FORM NUMBER (1) 30-32

VERSION NUMBER (2) 33

SEQUENCE NUMBER (518) 40

SHEP CLOSE-OUT/TRANSITION FORM

1. SHEP ID: (3) 22-23 ___ - (4) 24-27 ___ - (5) 28-29 ___

2. Acrostic: (6) 41-46 ___

3. (7) a. Date of visit: 36 37 Month 38 39 Day 34 35 Year

47 (8) b. Place of visit:

Clinic	☐ 1
Home	☐ 2
Telephone	☐ 3
No Visit	☐ 4

PRIOR TO INITIATING PROCEDURES FOR THIS VISIT

Interviewer only: Complete items 6-8, Clinician's Assessment of Participant's Drug Assignment.

With participant:

Explain close-out/transition visit to participant.

Complete SH02 - Participant Transition Contact Sheet.

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4. Comments _____

_____

_____

_____

5. Interviewer: _____ Signature (9) 48-49 ___ Code

CLINICIAN'S ASSESSMENT OF PARTICIPANT'S DRUG ASSIGNMENT - May be completed prior to the beginning of the visit. Should be completed by the clinician who knows the participant the best. **DO NOT review the participant's record for purposes of completing this section.**

6. Assessor's ID code: 50-51 (10) ___ Code

7. (11) Without scrutiny of the medical records, which of the following would you guess the participant was assigned to?

52

Active	☐ 1
Placebo	☐ 2

8. On which of the following do you base your guess? Check as many as apply:

a.	Stroke (12) 53	☐ 1
b.	Other morbid event (13) 54	☐ 1
c.	Serum potassium (14) 55	☐ 1
d.	Serum uric acid (15) 56	☐ 1
e.	Blood glucose (16) 57	☐ 1
f.	Other laboratory findings (17) 58	☐ 1
g.	Side effects (or lack of them) (18) 59 (excluding laboratory)	☐ 1
h.	Blood pressure readings (19) 60	☐ 1
i.	Heart rate (20) 61	☐ 1
j.	Diabetes (21) 62	☐ 1
k.	Gout (22) 63	☐ 1
l.	Asthma (23) 64	☐ 1
m.	Peripheral vascular disease (24) 65	☐ 1
n.	Mental status (25) 66	☐ 1
o.	Other (specify) (26) 67 _____	☐ 1
p.	None/no reason (27) 68	☐ 1

PARTICIPANT'S ASSESSMENT OF DRUG ASSIGNMENT

9. (28) Were there any reasons that kept you from taking your SHEP medications as directed? 69

Yes	☐ 1
No	☐ 2
Don't remember	☐ 3
Refused/not asked	☐ 4

(If not Yes, skip to Item #11)

10. What reasons? (Do not read responses to participant - let them respond. If they give one response, you may ask "Is there any other reason?".)

a. Size of pills (29) 70		☐ 1
b. Taste (30) 71		☐ 1
c. Keep forgetting (31) 72		☐ 1
d. Don't think medicine is necessary (32) 73		☐ 1
e. Travel/away from home too much (33) 74		☐ 1
f. Instructions too difficult (34) 75 to understand		☐ 1
g. Medicine made me feel bad (35) 76		☐ 1
h. Family member objects (36) 77		☐ 1
i. My doctor told me to stop (37) 78		☐ 1
j. Other (please list) (38) 79 _____		☐ 1
k. No reason given (39) 80		☐ 1

11. **For participants on SHEP medication:** What type of SHEP medicine would you guess you have been taking?
(40) **For participants not on SHEP medication:** Think back to when you were on our medications. What type of SHEP medicine would you guess that you were taking?
81

(Data entry: Code 9 if blank.)

Active (real medicine)	☐ 1
Placebo (inactive/sugar pill)	☐ 2

(If Item #11 is left blank, skip to Item #13.)

12. Why do you think you know which type of pill you were taking?
(Do not read responses to participant - let them respond.
If they give one response, you may ask "Is there any other reason?".)

a. Because I felt better (41) 82	☐ 1
b. Because I felt worse (42) 83	☐ 1
c. Because of my blood pressure (43) 84 readings	☐ 1
d. Because of the way the SHEP staff (44) 85 treated me	☐ 1
e. Don't know/no reason (45) 86	☐ 1
f. Other (please list) (46) 87 _____	☐ 1

After opening the participant's drug assignment envelope:

13. Actual drug assignment disclosed: 47 88

Active	☐ 1
Placebo	☐ 2

DRUG INSTRUCTIONS

For placebo participants: If currently on SHEP medications, discontinue. Refer to private physician.

For active participants: If currently on SHEP medications, continue SHEP medications. Discuss implications of discontinuing A1 or A2, if appropriate. Refer to private physician.

Participants may remain on potassium supplementation and/or uric acid lowering agents at the discretion of the SHEP clinician.

PARTICIPANT'S PRIVATE PHYSICIAN - Have the participant read and sign the following statement. This is not required, but provides additional protection to the clinic. It is also a good closing for the visit.

I have had the opportunity to have a summary of my records sent to my physician or clinic. If I indicated no physician or clinic, I have been offered assistance in obtaining one.

Signature of Participant _____ Date _____

Signature of Interviewer _____

89 48 RECORD TYPE
90-95 49 DATE RECEIVED
96-98 50 UPDATE NUMBER
99-104 51 DATE LAST PROCESSED
105 52 PAPER COPY
3-8 514 BATCH DATE
11-16 515 DATE MODIFIED
17-20 516 TIME MODIFIED
21 517 EDIT STATUS