CLIN 23

DAYS24

DATE 17

16

6

MULTIPLE RISK FACTOR INTERVENTION TRIAL

SECOND ANNUAL VISIT FORM

To be completed at second 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. **Note: A PA chest film is required at the second annual examination.**

Year of Follow-up 24 [2]

Attach ID Label Here

1. Pulse: Beats in 30 seconds 25 [ ][ ] x 2 = PULSE24 beats/minute

2. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 27 [ ][ ]

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.

STDSBP24
STDDBP24

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	29 [ ][ ][ ]	32 [ ][ ][ ]
Reading 2 (R - Z)	35 [ ][ ][ ]	38 [ ][ ][ ]
Zero	41 [ ][ ]	43 [ ][ ]
Corrected	45 [ ][ ][ ]	48 [ ][ ][ ]
Reading 3 (Std)	51 [ ][ ][ ]	54 [ ][ ][ ]
Reading 4 (R - Z)	57 [ ][ ][ ]	60 [ ][ ][ ]
Zero	63 [ ][ ]	66 [ ][ ]
Corrected	67 [ ][ ][ ]	70 [ ][ ][ ]

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):

ACCHYP24

	Systolic	Disappearance 5th Phase Diastolic
Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	SBP24	_____

Average DBP

3. Average diastolic blood pressure (DBP) as determined by zero muddler DBP24 73 ☐☐☐ mm Hg

Write average DBP on FORM 105

4. 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
	UPSBP24 76 ☐☐☐	UPDBP24 79 ☐☐☐

5. Weight (nearest half-pound, disrobed) 82 ☐☐☐.☐ lbs. BMI24

6. 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
86 ☐☐ °F	☐☐☐☐ 88	☐☐ 92	☐☐.☐ 94	☐☐.☐ 97	☐☐.☐ 100	☐☐☐ 103

Comments on resting ECG: _____

_____

b. Is Left Ventricular Hypertrophy present on resting ECG? 106 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 107 ☐☐:☐☐ 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 112 ☐☐:☐☐ a.m. p.m. **Please circle a.m. or p.m.**

7. Pulmonary Function Data:

Technician number 117 ☐☐

Room temperature 119 ☐☐ °C

	Trial 1	Trial 2	Trial 3
$FEV_{1.0}$	121 ☐☐☐☐ cc	125 ☐☐☐☐ cc	129 ☐☐☐☐ cc
Vital Capacity	133 ☐☐☐☐ cc	137 ☐☐☐☐ cc	141 ☐☐☐☐ cc
$FEV_{1.0}$/Vital Capacity x 100	_____ %	_____ %	_____ %

8. During the past 12 months did you smoke cigarettes daily for any period of time?

SMKLYR24 145
1 ☐ yes → 9. Do you now smoke cigarettes daily?
2 ☐ no

9. Do you now smoke cigarettes daily?

146
1 ☐ yes → 10. During the past 12 months did you stop smoking cigarettes for any period of time?
2 ☐ no → SMKNOW24

10. During the past 12 months did you stop smoking cigarettes for any period of time?

147
1 ☐ yes → 11. How long ago was it that you most recently stopped smoking cigarettes?
2 ☐ no → STOPLYR24

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

148
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

12. What was the longest period of time you stayed off cigarettes at that time?

149
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 ☐ over 2 months

Go to question 14.

Go to question 15

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

150
1 ☐ less than 2 months — Go to question 14 and ask questions 15 through 23 in the past tense.
2 ☐ 2 to 4 months (not including 4 months) — Go to question 27.
3 ☐ 4 to 8 months (not including 8 months) — Go to question 27.
4 ☐ 8 to 12 months — Go to question 27.

14. At the time you stopped, was it:

151 1 ☐ extremely difficult 2 ☐ difficult 3 ☐ easy

INHALE24 15. When you smoke cigarettes, **how deeply** do you usually draw in the smoke?

152
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

OFTEN24 16. How often do you usually inhale the smoke when you smoke cigarettes?

153
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

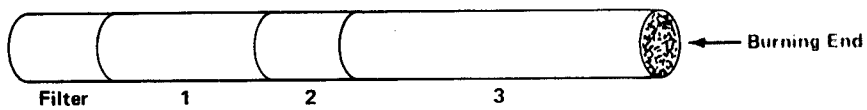
17. When you smoke a cigarette, do you usually . . .

154
1 ☐ let more than half burn → 18. If "more than half", do you usually let your cigarette burn . . .
2 ☐ let half or less burn

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

155 1 ☐ as far as possible 2 ☐ 3/4 or more 3 ☐ less than 3/4

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



156

BURN24 20. How much of your cigarette burns **without** your smoking it?

157 1 ☐ very little 2 ☐ some 3 ☐ a moderate amount 4 ☐ a great deal

Continue with question 27.

Continue with question 21.

CIGS24

21. On the average, about how many cigarettes do you now smoke a day? 158 [ ][ ]

22. What brand of cigarettes do you usually smoke? _____ 160 [ ][ ][ ] DO NOT USE

23. What type of cigarettes are they?

Are they . . . 163 1 ☐ filter tip or 2 ☐ non-filter tip
Are they . . . 164 1 ☐ plain or 2 ☐ menthol
Are they . . . 165 1 ☐ hard pack or 2 ☐ soft pack
Are they . . . 166 1 ☐ regular size or 2 ☐ king size or 3 ☐ 100 millimeter 4 ☐ 120 millimeter

24. Do you expect that one year from now you will be smoking:
167 1 ☐ more cigarettes 2 ☐ same number 3 ☐ fewer cigarettes 4 ☐ none at all

25. Did you try sources of outside help, or techniques in an effort to stop smoking?
168 1 ☐ yes → 26. Which sources of outside help or techniques did you try?
_____
_____
_____
2 ☐ no → **Continue with question 27.**

27. Do you smoke cigars?
169 1 ☐ yes → 28. How often do you smoke cigars?
170 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

CIGAR24

29. With cigars, **how deeply** do you inhale the smoke?
171 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

30. For cigars **how often** do you usually inhale?
172 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

31. Do you smoke cigarillos?
173 1 ☐ yes → 32. How often do you smoke cigarillos?
174 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

CIGLO24

33. With cigarillos, **how deeply** do you inhale the smoke?
175 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

34. For cigarillos, **how often** do you usually inhale?
176 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

35. Do you smoke pipes?
177 1 ☐ yes → 36. How often do you smoke pipes?
178 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

PIPE24

37. With pipes, **how deeply** do you inhale the smoke?
179 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

38. For pipes, **how often** do you usually inhale?
180 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

Continue with question 39.

CCP24

SKIP 181-END

MULTIPLE RISK FACTOR INTERVENTION TRIAL

SECOND ANNUAL VISIT FORM (Part 2)

CLI 23

DATE 17

16

6

Year of Follow-up 24 **2**

Attach ID Label Here

PHYSICAL EXAMINATION

EYES

39. Is xanthelasma present? 25 1 ☐ yes 2 ☐ no

40. Is there an abnormality present in the undilated fundi?

26 1 ☐ yes → 41. A-V compression? 27 1 ☐ yes 2 ☐ no
2 ☐ no ↓

42. Focal narrowing? 28 1 ☐ yes 2 ☐ no
43. Exudates? 29 1 ☐ yes 2 ☐ no
44. Hemorrhages? 30 1 ☐ yes 2 ☐ no
45. Papilledema? 31 1 ☐ yes 2 ☐ no
46. Other fundi abnormalities? Specify _____ 32 1 ☐ yes 2 ☐ no

47. Other eye abnormalities? Specify _____ 33 1 ☐ yes 2 ☐ no

NECK

48. Is there an abnormality present in the thyroid? 34 1 ☐ yes 2 ☐ no

49. Are carotid bruits present?

35 1 ☐ yes → 50. Check appropriate box.
2 ☐ no ↓
36 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

51. Are carotid pulses absent?

37 1 ☐ yes → 52. Check appropriate box.
2 ☐ no ↓
38 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

53. Is there an abnormality present in the jugular venous pulsations? 39 1 ☐ yes 2 ☐ no

54. Is the jugular venous pressure raised? 40 1 ☐ yes 2 ☐ no

LUNGS

55. Are breath sounds diminished/absent?

41 1 ☐ yes → 56. Check appropriate box.
2 ☐ no ↓
42 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

57. Are rales present?

43 1 ☐ yes → 58. Check appropriate box.
2 ☐ no ↓
44 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

59. Are rhonchi or wheezes present?

45 1 ☐ yes → 60. Check appropriate box.
2 ☐ no ↓
46 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

61. Other lung abnormality(s)? Specify _____ 47 1 ☐ yes 2 ☐ no

MRFIT—MULTIPLE RISK FACTOR INTERVENTION TRIAL
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OFFICE OF MANAGEMENT AND BUDGET NO. 68-R1376, APPROVAL EXPIRES SEPT. 1, 1979

HEART

62. Is there a history of surgery for coronary artery disease? 48 1 ☐ yes 2 ☐ no
63. Is there an abnormality on precordial palpation? Specify _____ 49 1 ☐ yes 2 ☐ no
64. Is S_1 abnormal? Specify _____ 50 1 ☐ yes 2 ☐ no
65. Is A_2 abnormal? Specify _____ 51 1 ☐ yes 2 ☐ no
66. Is P_2 abnormal? Specify _____ 52 1 ☐ yes 2 ☐ no
67. Is there an S_3 gallop? 53 1 ☐ yes 2 ☐ no
68. Is there an S_4 gallop? 54 1 ☐ yes 2 ☐ no

69. Is there a systolic murmur?

1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Type of Murmur: Ejection	Type of Murmur: Holosystolic	Type of Murmur: 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

70. 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 murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

71. Is the liver enlarged? 93 1 ☐ yes 2 ☐ no
72. Is the spleen palpable? 94 1 ☐ yes 2 ☐ no
73. Are there other abdominal masses? Specify where: _____ 95 1 ☐ yes 2 ☐ no
74. Is there an aortic aneurysm present? 96 1 ☐ yes 2 ☐ no

PERIPHERAL ARTERIES

75. In the right femoral artery,
    a) is the pulse absent or diminished? 97 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 98 1 ☐ yes 2 ☐ no

PERART24

76. In the left femoral artery,
    a) is the pulse absent or diminished? 99 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 100 1 ☐ yes 2 ☐ no
77. In the right dorsalis pedis artery, is the pulse absent or diminished? 101 1 ☐ yes 2 ☐ no
78. In the right posterior tibial artery, is the pulse absent or diminished? 102 1 ☐ yes 2 ☐ no
79. In the left dorsalis pedis artery, is the pulse absent or diminished? 103 1 ☐ yes 2 ☐ no
80. In the left posterior tibial artery, is the pulse absent or diminished? 104 1 ☐ yes 2 ☐ no
81. Is bilateral pitting edema of ankles or feet present? 105 1 ☐ yes 2 ☐ no
82. Are ischemic ulcers present over either leg? 106 1 ☐ yes 2 ☐ no
83. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months? 107 1 ☐ yes 2 ☐ no

NEUROPSYCHIATRIC

84 Is there evidence of either hemiplegia or hemiparesis? STROKE24 — 1 ☐ yes 2 ☐ no

Ask questions 85 and 86 and check the appropriate answer.

85. During the past year, have you experienced a decrease in sexual activity? 109 1 ☐ yes 2 ☐ no

86. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep? 1 ☐ yes 2 ☐ no

SKIN

87. Are xanthomata present? (Exclude xanthelasma which should be noted in question 39.) 1 ☐ yes 2 ☐ no

88. Are ear tophi present? 1 ☐ yes 2 ☐ no

89. 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.

A. Circulatory Diseases:		Present	Suspect	No Evidence
PHYAAa24 a.	Congestive heart failure	1 ☐	2 ☐	3 ☐
PHYAAb24 b.	Angina pectoris	1 ☐	2 ☐	3 ☐
PHYAAc24 c.	Myocardial infarction	1 ☐	2 ☐	3 ☐
PHYAAd24 d.	Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours	1 ☐	2 ☐	3 ☐
PHYAAe24 e.	Stroke with neurological deficit lasting more than 24 hours	1 ☐	2 ☐	3 ☐
PHYAAf24 f.	Intermittent claudication	118 1 ☐	2 ☐	3 ☐
PHYAAg24 g.	Peripheral arterial occlusion	1 ☐	2 ☐	3 ☐
PHYAAh24 h.	Pulmonary embolism	1 ☐	2 ☐	3 ☐
PHYAAi24 i.	Thrombophlebitis	1 ☐	2 ☐	3 ☐
PHYAAj24 j.	Atrial fibrillation	1 ☐	2 ☐	3 ☐
PHYAAk24 k.	Arrhythmias other than atrial fibrillation	1 ☐	2 ☐	3 ☐
l.	Other circulatory diseases, specify _____	1 ☐	2 ☐	3 ☐

B. Malignant Neoplasm:					
a.	Lung	PHYABa24	125 1 ☐	2 ☐	3 ☐
b.	GI	PHYABb24	126 1 ☐	2 ☐	3 ☐
c.	GU	PHYABc24	127 1 ☐	2 ☐	3 ☐
d.	Skin	PHYABd24	1 ☐	2 ☐	3 ☐
e.	Other, Specify:	PHYABe24 _____	1 ☐	2 ☐	3 ☐

C. Endocrine Metabolic Disease:					
a.	Diabetes	PHYACa24	1 ☐	2 ☐	3 ☐
b.	Attack of gout	PHYACb24	131 1 ☐	2 ☐	3 ☐
c.	Hyperthyroidism	PHYACc24	1 ☐	2 ☐	3 ☐
d.	Hypothyroidism	PHYACd24	1 ☐	2 ☐	3 ☐
e.	Cushing's syndrome	PHYACe24	134 1 ☐	2 ☐	3 ☐
f.	Pheochromocytoma	PHYACf24	135 1 ☐	2 ☐	3 ☐
g.	Primary aldosteronism	PHYACg24	136 1 ☐	2 ☐	3 ☐
h.	Other, specify: _____		1 ☐	2 ☐	3 ☐

Question 89 continued

D. Mental Disease:	Present	Suspect	No Evidence
a. Psychosis	1 ☐	2 ☐	3 ☐
b. Psychoneurosis	1 ☐	2 ☐	3 ☐
c. Alcoholism	1 ☐	2 ☐	3 ☐
d. Drug addiction	1 ☐	2 ☐	3 ☐
e. Depression	1 ☐	2 ☐	3 ☐
f. Other, specify: _____	1 ☐	2 ☐	3 ☐

E. Neurologic Disease:			
a. Convulsive disorder PHYAEa24	1 ☐	2 ☐	3 ☐
b. Other, specify: _____	1 ☐	2 ☐	3 ☐

F. Musculo-Skeletal Disease:			
a. Arthritis or rheumatism PHYAFa24	1 ☐	2 ☐	3 ☐
b. Other, specify: _____	1 ☐	2 ☐	3 ☐

G. Respiratory Disease:			
a. Chronic obstructive lung disease PHYAGa24☐	1 ☐	2 ☐	3 ☐
b. Asthma PHYAGb24☐	1 ☐	2 ☐	3 ☐
c. Tuberculosis PHYAGc24	1 ☐	2 ☐	3 ☐
d. Other, specify: _____	1 ☐	2 ☐	3 ☐

H. Digestive Disease:			
a. Peptic ulcer PHYAHa24☐	1 ☐	2 ☐	3 ☐
b. Gall bladder disease PHYAHb24☐	1 ☐	2 ☐	3 ☐
c. Cirrhosis PHYAHc24☐	1 ☐	2 ☐	3 ☐
d. Other liver disease PHYAHd24	1 ☐	2 ☐	3 ☐
e. Other, specify: _____	1 ☐	2 ☐	3 ☐

I. Genito-Urinary Conditions:			
a. Prostatism PHYAIa24☐	1 ☐	2 ☐	3 ☐
b. Nephritis/Nephrosis PHYAIb24☐	1 ☐	2 ☐	3 ☐
c. Urinary tract infection PHYAIc24☐	1 ☐	2 ☐	3 ☐
d. Nephrolithiasis PHYAId24☐	1 ☐	2 ☐	3 ☐
e. Other, specify: _____	1 ☐	2 ☐	3 ☐

J. Hematopoietic Diseases:			
a. Anemia PHYAJa24☐	1 ☐	2 ☐	3 ☐
b. Lymphadenopathy PHYAJb24	1 ☐	2 ☐	3 ☐
c. Other hematopoietic diseases, specify: _____	1 ☐	2 ☐	3 ☐

SKIP
165 END

SECOND ANNUAL VISIT FORM (Part 3)

NIC ☐ 23

Year of Follow-up 24 **2**

Attach ID Label Here

DATE ☐☐-☐☐-☐☐ 17

90. Has the participant brought along any antihypertensive medications or has he indicated that he is currently taking them? Include propranolol here if it is being taken primarily as an antihypertensive agent.

ONMEDS24 1 ☐ yes → 2 ☐ no

91. Complete the appropriate rows of the table below for the drug regimen currently prescribed for the participant

	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.
C24	Chlorthalidone (C)	25 1 ☐ 50 mg 2 ☐ 100 mg	27 ☐	28 ☐	____
H24	Hydrochlorothiazide (H)	50 mg	29 ☐	30 ☐	____
S24	Spironolactone	25 mg	31 ☐	32 ☐	____
T24					
R24	Reserpine (R)	0.25 mg	33 ☐	34 ☐	____
	Regroton®	50 mg C and 0.25 mg R	35 ☐	36 ☐	____
	Hydropres-50®	50 mg H and 0.125 mg R	37 ☐	38 ☐	____
M24	Methyldopa	39 1 ☐ 250 mg 2 ☐ 500 mg	40 ☐	41 ☐	____
HY24	Hydralazine	42 1 ☐ 10 mg 2 ☐ 25 mg 3 ☐ 50 mg	43 ☐	44 ☐	____
G24	Guanethidine	45 1 ☐ 10 mg 2 ☐ 25 mg	46 ☐	47 ☐	____
P24	Propranolol	48 1 ☐ 10 mg 2 ☐ 40 mg	49 ☐	50 ☐	____
	____	____	____	____	____
	____	____	____	____	____

FOR COORDINATING CENTER USE ONLY

☐☐☐ ☐.☐ ☐.☐ ☐☐☐ ☐.☐ ☐.☐

Continue with item 92.

92. 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
LLRX24 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
INSULO24 f. Insulin or oral hypoglycemic agents	1 ☐ yes	2 ☐ yes	3 ☐ no
g. Anticoagulants	1 ☐ yes	2 ☐ yes	3 ☐ no
h. Antibiotics or anti-infection agents	1 ☐ yes	2 ☐ yes	3 ☐ no
i. Steroids (including cortisone)	1 ☐ yes	2 ☐ yes	3 ☐ no
j. Amphetamines or other stimulant	1 ☐ yes	2 ☐ yes	3 ☐ no
k. Barbiturates or other sedative	1 ☐ yes	2 ☐ yes	3 ☐ no
l. Librium, Valium or other anti-anxiety agents	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 ☐
CC USE

CLINICAL SUMMARY

PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

1 ☐
CC USE

Signature of physician completing items 39-92: _____

Personnel Code of physician completing items 39-92: ☐☐

LOCAL LABORATORY RESULTS

BLOOD

WBC24 93. White Blood Cell Count ☐☐.☐ no./mm^3 x 10^3

HEMA24 94. Hematocrit ☐☐.☐ (vol. %)

95. Observation of Plasma after 16 hours at 4°C:

Cream layer present 1 ☐ yes 2 ☐ no

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

UBLOOD24 96. Blood
1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UKETON24 97. Ketones
1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UGLUC24 98. Glucose
1 ☐ negative 2 ☐ light 0.25g/dl 3 ☐ medium 4 ☐ dark 0.5g/dl or more

UPROT24 99. Protein
1 ☐ negative 2 ☐ trace 3 ☐ + 30 mg/dl 4 ☐ ++ 100 5 ☐ +++ 300 6 ☐ ++++ 1000

100. pH
UPH24 1 ☐ – 2 ☐ five (5) 3 ☐ six (6) 4 ☐ seven (7) 5 ☐ eight (8) 6 ☐ nine (9)

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

1 ☐ Special Intervention → 102. 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.

2 ☐ Usual Care → FINISHED

94 1 ☐ a. 4 week observation visit for participant with third screen or regular follow-up average DBP ≥ 105 mm Hg but average DBP < 90 mm Hg at last hypertension confirmation visit.

2 ☐ b. Antihypertensive medication prescribed by an outside source.

3 ☐ c. Step-Up, Maintenance, Step-Down or Individualized Therapy.

4 ☐ d. Participant is not in a hypertension management or treatment schedule.

103. Is item 102a checked in question 102 above?

1 ☐ yes → **Transcribe items 1, 2, 3, 4 and 5 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.

95

2 ☐ no ↓

104. Is item 102b-c checked in question 102 above?

1 ☐ yes → **If this visit coincides with a hypertension intervention visit, transcribe items 2, 3, 4 and 5 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 was taking antihypertensive medication from an outside source, transcribe items 2, 3, 4 and 5 to FORM 42 and complete the remainder of FORM 42 at this visit.**
FINISHED.

96

2 ☐ no ↓

105. Is the current average DBP (item 3) ≥ 90 mm Hg?

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

97

2 ☐ no ↓

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

SKIP 98-END