

BHAT

Form 011

1 1, 2, 3

FOLLOW-UP INTERVIEW AND EXAMINATION

Complete for scheduled BHAT interviews and examinations only

1. To be completed by Clinic Coordinator:

6 EDIT STATUS 19,20

a. Date of most recent scheduled and completed BHAT interview

2 3 4

7 BATCH NUMBER 21-28

b. Patient ID# 4, 5 6, 7, 8, 9, 10 11, 12

8 DATE RECEIVED 29-34

c. Acrostic 5 13, 14, 15, 16, 17, 18

9 UPDATE NUMBER 35-37

d. Date information obtained 11 44, 45 46, 47 48, 49
month day year

e. Visit Number 12 50, 51

f. Was this a complete follow-up visit including examination? 13 1 Yes 2 No 52
SKIP to 2

(i) Primary reason 53, 54, 55 14
reason code -> See Back of Page

(ii) Was interview completed? 15 1 Yes 2 No 56
SKIP to 2

(iii) Was patient hospitalized since date of most recent scheduled and completed BHAT interview? 16 1 Yes 2 No 57 3 OK

Number of Hospitalizations 17 58, 59
If unknown, code 99
Hospitalization form must be completed

(iv) Is the patient alive? 60 18 1 Yes 2 No 3 DK
Death Forms must be completed

SEE PATIENT SCHEDULE FOR TESTS AND PROCEDURES TO BE COMPLETED AT THIS VISIT.

10 DATE LAST PROCESSED 38-43

FOLLOW-UP INTERVIEW

2. Has patient reviewed Patient Information Sheet and verified that all items are correct; made appropriate corrections? 61 19 1 Yes

Then, interviewer should say to patient: "I would like to ask you about events occurring since _____, your most recent completed BHAT interview."
(interviewer inserts date)

3. a. Since your most recent completed BHAT interview, have you had any pain or discomfort in your chest? 20 1 Yes 62 2 No

b. Have you had any pressure or heaviness in your chest? 21 1 Yes 63 2 No -> SKIP to 16

If patient said "yes" to pressure or heaviness, use appropriate term instead of pain or discomfort for the following questions.

4. Did you get this pain or discomfort when you walked uphill or hurried?
 1 Yes 2 No 3 Never walks uphill or hurries

(22) 64
 SKIP to 15

5. Did you get this pain or discomfort when you walked at an ordinary pace on level ground?
 1 Yes 2 No 3 Uncertain

(23) 65
 If the answer to question 4, is 3 Never walks uphill or hurries and the answer to question 5, is 2 No, SKIP to 15

6. What did you do if you got this pain or discomfort while you were walking?
 1 Took nitroglycerine 2 Stopped or slowed down, did not take nitroglycerine
 3 Continued at same pace, did not take nitroglycerine

(24) 66
 SKIP to 15

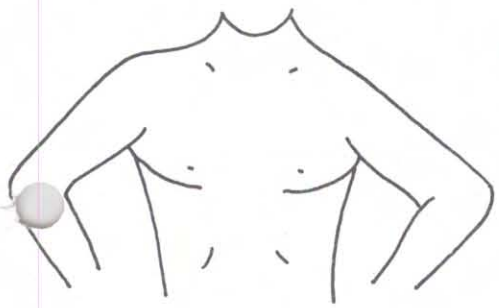
7. If you stood still what happened to the pain or discomfort?

1 Relieved 2 Not relieved
 (25) 67
 SKIP to 15

8. How soon was the pain or discomfort relieved?

1 10 minutes or less 2 More than 10 minutes
 (26) 68
 SKIP to 15

9. Will you show me where the pain or discomfort was?



	1 YES	2 NO	3 DK
a. Sternum (middle or upper) 69	(27) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sternum (lower) 70	<input type="checkbox"/> (28)	<input type="checkbox"/>	<input type="checkbox"/>
c. Left anterior chest 71	(29) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Left arm 72	<input type="checkbox"/> (30)	<input type="checkbox"/>	<input type="checkbox"/>
e. Jaw 73	(31) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other; specify 75 (33) 0/1 74	<input type="checkbox"/> (32)	<input type="checkbox"/>	<input type="checkbox"/>

10. In this time period, how many days per week did you usually have this pain or discomfort?

1 Every day
 2 One or more days per week but not daily
 3 Does not occur every week
 (34) 76

11. On the days that you had this pain or discomfort, how many times per day did you usually have it?

(35) 77, 78
 number of times/day

Code 99 for unknown

12. When you had this pain or discomfort, how long did it usually last?

1 One minute or less
 2 More than one minute up to 5 minutes
 3 More than 5 minutes
 (36) 79

13. Did this pain or discomfort ever occur:

	1 YES	2 NO	3 DK
a. At rest? 80	(37) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. After meals? 81	(38) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient ID # [] [] []
 6/6/80

Acrostic [] [] [] [] [] [] [] [] [] []

14. Since your most recent BHAT interview, has your pain or discomfort been

39 1 The same as
82 2 Better than
 3 Worse than } in the past?

15. a. Since your most recent BHAT interview, did you have a severe pain across the front of your chest lasting half an hour or more?

40 1 Yes 83 2 No → SKIP to 16

b. How long did this pain last?

41 hours minutes

Code 9999 if unknown
Code 8888 if still having pain.
Code 7777 if longer than 99 hrs and 59 mins.

c. Was the pain accompanied by sweating, shortness of breath or nausea?

88 42 1 Yes 2 No

16. a. Since your most recent BHAT interview, did a doctor tell you that you had another heart attack or coronary (myocardial infarction, coronary thrombosis or coronary occlusion)?

89 43 1 Yes 2 No

SKIP to 17

b. How many of the attacks did you have?

44 number of attacks

New Cardiac Event Form must be completed for each suspect or definite attack

17. Since your most recent BHAT interview, have you had shortness of breath that required you to stop and rest?

45 1 Yes 92 2 No 3 Uncertain

18. Do you get shortness of breath brought on by:

		1 YES	2 NO	3 DK
a. Walking on level ground?	93	46 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Climbing a single flight of stairs?	94	<input type="checkbox"/> 47	<input type="checkbox"/>	<input type="checkbox"/>
c. Heavy lifting?	95	48 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Light housework or home repairs?	96	<input type="checkbox"/> 49	<input type="checkbox"/>	<input type="checkbox"/>

19. Did you get shortness of breath when you were lying down flat (using no more than one pillow)?

50 1 Yes 97 2 No
↓
SKIP to 21

20. Did this shortness of breath improve when you sat up or used extra pillows?

51 1 Yes 98 2 No 3 Uncertain

21. Did you get shortness of breath which awakened you when you were lying down asleep?

52 1 Yes 99 2 No 3 Uncertain

22. Since your most recent BHAT interview, have you had pain or cramping in either leg while walking?

53 1 Yes 100 2 No
↓
SKIP to 30

23. Did that pain ever begin when you were standing still or sitting?

54 1 Yes 101 2 No
↓
SKIP to 30

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24. In what part of your leg did you feel the pain?

If calves not mentioned, ask, "Anywhere else?" If calves still not mentioned, indicate "Pain did not include calf."

102
(55) 1 Pain includes calf/calves

2 Pain did not include calf → SKIP to 25

25. Did you get this pain when you walked uphill or hurried?

(56) 1 Yes
103

2 No
SKIP to 30

3 Never walks uphill or hurries

26. Did the pain ever disappear while you were walking?

(57) 1 Yes
104

2 No

SKIP to 30

27. What did you do if you got this pain while you were walking?

(58) 1 Stopped or slackened pace
105

2 Continued at same pace

SKIP to 30

28. What happened to the pain if you stood still?

(59) 1 Relieved
106

2 Not relieved

SKIP to 30

29. How soon was the pain relieved?

(60) 1 10 minutes
107

2 More than 10 minutes

30. Since your most recent interview, have you seen a doctor other than at BHAT visits?

(61) 1 Yes
108

2 No

SKIP to 34

31. a. Since your most recent BHAT interview, have you been hospitalized?

(62) 1 Yes
109

2 No → SKIP to 32

b. Number of times hospitalized (63) 110, 111

Hospitalization Form must be completed for each hospitalization

32. Since your most recent interview, have you had cardiac catheterization (angiography)?

(64) 1 Yes
112

2 No

33. Since your most recent BHAT interview, has your doctor told you that you:

- | | | 1 YES | 2 NO | 3 DK |
|----|---|-----------------------------------|-------------------------------|--------------------------|
| a. | developed hypertension (high blood pressure)? | 113 (65) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | developed hypotension (low blood pressure)? | 114 <input type="checkbox"/> | (66) <input type="checkbox"/> | <input type="checkbox"/> |
| c. | developed diabetes (high sugar in blood or urine)? | 115 (67) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | developed cirrhosis or other liver disease? | 116 <input type="checkbox"/> | (68) <input type="checkbox"/> | <input type="checkbox"/> |
| e. | had bronchial asthma or emphysema? | 117 (69) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | had a stroke? <i>Stroke Form must be completed</i> | 118 <input type="checkbox"/> | (70) <input type="checkbox"/> | <input type="checkbox"/> |
| g. | developed cancer? | 119 (71) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | developed congestive heart failure? <i>CHF Form must be completed</i> | 120 <input type="checkbox"/> | (72) <input type="checkbox"/> | <input type="checkbox"/> |
| i. | developed other conditions, specify | 121 (73) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 122 (74) 5 0/1

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34. Since your most recent BHAT interview, have you experienced any of the following conditions:

- | | | 1 YES | 2 NO | 3 DK |
|---|-----|--|--|--------------------------|
| a. Blacking out or losing consciousness? | 123 | <input checked="" type="checkbox"/> 75 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Frequent depression that interfered with work, recreation, or sleep? | 124 | <input type="checkbox"/> | <input checked="" type="checkbox"/> 76 | <input type="checkbox"/> |
| c. Unusual tiredness or fatigue during ordinary activities? | 125 | <input checked="" type="checkbox"/> 77 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Frequent nightmares or vivid dreams? | 126 | <input type="checkbox"/> | <input checked="" type="checkbox"/> 78 | <input type="checkbox"/> |
| e. Hallucinations? | 127 | <input checked="" type="checkbox"/> 79 | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Recurrent bronchospasm (wheezing in the chest)? | 128 | <input type="checkbox"/> | <input checked="" type="checkbox"/> 80 | <input type="checkbox"/> |
| g. Decrease in sexual activity? | 129 | <input checked="" type="checkbox"/> 81 | <input type="checkbox"/> | <input type="checkbox"/> |

35. Have you noted any changes in your health since your most recent BHAT interview?

82 Yes 130 No

Do not ask each of the following items, check only those responses volunteered by the patient. If patient has responded "yes" at least one item below must be coded.

- | | | 1 YES |
|--|---------------|--|
| a. Faintness or light-headedness when standing up quickly | 131 | <input checked="" type="checkbox"/> 83 |
| b. Problem with heart beating fast or skipping beats | 132 | <input type="checkbox"/> 84 |
| c. Blurred vision | 133 | <input checked="" type="checkbox"/> 85 |
| d. Recurrent insomnia or problems with waking up too early | 134 | <input type="checkbox"/> 86 |
| e. Recurrent nausea and/or vomiting | 135 | <input checked="" type="checkbox"/> 87 |
| f. Recurrent abdominal pain or cramping | 136 | <input type="checkbox"/> 88 |
| g. Recurrent diarrhea | 137 | <input checked="" type="checkbox"/> 89 |
| h. Recurrent constipation | 138 | <input type="checkbox"/> 90 |
| i. Problems with hands or feet being extremely cold | 139 | <input checked="" type="checkbox"/> 91 |
| j. Problems with burning, prickling, or tingling in hands | 140 | <input type="checkbox"/> 92 |
| k. Problems with flushing | 141 | <input checked="" type="checkbox"/> 93 |
| l. Problems with dry mouth | 142 | <input type="checkbox"/> 94 |
| m. Sudden loss of hair | 143 | <input checked="" type="checkbox"/> 95 |
| n. Rash | 144 | <input type="checkbox"/> 96 |
| o. Dryness of eyes | 145 | <input checked="" type="checkbox"/> 97 |
| p. Feel better | 146 | <input type="checkbox"/> 98 |
| q. Other | 148 (100) 0/1 | <input checked="" type="checkbox"/> 99 |

LIFE STYLE

Do not ask questions 36 and 37 if the patient stated at baseline or subsequent interviews that he/she was retired.

36. a. Are you currently working at your occupation?

Students, housewives, and self-employed persons are considered employed. Check one box only.

- | | | |
|--|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> 101 (1) Yes, full-time (≥ 35 hours) | <input type="checkbox"/> | |
| <input type="checkbox"/> (2) Yes, part-time (< 35 hours) | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> 149 (3) No, have not returned to work since MI but plan to do so | <input type="checkbox"/> | |
| <input type="checkbox"/> (4) No, retired | <input type="checkbox"/> | } → b. Is this for medical reasons? |
| <input type="checkbox"/> (5) No, temporarily unemployed | <input type="checkbox"/> | |
| <input type="checkbox"/> (6) No | <input type="checkbox"/> | |
| | | |
- c. Explain 102 Yes 150 103 No 0/1

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For questions 37 and 38 use the following as a guide to code patient's activity level:

- 1. **Almost none:** The sedentary person spends most waking hours in activities such as working at a desk, reading, watching television, or other quiet pursuits.
- 2. **Light physical activity:** This person walks about one mile a day, leisurely rides a bicycle, fishes, bowls, golfs, or engages in light carpentry, light gardening, light industrial work, teaching, or light housework.
- 3. **Moderate physical activity:** This person participates in recreational tennis, swimming, and jogging; works in occupations such as mail carrier, telephone repair, light building and construction; or engages in full housework and home repairs.
- 4. **Heavy physical activity:** This person does the equivalent of active training in sports such as soccer, handball, ice hockey, basketball or engages in very heavy activities such as ditch digging, carrying heavy weights, very heavy farm work, mining, or working as a lumberjack.

If the patient is not working, SKIP to question 38

37. Thinking about the things you do at work (or housework), how would you describe the kind of physical activity you have been getting since your most recent BHAT interview?
104 Almost none 152 2 Light physical activity 3 Moderate physical activity 4 Heavy physical activity
38. Now, thinking about the things you do outside of work (or housework), how would you describe the kind of activity you have been getting since your most recent BHAT interview?
105 Almost none 153 2 Light physical activity 3 Moderate physical activity 4 Heavy physical activity
39. Since your most recent BHAT interview, how many cigarettes have you usually been smoking per day?
154 None 2 Less than a half pack 3 Half pack to less than a pack 4 Pack to less than 1½ packs
106 5 1½ packs to less than 2 packs 6 2 or more packs
40. Have you usually been smoking either of the following:
a. pipe? 107 Yes 155 2 No
b. cigars? 108 Yes 156 2 No
41. Since your most recent BHAT interview, on the average, how many days per week do you usually have a drink of beer, wine or liquor?
Code 0 if less than 1 day per week 109 157 days
If unknown, code 9
42. a. Has your marital status changed since your most recent BHAT interview?
110 Yes 158 2 No → SKIP to 43
- b. What is your current marital status?
111 Married 159 2 Widowed 3 Separated 4 Divorced
43. a. Since your most recent BHAT interview, have you usually taken the prescribed BHAT medication as directed by your BHAT physician?
112 Yes 160 2 No 3 Not on BHAT Study medication → SKIP to 45
SKIP to 44
- b. What were the main reasons you did not take the medication as directed? 161 113 8 0/1
Specify: _____

Reason Codes:
01 Forgetfulness or other non-medical reason
02 Unwillingness or refusal
03 Difficulty in swallowing
04 Medical reasons
05 Other

114 115 116
162, 163, 164, 165, 166, 167

Also record information on Follow-up Drug Section. If the patient sporadically missed a few pills, this does not have to be recorded on the Drug Section.

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44. Time most recent BHAT medication was taken:

117

168, 169
hour

170, 171
minute

118

1 a.m.

2 p.m.

172

If BHAT medicine was taken more than 24 hours ago.
Code 8's for hour and minutes. If time unknown, Code 9999.

Interviewer:

- a. Have you reminded the patient to avoid other beta-blockers? 173 (119) 1 Yes
- b. Have you cautioned the patient against stopping BHAT drug abruptly? 174 (120) 1 Yes
- c. Have you instructed the patient to bring all remaining BHAT medication and empty bottles to the next appointment? 175 (121) 1 Yes
- d. Has an appointment for the next follow-up interview been made? 176 (122) 1 Yes

45. Person completing form _____

123

177, 178
BHAT code

COMMENTS:

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FOLLOW-UP PHYSICAL EXAMINATION

FORM APPROVED
OMB NO. 68-578062
EXPIRES 6/83

This examination must be completed by a BHAT physician.

46. Date examination completed (124) 179, 180 / 181, 182 / 183, 184
month day year

47. Weight 185, 186, 187 (125)
 If unknown, code 999 pounds

48. Heart Rate 188, 189, 190 (126)
beats/minute

49. Blood Pressure (127) / (128)
 191, 192, 193 / 194, 195, 196
systolic diastolic

50. Rash 197 (124) 1 Yes 2 No
51. Expiratory wheezes 198 (130) 1 Yes 2 No
52. Abnormal neck venous distension present (above the clavical when the patient is at a 45 degree angle) 199 (131) 1 Yes 2 No
53. Basilar rales 200 (132) 1 Yes 2 No
54. S3 gallop 201 (133) 1 Yes 2 No
55. Other findings relating to the heart; specify 203 (135) 0/1 202 (134) 1 Yes 2 No
-
56. Hepatomegaly 204 (136) 1 Yes 2 No
57. Peripheral edema 205 (137) 1 Yes 2 No

58. Examination of pulses:

For the questions below: N = Normal D = Diminished A = Absent L = Limb Missing

		1 N:	2 D	3 A	4 L
a. Right carotid	(138) <input type="checkbox"/>	<input type="checkbox"/>	206 <input type="checkbox"/>	<input type="checkbox"/>	
b. Left carotid	<input type="checkbox"/>	(139) <input type="checkbox"/>	207 <input type="checkbox"/>	<input type="checkbox"/>	
c. Right femoral	(140) <input type="checkbox"/>	<input type="checkbox"/>	208 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Left femoral	<input type="checkbox"/>	(141) <input type="checkbox"/>	209 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Right dorsal pedis	(142) <input type="checkbox"/>	<input type="checkbox"/>	210 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Left dorsal pedis	<input type="checkbox"/>	(143) <input type="checkbox"/>	211 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Right posterior tibial	(144) <input type="checkbox"/>	<input type="checkbox"/>	212 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Left posterior tibial	<input type="checkbox"/>	(145) <input type="checkbox"/>	213 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. a. Hemiplegia (146) 1 Right 214 2 Left 3 Both 4 None
- b. Gross hemiparesis (147) 1 Right 215 2 Left 3 Both 4 None

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60. a. In your opinion has the patient experienced angina pectoris since his/her last examination?

(148) 1 Yes 216 2 No → SKIP to 61

b. In your opinion is the patient's angina:

217 1 Worse } (149) when compared to the patient's
2 Better } previous interview and
3 The same } examination.

61. Since the patient's last examination, is it your opinion that the patient has experienced:

a. congestive heart failure? CHF form must be completed 218 (150) 1 Yes 2 No
b. intermittent claudication? 219 (151) 1 Yes 2 No

62. New York Heart Association Classification as of this date:

220 (152) 1 Class I 2 Class II 3 Class III 4 Class IV

Criteria Committee of New York Heart Association: Diseases of the Heart and Blood Vessels: Nomenclature and Criteria for Diagnosis, 6th Ed., Boston, Little, Brown and Co., 1964.
Class I: Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
Class II: Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
Class III: Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.
Class IV: Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome are present even at rest. If any physical activity is undertaken discomfort is increased.

If BHAT dose is changed, record reason and new dose on Follow-up Drug Section.

The following question is to be completed by the physician.

63. Is the patient currently taking any of the following categories of drugs:

Do not include beta blockers or BHAT medication. Information on these drugs should be recorded on Follow-up Drug Section.

- | | 1 YES | 2 NO | 3 DK |
|--|--------------------------------|------------------------------|--------------------------|
| a. amphetamines? | (153) <input type="checkbox"/> | <input type="checkbox"/> 221 | <input type="checkbox"/> |
| b. antiarrhythmics? | <input type="checkbox"/> (154) | <input type="checkbox"/> 222 | <input type="checkbox"/> |
| c. anticoagulants? | (155) <input type="checkbox"/> | <input type="checkbox"/> 223 | <input type="checkbox"/> |
| d. antihypertensives excluding diuretics? | <input type="checkbox"/> (156) | <input type="checkbox"/> 224 | <input type="checkbox"/> |
| e. aspirin prescribed on a continuing basis? | (157) <input type="checkbox"/> | <input type="checkbox"/> 225 | <input type="checkbox"/> |
| f. digitalis? | <input type="checkbox"/> (158) | <input type="checkbox"/> 226 | <input type="checkbox"/> |
| g. dipyridamole? | (159) <input type="checkbox"/> | <input type="checkbox"/> 227 | <input type="checkbox"/> |
| h. diuretics? | <input type="checkbox"/> (160) | <input type="checkbox"/> 228 | <input type="checkbox"/> |
| i. hormonal medications? | (161) <input type="checkbox"/> | <input type="checkbox"/> 229 | <input type="checkbox"/> |
| j. insulin? | <input type="checkbox"/> (162) | <input type="checkbox"/> 230 | <input type="checkbox"/> |
| k. lipid-lowering agents? | (163) <input type="checkbox"/> | <input type="checkbox"/> 231 | <input type="checkbox"/> |
| l. long-acting coronary vasodilators? | <input type="checkbox"/> (164) | <input type="checkbox"/> 232 | <input type="checkbox"/> |
| m. MAO inhibitors? | (165) <input type="checkbox"/> | <input type="checkbox"/> 233 | <input type="checkbox"/> |
| n. oral hypoglycemics? | <input type="checkbox"/> (166) | <input type="checkbox"/> 234 | <input type="checkbox"/> |
| o. potassium? | (167) <input type="checkbox"/> | <input type="checkbox"/> 235 | <input type="checkbox"/> |
| p. sulfipyrazone? | <input type="checkbox"/> (168) | <input type="checkbox"/> 236 | <input type="checkbox"/> |
| q. tranquilizers? | (169) <input type="checkbox"/> | <input type="checkbox"/> 237 | <input type="checkbox"/> |
| r. other cardiovascular preparations not previously mentioned? | <input type="checkbox"/> (170) | <input type="checkbox"/> 238 | <input type="checkbox"/> |

Specify any drugs under "Comment" section on next page.

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PHYSICIAN'S COMMENTS (Other physical findings, specific drugs of importance, etc.)

239 (171) 8 0/1

64. 240 (172) 8 0/1 241, 242 (173)
 BHAT Physician Completing Examination BHAT code #

If the patient is not on BHAT medication and has no pills to return, SKIP to Procedures Section.

The following instructions relate to Questions 65-67. If all pills or bottles were not returned, ask the patient to bring or mail any opened bottles to the Clinic within 7 days. Do not complete Questions 65-67 until:
 a. you receive all pills and empty bottles;
 or b. you have determined it is not possible for the patient to mail or return pills and/or empty bottles;
 or c. 7 days have passed.
 All boxes for questions 65, 66, 67a. and 68 must be completed. One box must be checked for question 67b.

65. Number of pills returned (174) (175) (176) (177)
Code 0's if none returned 243, 244, 245 246, 247, 248 249, 250, 251 252, 253, 254
20 mg. 40 mg. 60 mg. 80 mg.

66. Number of empty bottles returned (178) (179) (180) (181)
Code 0's if none returned 255 256 257 258
20 mg. 40 mg. 60 mg. 80 mg.

Question 67 is to be completed when it is determined that the patient has returned as many pills as possible to the Clinical Center. This figure can be determined through a count made by a third party or the patient. If a count cannot be done, obtain an estimate from the patient. Do not make an estimate yourself.

67. a. Total number of additional pills determined to be elsewhere: (182) (183) (184) (185)
Code 0's if none elsewhere. 259, 260, 261 262, 263, 264 265, 266, 267 268, 269, 270
Code 9's if unknown. 20 mg. 40 mg. 60 mg. 80 mg.

b. Numbers in 67. a. were obtained by:
(186) 1 Third party's count 2 Patient's count 3 Patient's estimate 4 Not determined
271 If all pills and bottles are returned, Code 2 (Patient's Count)

68. Number of bottles of BHAT medication given to patient this visit: (187) (188) (189) (190)
If no pills given, code 0's 272 273 274 275
20 mg. 40 mg. 60 mg. 80 mg.

Patients should only be given full bottles of medication except at Visit 2 when two or three pills may be missing. All opened bottles of medication should be destroyed. Unopened bottles may be returned to the patient. These should be counted under #65 and under #68.

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PROCEDURES COMPLETED

Any procedures required? 276 (191) 1 YES 2 NO
↓
End

Evaluated Centrally:

1. Holter Monitoring at Visit 3 (1½ mo.) if randomized to second Holter Monitoring 277 (192)
2. ECG at Visits 7, 11, 15, 19 (annually) 278 (193)
- *3. Blood drawn (8 ml) for propranolol and potassium at Visit 3 (1½ mo.) 279 (194)
- *4. Blood drawn (6 ml) for propranolol only at Visits 5 (6 mo.), 9 (18 mo.), 13 (30 mo.) and 17 (42 mo.) 280 (195)
- *5. Blood drawn (15 ml.) for propranolol, cholesterol, SGOT, potassium and creatinine at Visits 7, 11, 15, 19 (annually) 281 (196)
- *6. If participating in lipid ancillary study, blood drawn (10 ml) at Visit 5 (6 mo.), Visit 7 (first annual visit), and Visit 11 (second annual visit) .. 282 (197) 1 2
3 N/A
7. Time blood drawn for propranolol determination hour minute (198) (199) 1 a.m. 287 2 p.m.

Code 8888 if not done

Code 9999 if unknown

Evaluated at Clinical Center:

- 1.a. X-ray at Visit 7 (first annual visit) and final study visit 288 (200) 1 YES 2 NO
- b. Date of X-ray (201) month day year
- *2. Blood drawn for hematocrit and WBC determinations at Visits 7, 11, 15, 19 (annually) 295 (202)
3. Urinalysis completed at Vists 7, 11, 15, 19 (annually) 296 (203)

If any required procedure was not completed, specify reason: _____
297 (204) 8 0/1

*NOTE: a "no" response indicates that either blood was not drawn, or that blood was drawn but lost.

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Revised 8-9-82

Drug Codes:

01 Inderal
 02 Betaloc
 03 Blocadrin
 04 Lopressor
 BHAT medication

Entry Codes:

01 Drug started
 02 Dose changed
 03 Drug stopped
 04 No dose change

Reason Code for Dose Change

001 Faintness or light-headedness when patient stood up quickly (or at other times)	035 Hypotension
002 Problem with heart beating fast or skipping beats	036 Stroke
003 Blacking out or losing consciousness	037 Undergoing procedure likely to lead to unblinding
004 Frequent depression that interfered with work, recreation, or sleep	038 Scheduled for surgery (other than cardiovascular)
005 Unusual tiredness or fatigue during ordinary activities	039 Dryness of eyes
006 Frequent nightmares or vivid dreams	041 Sign/symptom decreased in severity or disappeared or procedure completed
007 Hallucinations	042 First degree heart block or Mobitz I
008 Blurred vision	043 Significant sinus bradycardia
009 Recurrent insomnia or problems with waking up too early	044 Death
010 Recurrent nausea and/or vomiting	045 Physician will not allow increase to 60 or 80
011 Recurrent abdominal pain or cramping	046 Patient not yet on 40 mg., so cannot go to 60 or 80
012 Recurrent diarrhea	048 Coronary arteriography
013 Recurrent constipation	049 High fever
014 Recurrent bronchospasm (wheezing in the chest)	050 Flushing or hot flashes
015 Recurrent muscle cramps	051 Impotence
016 Disorientation in time and space	052 Other medical procedure
017 Frequent or severe intermittent claudication	053 ECG changes
018 Bronchial asthma or chronic lung disease requiring therapy	054 Liver enzyme elevation, liver disease
019 "Brittle" insulin-dependent diabetes mellitus	055 Nervousness
020 Wolff-Parkinson-White syndrome	056 Diabetes, hypoglycemia
021 Mobitz type II or complete A-V block	057 Cancer
022 On MAO-inhibitors or amphetamines	058 Hands and/or feet cold or burning and prickling
023 Congestive heart failure	059 Dry mouth
024 Cardiogenic shock	060 Sudden loss of hair
025 Valvular heart disease	061 Rash or itching
026 Significant angina pectoris	062 GI bleeding
027 Has undergone cardiac surgery	071 Patient refused some or all medication
028 Has permanent pacemaker	072 Hospital personnel forgot to administer
029 Chest wall trauma	073 Physician increased or withheld some or all of medication, physician's clinical judgement
030 Has life-threatening illness other than CHD	075 Not all prescribed medication was available to be given to the patient
031 Scheduled for or very likely to undergo cardiac surgery	076 Order prescription or patient interpretation incorrect
032 Adherence to the study protocol has proved to be especially difficult	077 Hospital personnel gave too much medication
033 Unable (physically or psychologically) to cooperate with study	078 Correction of error in order, prescription or patient interpretation
034 Hypertension	079 Patient reconsidered and will participate
	088 Following protocol

Reason codes for missed interview:

- 01 — patient has been ill
- 02 — moved (distance too far to continue at this clinic)
- 03 — Reason related to study design (e.g., objects to amount of blood drawn, to double-blindness of study, to time commitment)
- 04 — reasons related to study medication (e.g., possible side effects, psychological effect of mandatory discontinuation of study medication)
- 05 — reasons related to clinic (e.g., clinic facilities, clinic hours, waiting period.)
- 06 — lack of support from family and/or private physician
- 07 — inability to cooperate with study
- 08 — unable to locate patient
- 09 — patient died
- 10 — refusal for other reason
- 11 — reason cannot be determined
- 12 — transportation
- 13 — bad weather
- 14 — vacation
- 15 — private physician will not allow travel