THREE YEAR FOLLOW-UP

FORM APPROVED
OMB No. 68 R 1325

COMPLETE ITEMS 1, 2, AND 10a. AT CENTER PRIOR TO HOUSEHOLD VISIT.

1 2 FORM NUMBER

(1) (A) ACROSTIC

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

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

2. Name:

(Mr., Miss, Mrs.) 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) 37 NO ☒ YES ☐ → **COMPLETE HP11A**

5. Location of interview: (8) 38 **In Home** ☐ **At Place of Employment** ☒ **Other, specify:** ☒ _____

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

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

Time Interview Completed: 39 40 (9) : 41 42 (10) ☐ **a.m.** ☒ **p.m.** (11) 43

Interviewer: _____ (12) 44 45

11/17/75
Revised 6-1-84

6. **In the past 12 months, has anyone joined this household, for example, someone moving in or a new baby?**

NO ☐ YES ☐ → (13) 46

Enter names of new household members, relationship to current head, sex, and birthdate.

NAME	SEX	DATE OF BIRTH	RELATIONSHIP

(14) 47 1/0

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

(15) 48

8. **I'd like to ask a few questions about your blood pressure.**
   a. About how many months has it been since you LAST had your blood pressure taken at the doctor's office or clinic?

49 (16)

Less than one month	1-6 months	7-12 months	More than 12 months
☐	☐	☐	☐

   b. How many times during the past 12 months have you had your blood pressure measured? [50 | 51] (17)

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.

9. **During the past 12 months,** 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)

YES ☐ Suspect ☐ DK ☐ NO ☐ → Skip to b. (18) 52 (19)

	Month	Day	Year
1. When were you told this?	[53 | 54]	[55 | 56]	19 [57 | 58]

2. What was the doctor's or clinic's name? _____ (20) 59 1/0

   Address? _____

3. Were you hospitalized for this? YES ☐ NO ☐ (21) 60

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

REQUIRED:

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

b. stroke or brain hemorrhage?

YES ☐ Suspect ☐ (22) 61 DK ☐ NO ☐ → Skip to c.

1. When were you told this? ..... Month [62 | 63] Day [64 | 65] (23) 19 [66 | 67]

2. What was the doctor's or clinic's name? _____ (24) 68 1/0

   Address? _____

3. Were you hospitalized for this? YES ☐ NO ☐ (25) 69

   ☐ ~~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?	☐	70 (26)	☐	☐
5. Difficulty with speech?	☐	71 (27)	☐	☐
6. Difficulty with vision?	☐	72 (28)	☐	☐
7. Other difficulties? If yes, specify: _____ (30) 74 1/0	☐	73 (29)	☐	☐
8. Did any of these problems last longer than 24 hours?	☐	(31) 75	☐	☐

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

YES ☐ Suspect ☐ (32) 76 DK ☐ NO ☐ → Skip to d.

1. When were you told this? ..... Month [77 | 78] Day [79 | 80] (33) 19 [81 | 82]

2. What was the doctor's or clinic's name? _____ (34) 83 1/0

   Address? _____

3. Were you hospitalized for this? YES ☐ NO ☐ (35) 84

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

   ~~REQUIRED:~~

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

d. cancer?

YES ☐ Suspect ☐ DK ☐ NO ☐ → Skip to 10.

36 85

1. When were you told this? ..... Month [86 | 87] Day [88 | 89] 19 [90 | 91]

37

NOTE: For field 38 codes are from Drug Code List

38 [92] [93]

2. What part of the body was affected? Specify: _____

What was the doctor's or clinic's name? _____ 39 94 1/0

Address? _____

3. Were you hospitalized for this? YES ☐ NO ☐ 40 95

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

~~REQUIRED for hospitalization:~~

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

10. a. Do you now have a personal physician?

NO ☐ YES ☐ 41 96

Is it still Dr. _____? (Fill in before interview from HP19, Item 45)

NO ☐ 42 YES ☐ 97 → Skip to 10c.

b. May I have the name, address, and telephone number of your Doctor? 43 98 1/0

Dr. _____
First Middle Last

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

_____
City or Town State Zip Code

Telephone No: _____ / _____
Area Code

c. When did you last see him? Month [99 | 100] 44 19 [101 | 102] Year

→ SKIP to 11

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

_____ 0, 1, or ☐ No source of care specified → Skip to 11

45 103

_____

e. When did you last go there for medical care? Month [104 | 105] 46 19 [106 | 107] Year

11. 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?

47 108 1/0

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

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

Pulse: number of beats in 30 seconds _____ × 2 = 109 110 (48) 111 112 113 (49) beats / minute

Blood Pressure Readings:

Cuff size: (50)
- ☑ regular
- ☒ large arm
- ☒ thigh
- ☒ pediatric

Pulse obliteration pressure: ✓ (51)
+30 11.5

Peak inflation level: (Baumanometer) ✓

FLAG = 1 if items checked are filled out.

FLAG = 0 if anything is missing

	Systolic	Diastolic (5th phase)
(1) (Standard)	116 117 118 (52)	(53) 119 120 121
(2) (Standard)	122 123 124 (54)	(55) 125 126 127
(3) (Standard)	128 129 130 (56)	(57) 131 132 133
SUM of Readings 2 & 3	134 135 136 (58)	(59) 137 138 139
Average of Readings = SUM of Readings 2 & 3 Divided by 2	140 141 142 (60)	(61) 143 144 145

If average diastolic is greater than or equal to 105, and participant is not active Stepped Care → ☒ 03A completed

Remarks: 1/0 (62) 146

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

13. **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? [147 | 148 | 149] times (63)

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

14. **During the past 12 months,** have you stayed overnight or longer in the hospital as a patient?

YES (64) ☐ NO ☒ → Skip to 15.

150

How many times have you been hospitalized DURING THE PAST 12 MONTHS? [151 | 152] times (65)

Check Items 9 a-d 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 _____ (66) 153 1/0 Address _____	Name _____ (71) 165 1/0 Address _____
b. On what date did you enter the hospital?	Month [154	155] Day [156	157] (67) 19 Year [158	159]	Month [166	167] Day [168	169] (72) 19 Year [170	171]
c. How many nights were you in the hospital?	[160	161	162] (68) nights	[172	173	174] (73) nights
d. What was the primary reason for this hospitalization?	_____ (69) 163 1/0	_____ (74) 175 1/0
e. What doctor/clinic decided you should go to the hospital?	Name: _____ (70) 164 0, 1, or 2 ☐ None (Emergency visit and admission)	Name: _____ (75) 176 0, 1, or 2 ☐ 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~~

NOTE: Flags in fields 70 and 75 have value of 2 if "none" has been checked.

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?

177

More than once (76) ☐ → (78) [179 | 180] times

Once only ☒ → Skip to 15 b.

Never ☒ → Why not? (Record verbatim) _____ (77) 178 1/0

Skip to 16

Did the same person (doctor, nurse, therapist, or medical assistant) treat you on each visit? YES ☐ DK ☒ NO ☒ (79)

181

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

NO ☑ (80) YES ☐ 182

When? Month [183 184] Day (81) [185 186] Year 19 [187 188]

16. a. **In the last 12 months,** have you taken medicine prescribed by a doctor FOR YOUR HIGH BLOOD PRESSURE?

YES ☐ (82) NO ☑ → Skip to 18 189

b. At any time during the last 12 months, have you had any adverse reactions to any medicine you were taking for your high blood pressure?

(83) YES ☐ Suspect ☑ DK ☐ NO ☑ → Skip to d. 190

c.

	Medication (A)	DK	Adverse Reaction	Date	Stopped Taking Medication? NO	YES, Doctor's Orders	YES, Own Decision
1.	(84) [191 192 193]	1 ☐ [194] (85)	[195 196] (86)		☑ (87) 197	☑	☑
2.	(88) 198-200	1 ☐ 201 (89)	202-203 (90)		☐ (91) 204	☐	☐
3.	(92) 205-207	1 ☐ 208 (93)	209-210 (94)		☐ (95) 211	☐	☐
4.	(96) 212-214	1 ☐ 215 (97)	216-217 (98)		☐ (99) 218	☐	☐
5.	(100) 219-221	1 ☐ 222 (101)	223-224 (102)		☐ (103) 225	☐	☐
6.	(104) 226-228	1 ☐ 229 (105)	230-231 (106)		☐ (107) 232	☐	☐

d. Are you still taking medicines FOR YOUR HIGH BLOOD PRESSURE? NOTE: Codes for medications and adverse reactions are from Drug Code List

NO ☑ (108) YES ☐ → Skip to f. 233

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

	Medicine (A)	Ran out; never refilled	Adverse Reactions; made feel bad	Cost too much	Doctor's orders	Other; Specify
1.	(109) [234 235]	1 ☐ (110) 236	(111) 237 ☐ 1	(112) 238 ☐ 1	(113) 239 ☐ 1 (114) 240 ☐ 1	(115) 241 ▷ 1/0
2.	(116) 242-243	1 ☐ (117) 244	(118) 245 ☐ 1	(119) 246 ☐ 1	(120) 247 ☐ 1 (121) 248 ☐ 1	(122) 249 ▷ 1/0
3.	(123) 250-251	1 ☐ (124) 252	(125) 253 ☐ 1	(126) 254 ☐ 1	(127) 255 ☐ 1 (128) 256 ☐ 1	(129) 257 ▷ 1/0
4.	(130) 258-259	1 ☐ (131) 260	(132) 261 ☐ 1	(133) 262 ☐ 1	(134) 263 ☐ 1 (135) 264 ☐ 1	(136) 265 ▷ 1/0

f. For how many weeks during the past year did you take any blood pressure medicine? (137) [266 267] weeks

g. How long has it been since you last took any blood pressure medication? (138) [268 269 270] days

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

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

NO ☐ YES ☐ (139) 271 → INTERVIEWER: List all prescription blood pressure medications currently being taken in 17 b.

Check appropriate reason(s) for not seeing medicine:

1/1

(140) ☐ Out of medicine 272

(141) ☐ Participant could not find medicine 273

(142) ☐ Participant refused to show medicine 274

(143) ☐ Medicine not recorded for other reason; indicate: 275 _____ (144) 276 1/0

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

NOTE: Blood pressure medication codes in fields 145-148 are from Drug Code list.

b. Record ALL prescription blood pressure medicines below.

	(A) 1	(A) 2	(A) 3	(A) 4
Name of Medication	277 278 (145)	279 280 (146)	281 282 (147)	283 284 (148)
Name of Pharmacy				
Pharmacy Telephone No.	(149) 285	(150) 286	(151) 287	(152) 288
Prescription No.	1/0	1/0	1/0	1/0
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES ☐ (153) 289 NO ☐	YES ☐ (154) 290 NO ☐	YES ☐ (155) 291 NO ☐	YES ☐ (156) 292 NO ☐
Were any pills taken yesterday?	YES ☐ (157) 293 NO ☐	YES ☐ (158) 294 NO ☐	YES ☐ (159) 295 NO ☐	YES ☐ (160) 296 NO ☐
Medication seen or not seen?	Seen ☐ (161) 297 Not seen ☐	Seen ☐ (162) 298 Not seen ☐	Seen ☐ (163) 299 Not seen ☐	Seen ☐ (164) 300 Not seen ☐
Have you had any adverse reactions from this medicine?	YES ☐ (165) 301 NO ☐	YES ☐ (166) 302 NO ☐	YES ☐ (167) 303 NO ☐	YES ☐ (168) 304 NO ☐
Adverse Reactions:	305 306 (169)	307 308 (170)	309 310 (171)	311 312 (172)

NOTE: Codes for adverse reactions in fields 169-172 are from Drug Code list.

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

(173) 313 1/0 FLAG IF ADDITIONAL MEDICATIONS

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

NO ☐ YES ☐ (174) 314

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

NO ☐ DK ☐ YES ☐

(175) 315

Describe the problems for me. (IDENTIFY drug item number from 17 b.)

1	2	3	4
316	317	318	319
(176)	(177)	(178)	(179)

1/0

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

YES ☐ (180) 320 NO ☒ → Skip to bottom of page.

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

YES ☐ (181) 321 NO ☒ → Can you tell me what (other) prescription medicines you're now taking?

List all other prescription medicines in 18 b.

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

NOTE: Non-blood pressure medication codes in fields 182-185 are from Drug Code list.

	(A) 1	(A) 2	(A) 3	(A) 4
Name of Medication	322 (182)	323 (183)	324 (184)	325 (185)
Name of Pharmacy				
Pharmacy Telephone No.				
Prescription No.	(186) 326 1/0	(187) 327 1/0	(188) 328 1/0	(189) 329 1/0
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES ☐ (190) 330 NO ☒	YES ☐ (191) 331 NO ☒	YES ☐ (192) 332 NO ☒	YES ☐ (193) 333 NO ☒
Were any pills taken yesterday?	YES ☐ (194) 334 NO ☒	YES ☐ (195) 335 NO ☒	YES ☐ (196) 336 NO ☒	YES ☐ (197) 337 NO ☒
Medication seen or not seen?	Seen ☐ (198) 338 Not seen ☒	Seen ☐ (199) 339 Not seen ☒	Seen ☐ (200) 340 Not seen ☒	Seen ☐ (201) 341 Not seen ☒
Have you had any adverse reactions from this medicine?	YES ☐ (202) 342 NO ☒	YES ☐ (203) 343 NO ☒	YES ☐ (204) 344 NO ☒	YES ☐ (205) 345 NO ☒
Adverse Reactions:	346 347 (206)	348 349 (207)	350 351 (208)	352 353 (209)

NOTE: Codes for adverse reactions in fields 206-209 are from Drug Code list.

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

(210) 354 1/0 FLAG IF ADDITIONAL MEDICATIONS

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

NO ☒ (211) YES ☐ 355 → Who? _____

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

1 2 FORM 50

12 13 14 15 16 17 ACROSTIC

18 19 20 21 22 23 24 25 BATCH NO.

FORM APPROVED
OMB NO. 68 R 1325

THREE YEAR FOLLOW-UP SURVEY

2. I.D. 3 4 | 5 6 7 8 9 | 10 11

1. Name _____ Is this name correct?
( ) Yes ( ) No
Correct name (please print)
2a. _____

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

_____
City or Town State Zip Code

Is this address correct? ( ) Yes ( ) No
Correct address (please print)
3a. _____
House No. Street Name or RR No. Apt. No.

_____
City or Town State Zip Code

4. Telephone No. (____) _____ Is this phone number correct?
Area Code
( ) Yes ( ) No
Correct phone
4a. (____) _____
Area Code

5. Please provide 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. (please print)

26-43 44-55 56
Last First Middle

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

57-62 63-81
House No. Street Name or RR No. Apt. No.

82-94 95-96 97-101 Telephone No. (____) 102-111
City or Town State Zip Code Area Code

CONTACT INFORMATION