MULTIPLE RISK FACTOR INTERVENTION TRIAL

FOURTH ANNUAL VISIT FORM

DAYS48

To be completed at fourth annual follow-up examination. The participant's name should be imprinted on the first page of each part of this form (before the appointment) using the addressograph plate. An ID label should be attached to each of the three parts. When completing the form, please print using a ball point pen.

Year of Follow-up 4

Attach ID Label Here

1. Time participant arrived at clinic. ☐☐:☐☐ am pm Circle am or pm

2. Ecolyzer Test Data:

The 0-100 ppm scale should be used to obtain the measurements for both trials. For each trial the participant should be asked to take a deep breath, hold it for 15 seconds and then expire into an empty plastic bag. Only the last half of the expiration should be expired into the plastic bag.

Technician Code ☐☐ Time Ecolyzer Test performed ☐☐:☐☐ am pm Circle am or pm

Trial 1 ☐☐☐ ppm Trial 2 ☐☐☐ ppm

3. Pulmonary Function Data:

Technician number ☐☐ Room temperature ☐☐ °C

MAXFEV48

	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5
$FEV_{1.0}$	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm
FVC	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm
$FEV_{1.0}$ + FVC	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm
Exhalation Time	☐☐.☐ sec.	☐☐.☐ sec.	☐☐.☐ sec.	☐☐.☐ sec.	☐☐.☐ sec.
$FEV_{1.0}$/FVC x 100	____ %	____ %	____ %	____ %	____ %

Measurements for MMEF from Maximum Curve (Curve with maximum $FEV_{1.0}$ + FVC)

☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm
FVC From Max Curve	1/4 FVC Max Curve	3/4 FVC Max Curve	1/4 to 3/4 Horiz. Dist.

FOR COORDINATING CENTER USE ONLY

DO NOT USE

Curvature	☐	☐	☐	☐	☐
Completeness	☐	☐	☐	☐	☐
Smoothness	☐	☐	☐	☐	☐
Fast Start	☐	☐	☐	☐	☐

DO NOT USE

4. Pulse: Beats in 30 seconds 26 [ ][ ] x 2 = PULSE48 beats/minute

5. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 27 [ ][ ] Random Zero Device Code: 28 [ ][ ][ ]

The participant must be quiet and remain continuously in a seated position for 5 minutes before and during the 4 measurements. During the measurements of the blood pressure there should be no change in the position of the participant. Blood pressure measurement must precede venipuncture.

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	32 [ ][ ][ ]	35 [ ][ ][ ]
Reading 2 (R - Z)	36 [ ][ ][ ]	41 [ ][ ][ ]
Zero	44 [ ][ ]	46 [ ][ ]
STDSBP48 STDDBP48 Corrected	48 [ ][ ][ ]	51 [ ][ ][ ]
Reading 3 (Std)	54 [ ][ ][ ]	57 [ ][ ][ ]
Reading 4 (R - Z)	58 [ ][ ][ ]	63 [ ][ ][ ]
Zero	66 [ ][ ]	66 [ ][ ]
Corrected	70 [ ][ ][ ]	73 [ ][ ][ ]

The above blood pressure data using R-Z readings (Nos. 2 and 4) must be transcribed here for the computation of the average blood pressure. The computation of the averages using the standard mercury sphygmomanometer is optional.

Zero muddler mercury sphygmomanometer readings (corrected value):

	Systolic	Disappearance 5th Phase Diastolic
Reading 2	_____	_____
ACCHYP48 Reading 4	_____	_____
Sum	_____	_____
Average	SBP48	_____

Average DBP

6. Average diastolic blood pressure (DBP) as determined by zero muddler DBP48 76 [ ][ ][ ] mm Hg

Write average DBP on FORM 105

7. Standing Blood Pressure Measurements:

After having the participant remain in a standing position for two minutes, measure his blood pressure using a standard mercury sphygmomanometer.

	Systolic	Disappearance 5th Phase Diastolic
	UPSBP48 79 [ ][ ][ ]	UPDBP48 82 [ ][ ][ ]

8. a. To be completed by technician at the time of the resting ECG. The participant should be in a supine position. The resting ECG must precede venipuncture.

Room temperature	Permanent Cassette No.	Technician Code	Chest Square Reading O-E	O-V6	O-V4	Heart Rate
°F	27	31	35	36	39	42

Comments on resting ECG: _____

b. Is Left Ventricular Hypertrophy present on resting ECG? 45 1 ☐ yes 2 ☐ no
(See Table 3 for Definition. Refer to MRFIT Version of Minnesota Code 3.1, 3.3)

c. Time participant last ate 46 ☐☐:☐☐ a.m. p.m. **Please circle a.m. or p.m.**

The fasting blood specimen must be obtained immediately following the resting ECG. If it has been less than 12 hours since the participant last ate, the fasting blood specimen should be postponed until at least 12 hours have passed. The participant must be in a sitting position for a minimum of 10 minutes prior to the drawing of the blood specimen. Also, the participant should avoid strenuous activity immediately prior to the 10 minute sitting period.

d. Time fasting blood specimen obtained 51 ☐☐:☐☐ a.m. p.m. **Please circle a.m. or p.m.**

9. Weight (nearest half-pound, disrobed) 56 ☐☐☐.☐ lbs. BMI48

PHYSICAL EXAMINATION

EYES

10. Is xanthelasma present? 1 ☐ yes 2 ☐ no

11. Is there an abnormality present in the undilated fundi?
1 ☐ yes → 12–17
2 ☐ no ↓

12. A-V compression? 1 ☐ yes 2 ☐ no
13. Focal narrowing? 1 ☐ yes 2 ☐ no
14. Exudates? 1 ☐ yes 2 ☐ no
15. Hemorrhages? 1 ☐ yes 2 ☐ no
16. Papilledema? 1 ☐ yes 2 ☐ no
17. Other fundi abnormalities? Specify _____ 1 ☐ yes 2 ☐ no

18. Other eye abnormalities? Specify _____ 1 ☐ yes 2 ☐ no

NECK

19. Is there an abnormality present in the thyroid? 1 ☐ yes 2 ☐ no

20. Are carotid bruits present?
1 ☐ yes → 21. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral
2 ☐ no ↓

22. Are carotid pulses absent?
1 ☐ yes → 23. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral
2 ☐ no ↓

24. Is there an abnormality present in the jugular venous pulsations? 1 ☐ yes 2 ☐ no

25. Is the jugular venous pressure raised? 1 ☐ yes 2 ☐ no

LUNGS

26. Are breath sounds diminished/absent?

1 ☐ yes → 27. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no

28. Are rales present?

1 ☐ yes → 29. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no

30. Are rhonchi or wheezes present?

1 ☐ yes → 31. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no

32. Other lung abnormality(s)? Specify _____ 1 ☐ yes 2 ☐ no

HEART

33. Is there a history of surgery for coronary artery disease? 1 ☐ yes 2 ☐ no
34. Is there an abnormality on precordial palpation? Specify _____ 1 ☐ yes 2 ☐ no
35. Is S_1 abnormal? Specify _____ 1 ☐ yes 2 ☐ no
36. Is A_2 abnormal? Specify _____ 1 ☐ yes 2 ☐ no
37. Is P_2 abnormal? Specify _____ 1 ☐ yes 2 ☐ no
38. Is there an S_3 gallop? 1 ☐ yes 2 ☐ no
39. Is there an S_4 gallop? 1 ☐ yes 2 ☐ no

40. Is there a systolic murmur?

1 ☐ yes → 2 ☐ no

Position	Grade* 1-6	Type of Murmur: Ejection	Holosystolic	Other
Apical	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Pulmonic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Aortic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Other	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no

41. Is there a diastolic murmur?

1 ☐ yes → 2 ☐ no

Position	Grade* 1-6	Indicate Time of Murmur: Early	Mid	Late	Other
Apical	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Pulmonic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Aortic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Left sternal border	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no

*Grade intensity as follows:
1 Barely Audible
2 Faint
3 Moderate
4 Loud
5 Very loud
6 Murmur heard off chest wall

NOTE: For each position where a murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

42. Is the liver enlarged? 1 ☐ yes 2 ☐ no
43. Is the spleen palpable? 1 ☐ yes 2 ☐ no
44. Are there other abdominal masses? Specify where: _____ 1 ☐ yes 2 ☐ no
45. Is there an aortic aneurysm present? 1 ☐ yes 2 ☐ no

SKIP

MULTIPLE RISK FACTOR INTERVENTION TRIAL

FOURTH ANNUAL VISIT FORM (Part 2)

Year of Follow-up 24 **4**

Attach ID Label Here

PHYSICAL EXAMINATION (Continued)

PERART48

PERIPHERAL ARTERIES

46. In the right femoral artery,
    a) is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 1 ☐ yes 2 ☐ no
47. In the left femoral artery,
    a) is the pulse absent or diminished? 27 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 28 1 ☐ yes 2 ☐ no
48. In the right dorsalis pedis artery, is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
49. In the right posterior tibial artery, is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
50. In the left dorsalis pedis artery, is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
51. In the left posterior tibial artery, is the pulse absent or diminished? 32 1 ☐ yes 2 ☐ no
52. Is bilateral pitting edema of ankles or feet present? 1 ☐ yes 2 ☐ no
53. Are ischemic ulcers present over either leg? 1 ☐ yes 2 ☐ no
54. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months? 35 1 ☐ yes 2 ☐ no

NEUROPSYCHIATRIC

55. Is there evidence of either hemiplegia or hemiparesis? STROKE48 1 ☐ yes 2 ☐ no

Ask questions 56 and 57 and check the appropriate answer.

56. During the past year, have you experienced a decrease in sexual activity? 1 ☐ yes 2 ☐ no
57. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep? 1 ☐ yes 2 ☐ no

SKIN

58. Are xanthomata present? (Exclude xanthelasma which should be noted in question 10). 39 1 ☐ yes 2 ☐ no
59. Are ear tophi present? 1 ☐ yes 2 ☐ no

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60 Based on the medical history over the past 12 months, the physical examination and the ECG, for each condition check if present, suspect or no evidence.

		Present	Suspect	No Evidence
	A. Circulatory Diseases:			
PHYAAa48	a. Congestive heart failure	41 1 ☐	2 ☐	3 ☐
	b. Angina pectoris PHYAAb48	42 1 ☐	2 ☐	3 ☐
PHYAAc48	c. Myocardial infarction	43 1 ☐	2 ☐	3 ☐
	d. Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours PHYAAd48	44 1 ☐	2 ☐	3 ☐
PHYAAe48	e. Stroke with neurological deficit lasting more than 24 hours	45 1 ☐	2 ☐	3 ☐
	f. Intermittent claudication PHYAAf48	46 1 ☐	2 ☐	3 ☐
PHYAAg48	g. Peripheral arterial occlusion	47 1 ☐	2 ☐	3 ☐
	h. Pulmonary embolism PHYAAh48	48 1 ☐	2 ☐	3 ☐
PHYAAi48	i. Thrombophlebitis	49 1 ☐	2 ☐	3 ☐
	j. Atrial fibrillation PHYAAj48	50 1 ☐	2 ☐	3 ☐
PHYAAk48	k. Arrhythmias other than atrial fibrillation	51 1 ☐	2 ☐	3 ☐
	l. Other circulatory diseases, specify _____	52 1 ☐	2 ☐	3 ☐
	B. Malignant Neoplasm:			
	a. Lung PHYABa48	53 1 ☐	2 ☐	3 ☐
	b. GI PHYABb48	54 1 ☐	2 ☐	3 ☐
	c. GU PHYABc48	55 1 ☐	2 ☐	3 ☐
	d. Skin PHYABd48	56 1 ☐	2 ☐	3 ☐
	e. Other, Specify: PHYABe48 _____	57 1 ☐	2 ☐	3 ☐
	C. Endocrine Metabolic Disease:			
	a. Diabetes PHYACa48	58 1 ☐	2 ☐	3 ☐
	b. Attack of gout PHYACb48	59 1 ☐	2 ☐	3 ☐
	c. Hyperthyroidism PHYACc38	60 1 ☐	2 ☐	3 ☐
	d. Hypothyroidism PHYACd48	61 1 ☐	2 ☐	3 ☐
	e. Cushing's syndrome PHYACe48	62 1 ☐	2 ☐	3 ☐
	f. Pheochromocytoma PHYACf48	63 1 ☐	2 ☐	3 ☐
	g. Primary aldosteronism PHYACg48	64 1 ☐	2 ☐	3 ☐
	h. Other, specify: _____	65 1 ☐	2 ☐	3 ☐
	D. Mental Disease:			
	a. Psychosis	66 1 ☐	2 ☐	3 ☐
	b. Psychoneurosis	67 1 ☐	2 ☐	3 ☐
	c. Alcoholism	68 1 ☐	2 ☐	3 ☐
	d. Drug addiction	69 1 ☐	2 ☐	3 ☐
	e. Depression	70 1 ☐	2 ☐	3 ☐
	f. Other, specify: _____	71 1 ☐	2 ☐	3 ☐
	E. Neurologic Disease:			
	a. Convulsive disorder PHYAJa48	72 1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	73 1 ☐	2 ☐	3 ☐
	F. Musculo-Skeletal Disease:			
	a. Arthritis or rheumatism PHYAFa48	74 1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	75 1 ☐	2 ☐	3 ☐
	G. Respiratory Disease:			
	a. Chronic obstructive lung disease PHYAGa48	76 1 ☐	2 ☐	3 ☐
	b. Asthma PHYAGb48	77 1 ☐	2 ☐	3 ☐
	c. Tuberculosis PHYAGc48	78 1 ☐	2 ☐	3 ☐
	d. Other, specify: _____	79 1 ☐	2 ☐	3 ☐

H. Digestive Disease:		Present	Suspect	No Evidence
a. Peptic ulcer	PHYAHa48	1 ☐	2 ☐	3 ☐
b. Gall bladder disease	PHYAHb48	1 ☐	2 ☐	3 ☐
c. Cirrhosis	PHYAHc48	82 1 ☐	2 ☐	3 ☐
d. Other liver disease	PHYAHd48	1 ☐	2 ☐	3 ☐
e. Other, specify: _____		1 ☐	2 ☐	3 ☐
I. Genito-Urinary Conditions:				
a. Prostatism	PHYAIa48	1 ☐	2 ☐	3 ☐
b. Nephritis/Nephrosis	PHYAIb48	1 ☐	2 ☐	3 ☐
c. Urinary tract infection	PHYAIc48	1 ☐	2 ☐	3 ☐
d. Nephrolithiasis	PHYAId48	1 ☐	2 ☐	3 ☐
e. Other, specify: _____		1 ☐	2 ☐	3 ☐
J. Hematopoietic Diseases:				
a. Anemia	PHYAJa48	1 ☐	2 ☐	3 ☐
b. Lymphadenopathy		1 ☐	2 ☐	3 ☐
c. Other hematopoietic diseases, specify: _____		92 1 ☐	2 ☐	3 ☐

61. Has the participant indicated that he is currently prescribed antihypertensive medications?

ONMEDS48 92

1 ☐ yes →

2 ☐ no

62. Did the participant bring his antihypertensive medications to the clinic?

94 1 ☐ yes 2 ☐ no

63. Complete the appropriate rows of the table below for the drug regimen currently prescribed for the participant. Only include drugs that are being taken primarily as antihypertensive agents.

	Current antihypertensive medication a.	Pill size (mg/pill) b.	Number of pills/dose c.	Number of doses/day d.	Number of pills/day = (c x d) e.
C48	Chlorthalidone (C)	1 ☐ 50 mg 2 ☐ 100 mg	96 ☐	97 ☐	_____
H48	Hydrochlorothiazide (H)	1 ☐ 25 mg 2 ☐ 50 mg	99 ☐	100 ☐	_____
S48	Spironolactone	25 mg	101 ☐	102 ☐	_____
T48	Triamterene	1 ☐ 50 mg 2 ☐ 100 mg	104 ☐	105 ☐	_____
R48	Reserpine (R)	1 ☐ 0.10 mg 2 ☐ 0.25 mg	107 ☐	108 ☐	_____
	Regroton®	50 mg C and 0.25 mg R	109 ☐	110 ☐	_____
	Hydropres-50®	50 mg H and 0.125 mg R	111 ☐	112 ☐	_____
M48	Methyldopa	1 ☐ 250 mg 2 ☐ 500 mg	114 ☐	115 ☐	_____
HY48	Hydralazine	1 ☐ 10 mg 2 ☐ 25 mg 3 ☐ 50 mg	117 ☐	118 ☐	_____
G48	Guanethidine	1 ☐ 10 mg 2 ☐ 25 mg	120 ☐	121 ☐	_____
P48	Propranolol	1 ☐ 10 mg 2 ☐ 40 mg 3 ☐ 80 mg	123 ☐	124 ☐	_____
	_____	_____	___	___	_____
	_____	_____	___	___	_____

Continue with item 64.

FOR COORDINATING CENTER USE ONLY

☐☐☐ ☐.☐ ☐.☐ ☐☐☐ ☐.☐ ☐.☐

64. For each of the medicines below, ask the participant if he is currently taking them, or has taken them in the past year.

	Current (last 2 weeks)	Within past year but not currently	Not within past year
a. Digitalis	1 ☐ yes	2 ☐ yes	3 ☐ no
b. Nitrates including nitroglycerine	1 ☐ yes	2 ☐ yes	3 ☐ no
c. Propranolol for other than treatment of blood pressure	1 ☐ yes	2 ☐ yes	3 ☐ no
LLRX48 d. Lipid-lowering drugs: Clofibrate, Cholestyramine and other sterol-binding resins such as Colestipol, β-sitosterol (Cytellin), Nicotinic Acid derivatives, Neomycin, Dextrothyroxine (Choloxin), Probucol (Biphenabid), Estrogens, Progestins, Heparin, Halofinate	1 ☐ yes	2 ☐ yes	3 ☐ no
e. Probenecid, allopurinol or colchicine	1 ☐ yes	2 ☐ yes	3 ☐ no
INSUL48 f. Insulin	1 ☐ yes	2 ☐ yes	3 ☐ no
OHYPO48 g. Oral hypoglycemic agents	1 ☐ yes	2 ☐ yes	3 ☐ no
h. Anticoagulants	1 ☐ yes	2 ☐ yes	3 ☐ no
i. Antibiotics or anti-infection agents	1 ☐ yes	2 ☐ yes	3 ☐ no
j. Steroids (including cortisone)	1 ☐ yes	2 ☐ yes	3 ☐ no
k. Amphetamines or other stimulant	1 ☐ yes	2 ☐ yes	3 ☐ no
l. Barbiturates or other sedative	1 ☐ yes	2 ☐ yes	3 ☐ no
m. Librium, Valium or other anti-anxiety agents	1 ☐ yes	2 ☐ yes	3 ☐ no
n. Potassium supplementation other than dietary recommendations	1 ☐ yes	2 ☐ yes	3 ☐ no

List specific drugs participant is taking, has taken in the past year or has brought with him. Include drugs from above if yes is checked in columns 1 or 2, but omit antihypertensive drugs from the list.

_____

_____

_____

1☐ 153
CC USE

CLINICAL SUMMARY
PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

1☐ 154
CC USE

Signature of physician completing items 10-64: _____

Personnel Code of physician completing items 10-64: 155 ☐☐

SKIP
157

MULTIPLE RISK FACTOR INTERVENTION TRIAL
FOURTH ANNUAL VISIT FORM (Part 3)

CLINIC 23 DATE 17 ID 6 NAME 16 ADDRESSOGRAPH PLATE

Year of Follow-up 24 **4**

Attach ID Label Here

LOCAL LABORATORY RESULTS

BLOOD

65. White Blood Cell Count 25 ☐☐.☐ no./mm^3 x 10^3 WBC48

66. Hematocrit 28 ☐☐.☐ (vol. %) HEMA48

OBSERVATION OF PLASMA AFTER 16 HOURS AT 4°C:

67. Cream layer present 31 1 ☐ yes 2 ☐ no

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

UBLOOD48 68. Blood
32 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UKETON48 69. Ketones
33 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UGLUC48 70. Glucose
34 1 ☐ negative 2 ☐ trace 0.1 g/dl 3 ☐ + 0.25 g/dl 4 ☐ ++ 0.5 g/dl 5 ☐ +++ 1 g/dl 6 ☐ ++++ 2 g/dl

UPROT48 71. Protein
35 1 ☐ negative 2 ☐ trace 3 ☐ + 30 mg/dl 4 ☐ ++ 100 5 ☐ +++ 300 6 ☐ ++++ 1000

UPH48 72. pH
36 1 ☐ – 2 ☐ five (5) 3 ☐ six (6) 4 ☐ seven (7) 5 ☐ eight (8) 6 ☐ nine (9)

73. During the past 12 months did you smoke cigarettes daily for any period of time?
37 1 ☐ yes → 74. Do you now smoke cigarettes daily?
2 ☐ no → SMKLYR48 **Continue with question 93. (page 11)**

74. Do you now smoke cigarettes daily?
38 1 ☐ yes → 75. How long before you arrived at the clinic today did you last smoke a cigarette?
2 ☐ no → SMKNOW48 **Continue with question 79. (page 10)**

75. How long before you arrived at the clinic today did you last smoke a cigarette?
39
1 ☐ less than 30 minutes
2 ☐ 30-60 minutes (not including 60 minutes)
3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours)
5 ☐ 5-7 hours (not including 7 hours)
6 ☐ 7 or more hours

76. During the past 12 months did you stop smoking cigarettes for any period of time?
40 1 ☐ yes → 77. How long ago was it that you most recently stopped smoking cigarettes?
2 ☐ no → STOPLYR48

77. How long ago was it that you most recently stopped smoking cigarettes?
41
1 ☐ less than 2 months 2 ☐ 2 to 4 months (not including 4 months)
3 ☐ 4 to 8 months (not including 8 months) 4 ☐ 8 to 12 months

78. How long did you stay off cigarettes at that time?
42
1 ☐ less than 24 hours 2 ☐ 1 or more days but less than 1 week
3 ☐ 1 or more weeks but less than 1 month 4 ☐ 1-2 months
5 ☐ more than 2 months

Go to question 83.

Go to question 83.

79. How long ago was it that you most recently stopped smoking cigarettes?

43
1 ☐ less than 2 months
2 ☐ 2 to 4 months (not including 4 months)
3 ☐ 4 to 8 months (not including 8 months)
4 ☐ 8 to 12 months

80. At the time you stopped, was it:

44 1 ☐ extremely difficult 2 ☐ difficult 3 ☐ easy

81. Did you try sources of outside help, or techniques in an effort to stop smoking?

45
1 ☐ yes →
2 ☐ no ↓

Go to question 95.

82. Which sources of outside help or techniques did you try?
(The interventionist judges from the participant's reply and checks the appropriate box after each technique. The interventionist is not to ask the participant about techniques listed below.)

a. Commercial Filter	46	1 ☐ yes 2 ☐ no
b. Commercial Group Program	47	1 ☐ yes 2 ☐ no
c. Tapering	48	1 ☐ yes 2 ☐ no
d. Brand Change	49	1 ☐ yes 2 ☐ no
e. Nicotine Substitute	50	1 ☐ yes 2 ☐ no
f. Other, describe below	51	1 ☐ yes 2 ☐ no

_____

Go to question 95.

INHALE48

83. When you smoke cigarettes, **how deeply** do you usually draw in the smoke?

52
1 ☐ deeply into the chest 2 ☐ partly into the chest 3 ☐ as far back as the throat
4 ☐ well back into the mouth 5 ☐ draw into the mouth, or just puff

OFTEN48

84. How often do you usually inhale the smoke when you smoke cigarettes?

53
1 ☐ inhale almost every puff of each cigarette 2 ☐ inhale only a few puffs of each cigarette
3 ☐ inhale only a few puffs of some cigarettes 4 ☐ I don't usually inhale the smoke

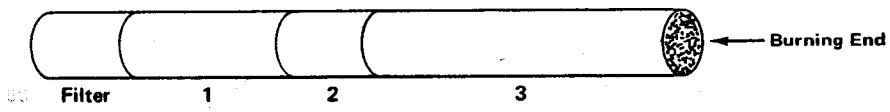
85. When you smoke a cigarette, do you usually . . .

54
1 ☐ let more than half burn →
2 ☐ let half or less burn ↓

86. If "more than half", do you usually let your cigarette burn . . .

55 1 ☐ as far as possible 2 ☐ 3/4 or more 3 ☐ less than 3/4

87. Indicate on the diagram below with a check mark (✓) how far you let your cigarette burn when you smoke



BURNS48

88. How much of your cigarette burns **without** your smoking it?

57 1 ☐ very little 2 ☐ some 3 ☐ a moderate amount 4 ☐ a great deal

CIGS48

89. On the average, about how many cigarettes do you now smoke a day? 58 ☐☐

90. What brand of cigarettes do you usually smoke? _____ 59 ☐☐☐

DO NOT USE

91. What type of cigarettes are they?

Are they . . . 63 1 ☐ filter tip or 2 ☐ non-filter tip
Are they . . . 64 1 ☐ plain or 2 ☐ menthol
Are they . . . 65 1 ☐ hard pack or 2 ☐ soft pack
Are they . . . 66 1 ☐ regular size or 2 ☐ king size or 3 ☐ 100 millimeter 4 ☐ 120 millimeter

92. Do you expect that one year from now you will be smoking:

67 1 ☐ more cigarettes 2 ☐ same number 3 ☐ fewer cigarettes 4 ☐ none at all

Go to question 95.

93. During the past 12 months did you smoke any cigarettes?

68 1 ☐ yes → 94. During the last 7 days did you smoke any cigarettes?
69 1 ☐ yes 2 ☐ no

2 ☐ no ↓

95. Do you smoke cigarillos?

CIGLO48 70 1 ☐ yes → 96. How often do you smoke cigarillos?
71 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

2 ☐ no ↓

97. With cigarillos, **how deeply** do you inhale the smoke?
72 1 ☐ deeply into the chest 2 ☐ partly into the chest 3 ☐ as far back as the throat
4 ☐ well back into the mouth 5 ☐ draw into the mouth, or just puff

98. For cigarillos, **how often** do you usually inhale?
73 1 ☐ inhale almost every puff of each cigarillo 2 ☐ inhale a few puffs of each cigarillo
3 ☐ inhale a few puffs of some cigarillos 4 ☐ I don't usually inhale the smoke

99. How long before you arrived at the clinic today did you last smoke a cigarillo?
74 1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes) 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 hours or more

100. Do you smoke pipes?

PIPE48 75 1 ☐ yes → 101. How often do you smoke pipes?
76 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

2 ☐ no ↓

102. With pipes, **how deeply** do you inhale the smoke?
77 1 ☐ deeply into the chest 2 ☐ partly into the chest 3 ☐ as far back as the throat
4 ☐ well back into the mouth 5 ☐ draw into the mouth, or just puff

103. For pipes, **how often** do you usually inhale?
78 1 ☐ inhale almost every puff of each pipeful 2 ☐ inhale a few puffs of each pipeful
3 ☐ inhale a few puffs of some pipefuls 4 ☐ I don't usually inhale the smoke

104. How long before you arrived at the clinic today did you last smoke a pipe?
79 1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes) 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 hours or more

105. Do you smoke cigars?

CIGAR48 80 1 ☐ yes → 106. How often do you smoke cigars?
81 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

2 ☐ no ↓

107. With cigars, **how deeply** do you inhale the smoke?
82 1 ☐ deeply into the chest 2 ☐ partly into the chest 3 ☐ as far back as the throat
4 ☐ well back into the mouth 5 ☐ draw into the mouth, or just puff

108. For cigars **how often** do you usually inhale?
83 1 ☐ inhale almost every puff of each cigar 2 ☐ inhale a few puffs of each cigar
3 ☐ inhale a few puffs of some cigars 4 ☐ I don't usually inhale the smoke

CCP48

109. How long before you arrived at the clinic today did you last smoke a cigar?
1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes) 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 or more hours

Continue with question 110.

110. What is the participant's Study Group Assignment?

1 ☐ Special Intervention → 111.

2 ☐ Usual Care → FINISHED

111. Participant's schedule for hypertension management or treatment:
Review the most recent FORM 42 or FORM 44 to determine the participant's schedule of hypertension management or treatment. If it was determined at this visit that the participant is taking antihypertensive medication from an outside source, check item l. below.

01 ☐ a. 4 week observation visit for participant with regular follow-up average DBP ≥ 105 mm Hg but average DBP < 90 mm Hg at last hypertension confirmation visit.

02 ☐ b. 8 week observation visit for obese participant with last average DBP 90-104 mm Hg and recommendation of weight reduction.

03 ☐ c. 8 week observation visit for obese participant with last average DBP 90-104 and emphasized weight reduction program.

04 ☐ d. Step-Up.

05 ☐ e. Maintenance A_g.

06 ☐ f. Maintenance B_g.

07 ☐ g. Maintenance C_g.

08 ☐ h. Maintenance A_{90}.

09 ☐ i. Maintenance B_{90}.

10 ☐ j. Maintenance C_{90}.

11 ☐ k. Step-Down.

12 ☐ l. Antihypertensive medication prescribed by an outside source.

13 ☐ m. Individualized Therapy.

14 ☐ n. Participant is not in a hypertension management or treatment schedule.

112. Is item a. - c. checked in question 111 above?

1 ☐ yes → **Transcribe items 4, 5, 6 and 9 to FORM 42 and complete the remainder of FORM 42 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 42 should not be completed. FINISHED.**

2 ☐ no ↓

113. Is item m. checked in question 111 above?

1 ☐ yes → 114.

2 ☐ no ↓

114. Indicate your reason(s) for placing the participant in Individualized Therapy by answering each item below.

a. Type of antihypertensive medication prescribed is not included in the Stepped Care Program. 1 ☐ yes 2 ☐ no

b. Dosage of antihypertensive medication prescribed is not permitted according to protocol. 1 ☐ yes 2 ☐ no

c. Length of time at current Step too long. 1 ☐ yes 2 ☐ no

d. Length of time at current Step too short. 1 ☐ yes 2 ☐ no

e. Second-line drug(s) prescribed when first-line drug(s) not contraindicated. 1 ☐ yes 2 ☐ no

f. Medication discontinued due to side effects or possible contraindications. 1 ☐ yes 2 ☐ no

g. Frequency of contacts desired does not correspond to Step-Up or Maintenance Schedule. 1 ☐ yes 2 ☐ no

h. Medications never initiated although goal DBP determined or all medications permanently discontinued. 1 ☐ yes 2 ☐ no

i. Other, specify _____ 1 ☐ yes 2 ☐ no

_____

Continue with question 115.

115. Is item d. - m. checked in question 111 above?

1 ☐ yes → **If this visit coincides with a hypertension intervention visit, transcribe items 4, 5, 6, 7 and 9 to FORM 44 and complete the remainder of FORM 44. If this visit does not coincide with a hypertension intervention visit, FORM 44 should not be completed. If it was determined at this visit that the participant is taking antihypertensive medication from an outside source, transcribe items 4, 5, 6 and 9 to FORM 42 and complete the remainder of FORM 42 at this visit. FINISHED.**

2 ☐ no ↓

116. Is the current average DBP (item 6) ≥ 90 mm Hg?

1 ☐ yes → **Invite participant back within 4 weeks for blood pressure measurement. Complete FORM 42 at the 4 week visit. FINISHED.**

2 ☐ no ↓

See participant at next four month visit for blood pressure measurement. Complete FORM 40 at next four month visit. FINISHED.

CC USE

SKIP 102-END