TWO YEAR FOLLOW-UP

COMPLETE ITEMS 1, 2, 6a, 6b, 8a, AND – FOR WOMEN – 22a AT CENTER PRIOR TO HOUSEHOLD VISIT.

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

(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

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

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

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☐ _____

HAS AN HP19 BEEN COMPLETED FOR ANOTHER MEMBER OF THIS HOUSEHOLD?
NO 2☐ 39 (9) YES ☐1
↓ Ask Items 6 & 7 ↓ Skip to Item 8

Clinic Appointment Date: (10) Month 40|41 Day 42|43 19 Year 44|45

TELL RESPONDENT NOT TO EAT 3 HOURS BEFORE HE OR SHE COMES IN.

Time Interview Completed: Hour (11) 46|47 : Minute (12) 48|49 (13) 1☐ a.m. 2☐ p.m. 50

Interviewer: _____ (14) 51|52

8/1/74
Revised 6-1-84

HP19/1

6.3/75

6. a. At the time of our last survey, about a year 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 HP14" or "Deceased by HP14".

NOTE: In fields 15-144, if 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 HP14	Not in household by HP14	Deceased by HP14	Name from HP01	Living with participant	Moved during past year	Living at different address	Name change	Deceased	Comments (Enter different address, new name, or date and place of death as appropriate.)
01	53	54	55	56	57	15 ↔ 19	58	59	60	61	62	20 — 24
02	63	64	65	66	67	25 ↔ 29	68	69	70	71	72	30 — 34
03	73	74	75	76	77	35 ↔ 39	78	79	80	81	82	40 — 44
04	83	84	85	86	87	45 — 49	88	89	90	91	92	50 — 54
05	93	94	95	96	97	55 — 59	98	99	100	101	102	60 — 64
06	103	104	105	106	107	65 — 69	108	109	110	111	112	70 — 74
07	113	114	115	116	117	75 — 79	118	119	120	121	122	80 — 84
08	123	124	125	126	127	85 — 89	128	129	130	131	132	90 — 94
09	133	134	135	136	137	95 — 99	138	139	140	141	142	100 — 109
10	143	144	145	146	147	105 — 109	148	149	150	151	152	110 — 114

Highest line No. on HP01: 83 84 (145)

NO FURTHER INFORMATION REQUIRED FOR THESE PERSONS

LINE 11 153 - 162 (115)
LINE 12 163 - 172 (125)
LINE 13 173 - 182 (135)

~~HP11A Completed~~ (124) (134) (144)

~~HP07 Completed~~

~~INTERVIEWER: Had any HP01 household members moved out by the time of the HP14?~~

~~NO ☐ Skip to Part b~~

~~YES ☐→ ASK: At the time of our last survey, 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 HP14".~~

6. b. (146) 185 1☐ No new household members at HP14 → Skip to 6c.

At the time of our last survey, 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.

Name	Relationship to head	Sex	Date of birth	Living with participant	Living at different address	Name change	Deceased	Comments
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	

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

(147) NO 2☐ YES 1☐ → 186

Enter names of new household members above, enter relationship to current head, sex, and birthdate, and check box in the "Living with participant" column.

7. Do you have a different head of the household now than at the time of our last survey?

(148) NO 2☐ YES 1☐ ↓ 187

Name of new head: _____

8. a. At the time of our last survey, you were _____

(marital status from HP14, Item 8)

b. Has this changed?

(149) NO 2☐ YES 1☐ ↓ 188

(150)

c. What is your marital status now? 1☐ Married 3☐ Separated 189
2☐ Widowed 4☐ Divorced

190

9. a. What is your current work status?

(151)
- ☐ 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

191

b. Is your work status now different from what it was two years ago?

(152) YES 1☐ ↓ NO 2☐ → SKIP TO 10

1) Participant is currently:

192
- ☐ 1 retired
- ☐ 2 unemployed
- (153) ☐ 3 disabled
- ☐ 4 in a different occupation
- ☐ 5 other, specify: _____

(154) [1 0] FLAG 193

2) Was this change made for reasons of health?

194 YES ☐ 1 NO ☐ 2

(155) ↓

Specify: _____

(156) [1 0] FLAG 195

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

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

157 196

Less than one month	1-6 months	7-12 months	More than 12 months
1 ☐	2 ☐	3 ☐	4 ☐

11. At the time your blood pressure was last taken at the doctor's office or clinic:

a. Were you told that your blood pressure reading was:

158 197

High	Low	Normal	Down	Not Told	DK
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

b. Were you told the readings?

159

NO	YES	DK
2 ☐	1 ☐	3 ☐

198

12. Do you have any health problems other than high blood pressure AT THE PRESENT TIME?

160

NO	DK	YES
2 ☐	3 ☐	1 ☐

199

↓

	Health Problem	Duration
(1)		
(2)		
(3)	161 [1 / 0] FLAG 200	
(4)		

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.

POSITIVE RESPONSES TO ANY QUESTIONS IN ITEMS 13-15 MUST BE TRANSFERRED TO ITEM 16 OF THE HP20 FOR THIS PARTICIPANT.

13. 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)

201 162

YES	Suspect	DK	NO
1 ☐	4 ☐	3 ☐	2 ☐

→ Skip to b

1. When were you told this? 163 Month [202 203] Day [204 205] 19 Year [206 207]

2. What was the doctor's or clinic's name? 164 [1 / 0] FLAG 208

Address?

3. Were you hospitalized for this? YES 165 NO 209

1 ☐ 2 ☐

~~☐ 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 DK NO 210

166 1☐ 4☐ 3☐ 2☐ → Skip to c

1. When were you told this? ---------- 167 Month [21 1 | 21 2] Day [21 3 | 21 4] 19 Year [21 5 | 21 6]

2. What was the doctor's or clinic's name? _____

Address? _____ 168 [1 / 0] FLAG 217

3. Were you hospitalized? 169 YES 1☐ NO 2☐ 218

~~☐ 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? 219 170	☐1	☐2	3☐
5. Difficulty with speech? 171 220	☐1	☐2	3☐
6. Difficulty with vision? 221 172	☐1	☐2	3☐
7. Other difficulties? 173 [1 / 0] FLAG 222 If yes, specify: _____	☐1	☐2	3☐ 174 223
8. Did any of these problems last longer than 24 hours?	☐1	☐2	3☐ 175 224

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

YES Suspect DK NO

176 1☐ 4☐ 225 3☐ 2☐ → Skip to 25

1. When were you told this? ---------- 177 Month [22 6 | 22 7] Day [22 8 | 22 9] 19 Year [23 0 | 23 1]

2. What was the doctor's or clinic's name? _____

Address _____ 178 [1 / 0] FLAG 232

3. Were you hospitalized for this? 179 YES 1☐ NO 2☐ 233

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

~~REQUIRED:~~

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

14. 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. cancer?

180 YES 1☐ Suspect 4☐ DK 3☐ NO 2☐ 234

Skip to b

1. When were you told this? 181 Month 235 236 Day 237 238 Year 19 239 240

2. What part of the body was affected? Specify: 241 242 182 NOTE: Code for part of body from Drug ~~Code List~~

What was the doctor or clinic's name? _____

Address _____ 183 1 0 FLAG 243

3. Were you hospitalized? YES NO

184 1☐ ↓ 2☐ ↓ 244

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

REQUIRED:

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

b. gout?

YES 1☐ Suspect 4☐ DK 3☐ NO 2☐ 245

185 Skip to c

1. When were you told this? 186 Month 246 247 Day 248 249 Year 19 250 251

2. What was the doctor or clinic's name? _____

Address _____ 187 1 0 FLAG 252

3. Were you hospitalized? YES NO

188 1☐ ↓ 2☐ 253

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

REQUIRED:

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

c. intestinal bleeding or ulcers?

YES 1☐ Suspect 4☐ DK 3☐ NO 2☐ 254

189 Skip to ~~26-15~~

1. When were you told this? 190 Month 255 256 Day 257 258 Year 19 259 260

2. What was the doctor's or clinic's name? _____

Address _____ 191 1 0 FLAG 261

3. Were you hospitalized for this? YES NO

192 1☐ ↓ 2☐ 262

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

REQUIRED:

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

15. 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. kidney stones or other kidney disease?

YES 1☐ Suspect 4☐ DK 3☐ NO 2☐ (193)

263 Skip to b

1. When were you told this? (194) Month [264, 265] Day [266, 267] 19 Year [268, 269]

2. What was the doctor or clinic's name? _____

Address _____ (195) [1 / 0] FLAG 270

3. Were you hospitalized for this? YES 1☐ NO 2☐ 271

(196)

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

~~REQUIRED:~~

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

b. cirrhosis or liver disease?

YES 1☐ Suspect 4☐ DK 3☐ NO 2☐ (197)

272 Skip to 16

1. When were you told this? (198) Month [273, 274] Day [275, 276] 19 Year [277, 278]

2. What was the doctor's or clinic's name? _____

Address _____ (199) [1 / 0] FLAG 279

3. Were you hospitalized for this? YES 1☐ NO 2☐ 280

(200)

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

~~REQUIRED:~~

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

16. WITHIN THE PAST 12 MONTHS, have you had any of the following:

		YES 1	NO 2	DK 3
a.	skin rash or unusual bruising? (201) 281	☐	☐	☐
b.	swelling or tenderness of your breasts? (for men, "around the nipples?") (202) 282	☐	☐	☐
c.	recurrent stomach pains? (203) 283	☐	☐	☐
d.	waking up too early and having difficulty getting back to sleep? (204) 284	☐	☐	☐
e.	black or tarry stools? (205) 285	☐	☐	☐
f.	bright red blood in your stools? (206) 286	☐	☐	☐
g.	frequent depression (felt sad or blue) so that it interfered with your work, recreation, or sleep? (207) 287	☐	☐	☐
h.	tiredness or fatigue? (208) 288	☐	☐	☐
i.	nightmares? (209) 289	☐	☐	☐

TRANSFER POSITIVE RESPONSES TO ITEM 17 OF THE HP20 FOR THIS PARTICIPANT

17. WITHIN THE PAST 12 MONTHS, have you had any of the following:

		YES 1	NO 2	DK 3
(210) 290 a.	an illness or injury which kept you in bed for a week or more, or sent you to the hospital? 291 (211)	☐	☐	☐
b.	attacks of headache, racing of your heart, and sweating all at once?	☐	☐	☐
(212) 292 c.	headaches so bad that you had to stop what you were doing?	☐	☐	☐
d.	faintness or light-headedness when you stand up quickly? 293 (213)	☐	☐	☐
(214) 294 e.	your heart beating fast or skipping beats?	☐	☐	☐
f.	blacking out or losing consciousness? (215) 295	☐	☐	☐
(216) 296 g.	a change in your physical appearance that worried you - for example, changes in your skin or development of a lump? 297	☐	☐	☐
h.	worries about physical symptoms which a doctor could not explain? (217)	☐	☐	☐

TRANSFER POSITIVE RESPONSES TO ITEM 18 OF THE HP20 FOR THIS PARTICIPANT

18. 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? (218) 298 299 300 days

19. During the past 4 weeks how often have you taken any of the following aspirin-containing drugs: aspirin, Alka-Seltzer, Anacin, APC, Aspergum, Bufferin, Darvon Compound, Dristan, Empirin Compound, Excedrin, B.C. Powder? (Aspirin-containing compounds widely used locally may be added to this list.)

301 (219)

1☐ daily
2☐ 4-6 days per week
3☐ 1-3 days per week
4☐ less than one day per week
5☐ not at all

Now I would like to take your pulse and blood pressure:

20. Pulse: number of beats in 30 seconds _____ (220) x 2 = (221) _____ beats/minute

21. Blood Pressure Readings:

(222) 307

Cuff size:
1☐ regular
2☐ large arm
3☐ thigh

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

(223) 10 FLAG 308

		Systolic	Diastolic (5th phase)
(1)	(Std)	(224)	(225)
(2)	(R-Z)	(226)	(227)
	Zero	(228)	(229)
	Corrected	(230)	(231)
(3)	(Std)	(232)	(233)
(4)	(R-Z)	(234)	(235)
	Zero	(236)	(237)
	Corrected	(238)	(239)
	SUM of Corrected Readings 2 & 4	(240)	(241)

~~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 → ☐ 03A completed~~

FOR MALES → SKIP TO 23

22. a. Was the participant postmenopausal (either naturally or surgically) at the One Year Follow-Up (from HP14, Item 30a and d)? 359 (242)

NO 2 ↓ YES 1 → SKIP TO 23

INTERVIEWER: Answer the following questions by reference to clinic charts, if possible (HP06, Item 26, in particular, for Stepped Care); if the information is not available in the clinic record, ask the questions of the participant herself:

1. (Has the participant/Have you) undergone a hysterectomy in the past 12 months?
   NO 2 YES 1 → Skip to Part b 360 (243)
2. (Has the participant/Have you) ever had a tubal ligation?
   NO 2 ↓ YES 1 → 361 (244) Ask Parts b-d as appropriate (245)
   Was this within the past 12 months?
   YES 1 NO 2 → Skip to 22D 362

b. WITHIN THE PAST 12 MONTHS, have you been pregnant? 363 (246)
YES 1 NO 2 → SKIP TO 22c

What was the outcome of this pregnancy? (247)
Now Pregnant 1 Live Birth 2 ↓ Miscarriage or Stillbirth 3 Other 4 364

365 (248) 1 Single 2 Multiple

c. Are you currently taking birth control pills? NO 2 YES 1 DK 3 (249) 366

d. Have you had a pap smear within the past 18 months? (250)
NO 2 YES 1 → 367

a) What is the name of the doctor or clinic that did the pap smear?
Name: _____
Address: _____ (251) 10 FLAG 368

b) When was the pap smear done? Month 369 370 Day 371 372 19 Year 373 374 (252)

We are interested in some things you may do as a part of day to day living.

23. About how many cups and/or glasses of the following do you drink ON MOST DAYS?

(253) a. decaffeinated coffee? 375 376 cups/glasses
b. coffee? (254) 377 378 cups/glasses
(255) c. tea? 379 380 cups/glasses
d. cola? (256) 381 382 cups/glasses

24. 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:

(257) 383

much more active?	somewhat more active?	about the same?	somewhat less active?	much less active?	not applicable
1	2	3	4	5	6

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:

258 384

much more active?	somewhat more active?	about the same?	somewhat less active?	much less active?
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

25. WITHIN THE PAST 12 MONTHS, have you CHANGED your usual level of physical activity (at work as well as during leisure time)?

259 NO 2 ☐ YES 1 ☐ 385 → 1 ☐ more activity, 2 ☐ less activity (260) 386

26. a. IN THE LAST 12 MONTHS, has a doctor, nurse, therapist, or medical assistant advised you to make any CHANGES in your diet?

261 NO 2 ☐ YES 1 ☐ 387 →

Were you asked to:

		YES 1	NO 2	DK 3
388 (262)	lose weight?	☐	☐	☐
(263) 389	reduce salt?	☐	☐	☐
390 (264)	reduce fat or cholesterol?	☐	☐	☐
(265) 391	other	☐ → Specify:	☐	☐

(266) 1 0 FLAG 392

b. IN THE LAST 12 MONTHS, have you CHANGED your eating habits?

267 NO 2 ☐ 393 DK 3 ☐ YES 1 ☐ → Specify: (268) 1 0 FLAG 394

27. a. WITHIN THE PAST 12 MONTHS, has there been a CHANGE in your cigarette smoking habits?

395 (269)

YES 1 ☐ →

Did you:

270 396 Stop? 1 ☐ Cut down? 2 ☐ Start? 3 ☐ Smoke more? 4 ☐

How many cigarettes do you smoke per day?

398 ☐☐ cigarettes

NO 2 ☐ →

Do you smoke cigarettes at present?

271 397 Yes 1 ☐ No 2 ☐ → Skip to 28

How many cigarettes do you smoke per day?

399 ☐☐ cigarettes

(272)

b. DURING THE PAST 12 MONTHS, has a doctor, nurse, therapist, or medical assistant advised you to stop smoking, smoke less, or switch from cigarettes to pipe or cigars?

273 400 YES 1 ☐ NO 2 ☐ DK 3 ☐

28. INTERVIEWER: Has participant been employed at any time WITHIN THE PAST 12 MONTHS (from Item 9a)? (If in doubt, ask the participant.)

(274) YES 1☐ NO 2☐ → Skip to 29 401

↓

WITHIN THE PAST 12 MONTHS, have you experienced any difficulties related to your job or work, such as:

		YES	NO	DK
(275)	a. troubles at work? 402	1☐	2☐	3☐
(276)	b. being fired or laid off work? 403	☐	☐	☐
(277)	c. quitting your job? 404	☐	☐	☐

Problems getting a new job? 405

	YES	NO	DK
(278)	1☐	2☐	3☐

The following are routine questions we ask of everyone, and they may or may not apply to you directly.

29. WITHIN THE PAST 12 MONTHS, have you had any of the following:

			YES	NO	DK	NA
406 (279)	a.	worries about financial security?	1☐	2☐	3☐	4
(280) 407	b.	concern over the health or behavior of a family member (major illnesses, accidents, drug addiction, disciplinary problems, etc.)?	☐	☐	☐	
408 (281)	c.	unusual difficulties with your spouse?	☐	☐	☐	☐
(282) 409	d.	lost contact with, or separated on bad terms from your children?	☐	☐	☐	☐
410 (283)	e.	made a personal decision which alienated you from your friends?	☐	☐	☐	
(284) 411	f.	a "breaking off" of a close friendship?	☐	☐	☐	
412 (285)	g.	feelings of intense loneliness?	☐	☐	☐	
(286) 413	h.	feelings of being uninvolved, distant from others, or very shy?	☐	☐	☐	
414 (287)	i.	more thoughts about dying than usual?	☐	☐	☐	
(288) 415	j.	unpleasant thoughts or images which keep coming back?	☐	☐	☐	
416 (289)	k.	made a major decision regarding your immediate future (retirement, school, marriage, divorce, working, etc.)?	☐	☐	☐	

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

30. 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?

(290) 417 418 419 times

In the next few questions, I will ask about things that may have happened IN THE PAST FOUR WEEKS.

31. Altogether, IN THE PAST FOUR WEEKS, how many times have you seen a doctor, nurse, therapist, or medical assistant for any health reason? Please include visits for regular check-ups, immunizations, and the like, as well as for any illnesses you may have had, but do not include hospitalizations.

(291) 420 421 times

32. IN THE PAST FOUR WEEKS, how many times have you talked over the telephone with a doctor, nurse, therapist, or medical assistant for any health reason?

(292) 42 42 times

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

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

(293) YES 1☐ ↓ 424 NO 2☐ → Skip to 39

How many times have you been hospitalized DURING THE PAST 12 MONTHS?

(294) 42 42 times

Check Items 13-15 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
34. What is the name and address of the hospital?	Name (295) 10 FLAG 427 Address	Name (300) 10 FLAG 439 Address
35. On what date did you enter the hospital?	Month 42 42 Day 43 43 19 43 43 (296)	Month 44 44 Day 44 44 19 44 44 (301)
36. How many nights were you in the hospital?	43 43 43 nights (297)	44 44 44 nights (302)
37. What was the primary reason for this hospitalization?	(298) 10 FLAG 437	(303) 10 FLAG 449
38. What doctor/clinic decided you should go to the hospital?	Name: (299) 01 2 FLAG 438 ☐ None (Emergency visit and admission)	Name: (304) 10 FLAG 450 ☐ None (Emergency visit and admission)

~~☐ HP05B signed by participant (may have been signed for Items 13-15; if none signed, specify reason:~~

~~)~~

~~REQUIRED:~~

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

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

39. 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?

(305) More than once 1☐ ↓ 451 Once only 2☐ ↓ Skip to 39b Never 3☐ → Why not? (Record verbatim) (306) 10 FLAG 452

(307) 45 45 times ↓

Skip to 40

Did the same person (doctor, nurse, therapist, or medical assistant) treat you on each visit?

YES 1☐ DK 3☐ NO 2☐ (308) 455

b. Thinking about the LAST VISIT you made to a doctor, nurse, therapist, or medical assistant FOR YOUR HIGH BLOOD PRESSURE, did you have an appointment for this visit?

309 NO 2☐ DK 3☐ YES 1☐ NA 4☐ 456

↓

Did you request this appointment, or was it already scheduled by the doctor or the clinic?

457 310 ☐ 1 by participant ☒ 3 by both ☐ 2 by doctor or clinic

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

311 NO 2☐ YES 1☐ 458

↓

When? 312 Month 459 460 Day 461 462 19 Year 463 464

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

313 YES 1☐ NO 2☐ → Skip to 42 465

↓

b. At any time during the last 12 months, have you had side effects (upset) or a reaction to any medicine you were taking for your high blood pressure?

314 YES 1☐ Suspect 4☐ DK 3☐ NO 2☐ 466 → Skip to 40d

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

c.

	Medication	DK	Side Effect	DK	Date	Stopped Taking Medication? 1 NO	2 YES, Doctor's Orders	3 YES, Own Decision
1.	315 467 468 469	316 1 470	317 471 472			473 318 ☐	☐	☐
2.	319 471 475 476	320 477 484	321 478 479			☐ 480 322	☐	☐
3.	323 481 482 483	324 ☐ 485	325 485 486			487 ☐ 326	☐	☐
4.	327 488 489 490	328 ☐	329 492 493			☐ 494 330	☐	☐

Record medicine(s) and side effect(s) in Item 15 of the HP20 for the participant.

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

331 NO 2☐ YES 1☐ → Skip to 40f 495

↓

e. What blood pressure medicines did you take?

	Medicine	Ran out; never refilled	Why did you stop taking (medicine)? Side effects; made feel bad	Cost too much	Doctor's orders	Other; Specify
1.	332 496 497 498	333 ☐1	499 334 ☐ 500	335 ☐1	501 336 ☐1	337 ☐ 502 1 338 1 0 FLAG 503
2.	339 504 505 506	340 ☐1	507 341 ☐ 508	342 ☐1	509 343 ☐1	344 ☐ 510 1 345 1 0 FLAG 511
3.	346 512 513 514	347 ☐1	515 348 ☐ 516	349 ☐1	517 350 ☐1	351 ☐ 518 1 352 1 0 FLAG 519
4.	353 520 521 522	354 ☐1	523 355 ☐ 524	356 ☐1	525 357 ☐1	358 ☐ 526 1 359 1 0 FLAG 527

Record medicine(s) and side effect(s) in Item 15 of the HP20 for the participant.

f. For how many weeks during the past year did you take any blood pressure medicine?

4 x____ months = ____ (360) [529 529] weeks

g. How long has it been since you last took any blood pressure medication?

30 x ____ months = ____

7 x ____ weeks = ____ (361) [530 531 532] days

For participants no longer taking blood pressure medication → Skip to 42

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

(362) NO 2☐ ↓ YES 1☐ → 533 INTERVIEWER: List all prescription blood pressure medications currently being taken on 41b.

Check appropriate reason(s) for not seeing medicine:

(363) 1☐ Out of medicine 534
(364) 1☐ Participant could not find medicine 535
(365) 1☐ Participant refused to show medicine 536
(366) 1☐ Medicine not recorded for other reason; indicate: 537 (367) [1 0] FLAG 538

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

NOTE: Blood Pressure medication in fields 368-371 are from Drug Code List.

b. Record ALL prescription blood pressure medicines below.

	1	2	3	4
Name of Medication	(368) [539 540]	(369) [541 542]	(370) [543 544]	(371) [545 546]
Name of Pharmacy				
Pharmacy Telephone No.	(372) [1 0] FLAG 547	(373) FLAG 548 [1 0]	(374) FLAG 549 [1 0]	(375) FLAG 550 [1 0]
Prescription No.				
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES 551 1☐ (376) NO 2☐	YES 552 1☐ (377) NO 2☐	YES 553 1☐ (378) NO 2☐	YES 554 1☐ (379) NO 2☐
Were any pills taken yesterday?	YES 1☐ (380) NO 555 2☐	YES 1☐ (381) NO 556 2☐	YES 1☐ (382) NO 557 2☐	YES 1☐ (383) NO 558 2☐
Medication seen or not seen	Seen 1☐ 559 Not seen 2☐ (384)	Seen 1☐ 560 Not seen 2☐ (385)	Seen 1☐ 561 Not seen 2☐ (386)	Seen 1☐ 562 Not seen 2☐ (387)
Have you had any side effects from this medicine?	YES 1☐ (388) NO 563 2☐	YES 1☐ (389) NO 564 2☐	YES 1☐ (390) NO 565 2☐	YES 1☐ (391) NO 566 2☐

(392) [1 0] FLAG 567 Record medicine(s) and side effect(s) in Item 15 of the HP20 for the participant.

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

NOTE: Flag in field 392 indicates additional blood pressure medication on additional page.

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

393 NO 2☐ YES 1☐ 568

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

394 NO 2☐ DK 3☐ YES 1☐ 569

↓

1. Describe the problems for me. (IDENTIFY drug item number from 41b)

395 [1/0] FLAG 570

2. Did you discuss these problems with the doctor, nurse, therapist, or medical assistant?

396 YES 1☐ NO 2☐ DK 3☐ 571

e. In your opinion, has this blood pressure medicine improved your health?

397 YES 1☐ NO 2☐ DK 3☐ 572

↓

Explain: 398 [1/0] FLAG 573

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

399 YES 1☐ ↓ 574 NO 2☐ → Skip to 43

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

400 YES 1☐ ↓ 575 NO 2☐ → Can you tell me what (other) prescription medicines you're now taking?

List all other prescription medicines in 42b.

NOTE: Non-blood pressure medications in fields 401-404 are from Drug Code List

b. List all other prescriptions - seen and not seen - in 42b.

	1	2	3	4
Name of Medication	401 576	402 577	403 578	404 579
Name of Pharmacy				
Pharmacy Telephone No.				
Prescription No.	405 [1/0] FLAG 580	406 FLAG 581 [1/0]	407 FLAG 582 [1/0]	408 FLAG 583 [1/0]
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES 1☐ 409 NO 584 ☐2	YES 1☐ 410 NO 585 ☐2	YES 1☐ 411 NO 586 ☐2	YES 1☐ 412 NO 587 ☐2
Were any pills taken yesterday?	YES 1☐ 413 NO 588 ☐2	YES 1☐ 414 NO 589 ☐2	YES 1☐ 415 NO 590 ☐2	YES 1☐ 416 NO 591 ☐2
Medication seen or not seen	Seen 1☐ 592 Not seen ☐2 417	Seen 1☐ 593 Not seen ☐2 418	Seen 1☐ 594 Not seen ☐2 419	Seen 1☐ 595 Not seen ☐2 420
Have you had any side effects from this medicine?	YES 1☐ 421 NO 596 ☐2	YES 1☐ 422 NO 597 ☐2	YES 1☐ 423 NO 598 ☐2	YES 1☐ 424 NO 599 ☐2

425 [1/0] FLAG 600

Record medicine(s) and side effect(s) in Item 15 of the HP20 for the participant.

8/1/74

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

HP19/16

NOTE: Flag in field 425 indicates additional non-blood pressure medications on additional page

Revised 6-1-84

43. WITHIN THE PAST TWO WEEKS, have you taken or used any of the following medicines:

	YES 1 Recommended by doctor	YES 2 Own Decision	NO 3
a. Cough medicine? (421)	601 ☐	☐	☐
b. Medicine for a cold? (427)	602 ☐	☐	☐
c. Skin ointment or salves? (428)	603 ☐	☐	☐
d. Sleeping pills? (429)	604 ☐	☐	☐
e. Laxatives or stomach medicines? (430)	605 ☐	☐	☐
f. Vitamins or tonics? (431)	606 ☐	☐	☐
g. Tranquilizers or sedatives? (432)	607 ☐	☐	☐

44. Does your family understand the need to treat high blood pressure?

(433) YES 1☐ NO 2☐ NA 3☐ 608

↓

Why not? 609

(434) 1☐ too expensive? 610

(435) 1☐ don't understand a disease they can't see? 611

(436) ☐1 associate the name, hypertension, with "nerves" or even mental problems

(437) 1☐ other, describe: 612

(438) 1 0 FLAG 613

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

(439) NO 2☐ YES 1☐ 614

↓

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

Dr. _____

First (440) 1 0 FLAG 615 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 seen him? Month 61 61 Day 61 61 Year 19 62 62 (441)

→ SKIP to 46

↓

d. Where do you usually go for medical care? (Record answer verbatim.) 623 (443)

1☐ No source of care specified → Skip to 46

(442) 1 0 FLAG 622

↓

e. When did you last go there for medical care? Month 62 62 Day 62 62 Year 19 62 62 (444)

46. 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?

Mr., Miss, Mrs. Last First Middle

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

House No. 445 | 1 0 | FLAG 630 Street Name or RR No. Apt. No.

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

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

446 NO 2☐ YES 631 1☐ → Who? _____

CHECK FORM FOR COMPLETENESS. RECORD TIME INTERVIEW COMPLETED ON PAGE ONE
THANK RESPONDENT. MAKE CLINIC APPOINTMENT ON PAGE 1.