FOUR YEAR FOLLOW-UP

OMB No. 68 R 1325

COMPLETE ITEMS 1, 2, 6a, 6b, AND 8a AT CENTER PRIOR TO HOUSEHOLD VISIT.

FORM NUMBER 1 2

ACROSTIC

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

2 | 18 19 20 21 22 23 24 25 | BATCH NUMBER

2. **Name:**

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

3. **Current address:**

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

City or Town State Zip Code

4. **Telephone No.** _____/_____
Area Code

INTERVIEWER: Has identifying information (Items 1-4) changed since last contact?

7 No 2☐ 37 Yes 1☐→COMPLETE HP11A

5. **Location of interview:** 8 In Home 1☐ At Place of Employment 2☐ 38 Other, specify: 3☐ _____

3 **Date of Interview:** Month 26 27 Day 28 29 Year 19 30 31

4 5 6 **Time Interview Begun:** Hour 32 33 : Minute 34 35 1☐a.m. 2☐p.m. 36

9 HOUR 10 MIN 11 **Time Interview Completed:** 39 40 : 41 42 1☐a.m. 2☐p.m. 43

12 Interviewer: _____ 44 45

2/1/77 HP24/1

Revised 6-1-84

6. a. **AT THE TIME OF OUR HOME VISIT ABOUT TWO YEARS AGO, the following people were listed as living in your household. As I read their names, please tell me whether they now live in this household.**

INTERVIEWER: Read the names of everyone EXCEPT those listed as "Not in household by HP19" or "Deceased by HP19." Last interview form: HP_____ DATE:_____

NOTE: In fields 13-142, if a box is checked value is 1. If box is not checked, value is blank.

	Line number from HP01	Eligible at HP01	Relationship code from HP01	Name change by HP19	Not in household by HP19	Deceased by HP19	Name from HP01	Living with participant	Moved during past two years	Address: Living at different address	Address: Name change	Address: Deceased	Comments (Enter different address, new name, or date and place of death as appropriate.)
01	46	47	48	49	50		13 ↔ 17	51	52	53	54	55	18 ↔ 22
02	56	57	58	59	60		23 ↔ 27	61	62	63	64	65	28 ↔ 32
03	66	67	68	69	70		33 ↔ 37	71	72	73	74	75	38 ↔ 42
04	76	77	78	79	80		43 ↔ 47	81	82	83	84	85	48 ↔ 52
05	86	87	88	89	90		53 ↔ 57	91	92	93	94	95	58 ↔ 62
06	96	97	98	99	100		63 ↔ 67	101	102	103	104	105	68 ↔ 72
07	106	107	108	109	110		73 ↔ 77	111	112	113	114	115	78 ↔ 82
08	116	117	118	119	120		83 ↔ 87	121	122	123	124	125	88 ↔ 92
09	126	127	128	129	130		93 ↔ 97	131	132	133	134	135	98 ↔ 102
10	136	137	138	139	140		103 ↔ 107	141	142	143	144	145	108 ↔ 112

Line 11 146-155 (113 ↔ 122)
Line 12 156-165 (123 ↔ 132)
Line 13 166-175 (133 ↔ 142)

Highest line No. on HP01: 143 — 176 | 177

NO FURTHER INFORMATION REQUIRED FOR THESE PERSONS

~~☐ HP11A Completed~~

~~☐ HP07 Completed for Age-Eligibles~~

~~**INTERVIEWER:** Had any HP01 household members moved out by the time of the HP19?~~

~~NO ☐ Skip to Part b~~

~~YES ☐ → ASK: At the time of our last visit (to your home), the following people were no longer living in your household. As I read their names, please tell me where they are now living.~~

~~Read only the names of those listed as "Not in household by HP19."~~

(144)

178

6. b. 1 ☐ **No new household members since HP01. Skip to 6c.**

At the time of our last home visit, the following members of your household were also listed. As I read their names would you please tell me whether they now live in this household?

INTERVIEWER: The following people had joined this household since the HP01. Read all the names except those listed as "Not in household by HP19."

Relationship to head	Sex	Date of birth	Not in household by HP19	Name	Living with participant	Living at different address	Name change	Deceased	Comments
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	

INTERVIEWER: Had any persons who joined the household since the HP01 moved out by the time of the HP19?

No ☐ → **Skip to part c**

Yes ☐ → **ASK: At the time of our last visit (to your home), the following people were no longer living in your household. As I read their names, please tell me where they are now living.**

Read only the names of those listed as "Not in household by HP19."

6. c. **IN THE PAST (YEAR/TWO YEARS), has anyone joined this household, for example, someone moving in or a new baby?**

(145)

NO ☒ YES ☐ → Enter names of new household members above, enter relationship to current head, sex, and birthdate, and check box in the "Living with participant" column.

179

Revised 6-1-84

7. **What is your current work status?**
   1 Working full or part-time
   2 Not working but looking for work and worked during the past two years
   3 Retired or disabled
   4 Not retired or disabled but not working for more than two years
   5 Housewife or full-time student

180 146

8. a. **At the time of our last visit (to your home), you were** _____
   (marital status from HP19, Item 8)

   b. **Has this changed?**

147 NO 2 YES 1 → 181

   c. **What is your marital status now?** 1 **Married** 3 **Separated** 148 2 **Widowed** 4 **Divorced** 182

I'd like to ask a few questions about your blood pressure.

9. a. **About how many months has it been since you LAST had your blood pressure taken at the doctor's office or clinic?**

149

Less than one month	1-6 months	7-12 months	More than 12 months
1	2	3	4 → Skip to 10

183

   b. **How many times DURING THE PAST 12 MONTHS have you had your blood pressure measured?**

   (Do not count times while a patient in a hospital.) [184|185|186] times

150

The following questions ask about your medical history **DURING THE PAST 12 MONTHS.** *They are routine questions that we ask everyone, and they may or may not apply to you.*

10. **DURING THE PAST 12 MONTHS THAT IS, SINCE (TODAY'S DATE) IN 197 _____, have you been told by a doctor, nurse, therapist, or medical assistant that you had any of the following:**

   a. **Heart attack or coronary (myocardial infarction, coronary thrombosis, or coronary occlusion)**

151 NO 2 DK 3 YES 1 Suspect 4 → 187

152

	Month	Day	Year
1. When were you told this?	[188|189]	[190|191]	19 [192|193]

2. What was the doctor's or clinic's name? _____ 153 [1/0] FLAG 194

   Address? _____

3. Were you hospitalized for this? YES 1 → 195 NO 2 → 154

~~☐ HP05B signed by participant (If not, specify reason: _____~~
~~_____)~~
~~REQUIRED:~~
~~☐ HP06 initiated with completion of Items 1-3 and 8 of that form~~

155

10. b. stroke or brain hemorrhage?

NO 2 DK 3 YES 1 Suspect 4

196

156

1. When were you told this? ..... Month 197 198 Day 199 200 19 Year 201 202

2. What was the doctor's or clinic's name? _____ 157 [1/0] FLAG 203

Address? _____

3. Were you hospitalized for this? YES 1 204 NO 2 158

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

~~REQUIRED:~~
~~☐ HP08 initiated with completion of Items 1-3 and 8 of that form~~

		YES	NO	DK
4. Did you have weakness or paralysis?	159 205	1	2	3
5. Difficulty with speech?	160 206	1	2	3
6. Difficulty with vision?	161 207	1	2	3
7. Other difficulties? If yes, specify: _____ 163 [1/0] FLAG 209	162 208	1	2	3
8. Did any of these problems last longer than 24 hours?	164 210	1	2	3

c. Diabetes (sugar in your urine or high blood sugar)?

NO 2 DK 3 YES 1 Suspect 4

165 211

166

1. When were you told this? ..... Month 212 213 Day 214 215 19 Year 216 217

2. What was the doctor's or clinic's name? _____ 167 [1/0] FLAG 218

Address? _____

3. Were you hospitalized for this? NO 2 YES 1 → 168 219

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

~~REQUIRED:~~
~~☐ HP08 initiated with completion of Items 1-3 and 8 of that form~~

Revised 6-1-84

10. d. cancer?

(169) NO ☐ 2 DK ☐ 3 220 YES ☐ Suspect ☐ 4

(170)

1. When were you told this? ..... Month 221 222 Day 223 224 19 Year 225 226

NOTE: Code for field 171 from Drug Code List

2. What part of the body was affected? Specify: (171) 227, 228

What was the doctor's or clinic's name? (172) 1 0 FLAG 229

Address? _____

3. Were you hospitalized for this? YES ☐ 230 NO ☐ 2 (173)

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

~~REQUIRED for hospitalization:~~

~~☐ HP08 initiated with completion of Items 1-3 and 8 of that form~~

e. kidney stones or other kidney disease?

(174) NO ☐ 2 DK ☐ 3 231 YES ☐ Suspect ☐ 4

(175)

1. When were you told this? ..... Month 232 233 Day 234 235 19 Year 236 237

2. What was the doctor's or clinic's name? (176) 0 1 FLAG 238

Address? _____

3. Were you hospitalized for this? NO ☐ 2 YES ☐ → (177) 239

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

~~REQUIRED~~

~~☐ HP08 initiated with completion of Items 1-3 and 8 of that form~~

Now I would like to ask you about your weight.

(178)

11. How much do you weigh (without heavy clothes on)? 240 241 242 pounds

12. ***Now I would like to take your pulse and blood pressure:*** 180

Pulse: number of beats in 30 seconds 179 243 244 × 2 = 245 246 247 beats / minute

Blood Pressure Readings:

248

181

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) _____

182 [1/0] FLAG 249

			Systolic	Diastolic (5th phase)
(1)	(Std)		183 250 251 252	184 253 254 255
(2)	(R-Z)		185 256 257 258	186 259 260 261
		Zero	187 262 263	188 264 265
		Corrected	189 266 267 268	190 269 270 271
(3)	(Std)		191 272 273 274	192 275 276 277
(4)	(R-Z)		193 278 279 280	194 281 282 283
		Zero	195 284 285	196 286 287
		Corrected	197 288 289 290	198 291 292 293
		SUM of Corrected Readings 2 & 4	199 294 295 296	200 297 298 299
		Average of R-Z Readings = SUM of Corrected Readings 2 & 4 Divided by 2		

If average R-Z diastolic is ≥ 105, and participant is not active Stepped Care ~~→ ETHP03A~~ completed

Remarks: 201 [1/0] FLAG 300

Now I would like to ask you about hospitalizations **DURING THE PAST 12 MONTHS.**

13. DURING THE PAST 12 MONTHS, have you stayed overnight or longer in the hospital as a patient?

202 NO ☐ 301 YES ☐

Skip to 14 How many times have you been hospitalized DURING THE PAST 12 MONTHS? 203 [302 | 303] times

> Check Items 10 a-e to be sure that any hospitalizations mentioned there are included here. Discuss, starting with the MOST RECENT hospitalization (No. 1) and work back through time. Record only the two most recent events.

Let's begin with the most recent hospitalization.

	HOSPITALIZATION NO. 1 (most recent)	HOSPITALIZATION NO. 2
a. What is the name and address of the hospital?	Name 204 [1 / 0] FLAG 304 Address	Name 209 [1 / 0] FLAG 316 Address
b. On what date did you enter the hospital?	205 Month [305 | 306] Day [307 | 308] 19 [309 | 310]	210 Month [317 | 318] Day [319 | 320] 19 [321 | 322]
c. How many nights were you in the hospital?	206 [311 | 312 | 313] nights	211 [323 | 324 | 325] nights
d. What was the primary reason for this hospitalization?	207 [1 / 0] FLAG 314	212 [1 / 0] FLAG 326
e. What doctor/clinic decided you should go to the hospital?	Name: 208 [2 / 1 / 0] FLAG 315 ☐ None (Emergency visit and admission)	Name: 213 [2 / 1 / 0] FLAG 327 ☐ None (Emergency visit and admission)

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

~~REQUIRED:~~

~~☐ HP08 initiated with completion of Items 1-3 and 8 of that form.~~

Now I want to talk to you about the kind of medical care you may have received **IN THE PAST 12 MONTHS.**

14. DURING THE PAST 12 MONTHS, that is, since _____ today's date _____ a year ago, about how many times have you seen or talked to a medical doctor, nurse, therapist, or medical assistant for any of your own health reasons, including high blood pressure, but not including hospitalizations? 214 [328 | 329 | 330] times → if "none," skip to 15b.

Now I would like to ask about any medical care you have received **DURING THE PAST 12 MONTHS FOR YOUR HIGH BLOOD PRESSURE.**

15. a. DURING THE PAST 12 MONTHS, about how many times have you seen a doctor, nurse, therapist, or medical assistant ABOUT YOUR HIGH BLOOD PRESSURE?

215 Once only ☐ 331 More than once ☐ Never ☐ → Was there a reason you didn't see a medical person about your high blood pressure? (Record verbatim)

216 [1 / 0] FLAG 332 → Skip to 15b.

217 [333 | 334] times

Did the same person (doctor, nurse, therapist, or medical assistant) treat you on each visit? YES ☐ NO ☐ DK ☐

218 335

219

15. b. Do you now have an appointment to see your doctor in the future about your high blood pressure?

NO ☐ 336 YES ☐ ↓ When? 220 Month [337 338] Day [339 340] 19 [341 342]

16. a. IN THE LAST 12 MONTHS, have you taken medicine prescribed by a doctor FOR YOUR HIGH BLOOD PRESSURE?

221 NO ☐ ↓ 343 Skip to 18 YES ☐ ↓

b. At any time DURING THE LAST 12 MONTHS, have you had any reactions (side effects) to any medicine you were taking for your high blood pressure?

222 NO ☐ DK ☐ YES ☐ Suspect ☐ 344

NOTE: Codes for medications and side effects are from Drug Code List.

c.	Medication	DK	Reaction (side effect)	Date	Stopped Taking Medication? NO	YES, Doctor's Orders	YES, Own Decision
223 1.	[345 346 347]	224 348 ☐ 1	[349 350] 225	226 351	☐	☐	☐
227 2.	[352 353 354]	228 355 ☐	[356 357] 229	230 358	☐	☐	☐
231 3.	[359 360 361]	232 362 ☐	[363 364] 233	234 365	☐	☐	☐
235 4.	[366 367 368]	236 369 ☐	[370 371] 237	238 372	☐	☐	☐

d. Are you still taking medicines FOR YOUR HIGH BLOOD PRESSURE?

239 YES ☐ 373 NO ☐ ↓

e. What blood pressure medicines did you take? Why did you stop taking the medicine?

	Medicine	Ran out; never refilled	Reactions (side effects); made feel bad	Cost too much	Doctor's orders	Other; Specify
240 1.	[374 375]	241 ☐ 1 376	242 ☐ 1 377	243 1 ☐ 378	244 1 ☐ 379	245 1 ☐ 380 246 [1/0] FLAG
247 2.	[382 383]	248 ☐ 1 384	249 ☐ 1 385	250 1 ☐ 386	251 1 ☐ 387	252 1 ☐ 388 253 [1/0] FLAG 389
254 3.	[390 391]	255 ☐ 1 392	256 ☐ 1 393	257 1 ☐ 394	258 1 ☐ 395	259 1 ☐ 396 260 [1/0] FLAG 397
261 4.	[398 399]	262 ☐ 1 400	263 ☐ 1 401	264 1 ☐ 402	265 1 ☐ 403	266 1 ☐ 404 267 [1/0] FLAG 405

f. For how many weeks during the past year did you take any blood pressure medicine? 268 [406 407] weeks

g. How long has it been since you last took any blood pressure medication? 269 [408 409 410] days

For participants no longer taking blood pressure medication → Skip to 18

17. a. **Do you have your current blood pressure medicine bottles around that I might see?**

270 YES ☑ 411 NO ☐ 2

INTERVIEWER: List all prescription blood pressure medications currently being taken in 17b.

Check appropriate reason(s) for not seeing medicine:

271 ☐ 1 Out of medicine 412
272 ☐ 1 Participant could not find medicine 413
273 ☐ 1 Participant refused to show medicine 414
274 ☐ 1 Medicine not recorded for other reason; indicate: 275 415 [1/0] FLAG 416

Can you tell me what blood pressure medicines you're now taking?

NOTE: Codes for blood pressure medications in fields 276-279 and side effects in fields 300-303 are from Drug Code List.

b. **Record ALL prescription blood pressure medicines below.**

	1	2	3	4
Name of Medication	276 [417, 418]	277 [419, 420]	278 [421, 422]	279 [423, 424]
Name of Pharmacy				
Pharmacy Telephone No.				
Prescription No.	280 [1/0] FLAG 425	281 FLAG 426 [1/0]	282 FLAG 427 [1/0]	283 FLAG 428 [1/0]
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES 429 NO 1☐ 284 2☐	YES 430 NO 1☐ 285 2☐	YES 431 NO 1☐ 286 2☐	YES 432 NO 1☐ 287 2☐
Were any pills taken yesterday?	YES 433 NO 1☐ 288 2☐	YES 434 NO 1☐ 289 2☐	YES 435 NO 1☐ 290 2☐	YES 436 NO 1☐ 291 2☐
Medication seen or not seen?	Seen 437 Not seen 1☐ 292 2☐	Seen 438 Not seen 1☐ 293 2☐	Seen 439 Not seen 1☐ 294 2☐	Seen 440 Not seen 1☐ 295 2☐
Have you had any reactions (side effects) from this medicine?	YES 441 NO 1☐ 296 2☐	YES 442 NO 1☐ 297 2☐	YES 443 NO 1☐ 298 2☐	YES 444 NO 1☐ 299 2☐
Reactions (side effects):	300 [445, 446]	301 [447, 448]	302 [449, 450]	303 [451, 452]

Be sure to have included ALL prescription blood pressure medicines, seen or not seen.

304 [1/0] FLAG 453 If additional medications

c. **Do you have any problems remembering to take your blood pressure medicines?**

305 YES ☐ 1 NO ☐ 2 454

d. **Do you have any other problems with your blood pressure medicines?**

306 NO 2☐ DK 3☐ YES 1☐ 455

Describe the problems for me. (IDENTIFY drug item number from 17b.) 307 [1/0] FLAG 456

18. a. Are you taking ANY OTHER prescription medicines?

NO 2☐ 457 YES 1☐ 309

Do you have the medicine bottles around that I might see?

309 YES 1☐ NO 2☐ → Can you tell me what (other) prescription medicines you're now taking? 458

List all other prescription medicines in 18b.

NOTE: Codes for non-blood pressure medication in fields 310-313, side effects in fields 334-337 are from Drug Code List

b. List all other prescriptions - seen and not seen - in 18b.

	1	2	3	4
Name of Medication	310 459	311 460	312 461	313 462
Name of Pharmacy				
Pharmacy Telephone No.				
Prescription No.	314 1☐ 0☐ FLAG 463	315 FLAG 464 1☐ 0☐	316 FLAG 465 1☐ 0☐	317 FLAG 466 1☐ 0☐
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES 467 1☐ 318 NO 2☐	YES 468 1☐ 319 NO 2☐	YES 469 1☐ 320 NO 2☐	YES 470 1☐ 321 NO 2☐
Were any pills taken yesterday?	YES 471 1☐ 322 NO 2☐	YES 472 1☐ 323 NO 2☐	YES 473 1☐ 324 NO 2☐	YES 474 1☐ 325 NO 2☐
Medication seen or not seen?	Seen 475 1☐ 326 Not seen 2☐	Seen 476 1☐ 327 Not seen 2☐	Seen 477 1☐ 328 Not seen 2☐	Seen 478 1☐ 329 Not seen 2☐
Have you had any reactions (side effects) from this medicine?	YES 479 1☐ 330 NO 2☐	YES 480 1☐ 331 NO 2☐	YES 481 1☐ 332 NO 2☐	YES 482 1☐ 33[illegible] NO 2☐
Reactions (side effects):	334 483 484	335 485 486	336 487 488	337 489 490

Be sure to have included all other prescription medicines, seen or not seen.

338 1☐ 0☐ FLAG 491

If additional Medications

19. Can you give me the name, address, and telephone number of someone, not in your household, who will know where you are if we should need to contact you?

339 1☐ 0☐ FLAG 492

Mr., Miss, Mrs. Last First Middle

For married female contact person, first name of spouse: _____

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

City or Town State Zip Code Telephone No. _____ / _____ Area Code

20. a. **Do you now have a personal physician?**

NO 340 YES
2 ☐ 1 ☐

493

b. **May I have the name, address, and telephone number of your doctor?**

Dr. _____ 341 [1/0] FLAG 494
First Middle Last

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

_____
City or Town State Zip Code

Telephone No.: _____ / _____
Area Code

342 Month Year

c. **When did you last see him?** [495|496] 19 [497|498]

SKIP to Item 21

d. **Where do you usually go for medical care? (Record answer verbatim).**

1 344 ☐ No source of care
500 specified → Skip to bottom of page

_____ 343 [1/0] FLAG 499

_____

_____

345 Month Year

e. **When did you last go there for medical care?** [501|502] 19 [503|504]

21. **During the fall and winter of 1976-77 (Interviewer: If this question is being asked after August 1, 1977, say "That is, a year ago."), were you immunized against the flu (i.e., did you get the flu vaccine)?**

YES 346 NO DK
1 ☐ 2 ☐ 3 ☐

505

INTERVIEWER: Did another person sit in on any part of the interview?

347 NO YES
506 2 ☐ 1 ☐ → Who? _____

CHECK FORM FOR COMPLETENESS. RECORD TIME INTERVIEW COMPLETED ON PAGE ONE. THANK RESPONDENT.

Continuation of FORM HP24

OMB No. 68 R 1325

SOCIAL SECURITY NUMBER VERIFICATION

Our records show that your social security number is as follows:

Place label with social security number here

348

507 508 509 510 511 512 513 514 515 516

2. **Is this correct?** Yes 1 ☐ 349 No 2 ☐ → make correction above

507

3. a. **Have you ever had a social security number under a different name (including maiden name)?**

No 2 ☐ 350 Yes 1 ☐ → Name: _____ 351 [1 / 0] FLAG 518

517

b. **Was the number the same as above?**

352 Yes 1 ☐ No 2 ☐ DK 3 ☐

519