MULTIPLE RISK FACTOR INTERVENTION TRIAL

THIRD ANNUAL VISIT FORM

16

23 CLINIC

DAYS36

To be completed at third 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.

DATE 17

Year of Follow-up 24 **3**

Attach ID Label Here

6

1. Time participant arrived at clinic. 25 [ ][ ] : [ ][ ] am pm **Circle am or pm**

2. Ecolyzer test data:

The 0-100 ppm scale should be used to obtain the measurements for both trials. For each trial the participant should be asked to take a deep breath, hold it for 15 seconds and then expire into an empty plastic bag. Only the last half of the expiration should be expired into the plastic bag.

Technician Code 30 [ ][ ]

Time Ecolyzer test performed 32 [ ][ ] : [ ][ ] am pm **Circle am or pm**

Trial 1 37 [ ][ ][ ] ppm

Trial 2 40 [ ][ ][ ] ppm

AVGECO36

3. Pulmonary Function Data:

Technician number 43 [ ][ ]

Room temperature 45 [ ][ ] °C

MAXFEV36

	Trial 1	Trial 2	Trial 3
$FEV_{1.0}$	47 [ ][ ][ ][ ] cc	51 [ ][ ][ ][ ] cc	55 [ ][ ][ ][ ] cc
Vital Capacity	59 [ ][ ][ ][ ] cc	63 [ ][ ][ ][ ] cc	67 [ ][ ][ ][ ] cc
$FEV_{1.0}$/Vital Capacity x 100	_____ %	_____ %	_____ %

4. Pulse: Beats in 30 seconds 71 [ ][ ] x 2 = PULSE36 beats/minute

5. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 73 [ ][ ] Random Zero Device Code: 75 [ ][ ][ ]

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.

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	78 [ ][ ][ ]	81 [ ][ ][ ]
Reading 2 (R - Z)	84 [ ][ ][ ]	87 [ ][ ][ ]
Zero	90 [ ][ ]	92 [ ][ ]
STDSBP36 STDDBP36 Corrected	94 [ ][ ][ ]	97 [ ][ ][ ]
Reading 3 (Std)	100 [ ][ ][ ]	103 [ ][ ][ ]
Reading 4 (R - Z)	106 [ ][ ][ ]	109 [ ][ ][ ]
Zero	112 [ ][ ]	114 [ ][ ]
Corrected	116 [ ][ ][ ]	119 [ ][ ][ ]

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):

	Systolic	Disappearance 5th Phase Diastolic
ACCHYP36 Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	SBP36 _____	_____ Average DBP

6. Average diastolic blood pressure (DBP) as determined by zero muddler DBP36 122 [ ][ ][ ] mm Hg

Write average DBP on FORM 105

7. 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
UPSBP36 125 [ ][ ][ ]	UPDBP36 128 [ ][ ][ ]

8. 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
131 ☐☐ °F	133 ☐☐☐☐	137 ☐☐	139 ☐☐.☐	142 ☐☐.☐	145 ☐☐.☐	148 ☐☐☐

Comments on resting ECG: _____

_____

b. Is Left Ventricular Hypertrophy present on resting ECG? 151 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 152 ☐☐:☐☐ 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 157 ☐☐:☐☐ a.m. p.m. **Please circle a.m. or p.m.**

9. Weight (nearest half-pound, disrobed) 162 ☐☐☐.☐ lbs. BMI36

SKIP 166-END

09132 Dup 6-24

PHYSICAL EXAMINATION

EYES

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

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

26 1 ☐ yes → 12. A-V compression? 27 1 ☐ yes 2 ☐ no
13. Focal narrowing? 28 1 ☐ yes 2 ☐ no
14. Exudates? 29 1 ☐ yes 2 ☐ no
15. Hemorrhages? 30 1 ☐ yes 2 ☐ no
16. Papilledema? 31 1 ☐ yes 2 ☐ no
17. Other fundi abnormalities? Specify _____ 32 1 ☐ yes 2 ☐ no

26 2 ☐ no ↓

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

NECK

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

20. Are carotid bruits present?

35 1 ☐ yes → 21. Check appropriate box. 36 1 ☐ right only 2 ☐ left only 3 ☐ bilateral
35 2 ☐ no ↓

22. Are carotid pulses absent?

37 1 ☐ yes → 23. Check appropriate box. 38 1 ☐ right only 2 ☐ left only 3 ☐ bilateral
37 2 ☐ no ↓

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

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

LUNGS

26. Are breath sounds diminished/absent?

41 1 ☐ yes → 27. Check appropriate box. 42 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no ↓

28. Are rales present?

43 1 ☐ yes → 29. Check appropriate box. 44 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no ↓

30. Are rhonchi or wheezes present?

45 1 ☐ yes → 31. Check appropriate box. 46 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no ↓

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

HEART

33. Is there a history of surgery for coronary artery disease? 48 1 ☐ yes 2 ☐ no
34. Is there an abnormality on precordial palpation? Specify _____ 49 1 ☐ yes 2 ☐ no
35. Is S_1 abnormal? Specify _____ 50 1 ☐ yes 2 ☐ no
36. Is A_2 abnormal? Specify _____ 51 1 ☐ yes 2 ☐ no
37. Is P_2 abnormal? Specify _____ 52 1 ☐ yes 2 ☐ no
38. Is there an S_3 gallop? 53 1 ☐ yes 2 ☐ no
39. Is there an S_4 gallop? 54 1 ☐ yes 2 ☐ no

40. Is there a systolic murmur?

55 1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Type of Murmur: Ejection	Holosystolic	Other
Apical	56 ☐	57 1 ☐ yes 2 ☐ no	58 1 ☐ yes 2 ☐ no	59 1 ☐ yes 2 ☐ no
Pulmonic	60 ☐	61 1 ☐ yes 2 ☐ no	62 1 ☐ yes 2 ☐ no	63 1 ☐ yes 2 ☐ no
Aortic	64 ☐	65 1 ☐ yes 2 ☐ no	66 1 ☐ yes 2 ☐ no	67 1 ☐ yes 2 ☐ no
Other	68 ☐	69 1 ☐ yes 2 ☐ no	70 1 ☐ yes 2 ☐ no	71 1 ☐ yes 2 ☐ no

41. Is there a diastolic murmur?

72 1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Indicate Time of Murmur: Early	Mid	Late	Other
Apical	73 ☐	74 1 ☐ yes 2 ☐ no	75 1 ☐ yes 2 ☐ no	76 1 ☐ yes 2 ☐ no	77 1 ☐ yes 2 ☐ no
Pulmonic	78 ☐	79 1 ☐ yes 2 ☐ no	80 1 ☐ yes 2 ☐ no	81 1 ☐ yes 2 ☐ no	82 1 ☐ yes 2 ☐ no
Aortic	83 ☐	84 1 ☐ yes 2 ☐ no	85 1 ☐ yes 2 ☐ no	86 1 ☐ yes 2 ☐ no	87 1 ☐ yes 2 ☐ no
Left sternal border	88 ☐	89 1 ☐ yes 2 ☐ no	90 1 ☐ yes 2 ☐ no	91 1 ☐ yes 2 ☐ no	92 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 a murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

42. Is the liver enlarged? 93 1 ☐ yes 2 ☐ no
43. Is the spleen palpable? 94 1 ☐ yes 2 ☐ no
44. Are there other abdominal masses? Specify where: _____ 95 1 ☐ yes 2 ☐ no
45. Is there an aortic aneurysm present? 96 1 ☐ yes 2 ☐ no

SKIP 97-END

MULTIPLE RISK FACTOR INTERVENTION TRIAL

16

THIRD ANNUAL VISIT FORM (Part 2)

CLINI ☐ 23

Year of Follow-up 24 **3**

Attach ID Label Here

DATE ☐☐-☐☐-☐☐ 17

6

PHYSICAL EXAMINATION (Continued)

PERIPHERAL ARTERIES

PERART36

46. In the right femoral artery,
    a) is the pulse absent or diminished? 25 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 26 1 ☐ yes 2 ☐ no
47. In the left femoral artery,
    a) is the pulse absent or diminished? 27 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 28 1 ☐ yes 2 ☐ no
48. In the right dorsalis pedis artery, is the pulse absent or diminished? 29 1 ☐ yes 2 ☐ no
49. In the right posterior tibial artery, is the pulse absent or diminished? 30 1 ☐ yes 2 ☐ no
50. In the left dorsalis pedis artery, is the pulse absent or diminished? 31 1 ☐ yes 2 ☐ no
51. In the left posterior tibial artery, is the pulse absent or diminished? 32 1 ☐ yes 2 ☐ no
52. Is bilateral pitting edema of ankles or feet present? 33 1 ☐ yes 2 ☐ no
53. Are ischemic ulcers present over either leg? 34 1 ☐ yes 2 ☐ no
54. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months? 35 1 ☐ yes 2 ☐ no

NEUROPSYCHIATRIC

55. Is there evidence of either hemiplegia or hemiparesis? STROKE36 36 1 ☐ yes 2 ☐ no

Ask questions 56 and 57 and check the appropriate answer.

56. During the past year, have you experienced a decrease in sexual activity? 37 1 ☐ yes 2 ☐ no
57. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep? 38 1 ☐ yes 2 ☐ no

SKIN

58. Are xanthomata present? (Exclude xanthelasma which should be noted in question 10). 39 1 ☐ yes 2 ☐ no
59. Are ear tophi present? 40 1 ☐ yes 2 ☐ no

60. 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.

		Present	Suspect	No Evidence
	A. Circulatory Diseases:			
PHYAAa36	a. Congestive heart failure	41 1 ☐	2 ☐	3 ☐
	b. Angina pectoris PHYAAb36	42 1 ☐	2 ☐	3 ☐
PHYAAc36	c. Myocardial infarction	43 1 ☐	2 ☐	3 ☐
	d. Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours PHYAAd36	44 1 ☐	2 ☐	3 ☐
PHYAAe36	e. Stroke with neurological deficit lasting more than 24 hours	45 1 ☐	2 ☐	3 ☐
	f. Intermittent claudication PHYAAf36	46 1 ☐	2 ☐	3 ☐
PHYAAg36	g. Peripheral arterial occlusion	47 1 ☐	2 ☐	3 ☐
	h. Pulmonary embolism PHYAAh36	48 1 ☐	2 ☐	3 ☐
PHYAAi36	i. Thrombophlebitis	49 1 ☐	2 ☐	3 ☐
	j. Atrial fibrillation PHYAAj36	50 1 ☐	2 ☐	3 ☐
PHYAAk36	k. Arrhythmias other than atrial fibrillation	51 1 ☐	2 ☐	3 ☐
	l. Other circulatory diseases, specify _____	52 1 ☐	2 ☐	3 ☐
	B. Malignant Neoplasm:			
	a. Lung PHYABa36☐	53 1 ☐	2 ☐	3 ☐
	b. GI PHYABb36☐	54 1 ☐	2 ☐	3 ☐
	c. GU PHYABc36☐	55 1 ☐	2 ☐	3 ☐
	d. Skin PHYABd36☐	56 1 ☐	2 ☐	3 ☐
	e. Other, Specify: PHYABe36☐ _____	57 1 ☐	2 ☐	3 ☐
	C. Endocrine Metabolic Disease:			
	a. Diabetes PHYACa36☐	58 1 ☐	2 ☐	3 ☐
	b. Attack of gout PHYACb36☐	59 1 ☐	2 ☐	3 ☐
	c. Hyperthyroidism PHYACc36☐	60 1 ☐	2 ☐	3 ☐
	d. Hypothyroidism PHYACd36☐	61 1 ☐	2 ☐	3 ☐
	e. Cushing's syndrome PHYACe36☐	62 1 ☐	2 ☐	3 ☐
	f. Pheochromocytoma PHYACf36☐	63 1 ☐	2 ☐	3 ☐
	g. Primary aldosteronism PHYACg36☐	64 1 ☐	2 ☐	3 ☐
	h. Other, specify: _____	65 1 ☐	2 ☐	3 ☐
	D. Mental Disease:			
	a. Psychosis	66 1 ☐	2 ☐	3 ☐
	b. Psychoneurosis	67 1 ☐	2 ☐	3 ☐
	c. Alcoholism	68 1 ☐	2 ☐	3 ☐
	d. Drug addiction	69 1 ☐	2 ☐	3 ☐
	e. Depression	70 1 ☐	2 ☐	3 ☐
	f. Other, specify: _____	71 1 ☐	2 ☐	3 ☐
	E. Neurologic Disease:			
	a. Convulsive disorder PHYAEa36	72 1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	73 1 ☐	2 ☐	3 ☐
	F. Musculo-Skeletal Disease:			
	a. Arthritis or rheumatism PHYAFa36	74 1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	75 1 ☐	2 ☐	3 ☐
	G. Respiratory Disease:			
	a. Chronic obstructive lung disease PHYAGa36☐	76 1 ☐	2 ☐	3 ☐
	b. Asthma PHYAGb36☐	77 1 ☐	2 ☐	3 ☐
	c. Tuberculosis PHYAGc36	78 1 ☐	2 ☐	3 ☐
	d. Other, specify: _____	79 1 ☐	2 ☐	3 ☐

H. Digestive Disease:		Present	Suspect	No Evidence
a. Peptic ulcer	PHYAHa36	80 1 ☐	2 ☐	3 ☐
b. Gall bladder disease	PHYAHb36	81 1 ☐	2 ☐	3 ☐
c. Cirrhosis	PHYAHc36	82 1 ☐	2 ☐	3 ☐
d. Other liver disease	PHYAHd36	83 1 ☐	2 ☐	3 ☐
e. Other, specify: _____		84 1 ☐	2 ☐	3 ☐
I. Genito-Urinary Conditions:				
a. Prostatism	PHYAIa36	85 1 ☐	2 ☐	3 ☐
b. Nephritis/Nephrosis	PHYAIb36	86 1 ☐	2 ☐	3 ☐
c. Urinary tract infection	PHYAIc36	87 1 ☐	2 ☐	3 ☐
d. Nephrolithiasis	PHYAId36	88 1 ☐	2 ☐	3 ☐
e. Other, specify: _____		89 1 ☐	2 ☐	3 ☐
J. Hematopoietic Diseases:				
a. Anemia	PHYAJa36	90 1 ☐	2 ☐	3 ☐
b. Lymphadenopathy	PHYAJb36	91 1 ☐	2 ☐	3 ☐
c. Other hematopoietic diseases, specify: _____		92 1 ☐	2 ☐	3 ☐

61. Has the participant indicated that he is currently prescribed antihypertensive medications?

ONMEDS36

1 ☐ yes →

2 ☐ no

62. Did the participant bring his antihypertensive medications to the clinic?

94 1 ☐ yes 2 ☐ no

63. Complete the appropriate rows of the table below for the drug regimen currently prescribed for the participant. Only include drugs that are being taken primarily as antihypertensive agents.

	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.
C36	Chlorthalidone (C)	95 1 ☐ 50 mg 2 ☐ 100 mg	96 ☐	97 ☐	_____
H36	Hydrochlorothiazide (H)	98 1 ☐ 25 mg 2 ☐ 50 mg	99 ☐	100 ☐	_____
S36	Spironolactone	25 mg	101 ☐	102 ☐	_____
T36	Triamterene	103 1 ☐ 50 mg 2 ☐ 100 mg	104 ☐	105 ☐	_____
R36	Reserpine (R)	0.25 mg	106 ☐	107 ☐	_____
	Regroton®	50 mg C and 0.25 mg R	108 ☐	109 ☐	_____
	Hydropres-50®	50 mg H and 0.125 mg R	110 ☐	111 ☐	_____
M36	Methyldopa	112 1 ☐ 250 mg 2 ☐ 500 mg	113 ☐	114 ☐	_____
HY36	Hydralazine	115 1 ☐ 10 mg 2 ☐ 25 mg 3 ☐ 50 mg	116 ☐	117 ☐	_____
G36	Guanethidine	118 1 ☐ 10 mg 2 ☐ 25 mg	119 ☐	120 ☐	_____
P36	Propranolol	121 1 ☐ 10 mg 2 ☐ 40 mg 3 ☐ 80 mg	122 ☐	123 ☐	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Continue with item 64.

FOR COORDINATING CENTER USE ONLY

124 ☐☐☐ ☐.☐ ☐.☐ ☐☐☐ ☐.☐ ☐.☐

64. 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	140 1 ☐ yes	2 ☐ yes	3 ☐ no
LLRX36 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	141 1 ☐ yes	2 ☐ yes	3 ☐ no
e. Probenecid, allopurinol or colchicine	142 1 ☐ yes	2 ☐ yes	3 ☐ no
INSULO36 f. Insulin or oral hypoglycemic agents	143 1 ☐ yes	2 ☐ yes	3 ☐ no
g. Anticoagulants	144 1 ☐ yes	2 ☐ yes	3 ☐ no
h. Antibiotics or anti-infection agents	145 1 ☐ yes	2 ☐ yes	3 ☐ no
i. Steroids (including cortisone)	146 1 ☐ yes	2 ☐ yes	3 ☐ no
j. Amphetamines or other stimulant	147 1 ☐ yes	2 ☐ yes	3 ☐ no
k. Barbiturates or other sedative	148 1 ☐ yes	2 ☐ yes	3 ☐ no
l. Librium, Valium or other anti-anxiety agents	149 1 ☐ yes	2 ☐ yes	3 ☐ no
m. Potassium supplementation other than dietary recommendations	150 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☐ 151 CC USE

CLINICAL SUMMARY

PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

1☐ 152 CC USE

Signature of physician completing items 10-64: _____

Personnel Code of physician completing items 10-64: ☐☐

SKIP 155 END

MULTIPLE RISK FACTOR INTERVENTION TRIAL

THIRD ANNUAL VISIT FORM (Part 3)

CLINIC

DATE

Year of Follow-up 24 3

Attach ID Label Here

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

25
1 ☐ yes →
2 ☐ no

SMKLYR36

Continue with question 85.

66. Do you now smoke cigarettes daily?

26
1 ☐ yes →
2 ☐ no

SMKNOW36

67. How long before you arrived at the clinic today did you last smoke a cigarette?

27
1 ☐ less than 30 minutes
2 ☐ 30-60 minutes (not including 60 minutes)
3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours)
5 ☐ 5-7 hours (not including 7 hours)
6 ☐ 7 or more hours

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

28
1 ☐ yes →
2 ☐ no

STOPLYR36

Go to question 73.

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

29
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

70. How long did you stay off cigarettess at that time?

30
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 ☐ more than 2 months

Go to question 72.

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

31
1 ☐ less than 2 months — Go to question 72 and ask questions 73 through 81 in the past tense.
2 ☐ 2 to 4 months (not including 4 months) — Go to question 85.
3 ☐ 4 to 8 months (not including 8 months) — Go to question 85.
4 ☐ 8 to 12 months — Go to question 85.

72. At the time you stopped, was it:

32 1 ☐ extremely difficult 2 ☐ difficult 3 ☐ easy

Continue with question 73.

INHALE36 **73.** When you smoke cigarettes, **how deeply** do you usually draw in the smoke?

33 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

OFTEN36 **74.** How often do you usually inhale the smoke when you smoke cigarettes?

34 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

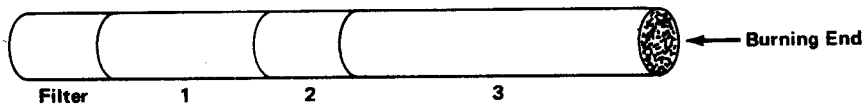
75. When you smoke a cigarette, do you usually . . .

35 1 ☐ let more than half burn → 76. If "more than half", do you usually let your cigarette burn . . .
36 1 ☐ as far as possible 2 ☐ 3/4 or more 3 ☐ less than 3/4

2 ☐ let half or less burn

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

37



BURN36 **78.** How much of your cigarette burns **without** your smoking it?

38 1 ☐ very little 2 ☐ some 3 ☐ a moderate amount 4 ☐ a great deal

CIGS36 79. On the average, about how many cigarettes do you now smoke a day? 39 ☐☐

80. What brand of cigarettes do you usually smoke? _____ 41 ☐☐☐ DO NOT USE

81. What type of cigarettes are they?

Are they . . . 44 1 ☐ filter tip or 2 ☐ non-filter tip
Are they . . . 45 1 ☐ plain or 2 ☐ menthol
Are they . . . 46 1 ☐ hard pack or 2 ☐ soft pack
Are they . . . 47 1 ☐ regular size or 2 ☐ king size or 3 ☐ 100 millimeter 4 ☐ 120 millimeter

82. Do you expect that one year from now you will be smoking:

48 1 ☐ more cigarettes 2 ☐ same number 3 ☐ fewer cigarettes 4 ☐ none at all

83. Did you try sources of outside help, or techniques in an effort to stop smoking?

49 1 ☐ yes → 84. Which sources of outside help or techniques did you try?
_____
_____
_____

2 ☐ no

Continue with question 85.

85. Do you smoke cigars?

CIGAR36 50 1 ☐ yes → 86. How often do you smoke cigars?
51 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

2 ☐ no

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

52 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

88. For cigars **how often** do you usually inhale?

53 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

89. How long before you arrived at the clinic today did you last smoke a cigar?

54 1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 or more hours

Continue with question 90.

90. Do you smoke cigarillos?

CIGLO36 55
1 ☐ yes →
2 ☐ no

91. How often do you smoke cigarillos?
56 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

92. With cigarillos, **how deeply** do you inhale the smoke?
57 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

93. For cigarillos, **how often** do you usually inhale?
58 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

94. How long before you arrived at the clinic today did you last smoke a cigarillo?
59 1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes) 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 hours or more

95. Do you smoke pipes?

PIPE36 60
1 ☐ yes →
2 ☐ no

96. How often do you smoke pipes?
61 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

97. With pipes, **how deeply** do you inhale the smoke?
62 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

98. For pipes, **how often** do you usually inhale?
63 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

99. How long before you arrived at the clinic today did you last smoke a pipe?
64 1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes) 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 hours or more

CCP36

LOCAL LABORATORY RESULTS

BLOOD

WBC36 100. White Blood Cell Count 65 ☐☐.☐ no./mm^3 x 10^3

HEMA36 101. Hematocrit 68 ☐☐.☐ (vol. %)

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

102. Blood UBLOOD36
71 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

103. Ketones UKETON36
72 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

104. Glucose UGLUC36
73 1 ☐ negative 2 ☐ light 0.25g/dl 3 ☐ medium 4 ☐ dark 0.5g/dl or more

105. Protein UPROT36
74 1 ☐ negative 2 ☐ trace 3 ☐ + 30 mg/dl 4 ☐ ++ 100 5 ☐ +++ 300 6 ☐ ++++ 1000

106. pH UPH36
75 1 ☐ – 2 ☐ five (5) 3 ☐ six (6) 4 ☐ seven (7) 5 ☐ eight (8) 6 ☐ nine (9)

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

1 ☐ Special Intervention → 108. 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. If it was determined at this visit that the participant is taking antihypertensive medication from an outside source, check item l below.

76

2 ☐ Usual Care → FINISHED

77

01 ☐ 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.

02 ☐ b. 8 week observation visit for obese participant with last average DBP 90-104 mm Hg and recommendation of weight reduction.

03 ☐ c. 8 week observation visit for obese participant with last average DBP 90-104 and emphasized weight reduction program.

04 ☐ d. Step-Up.

05 ☐ e. Maintenance A_g.

06 ☐ f. Maintenance B_g.

07 ☐ g. Maintenance C_g.

08 ☐ h. Maintenance A_{90}.

09 ☐ i. Maintenance B_{90}.

10 ☐ j. Maintenance C_{90}.

11 ☐ k. Step-Down.

12 ☐ l. Antihypertensive medication prescribed by an outside source.

13 ☐ m. Individualized Therapy

14 ☐ n. Participant is not in a hypertension management or treatment schedule.

109. Is item a-c checked in question 108 above?

79

1 ☐ yes → **Transcribe items 4, 5, 6 and 9 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.**

2 ☐ no

110. Is item m checked in question 108 above?

80

1 ☐ yes → 111. Indicate your reason(s) for placing the participant in Individualized Therapy by answering each item below.

a. Type of antihypertensive medication prescribed is not included in the Stepped Care Program.	81	1 ☐ yes 2 ☐ no
b. Dosage of antihypertensive medication prescribed is not permitted according to protocol.	82	1 ☐ yes 2 ☐ no
c. Length of time at current Step too long (review FORM 140 for maximum duration at each Step).	83	1 ☐ yes 2 ☐ no
d. Length of time at current Step too short (review FORM 140 for minimum duration at each Step).	84	1 ☐ yes 2 ☐ no
e. Second-line drug(s) prescribed when first-line drug(s) not contraindicated.	85	1 ☐ yes 2 ☐ no
f. Medication discontinued due to side effects or possible contraindications.	86	1 ☐ yes 2 ☐ no
g. Frequency of contacts desired does not correspond to Step-Up or Maintenance Schedule.	87	1 ☐ yes 2 ☐ no
h. Medications never initiated although goal DBP determined or all medications permanently discontinued.	88	1 ☐ yes 2 ☐ no
i. Other, specify _____	89	1 ☐ yes 2 ☐ no

Continue with question 112.

2 ☐ no

112. Is item d-m checked in question 108 above?

90

1 ☐ yes → **If this visit coincides with a hypertension intervention visit, transcribe items 4, 5, 6, 7 and 9 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 is taking antihypertensive medication from an outside source, transcribe items 4, 5, 6 and 9 to FORM 42 and complete the remainder of FORM 42 at this visit. Complete FORM 59 if the participant is prescribed chlorthalidone or FORM 58 if the participant is prescribed hydrochlorothiazide. Send the appropriate form with a urine sample to GIB Laboratories. FINISHED.**

2 ☐ no

113. Is the current average DBP (item 6) ≥ 90 mm Hg?

91

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

2 ☐ no

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

92

CC USE

SKIP 93-END