OMB 68-R1325
Expiration Date 12/31/79

FORM NUMBER 1,2

TWO YEAR FOLLOW-UP CLINIC VISIT

1. Program Number: 3,4 | 5,6,7,8,9 | 10,11 (1) 12,13,14,15,16,17 ACROSTIC (2) 18,19,20,21,22,23,24,25 BATCH

2. Name: (PRINT IN BLOCK CAPITALS)

(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) 36 a.m. ☐1 p.m. ☐2

5. Changes required in identifying information: None 1☐ HP11A Initiated 2☐ (7) 37

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

6. Procedures

a. Envelope allocation of participant

(8) 38 1☐ Regular Care
2☐ Stepped Care

b. Treatment allocation of participant

(9) 39 1☐ Regular Care
2☐ Stepped Care

(10) 40 1☐ Active → ~~☐ Modified HP08 and HP06A completed~~
2☐ Stepped Care refusal

- Change of status?

(11) 41 2☐ NO
1☐ YES → Initial treatment visit scheduled:

(12) Month	Day	Year	(13) Hour	(14) Minute	(15) 52
42,43	44,45	19 46,47	48,49	: 50,51	☐1 a.m. ☐2 p.m.

~~☐ Appointment slip given~~

or ~~☐ Modified HP06 and HP06A completed (for participants with HP05's)~~

(16) 53 c. 1☐ Participant never came for a Second Clinic Visit → ~~☐ Modified HP04 completed~~

d. ~~☐ Results to be sent to care source?~~

(17) 54 NO ☐2 YES ☐1 → ~~☐ HP03A completed~~

7. Review of completed HP20:

~~☐ Every item on each page is complete and legible.~~
~~☐ Name and Program Number are correct.~~
~~☐ Fasting blood specimen obtained.~~
~~☐ Urinalysis performed.~~
~~☐ ECG completed~~
~~☐ Chest x-ray completed.~~
~~☐ HP12, Clinical Center Laboratory Report, initiated and entered in Clinic Record.~~

8. Time visit completed: (18) Hour 55,56 : (19) Minute 57,58 (20) 59 a.m. 1☐ p.m. 2☐

This section completed by: _____ (21) 60,61

9. **Blood Pressure Measurements:**

a. **Pulse: Beats in 30 seconds** 62, 63 (22) x 2 = 64, 65, 66 (23) **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.

Pulse obliteration pressure:	_____ 67 (24)	
	+30	
Peak Inflation level: (Baumanometer) Maximum Zero	_____ +	
Peak inflation level: (Random-Zero)	_____	

FLAG 1 / 0 — If all lines complete Otherwise

Cuff size: (25) 68

Regular	Large arm	Thigh
1 ☐	2 ☐	3 ☐

4 ☐ OTHER

b. **Blood pressure readings:**

		Systolic	Diastolic (5th phase)
1. (Std)		69, 70, 71	72, 73, 74
2. (R-Z)		(28) 75, 76, 77	(29) 78, 79, 80
	Zero	(30) 81, 82	(31) 83, 84
	Corrected	(32) 85, 86, 87	(33) 88, 89, 90
3. (Std)		(34) 91, 92, 93	(35) 94, 95, 96
4. (R-Z)		(36) 97, 98, 99	(37) 100, 101, 102
	Zero	(38) 103, 104	(39) 105, 106
	Corrected	(40) 107, 108, 109	(41) 110, 111, 112
Sum of Corrected Readings 2 & 4		(42) 113, 114, 115	(43) 116, 117, 118
~~**Average of R-Z Readings=SUM of Corrected Readings 2 & 4 Divided by 2**~~			
5. (Std) after standing 2 minutes		(44) 119, 120, 121	(45) 122, 123, 124
6. (R-Z) after standing 2 minutes		(46) 125, 126, 127	(47) 128, 129, 130
	Zero	(48) 131, 132	(49) 133, 134
	Corrected	(50) 135, 136, 137	(51) 138, 139, 140

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

(52) **NO** 2 ☐ **YES** 1 ☐

141

10. a. **Height:** (53) 142, 143 **Inches** b. **Weight:** (54) 144, 145, 146 **Pounds** c. **Percent of ideal weight:** (55) 147, 148, 149
(From standard table)

Observer: _____ (56) 150, 151

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

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

(57) 152 YES 1☐ NO 2☐

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

(58) 153 YES 1☐ NO 2☐ Skip to 11c

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

(59) 154 YES 1☐ NO 2☐ Never walks up-hill or hurries 3☐ Skip to 11b

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

(60) 155 YES 1☐ NO 2☐

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

(61) 156
1☐ Stop or slow down
2☐ Take a nitroglycerin
3☐ Continue at same pace
Skip to 11b

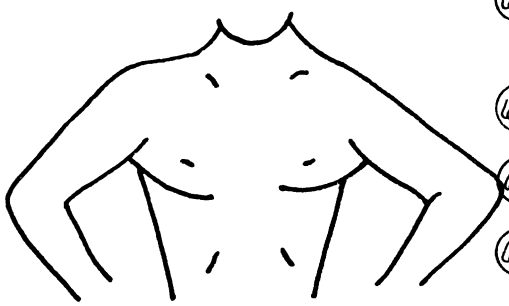
(5) If you stand still, what happens to the pain?

(62) 157 Relieved 1☐ Not Relieved 2☐ → Skip to 11 b

(6) How soon is the pain relieved?

(63) 158 10 minutes or less 1☐ More than 10 minutes 2☐ → Skip to 11b

(7) Will you show me where it was?



		YES	NO
(64)	(a) Sternum (middle or upper) 159	1☐	2☐
(65)	(b) Sternum (lower) 160	1☐	2☐
(66)	(c) Left anterior chest 161	1☐	2☐
(67)	(d) Left arm 162	1☐	2☐

Did you feel it anywhere else?

(68) 163 YES 1☐ NO 2☐

Record additional information on the diagram above.

Comments:

(69) 164 1 0

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

(70) 165 YES [1] NO [2] → Skip to 11c

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

(71) 166 YES [1] NO [2]

What did he say it was? (72) 167 1/0

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

(73) 168, 169 attacks

	Date	Duration
Tell me about your first attack:	(74) 170, 171, 172, 173	(75) 174
Your last attack:	(76) 175, 176, 177, 178 (MO / YR)	(77) 179

Comments

NOTE: For fields 75 and 77:

Duration Code

Code	Minutes
0	DK
1	1-30
2	31-45
3	46-60
4	61 or more

(78) 180 1/0

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

(79) 181 YES [1] NO [2] → Skip to 12

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

(80) 182 YES [1] NO [2]

Skip to 12

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

(81) 183 (If calves not mentioned, ask, "Anywhere else?" If still not mentioned, indicate "Pain does not include calf.")

Pain includes calf/calves 1 [ ] Pain does not include calf 2 [ ] → Skip to 12

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

(82) 184 YES [1] NO [2] Never walks uphill or hurries [3]

Skip to 12

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

(83) 185 YES [1] NO [2]

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

(84) 186 YES [1] NO [2]

Skip to 12

(85) 187 1/0

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

Stop or slacken pace 1 ☐ Continue at same pace 2 ☐ → Skip to 12

(86) 188

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

Relieved 1 ☐ Not Relieved 2 ☐ → Skip to 12

(87) 189

(9) How soon is it relieved?

10 minutes 1 ☐ More than 10 minutes 2 ☐

(88) 190

Comments:

(89) 191 0

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

YES NO

(90) 1 ☐ 2 ☐ → Skip to 12b

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

YES NO

(91) ☐ 1 ☐ 2

193

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

YES NO

(92) ☐ 1 ☐ 2 Skip to 12c

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

YES NO

(93) ☐ 1 ☐ 2

195

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

YES NO

(94) ☐ 1 ☐ 2

196

(95) 197 0

13. 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

(96) ☐ 1 ☐ 2

198

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

Ignore an occasional cough.

YES NO

(97) ☐ 1 ☐ → 2 | If no to both questions (1) and (2), skip to 13b. |

199

(98) 200 0

Revised 6-1-84

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

YES NO

(99) [1] [2]

201

13. 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

(100) [1] [2]

202

(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

(101) [1] [2] → If no to both questions (1) and (2), skip to 13c.

203

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

YES NO

(102) [1] [2]

204

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

YES NO

(103) [1] [2]

205

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

YES NO

(104) [1] [2]

206

Do you get this most days—or nights?

YES NO

(105) [1] [2]

207

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

YES NO

(106) [1] [2]

208

Is (was) your breathing absolutely normal between attacks?

YES NO

(107) [1] [2]

209

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

YES NO

(108) [1] [2]

210

Comments

(109) 1 0

211

15. **List all medications to which the participant reported having side effects or reactions on HP19 (Items 40c and e, 41b, and 42b).**

	Medication	Side Effect
1.	(110) 212, 213, 214	(111) 215, 216
2.	(112) 217, 218, 219	(113) 220, 221
3.	(114) 222, 223, 224	(115) 225, 226
4.	(116) 227, 228, 229	(117) 230, 231
5.	(118) 232, 233, 234	(119) 235, 236

NOTE: Code for medication and side effect are from Drug Code List

Comments

(120) 237 1 0

16. **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 HP19, Items 13-15, for use by the clinic physician

		Initial diagnosis by HDFP Physician 1	Confirmation by HDFP Physician 2	Both 3
(121)	a. ☐ heart attack or coronary. 238	☐	(122) ☐ 239	☐
(123)	b. ☐ stroke or brain hemorrhage. 240	☐	(124) ☐ 241	☐
(125)	c. ☐ diabetes. 242	☐	(126) ☐ 243	☐
(127)	d. ☐ cancer. 244	☐	(128) ☐ 245	☐
(129)	e. ☐ gout. 246	☐	(130) ☐ 247	☐
(131)	f. ☐ intestinal bleeding or ulcers. 248	☐	(132) ☐ 249	☐
(133)	g. ☐ kidney stones or other kidney trouble 250	☐	(134) ☐ 251	☐
(135)	h. ☐ cirrhosis or liver disease. 252	☐	(136) ☐ 253	☐
(137)	☐ none of the above 254			

Comments on any positive response:

(138) 255 1 0

17. Within the past 12 months, the participant has experienced the condition(s) checked below:

Positive responses should be transferred from HP19, Item 16, for use by the clinic physician.

(139) a. 1 ☐ skin rash or unusual bruising. 256
(140) b. 1 ☐ swelling or tenderness of the breasts. 257
(141) c. 1 ☐ recurrent stomach pains. 258
(142) d. 1 ☐ waking up too early and having difficulty getting back to sleep. 259
(143) e. 1 ☐ black or tarry stools. 260
(144) f. 1 ☐ bright red blood in the stools. 261
(145) g. 1 ☐ frequent depression that interfered with work, recreation, or sleep. 262
(146) h. 1 ☐ tiredness or fatigue. 263
(147) i. 1 ☐ nightmares. 264
(148) 1 ☐ none of the above. 265

18. Within the past 12 months, the participant has experienced the condition(s) checked below:

Positive responses should be transferred from HP19, Item 17, for use by the clinic physician.

(149) a. 1 ☐ an illness or injury which kept the participant in bed for a week or more, or sent the participant to the hospital. 266
(150) b. 1 ☐ attacks of headache, racing of the heart, and sweating all at once. 267
(151) c. 1 ☐ headaches so bad that the participant had to stop what he or she was doing. 268
(152) d. 1 ☐ faintness or light-headedness when he or she stands up quickly. 269
(153) e. 1 ☐ heart beating fast or skipping beats. 270
(154) f. 1 ☐ blacking out or losing consciousness. 271
(155) g. 1 ☐ a change in physical appearance that worried the participant—for instance, changes in the skin or development of a lump. 272
(156) h. 1 ☐ worries about physical symptoms which a doctor could not explain. 273
(157) 1 ☐ none of the above. 274

PHYSICAL EXAMINATION

Area Examined		Abnormal	Normal	Description of Findings
19. GENERAL APPEARANCE:	(158) 275	1 ☐	2 ☐	(159) 276 ⚑ 6
20. SKIN:	(160) 277	1 ☐	2 ☐	
		YES	NO	
Xanthomata:	(161) 278	1 ☐	2 ☐	
☐ Other findings noted, specify: (162) 279 (163) 280 FLAG ⚑ 1/6				(164) 281 ⚑ 6

Area Examined			Description of Findings
21. EARS, NOSE AND THROAT:	Abnormal (165) 1☐ 282	Normal 2☐	(168) 1 0 285
(166) 1☐ Specific findings noted, specify: 283	(167) 284 6		
22. EYES:	Abnormal (169) 1☐	Normal 2☐ 286	
a. Scleral icterus:	YES (170) 1☐	NO 2☐ 287	
b. Arteriolar spasm/focal constriction:	YES (171) 1☐	NO 2☐ 288	
c. A-V nicking:	YES (172) 1☐	NO 2☐ 289	
d. Hemorrhages:	YES (173) 1☐	NO 2☐ 290	
	Affecting 2 or more quadrants of the same eye? (174) NO 2☐ YES 1☐ 291		
	Confirmed by: (175) 292 293		
e. Exudates:	(176) Absent 1 Hard 2 Soft 3 294 Both 4		
	Confirmed by: (177) 295 296		
f. Papilledema:	(178) NO 2☐ 297 YES 1☐		(182) 1 0 302
	Confirmed by: (179) 298 299		
(180) 1☐ Other findings noted, specify: 300	(181) 301 1 0		(183) 303 1☐ Check if pupils were dilated for funduscopic exam.
23. NECK:	Abnormal (184) 1☐	Normal 2☐ 304	
a. Abnormal venous distension present:	YES (185) 1☐	NO 2☐ 305	
b. Carotid bruits:	(186) Right 1 Left 2 Both 3 NONE 4 306		(190) 1 0 310
c. Diminished carotid pulsations:	(187) Right 1 Left 2 Both 3 NONE 4 307		
(188) 1☐ Other findings noted, specify: 308	(189) 309 1 0		

Area Examined		Description of Findings
24. LYMPH NODES:	Abnormal (191) ☐1 Normal 2☐ 311	
(192) 1☐ 312 Specific findings noted, specify:	(193) 313 ⚑ 1 0	(194) 314 ⚑ 1 0
25. CHEST AND LUNGS:	Abnormal (195) 1☐ Normal 2☐ 315	
Râles:	YES (196) 1☐ NO 2☐ 316	
(197) 1☐ 317 Other findings noted, specify:	(198) 318 ⚑ 1 0	(199) 319 ⚑ 1 0
26. BREASTS (FOR WOMEN):	Abnormal (200) 1☐ Normal 2☐ 320	
Palpable mass:	(201) Right ☐1 Left ☐2 BOTH ☐3 NONE ☐4 321	
(202) 1☐ 322 Other findings noted, specify:	(203) 323 ⚑ 1 0	(204) 324 ⚑ 1 0
27. HEART:	Abnormal (205) 1☐ Normal 2☐ 325	
a. Abnormal apical impulse:	YES (206) 1☐ NO 2☐ 326	
b. Irregular apical heart rate:	(207) 1☐ 2☐ 327	
c. Heart rate greater than 100/minute:	(208) 1☐ 2☐ 328	
d. S 3 gallop:	(209) 1☐ 2☐ 329	
e. Systolic murmur:	(210) 1☐ 2☐ 330	
f. Diastolic murmur	(211) 1☐ 2☐ 331	(214) 334 ⚑ 1 0
(212) 1☐ 332 Other findings noted, specify:	(213) 333 ⚑ 1 0	

Area Examined	Description of Findings

28. ABDOMEN: Abnormal (215) 1☐ Normal 2☐ 335

a. Hepatomegaly: YES (216) 1☐ NO 2☐ 336

b. Upper abdominal bruit: YES (217) 1☐ NO 2☐ 337

(218) 1☐ Other findings noted, specify: _____ (219) 1 0 339

338

(220) 1 0 340

29. EXTREMITIES: Abnormal (221) 1☐ Normal 2☐ 341

a. Definite ankle edema: YES (222) 1☐ NO 2☐ 342

b. Pulses present:

	RIGHT Normal 1	RIGHT Diminished 2	RIGHT Absent 3	LEFT Normal 1	LEFT Diminished 2	LEFT Absent 3
posterior tibial	(223) ☐ 343	☐	☐	☐	☐ 344	☐ (224)
dorsalis pedis	(225) ☐ 345	☐	☐	☐	☐ 346	☐ (226)
femoral (only if posterior tibial and dorsalis pedis pulses are both missing)	(227) ☐ 347	☐	☐	☐	☐ 348	☐ (228)

c. Amputation: Right (229) 1 Left 2 NONE 4 BOTH 3

349

Describe: (230) 1 0 350

Done two or more years ago? YES (231) 1☐ NO 2☐ 351

(232) 1☐ Other findings noted, specify: _____ (233) 1 0 353

352

(234) 1 0 354

30. PELVIC: (235) Not Done 3 Abnormal 1 Normal 2

355

Pap smear (must be done if no results available from smear within last 18 months) (236) Normal ☐1 Abnormal ☐2 Positive ☐3

356

(237) 1☐ Other findings noted, specify: _____ (238) 1 0 358

357

(239) 1 0 359

Area Examined	Description of Findings
31. RECTAL: (240) 360 Not Done [3] Abnormal [1] Normal [2] For males: Prostate enlarged or irregular: (241) 361 YES [1] NO [2] (242) 362 [1] Other findings noted, specify: _____ (243) 363 1 0	(244) 364 1 0
32. NEUROLOGICAL: (245) 365 Abnormal [1] Normal [2] a. Hemiplegia: (246) 366 Right [1] Left [2] NONE [4] BOTH [3] b. Gross hemiparesis: (247) 367 Right [1] Left [2] NONE [4] BOTH [3] (248) 368 [1] Other findings noted, specify: _____ (249) 369 1 0	(250) 370 1 0

33. OTHER PHYSICAL FINDINGS, SPECIFY:

(251) 371 1 0

Physical examination by: _____ (252) 3 7 2 1 3 7 3

34. Record all drugs which were being taken at the time the HP19 was administered. (Review Items 41b and 42b of the HP19.)

253 None ☐ 1

	Being Taken	Not Being Taken
a. antihypertensives	1	2
254 1. thiazides or thiazide-like compounds 375	☐	☐
255 2. spironolactone 376	☐	☐
256 3. other diuretics 377	☐	☐
257 4. reserpine or other rauwolfia alkaloids 378	☐	☐
258 5. guanethidine 379	☐	☐
259 6. hydralazine 380	☐	☐
260 7. methyldopa 381	☐	☐
261 8. propranolol 382	☐	☐
262 9. other antihypertensives 383	☐	☐
b. cardiovascular preparations		
263 1. digitalis 384	☐	☐
264 2. nitroglycerin 385	☐	☐
265 3. other cardiovascular preparations 386	☐	☐
c. analgesics		
266 1. aspirin-containing compounds 387	☐	☐
267 2. other analgesics 387	☐	☐
268 d. antibiotics 389	☐	☐
269 e. anticoagulant agents 390	☐	☐
f. antidiabetic agents		
270 1. insulin 391	☐	☐
271 2. oral hypoglycemics 392	☐	☐
272 g. antihistamines 393	☐	☐
273 h. antithrombic agents 394	☐	☐
274 i. gout medications 395	☐	☐
j. hormonal preparations		
275 1. corticosteroids 396	☐	☐
276 2. thyroid preparations 397	☐	☐
277 3. oral contraceptives 398	☐	☐
278 4. other hormonal preparations 399	☐	☐
279 k. hypnotics 400	☐	☐
280 l. lipid-lowering agents 401	☐	☐
281 Potassium 402	☐	☐
m. tranquilizers 403	☐	☐
282 n. other medications 283 404	☐	☐

This checklist completed by: _____ 284 405 406

35. DIAGNOSTIC SUMMARY

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

285 1 0 407

35. b. Diagnostic Check List:

		1 Present	2 Suspect	3 No Evidence	4 Inactive
Malignant Neoplasm:					
286 Breast	408	☐	☐	☐	☐
287 Lung	409	☐	☐	☐	☐
288 GI	410	☐	☐	☐	☐
289 GU	411	☐	☐	☐	☐
290 Skin	412	☐	☐	☐	☐
291 Other, specify	413	☐	☐	☐	☐
FLAG 292 414 1/0					
Endocrine Metabolic Disease:					
293 Diabetes	415	☐	☐	☐	☐
294 Gout	416	☐	☐	☐	☐
295 Hyperthyroidism	417	☐	☐	☐	☐
296 Hypothyroidism	418	☐	☐	☐	☐
297 Cushing's syndrome	419	☐	☐	☐	☐
298 Pheochromocytoma	420	☐	☐	☐	☐
299 Primary aldosteronism	421	☐	☐	☐	☐
300 Other, specify:	422	☐	☐	☐	☐
FLAG 1/0 301 423					
Mental Disease:					
302 Psychosis	424	☐	☐	☐	☐
303 Psychoneurosis	425	☐	☐	☐	☐
304 Mental retardation	426	☐	☐	☐	☐
305 Alcoholism	427	☐	☐	☐	☐
306 Drug addiction	428	☐	☐	☐	☐
307 Depression	429	☐	☐	☐	☐
308 Attempted Suicide	430	☐	☐	☐	
309 Other, Specify	431	☐	☐	☐	☐
FLAG 1/0 310 432					
Neurologic Disease:					
311 Transient Ischemic Attack	433	☐	☐	☐	
312 Cerebrovascular Accident	434	☐	☐	☐	☐
313 Convulsive disorder	435	☐	☐	☐	☐
314 Other, specify:	436	☐	☐	☐	☐
FLAG 1/0 315 437					
Musculo-Skeletal Disease:					
316 Arthritis or rheumatism	438	☐	☐	☐	☐
317 Other, specify:	439	☐	☐	☐	☐
FLAG 1/0 318 440					
Hematologic Disease:					
319 Anemia	441	☐	☐	☐	☐
320 Other, specify:	442	☐	☐	☐	☐
FLAG 1/0 321 443					
Respiratory Disease:					
322 Chronic obstructive lung disease	444	☐	☐	☐	☐
323 Asthma	445	☐	☐	☐	☐
324 Tuberculosis	446	☐	☐	☐	☐
325 Other, specify:	447	☐	☐	☐	☐
FLAG 1/0 326 448					
Sensory Disease:					
Eye					
327 Glaucoma	449	☐	☐	☐	☐
328 Other, Specify	450	☐	☐	☐	☐
FLAG 1/0 329 451					

		1 Present	2 Suspect	3 No Evidence	4 Inactive
Circulatory Disease:					
330 Rheumatic	452	☐	☐	☐	☐
331 Other valvular	453	☐	☐	☐	☐
332 Ischemic heart disease	454	☐	☐	☐	☐
333 Hypertensive heart	455	☐	☐	☐	☐
334 Peripheral vascular	456	☐	☐	☐	☐
335 Cerebrovascular	457	☐	☐	☐	☐
336 Secondary Hypertension	458	☐	☐	☐	☐
337 Myocardial infarction	459	☐	☐	☐	
338 Acute Coronary Insufficiency	460	☐	☐	☐	☐
339 Angina pectoris	461	☐	☐	☐	☐
340 Congestive heart failure	462	☐	☐	☐	☐
341 Dissecting aneurysm	463	☐	☐	☐	☐
342 Non-dissecting Aneurysm	464	☐	☐	☐	☐
343 Other, specify:	465	☐	☐	☐	☐
FLAG 1/0 344 466					
Digestive Disease:					
345 Peptic ulcer	467	☐	☐	☐	☐
346 Colitis	468	☐	☐	☐	☐
347 Ileitis	469	☐	☐	☐	☐
348 Gall bladder disease	470	☐	☐	☐	☐
349 Cirrhosis	471	☐	☐	☐	☐
350 Other liver disease	472	☐	☐	☐	☐
351 Pancreatitis	473	☐	☐	☐	☐
352 Other, specify:	474	☐	☐	☐	☐
FLAG 1/0 353 475					
Genito-Urinary Conditions:					
354 Nephritis/Nephrosis	476	☐	☐	☐	☐
355 Pregnancy	477	☐	☐	☐	
356 Urinary tract infection	478	☐	☐	☐	☐
357 Nephrolithiasis	479	☐	☐	☐	☐
358 Other, specify:	480	☐	☐	☐	☐
FLAG 1/0 359 481					
Dermatologic:					
360 Allergic dermatitis	482	☐	☐	☐	☐
361 Photosensitization	483	☐	☐	☐	☐
362 Other, specify:	484	☐	☐	☐	☐
FLAG 1/0 363 485					
Injuries & Adverse Effects:					
364 Accidental Injury, Auto	486	☐	☐	☐	
365 Accidental Injury, Work	487	☐	☐	☐	
366 Accidental Injury, Home	488	☐	☐	☐	
367 Other Accidential Injury, specify:	489	☐	☐	☐	
368 Violent Injury (i.e. assault)	490	☐	☐	☐	
369 Other, specify:	491	☐	☐	☐	
FLAG 1/0 370 492					
Other Diseases, Specify:					
371 493	494	☐	☐	☐	☐ 372
373 495	496	☐	☐	☐	☐ 374
375 497	498	☐	☐	☐	☐ 376
377 499	500	☐	☐	☐	☐
379 501	502	☐	☐	☐	☐ 380
381 503	504	☐	☐	☐	☐ 382

36. REVIEW OF RESULTS OF EXAMINATION

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

383 ☐1 General explanation of high blood pressure 505

384 ☐1 Present status of individual in terms of risk factors: 506

385 ☐1 Blood pressure and end-organ status 507

386 ☐1 Smoking (if greater than 10 cigarettes per day) 508

387 ☐1 Percent of ideal weight (if 140% or greater) 509

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

	YES	NO
388 510	1☐	2☐

Source of Care _____

_____

☐ Complete HP03A Release of Program Information, signed

c. Serious acute condition?

	NO	YES
389 511	2☐	1☐ → ☐ Appropriate actions taken to bring condition under control

d. Envelope allocation of participant

390 512 1☐ Regular Care
2☐ Stepped Care

e. Treatment allocation of participant

391 513 1☐ Regular Care
2☐ Stepped Care → Complete modified HP06 and HP06A

f. Stepped Care refusal

392 1☐ Participant refusal 514

393 1☐ Explanation of Program, including continuing participant eligibility 515

394 ☐1 Agrees to participate 516

395 ☐1 Participant to contact source of care 517

396 ☐1 Program to contact source of care 518

397 ☐1 No source of care to contact 519

398 ☐1 Continuing refusal to participate 520

399 ☐1 Care source refusal 521

400 ☐1 Explanation of Program, including continuing participant eligibility 522

401 ☐1 Continuing willingness to participate 523

402 ☐1 Participant to contact care source 524

403 ☐1 Program to contact care source 525

404 ☐1 Participant refusal 526

405 ☐1 Care source not to be contacted (Program decision) 527

406 ☐1 Participant will participate 528

407 ☐1 Participant will not participate 529

408

Physician or Therapist Signature _____ 530 531