SH03: Baseline Demographic Information and Medical History Form

Purpose

The *Baseline Demographic Information and Medical History Form (SH03)*, along with the SH02 and SH04 forms, was given to a screenee who was eligible for the Baseline Visit 1 (BV1) or Drug Evaluation Visit 1 (DEV1). It was completed at home by the screenee before coming to the BV1 or DEV1 clinic visit. The form recorded basic demographic and medical history information about the potential participant.

Blood pressure (BP) eligibility at the initial contact visit depended on the screenee's antihypertensive medication status – treated or not. For a BP-eligible screenee, the antihypertensive medication status also determined whether he or she proceeded directly to the Baseline Visit 1 (SH06) or first attended Drug Evaluation Visit 1 and Visit 2. Screenees who were taking antihypertensive medication had to be evaluated at the two drug evaluation visits before being eligible for the Baseline Visit 1. The SH03 and SH04 forms aided in this evaluation. (See **Section 2.2** of *SHEP MOO*.)

30-32
1 FORM NUMBER

40 518 SEQUENCE

SHEP BASELINE DEMOGRAPHIC INFORMATION AND MEDICATION HISTORY

2 VERSION
33

This Space for Clinic Use Only

NAME: _____

3 4 5 6 41-46

SHEP ID: 22 23 - 24 25 26 27 - 28 29 ACROSTIC: [ ][ ][ ][ ][ ][ ]

7 8 9 10

DATE OF CLINIC VISIT: 36 37 (Month) 38 39 (Day) 34 35 (Year) AT 47 48 (Hour) : 49 50 (Minute) ☐ a.m. ☐ p.m. 51

DEAR PARTICIPANT:

PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE AND BRING IT WITH YOU TO THE CLINIC VISIT SCHEDULED ABOVE. IF YOU DO NOT UNDERSTAND SOME OF THE QUESTIONS, LEAVE THEM BLANK UNTIL YOUR CLINIC VISIT. WE WILL REVIEW THE WHOLE FORM WITH YOU AT THAT TIME.

PERSONAL INFORMATION:

1. SEX: 52 11
   - MALE ☐ 1
   - FEMALE ☐ 2

2. RACE: 53 12
   - WHITE ☐ 1
   - BLACK ☐ 2
   - ASIAN ☐ 3
   - HISPANIC ☐ 4
   - OTHER (SPECIFY): ☐ 5

   _____

3. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOL THAT YOU COMPLETED? 54-55 13 [ ][ ]

4. WHICH OF THE FOLLOWING MOST CLOSELY DESCRIBES YOUR EMPLOYMENT STATUS? 14 56
   - EMPLOYED FULL TIME ☐ 1
   - EMPLOYED PART TIME ☐ 2
   - RETIRED OR NOT EMPLOYED ☐ 3

5. WHAT IS YOUR CURRENT MARITAL STATUS?

57 (15)

- MARRIED ☐ 1
- WIDOWED ☐ 2
- SEPARATED ☐ 3
- DIVORCED ☐ 4
- NEVER MARRIED ☐ 5

6. a. DO YOU CURRENTLY SMOKE CIGARETTES? (IF NO, SKIP TO QUESTION 7.) 58 (16) YES ☐ 1 NO ☐ 2

b. HOW MANY CIGARETTES DO YOU NOW SMOKE PER DAY? 59-61 (17) ☐☐☐

c. HOW OLD WERE YOU WHEN YOU STARTED SMOKING? (SKIP TO QUESTION 8.) 62-63 (18) ☐☐

7. a. DID YOU EVER SMOKE CIGARETTES? (IF NO, SKIP TO QUESTION 8.) 64 (19) YES ☐ 1 NO ☐ 2

b. HOW MANY CIGARETTES A DAY DID YOU USUALLY SMOKE BEFORE YOU QUIT SMOKING? 65-67 (20) ☐☐☐

c. HOW OLD WERE YOU WHEN YOU STARTED SMOKING CIGARETTES? ☐☐ (21) 68-69

d. HOW OLD WERE YOU WHEN YOU FINALLY STOPPED SMOKING CIGARETTES? (22) ☐☐ 70-71

8. a. WHICH ANSWER BEST DESCRIBES HOW OFTEN YOU DRINK WINE, BEER, WHISKEY OR LIQUOR? (CHECK ONE.)

72 (23)

- NEVER DRANK ☐ 1
- I USED TO DRINK, BUT DON'T DRINK NOW ☐ 2
- 1 OR 2 TIMES A YEAR OR VERY OCCASIONALLY ☐ 3
- LESS THAN ONE PER WEEK OR ONLY AT PARTIES ☐ 4
- 1 TO 2 TIMES A WEEK ☐ 5
- 3 TO 4 TIMES A WEEK ☐ 6
- NEARLY EVERY DAY ☐ 7
- EVERY DAY ☐ 8

b. WHEN YOU DRINK ALCOHOLIC BEVERAGES, HOW MANY DO YOU USUALLY DRINK IN A DAY? (ONE DRINK = 1 CAN OF BEER, OR 1 GLASS OF WINE OR 1 SHOT OF WHISKEY OR LIQUOR) (24) ☐☐ 73-74

9. a. ARE YOU TAKING ANY MEDICINES THAT REQUIRE A PRESCRIPTION FROM A DOCTOR?

(25) 75

YES ☐ 1

NO ☐ 2 → (CONTINUE TO QUESTION 10)

NAME ALL OF THE MEDICINES THAT ARE BEING PRESCRIBED FOR YOU BY A DOCTOR OR CLINIC.

	MEDICINE NAME	WHAT ILLNESS IS MEDICINE FOR?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

b. TOTAL NO. OF PRESCRIPTION MEDICINES BEING TAKEN ☐☐ 76-77 (26)

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10. HAVE YOU STOPPED TAKING ANY PRESCRIPTION MEDICATIONS IN THE PAST TWO WEEKS? 78

(27)

YES ☐ 1

NO ☐ 2

(CONTINUE TO QUESTION 11)

PLEASE LIST THEM BELOW

MEDICINE NAME	WHAT ILLNESS IS MEDICINE FOR?
1.	
2.	
3.	

WHY DID YOU STOP TAKING THE MEDICINE(S)?

MEDICINE NO. 1	CHECK IF YES
1. THE DOCTOR ADVISED ME TO STOP	☐ 1
2. THE PRESCRIPTION RAN OUT	☐ 1
3. I FELT BETTER	☐ 1
4. I COULDN'T REMEMBER TO TAKE THEM	☐ 1
5. I COULDN'T BE BOTHERED	☐ 1
6. THEY MADE ME FEEL SICK	☐ 1
7. I DIDN'T THINK THEY WERE WORKING	☐ 1
8. A FRIEND TOLD ME TO STOP	☐ 1
9. DON'T KNOW	☐ 1
10. OTHER:	☐ 1

_____

_____

MEDICINE NO. 2	CHECK IF YES
1. THE DOCTOR ADVISED ME TO STOP	☐ 1
2. THE PRESCRIPTION RAN OUT	☐ 1
3. I FELT BETTER	☐ 1
4. I COULDN'T REMEMBER TO TAKE THEM	☐ 1
5. I COULDN'T BE BOTHERED	☐ 1
6. THEY MADE ME FEEL SICK	☐ 1
7. I DIDN'T THINK THEY WERE WORKING	☐ 1
8. A FRIEND TOLD ME TO STOP	☐ 1
9. DON'T KNOW	☐ 1
10. OTHER:	☐ 1

_____

_____

MEDICINE NO. 3	CHECK IF YES
1. THE DOCTOR ADVISED ME TO STOP	☐ 1
2. THE PRESCRIPTION RAN OUT	☐ 1
3. I FELT BETTER	☐ 1
4. I COULDN'T REMEMBER TO TAKE THEM	☐ 1
5. I COULDN'T BE BOTHERED	☐ 1
6. THEY MADE ME FEEL SICK	☐ 1
7. I DIDN'T THINK THEY WERE WORKING	☐ 1
8. A FRIEND TOLD ME TO STOP	☐ 1
9. DON'T KNOW	☐ 1
10. OTHER:	☐ 1

_____

_____

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11. a. ARE YOU PRESENTLY TAKING ANY MEDICINES OR DIET SUPPLEMENTS THAT YOU BUY IN A DRUGSTORE, SUPERMARKET OR HEALTH FOOD STORE WITHOUT A PRESCRIPTION? FOR EXAMPLE, ASPIRIN, LAXATIVES, VITAMINS, ANTACIDS.

79 (28)

YES ☐ 1

NO ☐ 2

(CONTINUE TO QUESTION 12)

WHAT KIND?

BRAND NAME	WHAT ILLNESS DO YOU TAKE IT FOR?
1.	
2.	
3.	
4.	
5.	

(IF MORE THAN 5, LIST ON A BLANK SHEET OF PAPER.)

b. TOTAL NO. OF NON-PRESCRIPTION MEDICINES BEING TAKEN

80-81 (29) ☐☐

12. a. WOULD YOU OBJECT TO US SENDING YOUR BLOOD PRESSURE RESULTS TO THE PERSON OR CLINIC THAT USUALLY SUPPLIES YOUR HEALTH CARE?

- YES ☐ 1
- NO ☐ 2
- DON'T KNOW ☐ 3
- I DO NOT HAVE A PERSONAL PHYSICIAN OR CLINIC THAT SUPPLIES HEALTH CARE ☐ 4

(3D) 82

b. CLINIC NAME OR DOCTOR: (31) 0/1 83

ADDRESS: _____

_____

TELEPHONE: _____

THANK YOU FOR COMPLETING THIS FORM. PLEASE REMEMBER TO BRING THIS FORM AND ANY PRESCRIPTION MEDICATIONS THAT YOU ARE NOW TAKING WITH YOU FOR YOUR CLINIC VISIT WHICH IS SCHEDULED ON THE DATE SHOWN ON THE FRONT PAGE.

(32) RECORD TYPE 84

(33) DATE RECEIVED 85-90 MMDDYY

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