



Trials of Hypertension Prevention
(TOHP), supported by the National
Heart, Lung, and Blood Institute,
National Institutes of Health

FO6

ID number _____

Initials _____

Visit date ____/____/____

FO6 FORM

1. On *average*, how many 12-oz. cans or bottles of beer do you *usually* drink per week?
 don't drink beer
 less than 1/week
 ___ beers/week

2. On *average*, how many 4-oz. glasses of wine do you *usually* drink per week?
 don't drink wine
 less than 1/week
 ___ glasses/week

3. On *average*, how many drinks (cocktails, hard liquor or liqueurs equal to 1-½ oz. liquor) do you *usually* drink per week?
 don't drink liquor
 less than 1/week
 ___ drinks/week

**FOR STAFF
USE ONLY: _____**

4. Do you have any plans to move your home or workplace more than 50 miles from this area during the next 8 months such that it would be difficult for you to come to this clinic?
 YES (1)
 NO (2)

5. Is there any medical or other reason that you know of that might prevent you from participating in a program of regular exercise?
 YES (1)
 NO (2)

**FOR STAFF
USE ONLY: _____**

IF YES: Specify _____

6. Date of FO5
 _____/_____/_____
month day year

7. Is this visit at least 7 and no more than 30 days after FO5 (item 6)?
 YES (1) NO (2)

8. Sum of 3 DBPs from FO6 BPA (item 5)

9. Sum of 3 DBPs from FO5 BPA (item 5)

10. Sum of 6 DBPs, items 8 + 9

11. TOHP identification number of person responsible for completing this form

12. TOHP identification number of person responsible for editing this form

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