FORM 041

BETA BLOCKER HEART ATTACK TRIAL

PATIENT CLOSEOUT VISIT QUESTIONNAIRE



The BHAT Study Group would appreciate your cooperation in obtaining some additional information at this final visit.

Your response to these questions will be strictly confidential. We have provided you with a self-addressed, pre-stamped envelope for you to use after completing the questionnaire.

We have appreciated your continued participation in the trial. Thank you for your assistance in obtaining this additional information.

The BHAT Research Study Group

1. Z	BHAT Identification Number: (4) (4) (4) (5) (6) (7) (8) (9) (11) (12)	ag: St:	reed to participate in the BHAT ady, when you first joined? lease check only THE MOST PORTANT REASON.)
2. 5	Patient Acrostic: 13,14,15,16,17,18		I wanted to make a contribution to medical science I wanted to do something for other people
3.	Date Form Completed 44 45 46 47 48 49 wear		I wanted the extra medical check-ups I wanted a new experience; something out of the ordinary
4.	What treatment do you think you were prescribed in this study? I I am certain I was prescribed propranolol I think I was probably prescribed propranolol I have absolutely no idea which medication I was assigned I think I was probably prescribed	6 C	I was attracted by the free medical care, laboratory tests and electrocardiograms (ECGs) I liked the people who asked m to join the study I thought the medication I would be taking would prevent another heart attack I thought I might benefit from what was learned in this study
(placebo 5	1	I was influenced by my doctor Other (please specify below)
5.	If you answered Question 4 as "I have absolutely no idea which medication I was assigned", which medication assignment would you guess?		P 54°/1 (3
10	placebo The propranolol of the placebo Both Status 19,20 DATE RECEIVED 29-34 BATCH NUMBER 21-28 DATE LAST PROCESSED 38-43 DATE LAST PROCESSED 38-43		BH41/1