

**ENDPOINTS SUBCOMMITTEE REVIEW**  
Effective 2/26/93

Participant ID No. \_\_\_\_\_

Participant initials \_\_\_\_\_

Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_

Visit Designation \_\_\_\_\_ Type of Event \_\_\_\_\_

TOHP BP at time of event:

Visit Desig	Date	Mean BP (3 readings)		Sum of 9 readings
		DBP	SBP	
_____	____/____/____	____/____	____/____	_____
_____	____/____/____	____/____	____/____	_____
_____	____/____/____	____/____	____/____	_____

Personal Physician

BP Readings

Antihypertensive/Meds Affecting BP  
Drugs Prescribed

BP	Date	Antihypertensive/Meds Affecting BP Drugs Prescribed	Date
____/____	____/____/____	_____	____/____/____
____/____	____/____/____	_____	____/____/____
____/____	____/____/____	_____	____/____/____

Concurrent Medication(s)

Drug \_\_\_\_\_ Date Started / Stopped \_\_\_\_\_

Concurrent Illness(es)  
Describe \_\_\_\_\_

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer's Decision:

Provide Code \_\_\_\_\_ 1-4 if Confirmed Endpoint  
A or B if NOT a hypertensive endpoint

LAST valid official TOHP BP  
prior to start of meds

- 1 = Hypertensive endpoint confirmed (not induced by concurrent drug or illness).
- 2 = Hypertensive endpoint confirmed, possibly drug induced.
- 3 = Hypertensive endpoint confirmed, possibly induced by concurrent illness.
- 4 = Hypertensive endpoint confirmed, possibly induced by concurrent drug and illness.

Visit Desig	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____

A = Medication affecting BP but prescribed for reasons other than BP control. Not a hypertensive endpoint.

B = Disconfirmed. Not a hypertensive endpoint.

Reviewer \_\_\_\_\_ Date of Review \_\_\_\_/\_\_\_\_/\_\_\_\_