

1, 2, 3

POST-TRIAL ASSESSMENT

6 EDIT STATUS 19-20
7 BATCH NUMBER 21-28
8 DATE RECEIVED 29-34
9 UPDATE NUMBER 35-37
10 DATE LAST PROCESSED 38-43

1. Patient ID #: 4 5 6 7 8 9 10 11 12

2. Acrostic:

5 13, 14, 15, 16, 17, 18

VITAL STATUS SECTION

3. Date this information obtained? 11 44-45 / 46-47 / 48-49
(Must be on or after April 2, 1982.) month day year

4. From whom was this information obtained?

- 1) Patient
 - 2) Friend or relative
 - 3) Patient's physician
 - 4) Patient's employer
 - 5) Other → Specify 13 51 P O I
- 12 50

5. Was the patient alive on April 2, 1982?

- 1) Yes
 - 2) No → Submit Notification of Death Form (BH16) and Death Certificate
 - 3) DK → Submit Vital Status Search Report (BH11A)
- 14 52

Last date known alive 15 53-54 / 55-56 / 57-58
month day year

Do not proceed to question 6 if answer to question 4 was anything other than "patient."

INTERVIEW SECTION

6a. Have any of the following medications been prescribed for you by your physician since the trial ended?

	1) Yes	2) No	3) DK
i. propranolol or Inderal	16 <input type="checkbox"/> 59	<input type="checkbox"/>	<input type="checkbox"/>
ii. timolol or Blocadrin	17 <input type="checkbox"/> 60	<input type="checkbox"/>	<input type="checkbox"/>
iii. metoprolol or Lopressor	18 <input type="checkbox"/> 61	<input type="checkbox"/>	<input type="checkbox"/>
iv. nadalol or Corgard	19 <input type="checkbox"/> 62	<input type="checkbox"/>	<input type="checkbox"/>
v. atenolol or Tenormin	20 <input type="checkbox"/> 63	<input type="checkbox"/>	<input type="checkbox"/>
vi. other beta blocker	21 <input type="checkbox"/> 64	<input type="checkbox"/>	<input type="checkbox"/>

If answer is yes to any of the above, ask 6b; otherwise skip to 6c.

6b. Are you currently taking any of these medications?

(22) 65 { 1) Yes → Specify (23) 66 P O/I
 2) No
 ↓
When was the medication discontinued? (24) 67-68 / 69-70 / 71-72
 month day year

6c. Are you taking any other medications for your heart condition or blood pressure?

(25) 73 { 1) Yes → Specify (26) 74 P O/I
 2) No

7a. Have you seen a physician for your heart condition since your last BHAT visit?

(27) 75 { 1) Yes → Proceed to Item 7b.
 2) No → Skip to Item 9.

7b. How many times have you seen this physician during this time? (28) 76, 77

7c. Is your physician a

(29) 78 { 1) Cardiologist
 2) Internist
 3) General Practitioner (or Family Practice)
 4) Other → Specify (30) 79 P O/I

7d. Is this physician a member of the BHAT staff?

(31) 80 { 1) Yes
 2) No
 3) DK

8a. Were you hospitalized for any reason between October 2, 1981, and April 2, 1982?

(32) 81 { 1) Yes → Proceed to 8b.
 2) No → Skip to Item 9

8b. Did the doctor say you had a heart attack, myocardial infarction, coronary, coronary thrombosis or coronary occlusion?

(33) 82 { 1) Yes → { When did this event occur? (34) 83-84 / 85-86 / 87-88
 month day year
 2) No How many days were you hospitalized? 89-91 (35)

8c. Were you hospitalized for coronary by-pass surgery?

(36) 92 { 1) Yes
 2) No

8d. Were you hospitalized for any other heart related cause?

(37) 93 { 1) Yes → Specify (38) 94 P O/I
 2) No

9a. Are you currently working at your occupation?

- (39) 95 {
____ 1) Yes, full time
____ 2) Yes, part time
____ 3) No, have not returned to work since MI but plan to do so
____ 4) No, Retired
____ 5) No, temporarily unemployed
____ 6) No

(If 3, 4, 5, or 6 above marked, ask Item 9b.)

9b. Is this for medical reasons?

- (40) 96 {
____ 1) Yes → Explain (41) 97 P 0/1
____ 2) No

10. Since October 2, 1981, how many cigarettes have you usually been smoking per day?

- (42) 98 {
____ 1) None
____ 2) Less than a half pack
____ 3) Half pack to less than a pack
____ 4) Pack to less than 1½ packs
____ 5) 1½ packs to less than 2 packs
____ 6) 2 or more packs

11. Have you usually been smoking either of the following?

- a. pipe (43) 99 { 1) Yes 2) No
b. cigars (44) 100 {

12. Did you have an exercise tolerance (treadmill or bicycle exercise) test performed since you entered the study?

- (45) 101 {
____ 1) Yes
____ 2) No

13. Now that the trial is over, do you feel that taking part in the BHAT was beneficial to your health in general?

- (46) 102 {
____ 1) Yes ____ 2) No ____ 3) Somewhat

14. Was taking part in the BHAT beneficial to your heart condition?

- (47) 103 {
____ 1) Yes ____ 2) No ____ 3) Somewhat

15a. Do you feel that there has been a change in your health since the trial ended?

- (48) 104 {
____ 1) Yes
____ 2) No → Skip to 16

15b. Is this change

- (49) 105 {
____ 1) Better
____ 2) Worse

16. Were you satisfied with the following things about your BHAT clinic?

Affect on participation

	1) Yes	2) No →	1) Yes	2) No
a. Waiting time	(50) <input type="checkbox"/> 106 <input type="checkbox"/>		(51) <input type="checkbox"/> 107 <input type="checkbox"/>	
b. Length of visit	(52) <input type="checkbox"/> 108 <input type="checkbox"/>		(53) <input type="checkbox"/> 109 <input type="checkbox"/>	
c. Location of clinic	(54) <input type="checkbox"/> 110 <input type="checkbox"/>		(55) <input type="checkbox"/> 111 <input type="checkbox"/>	
d. Clinic facilities	(56) <input type="checkbox"/> 112 <input type="checkbox"/>		(57) <input type="checkbox"/> 113 <input type="checkbox"/>	
e. Number of changes in BHAT staff	(58) <input type="checkbox"/> 114 <input type="checkbox"/>		(59) <input type="checkbox"/> 115 <input type="checkbox"/>	
f. Other	(60) <input type="checkbox"/> 116 <input type="checkbox"/>		(61) <input type="checkbox"/> 117 <input type="checkbox"/>	
↓ Specify	118 P 0/1 (62)			

17. If asked, would you take part in another research study?

(63) 1) Yes
 119 2) No