAG 255 140
141	b. 1 ☐ stroke or brain hemorrhage. 256	142 FLAG 257
143	c. 1 ☐ diabetes. 258	FLAG 259 144
145	d. 1 ☐ cancer. 260	146 FLAG 261
147	e. 1 ☐ gout. 262	FLAG 263 148
149	f. 1 ☐ intestinal bleeding or ulcers. 264	150 FLAG 265
151	g. 1 ☐ kidney stones or other kidney trouble 266	FLAG 267 152
153	h. 1 ☐ cirrhosis or liver disease. 268	154 FLAG 269
155	☐ none of the above 270	

Comments on any positive response:

156

FLAG 271

21. **WITHIN THE PAST 12 MONTHS**, the participant has experienced the condition(s) checked below:

157

Positive responses should be transferred from HP25, Item 29, for use by the clinic physician.

a. 1 ☐ skin rash or unusual bruising. 272

158 b. 1 ☐ swelling or tenderness of the breasts. 273

159 c. 1 ☐ recurrent stomach pains. 274

160 d. 1 ☐ waking up too early and having difficulty getting back to sleep. 275

161 e. 1 ☐ black or tarry stools. 276

162 f. 1 ☐ bright red blood in the stools. 277

163 g. 1 ☐ frequent depression that interfered with work, recreation, or sleep. 278

164 h. 1 ☐ tiredness or fatigue. 279

165 i. 1 ☐ nightmares. 280

166 1 ☐ none of the above. 281

22. **WITHIN THE PAST 12 MONTHS**, the participant has experienced the condition(s) checked below:

Positive responses should be transferred from HP25, Item 30, for use by the clinic physician.

167 a. 1 ☐ an illness or injury which kept the participant in bed for a week or more, or sent the participant to the hospital. 282

168 b. 1 ☐ attacks of headache, racing of the heart, and sweating all at once. 283

169 c. 1 ☐ headaches so bad that the participant had to stop what he or she was doing. 284

170 d. 1 ☐ faintness of light-headedness when he or she stands up quickly. 285

171 e. 1 ☐ heart beating fast or skipping beats. 286

172 f. 1 ☐ blacking out or losing consciousness. 287

173 g. 1 ☐ a change in physical appearance that worried the participant — for instance, changes in the skin or development of a lump. 288

174 h. 1 ☐ worries about physical symptoms which a doctor could not explain. 289

175 1 ☐ none of the above. 290

PHYSICAL EXAMINATION

Area Examined			Description of Findings
23. GENERAL APPEARANCE:	176	Abnormal 291 ☐1 / Normal ☐2	FLAG 292 177
24. SKIN:	178	Abnormal 293 ☐1 / Normal ☐2	
Xanthomata:	179	YES 294 ☐1 / NO ☐2	
180 295 1 ☐ Other findings noted, specify: FLAG 296 181			FLAG 297 182

Area Examined	Description of Findings

25. EARS, NOSE AND THROAT: 183 298 Abnormal [1] Normal [2]

184 299 [1] Specific findings noted, specify: FLAG 300 185

FLAG 301 186

26. EYES: 187 Abnormal [1] 302 Normal [2]

a. Scleral icterus: 188 YES [1] 303 NO [2]

b. Arteriolar spasm/focal constriction: 189 YES [1] 304 NO [2]

c. A-V nicking: 190 YES [1] 305 NO [2]

d. Hemorrhages: 191 YES [1] 306 NO [2]

Affecting 2 or more quadrants of the same eye?

192 307 NO [2] YES [1]

Confirmed by: 193 308,309

e. Exudates: 194 310 Absent [1] Hard [2] Soft [3] 195

Confirmed by: 311,312

FLAG 318 200

f. Papilledema: 196 313 NO [2] YES [1] 197

Confirmed by: 314,315

198 316 [1] Other findings noted, specify: 199 FLAG 317

201 319 [1] Check if pupils were dilated for funduscopic exam.

27. NECK: 202 320 Abnormal [1] Normal [2]

a. Abnormal venous distension present: 203 321 YES [1] NO [2]

b. Carotid Bruits. 204 322 Right [1] Left [2] Both [3] NONE [4]

c. Diminished carotid pulsations: 205 323 Right [1] Left [2] Both [3] NONE [4]

206 324 [1] Other findings noted, specify: FLAG 325 207

FLAG 326 208

Area Examined	Description of Findings
28. LYMPH NODES: 327 Abnormal [1] Normal [2]	
210 328 [1] Specific findings noted, specify: 209 FLAG 329 211	212 FLAG 330
29. CHEST AND LUNGS: 213 331 Abnormal [1] Normal [2]	
Râles: 214 332 YES [1] NO [2]	
215 333 [1] Other findings noted, specify: FLAG 334 216	217 FLAG 335
30. BREASTS (FOR WOMEN): 218 336 Abnormal [1] Normal [2]	
Palpable mass: 219 337 Right [1] Left [2] Both [3] NONE [4]	
220 338 [1] Other findings noted, specify: FLAG 339 221	222 FLAG 340
31. HEART: 223 341 Abnormal [1] Normal [2]	
a. Abnormal apical impulse: 224 342 YES [1] NO [2]	
b. Irregular apical heart rate: 225 343 [1] [2]	
c. Heart rate greater than 100/minute: 226 344 [1] [2]	
d. S 3 gallop: 227 345 [1] [2]	
e. Systolic murmur: 228 346 [1] [2]	
f. Diastolic murmur: 229 347 [1] [2]	
230 348 [1] Other findings noted, specify: FLAG 349 231	232 FLAG 350

Area Examined	Description of Findings

32. ABDOMEN: (233) 351 Abnormal [1] Normal [2]

a. Hepatomegaly: (234) 352 YES [1] NO [2]

b. Upper abdominal bruit: (235) 353 YES [1] NO [2]

(236) 354 [1] Other findings noted, specify: (237) FLAG 355

(238) FLAG 356

33. EXTREMITIES: (239) 357 Abnormal [1] Normal [2]

a. Definite ankle edema: (240) 358 YES [1] NO [2]

b. Pulses present:

	RIGHT Normal	RIGHT Diminished	RIGHT Absent	LEFT Normal	LEFT Diminished	LEFT Absent
359 posterior tibial (241)	[1]	[2]	[3]	[1]	[2]	[3]
361 dorsalis pedis (243)	[1]	[2]	[3]	[1]	[2]	[3]
363 femoral (only if posterior tibial and dorsalis pedis pulses are both missing) (245)	[1]	[2]	[3]	[1]	[2]	[3]

(242) 360 (244) 362 (246) 364

c. Amputation: (247) 365 NONE [1] Right [2] Left [3] Both [4]

Describe: (248) FLAG 366

Done two or more years ago? YES [1] NO [2] (249) 367

(250) 368 [1] Other findings noted, specify: (251) FLAG 369

(252) FLAG 370

34. PELVIC: (optional) (253) 371 Not Done [1] Abnormal [2] Normal [3]

Pap smear (To be offered) (254) 372 Not Done [1] Done [2]

(255) 373 [1] Other findings noted, specify: (256) FLAG 374

(257) FLAG 375

Area Examined	Description of Findings
35. RECTAL (optional) 258 Not Done 376 ☐1 Abnormal ☐2 Normal ☐3 For males: Prostate enlarged or irregular: 259 YES ☐1 377 NO ☐2 260 378 1 ☐ Other findings noted, specify: FLAG 379 261	FLAG 380 262
36. NEUROLOGICAL: 263 Abnormal 381 ☐1 Normal ☐2 a. Hemiplegia 264 Right 382 ☐1 Left ☐2 Both ☐3 NONE ☐4 b. Gross hemiparesis: 265 Right 383 ☐1 Left ☐2 Both ☐3 NONE ☐4 267 385 1 ☐ Other findings noted, specify:	FLAG 386 268

37. OTHER PHYSICAL FINDINGS, SPECIFY:

FLAG 387 269

36c. Has the participant ever had a stroke?

Probably Yes ☐1 384 Probably No ☐2 266

270

Physical examination by: _____ 388 389

38. Record all drugs which were being taken at the time the HP25 was administered. (Review items 62b and 63b of the HP25.)

1 ☐ NONE 271 390

	Being Taken	Not Being Taken
a. antihypertensives		
1. thiazides or thiazide-like compounds	☐	391 ☐ 2 272
2. spironolactone	☐	392 ☐ 273
3. other diuretics	☐	393 ☐ 274
4. reserpine or other rauwolfia alkaloids	☐	394 ☐ 275
5. guanethidine	☐	395 ☐
6. hydralazine	☐	396 ☐ 276
7. methyldopa	☐	397 ☐ 277
8. propranolol	☐	398 ☐
9. triamterine	☐	399 ☐ 278
10. clonidine	☐	400 ☐ 279
11. prazosin	☐	401 ☐ 280
12. other antihypertensives	☐	402 ☐ 281
b. cardiovascular preparations		282 283 284 285
1. digitalis	☐	403 ☐
2. nitroglycerin	☐	404 ☐
3. other cardiovascular preparations	☐	405 ☐ 286
c. analgesics		287
1. aspirin-containing compounds	☐	406 ☐
2. other analgesics	☐	407 ☐ 288
d. antibiotics	☐	408 ☐ 289
e. anticoagulant agents	☐	409 ☐ 290
f. antidiabetic agents		291
1. insulin	☐	410 ☐
2. oral hypoglycemics	☐	411 ☐ 292
g. antihistamines	☐	412 ☐ 293
h. antithrombic agents	☐	413 ☐ 294
i. gout medications	☐	414 ☐ 295
j. hormonal preparations		296
1. corticosteroids	☐	415 ☐
2. thyroid preparations	☐	416 ☐ 297
3. oral contraceptives	☐	417 ☐ 298
4. other estrogens	☐	418 ☐
5. other hormonal preparations	☐	419 ☐ 299 300
k. hypnotics	☐	420 ☐ 301
l. lipid-lowering agents	☐	421 ☐ 302
m. tranquilizers	☐	422 ☐ 303
n. potassium (supplement)	☐	423 ☐ 304
o. other medications	☐	424 ☐ 305

This check list completed by: _____ 425 | 426 306

10/9/77 FLAG 427 307

39. DIAGNOSTIC SUMMARY

a. Physician's Diagnoses: (List significant findings in order of importance.)

FLAG 428

308

39. b. Diagnostic Check List:

		Present	Suspect	No Evidence	Inactive
	Malignant Neoplasm:				
429	Breast	1	2	3	4
430	Lung	1	2	3	4
431	GI	1	2	3	4
432	GU	1	2	3	4
433	Skin	1	2	3	4
434	Other, specify: 315	1	2	3	4
	FLAG 435				
	Endocrine Metabolic Disease:				
436	Diabetes	1	2	3	4
437	Gout	1	2	3	4
438	Hyperthyroidism	1	2	3	4
439	Hypothyroidism	1	2	3	4
440	Cushing's syndrome	1	2	3	4
441	Pheochromocytoma	1	2	3	4
442	Primary aldosteronism	1	2	3	4
443	Other, specify: 324	1	2	3	4
	FLAG 444				
	Mental Disease:				
445	Psychosis	1	2	3	4
446	Psychoneurosis	1	2	3	4
447	Mental retardation	1	2	3	4
448	Alcoholism	1	2	3	4
449	Drug addiction	1	2	3	4
450	Depression	1	2	3	4
451	Attempted Suicide	1	2	3	
452	Other, specify: 333	1	2	3	4
	FLAG 453				
	Neurologic Disease:				
454	Transient Ischemic Attack	1	2	3	
455	Cerebrovascular Accident	1	2	3	4
456	Convulsive disorder	1	2	3	4
457	Other, specify: 338	1	2	3	4
	FLAG 458				
	Musculo-Skeletal Disease:				
459	Arthritis or rheumatism	1	2	3	4
460	Other, specify: 341	1	2	3	4
	FLAG 461				
	Hemotologic Disease:				
462	Anemia	1	2	3	4
463	Other, specify: 344	1	2	3	4
	FLAG 464				
	Respiratory Disease:				
465	Chronic obstructive lung disease	1	2	3	4
466	Asthma	1	2	3	4
467	Tuberculosis	1	2	3	4
468	Other, specify: 349	1	2	3	4
	FLAG 469				
	Sensory Disease:				
	Eye				
470	Glaucoma	1	2	3	4
471	Other, specify: 352	1	2	3	4
	FLAG 472				

		Present	Suspect	No Evidence	Inactive
	Circulatory Disease:				
473	Rheumatic	1	2	3	4
474	Other Valvular	1	2	3	4
475	Ischemic heart disease	1	2	3	4
476	Hypertensive heart	1	2	3	4
477	Peripheral vascular	1	2	3	4
478	Cerebrovascular	1	2	3	4
479	Secondary Hypertension	1	2	3	4
480	Myocardial infarction	1	2	3	
481	Acute Coronary Insufficiency	1	2	3	4
482	Angina pectoris	1	2	3	4
483	Congestive heart failure	1	2	3	4
484	Dissecting aneurysm	1	2	3	4
	Non-dissecting Aneurysm 367	1	2	3	4
	Other, specify: 485	1	2	3	4
	FLAG 487				
	Digestive Disease:				
488	Peptic ulcer	1	2	3	4
489	Colitis	1	2	3	4
490	Ileitis	1	2	3	4
491	Gall bladder disease	1	2	3	4
492	Cirrhosis	1	2	3	4
493	Other liver disease	1	2	3	4
494	Pancreatitis 376	1	2	3	4
495	Other, specify: 486	1	2	3	4
	FLAG 496				
	Genito-Urinary Conditions:				
497	Nephritis/Nephrosis	1	2	3	4
498	Pregnancy	1	2	3	
499	Urinary tract infection	1	2	3	4
500	Nephrolithiasis 382	1	2	3	4
501	Other, specify:	1	2	3	4
	FLAG 502				
	Dermatologic:				
503	Allergic dermatitis	1	2	3	4
504	Photosensitization 386	1	2	3	4
505	Other, specify:	1	2	3	4
	FLAG 506				
	Injuries & Adverse Effects:				
507	Accidental Injury, Auto	1	2	3	
508	Accidental Injury, Work	1	2	3	
509	Accidental Injury, Home	1	2	3	
510	Other Accidental Injury, specify:	1	2	3	
511	Violent Injury (i.e. assault)	1	2	3	
512	Other, specify: 393	1	2	3	
	FLAG 513				
	Other Diseases, Specify:				
	394	1	2	3	4
	396	1	2	3	4
	398	1	2	3	4
	400	1	2	3	4
	402	1	2	3	4
	404	1	2	3	4
	FLAG 514				
	FLAG 516				
	FLAG 518				
	FLAG 520				
	FLAG 522				
	FLAG 524				

40. REVIEW OF RESULTS OF EXAMINATION

406 a. Review of results of examination and discussion with participant:

407 1 ☐ General explanation of high blood pressure 526

☐ 1 Present status of individual in terms of risk factors: 527

408 1 ☐ Blood pressure and end-organ status 528

409 1 ☐ Smoking (if greater than 10 cigarettes per day) 529

410 1 ☐ Percent of ideal weight (if 140% or greater) 530

b. Are results to be sent to an outside source of care?

NO YES

411 531 ☐ 2 ☐ 1

~~Source of Care _____~~

~~☐ Complete HP03A Release of Program Information, signed~~

c. Serious acute condition?

NO YES

412 532 ☐ 2 ☐ 1 → ☐ Appropriate actions taken to bring condition under control

d. Envelope allocation of participant

☐ 1 Referred Care

533 ☐ 2 Stepped Care 413

e. Treatment allocation of participant

☐ 1 Referred Care

414 534 ☐ 2 Stepped Care → Complete modified HP06

415

Physician or Therapist Signature _____ 535 536