

1. Program Number: **3,4** **5,6,7,8,9** **10,11**

042074

Name: (PRINT IN BLOCK CAPITALS) **Acrostic**
12,13,14,15,16,17

2 Batch **18,19,20,21,22,23,24,25**

(Mr., Miss, Mrs.) Last First Middle

3. Date: **3** Month **26,27** Day **28,29** 19 **30,31** Year

4. Time arrived: **4** Hour **32,33** : **5** Minute **34,35** **6** a.m. p.m. } **36**

5. Changes required in identifying information:
7 None HP11A attached } **37**

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

6. Is participant at goal blood pressure at this visit? Yes No

7. Review of completed HPO6

- Every item on each page is complete and legible.
- Name and Program Number are correct.
- Antihypertensive medication received (or none prescribed).
- Columns (a) through (f) of Item 10 completed.
- Flow Sheet for Blood Pressure, Weight and Medications updated.
- IF FOUR-MONTH VISIT:
 - ECG completed
 - Blood sample drawn
 - Urine specimen collected
 - Item 18 completed
- Special Purpose Reports, if required, have been initiated.
- Appointment slip given:

- Clinic Revisit schedule is:
- Step-Up Schedule (2 weeks)
 - Maintenance Schedule A (4 weeks)
 - Maintenance Schedule B (8 weeks)
 - Step-Down Schedule (specify interval: _____)
 - Individualized Therapy (specify interval: _____)

Date of next visit: **11** Month **45,46** Day **47,48** 19 **49,50** Year **12** Hour **51,52** : **13** Minute **53,54** **14** a.m. p.m. } **55**

8. Time visit completed: **15** Hour **56,57** : **16** Minute **58,59** **17** a.m. p.m. } **60**

This section completed by: _____ **18** **61,62**

9. Did the participant bring his medications to the Clinic at this visit?

20 Yes, all
 Yes, some
 None

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10. MEDICATION RECORD

64

(Complete column (a) and, if desired, column (g) before physician's review; complete columns (b) through (f) after medications have been dispensed; complete column (h) after receiving report from coordinating center.)

Medication	(a) Number of pills remaining. = C. No. of pills returned this visit.	(b) Number of days of medication given at this visit.	(c) Number of pills given at this visit. = K	(d) Pill size (mg/pill). = g	(e) Number of pills/dose. 3 col. (x.x.x) in V ₂ = h	(f) Number of doses/day. 2 col. (x.x) in V ₂ = L	(g) Adherence Index. (Clinical Center Use)	(h) Adherence Index. (Coordinating Center Report)
1. Chlorthalidone	24 72, 73, 74	286 608, 609	155 327, 328, 329	151 326, 327, 328	152 327, 328, 329	153 327, 328, 329		
2. Ironolactone	30 90, 91, 92	287 610, 611	161 329, 330, 331	295 626, 627, 628	158 331, 332, 333	159 334, 335, 336		
3. Reserpine	36 108, 109, 110	288 612, 613	167 332, 333, 334	163 0, 354, 355, 356	164 335, 336, 337	165 338, 339, 340		
4. Regroton®	42 126, 127, 128	289 614, 615	172 337, 338, 339		167 340, 341, 342	170 343, 344, 345		
5. Methyldopa	48 144, 145, 146	290 616, 617	177 340, 341, 342	296 629, 630, 631	174 343, 344, 345	176 346, 347, 348		
6. Hydralazine	54 162, 163, 164	291 618, 619	183 401, 402, 403	179 393, 394, 395	180 396, 397, 398	181 399, 400, 401		
7. Guanethidine	60 180, 181, 182	292 620, 621	189 418, 419, 420	185 408, 409	186 410, 411, 412	187 413, 414, 415		
8	64 190 421 422	293 622, 623	196 435, 436, 437	192 424, 425, 426	193 427, 428, 429	199 430, 431, 432		
9	71 197 438 439	294 624, 625	208 452, 453, 454	199 441, 442, 443	200 444, 445, 446	201 447, 448, 449		
		156 <input type="checkbox"/> None 340						

64 → 192
 190 → 193
 197 → 212
 199 → 213

- 25 661 Filler
- 26 662 Filler
- 27 663 Filler
- 28 664 Filler
- 29 665 Filler

30 Century Date

11 Blood Pressure Measurements:

042074

a. Pulse: Beats in 30 seconds 238 $\times 2 =$ 65, 50, 50, 50, 50, 50, 50, 50, 50, 50 beats/minute.

I will be taking six blood pressure readings, four of them while you are seated and two of them just after you stand up.

b. Blood pressure readings:

	Systolic	Diastolic (5th phase)	
Reading 1 (Std)	<u>239</u> <u>508, 509, 510</u>	<u>240</u> <u>51, 52, 53</u>	_____
Reading 2 (R-Z)	<u>241</u> <u>514, 515, 516</u>	<u>242</u> <u>517, 518, 519</u>	_____
Zero	<u>243</u> <u>520, 521</u>	<u>244</u> <u>522, 523</u>	
Corrected	<u>245</u> <u>524, 525, 526</u>	<u>246</u> <u>527, 528, 529</u>	_____ →
Reading 3 (Std)	<u>247</u> <u>530, 531, 532</u>	<u>248</u> <u>533, 534, 535</u>	
Reading 4 (R-Z)	<u>249</u> <u>536, 537, 538</u>	<u>250</u> <u>539, 540, 541</u>	_____ +
Zero	<u>251</u> <u>542, 543</u>	<u>252</u> <u>544, 545</u>	
Corrected	<u>253</u> <u>546, 547, 548</u>	<u>254</u> <u>549, 550, 551</u>	_____ →
Average of Readings 2 and 4	_____	_____	<u>256</u> <u>555, 556, 557</u> SUM
Reading 5 (Std) (One minute after standing)	<u>257</u> <u>559, 559, 560</u>	<u>258</u> <u>561, 562, 563</u>	
Reading 6 (R-Z) (One minute after standing)	<u>259</u> <u>564, 565, 566</u>	<u>260</u> <u>567, 568, 569</u>	
Zero	<u>261</u> <u>570, 571</u>	<u>262</u> <u>572, 573</u>	
Corrected	<u>263</u> <u>574, 575, 576</u>	<u>264</u> <u>577, 578, 579</u>	

c. Is SUM less than 180? 297 No Yes 632
 ↓
 Participant is at goal blood pressure.

d. Is the corrected systolic value of Reading 6 lower than the corrected systolic value of Reading 4, by 20 or more?

e. Remarks: 299 633 0/1

267 No Yes 583
 ↓
 Is the participant dizzy or faint after standing?
268 No Yes 584
 ↓
 Findings are suggestive of postural hypotension.

12. Weight: 269 Pounds 59, 58, 58, 58, 58, 58, 58, 58, 58, 58
 Percent of ideal weight: 270 58, 58, 58, 58, 58, 58, 58, 58, 58, 58

Observer: _____ 271 59, 59, 59, 59, 59, 59, 59, 59, 59, 59

13. I would like to ask several questions about your general health, since your last visit.

13 a-1 - RECODE:		
	old code	new code
	1	1
Since your last visit,	2	3
	3	4
	new or increasing	
		2

Comments:
IF YES, to any item, check the box in this space if the problem is new or increasing and comment if necessary.

a. have you been troubled with skin rash or bruising?

Yes	No	DK	
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2

91
259

299 634

b. have you been troubled with headaches that were so bad you had to stop what you were doing?

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
---------------------------------------	----------------------------	----------------------------	----------------------------

112
280

300 635

c. have you been troubled with faintness or lightheadedness when you stand up quickly?

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
---------------------------------------	----------------------------	----------------------------	----------------------------

92
260

301 636

d. have you been troubled with your heart beating fast or skipping beats?

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
---------------------------------------	----------------------------	----------------------------	----------------------------

110
278

302 637

e. have you been troubled with blacking out or losing consciousness?

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
---------------------------------------	----------------------------	----------------------------	----------------------------

114
282

303 638

f. have you been troubled with swelling or tenderness of your breasts?

Yes	No	DK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(97)			
265			

(304) 639

g. have you been troubled with recurrent stomach pains?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(98)			
266			

(305) 640

h. have your stools been black or tarry?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(99)			
267			

(306) 641

i. have you noticed bright red blood in your stools?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(100)			
268			

(307) 642

j. have you been troubled by waking up too early and having difficulty getting back to sleep?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(102)			
270			
(108)			
276			

(308) 643

k. have you often felt so depressed (sad or blue) that it interfered with your work, recreation or sleep?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(103)			
271			
(109)			
277			

(309) 644

l. Have you been troubled by tiredness or fatigue?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(90)			
258			

(310) 645

14. Since your last visit, were you unable to perform your usual activities because of sickness or disability?

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No 288 Yes

(120) How many days? 289, 290 (121)

15. Have you seen any doctors because of illness since your last visit?

No Yes 291

(122)

Date	Doctor	Illness	Treatment	Results

16. Have you had to stay overnight in a hospital since your last visit?

No 292 Yes

(123) How many different times were you admitted to the hospital? 293, 294 (124)

Complete Notification of Non-Fatal Event (HPO8) for each different visit.

17. a. Would you please list for me each medicine you are now taking and how often you take it?

Medication:	Times/day
86 253, 254	01/00

b. Thinking only of the medicines we gave you at your last visit, have you run out of any of them?

No 257 Yes

(89) Which ones? N.A. Y only 3/1 646

c. Again, thinking only about the medicines we gave you at your last visit, are you having any problems taking these pills?

No 255 Yes N.A.

(87) Explain: 3/2 647

18. (Complete this item only at Four-Month visit.)

Do you smoke cigarettes at present?

No 593 Yes

272

How many cigarettes do you usually smoke per day?

273

594, 595

FOR MEN SKIP TO 20.

19. Have you had a menstrual period within the past six weeks?

Yes 285 No

What is the reason?

117

5 Post-menopause, natural

6 Post-menopause, other

2 Known pregnancy

3 Possible pregnancy

4 Other, specify: _____

→ SKIP TO 20.

→ Order pregnancy test at this visit.

Are you currently taking birth control pills?

No 287 Yes

119

Discuss at this visit.

Physician's Review of Participant Status:

20. Interval clinical findings of importance.

313 648

21. Were medications discontinued or reduced since last visit because of side effects?

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Yes ²⁹⁵ No
 ↓
 (135)

Medication	Reason	Decision made by				
		HP Physician	Other Physician		Participant	
			HP concurs	HP does not concur	HP concurs	HP does not concur
1.						
2.						
3.						
4.						
5.						

(314) 649
 (650)

Was other therapy required for possible side effects?

No ³¹¹ Yes
 ↓
 (136)

(315) 651

Specify: _____

22. On the basis of all information available at this time, does this participant have:

a. A new indication for any Special Test?

No ³¹² Yes
 ↓
 (137)

A new Special Tests form (HP10) initiated

b. A new condition requiring notification of non-fatal event (myocardial infarction, stroke, or hospitalization)?

No ³¹³ Yes
 ↓
 (138)

Notification of Non-Fatal Event (HPO8) initiated

c. A new condition suggesting a critical toxic reaction?

No ³¹⁴ Yes
 ↓
 (139)

Toxic Reaction Report (HPO9) attached.

d. A change in drug contraindications or precautions?

No ³¹⁵ Yes
 ↓
 (140)

Current Contraindications and Precautions (HP13) attached

23. Has participant reached goal blood pressure (below 90 mm Hg)?

042074

Yes ³¹⁶ No

 (141) Is participant being advanced to next Treatment Step?

Yes ³¹⁷ No
 (142)
 Why was choice made to not increase medication this visit, despite failure to achieve goal?

319 (144) Participant not taking present medications regularly or missed doses recently.

323 (148) Side effects from present medications at present dose.

318 (143) Present medications may not yet have reached peak effect.

(316) Blood pressure is close to goal and may reach goal without medication change.

324 (149) Other, specify:

(317) 653

24. Remarks on further management plans, diagnostic evaluation or other matters:

(318) 654

25. The Clinic Revisit schedule is:

- 479
 (216) Step-Up Schedule (2 weeks)
 Maintenance Schedule A (4 weeks)
 Maintenance Schedule B (8 weeks)
 Step-Down Schedule (specify interval: 480) weeks (converted from days) (217)
 Individualized Therapy (specify interval: 491, 482) days (218)

26. Since the last visit, or at this visit, has participant received consultation concerning:

(325) 661 FILLER

(326) 662 FILLER

(327) 663 FILLER

(328) 664 FILLER

(329) 665 FILLER

~~(330) 668 670 CENTURY DATE~~

- a. drug adherence? 483 (219)
 b. cigarette smoking? 487 (223)
 c. diet? 491 (227)
 d. weight? 495 (231)

	Yes			No
	By physician	By therapist	By counselor	
a. drug adherence?	<input type="checkbox"/> 484 (220)	<input type="checkbox"/> 485 (221)	<input type="checkbox"/> 486 (222)	<input type="checkbox"/>
b. cigarette smoking?	<input type="checkbox"/> 488 (224)	<input type="checkbox"/> 489 (225)	<input type="checkbox"/> 490 (226)	<input type="checkbox"/>
c. diet?	<input type="checkbox"/> 492 (228)	<input type="checkbox"/> 493 (229)	<input type="checkbox"/> 494 (230)	<input type="checkbox"/>
d. weight?	<input type="checkbox"/> 496 (232)	<input type="checkbox"/> 497 (233)	<input type="checkbox"/> 498 (234)	<input type="checkbox"/>

Physician _____ (235) 499, 500

Therapist _____ (236) 501, 502

Health Counselor _____ (237) 503, 504

(319) version 1 dated 01/15/13

HP06

Version 2

16. IS THIS A FOUR-MONTH VISIT?

No Yes Complete HPO6A instead of Items 17-19, below.

17. Blood Pressure Measurements:

a. Pulse: Beats in 30 seconds x 2 = 238 beats/minute.

I will be taking three blood pressure readings, two of them while you are seated and one of them after you stand up.

b. Blood pressure readings:

Table with columns for Systolic and Diastolic (5th phase) readings. Rows include R-Z Reading 1, Zero, Corrected, R-Z Reading 2, Zero, Corrected.

Participant's Goal: or below. Is the Average Diastolic BP at or below Goal? No Yes

d. Is Reading 3 (corrected systolic) lower than Reading 2 (corrected systolic) by 20 or more? No Yes

Is the participant dizzy or faint after standing? No Yes

e. Remarks

Findings are suggestive of postural hypotension.

SUM of Corrected Readings

Average of Corrected Readings (SUM divided by 2)

Table with columns for Systolic and Diastolic readings. Rows include R-Z Reading 3 (2 minutes after standing), Zero, Corrected.

18. Weight: 58.5, 58.6, 58.7

19. Observer:

IDENTIFYING INFORMATION (complete at beginning of visit)

1. Program Number: 2. Name: (PRINT IN BLOCK CAPITALS) 3. Changes required in identifying information: None HP11A attached

ACROSTIC 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

4. Date: (Mr, Miss, Mrs.) Month Day Year 5. Time arrived: Hour Minute

6. Type of visit: SU-2 SU-4 MA-4 MB-8 Step-Down Individualized Schedule

7. Date of next Four-Month Visit:

8. Year-Day No. this visit Year-Day No. last visit Days since last visit

COMPLETE THE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

9. Review of completed HPO6 done. 10. Appointment slip given: Next Clinic Revisit schedule is: 11. Antihypertensive medication received (or none prescribed).

12. Date of next visit: Month Day Year Hour Minute

14. Time this visit completed: Hour Minute

15. This section completed by:

20. MEDICATION RECORD

Did the participant bring his medications to the Clinic at this visit? 20

64 Yes, all Yes, some None Not applicable V₂ Only

PRESCRIPTIONS AND USAGE	Medication									
	1. Chlorthalidone	2. Spironolactone	3. Reserpine	4. Regroton	5. Methyllopa	6. Hydralazine	7. Guanethidine	8.	9.	10.
a. No. pills given last visit (from last HPO6, Item 34k)	22	28	34	40	46	52	58	65	72	79
b. No. pills given in interval since last visit (if any)	23	29	35	41	47	53	59	66	73	80
c. No. pills returned this visit	24	30	36	42	48	54	60	67	74	81
d. Pills taken (= a + b - c)	25	31	37	43	49	55	61	68	75	82
LAST VISIT PRESCRIPTION										
e. No. pills per day (from last HPO6 Item 34j)	26	32	38	44	50	56	62	69	76	83
f. No. days since last visit (from page 1 this form, Item 8)										
g. Total pills to be taken (= e x f) (Round off to whole number)	27	33	39	45	51	57	63	70	77	84
h. Adherence Index (= d/g x 100) (Round off to whole number)										

These Rows V₂ Only

↑ This col. V₂ only

21. How have you been feeling since your last visit?

- No medical problems
 - Minor medical problems
 - Major medical problems
- Comment: _____

22. Now I would like to review with you the medicines you are taking. Would you please list for me each medicine you are now taking and how often you take it?

Medication:	Times/day
86	
253	
254	

FOR PARTICIPANTS FOR WHOM NO MEDICATIONS WERE PRESCRIBED AT LAST VISIT → SKIP TO 26

23. Are you having any problems taking the medicines we gave you at your last visit?

- No 87
 - Yes
- Explain: _____

24. INTERVIEWER: DID PARTICIPANT BRING ALL MEDICINES TO THE CLINIC (SEE ITEM 20)?

- No 88
- Yes → SKIP TO 25

ASK: Thinking only of the medicines we gave you at your last visit, have you run out of any of them?

- No 89
- Yes → Which ones? _____

25. Check box in upper left hand corner of block if on medication in question. Comments on significant positive responses should be recorded in section on review of participant's status, below (Item 31).

I would like to ask several questions about your general health since your last visit.

Since your last visit, have you been troubled with

	Yes,		No	DK		Yes, Yes, new or		No	DK
	unchanged	increasing				unchanged	increasing		
<input type="checkbox"/> Ask if on any BP medicine,									
• tiredness or fatigue?	(90) 258	(2)	(3)	(4)					
• skin rash or bruising?	(91) 259								
• faintness or lightheadedness when you stand up quickly?	(92) 260								
<input type="checkbox"/> If on chlorthalidone* or any thiazide, ask,									
• increasing weakness?	(93) 261								
• a recent blurring of your vision?	(94) 262								
• excessive thirst? ^{v2 on14}	(95) 263								
• severe pain in any joint?	(96) 264								
<input type="checkbox"/> If on spironolactone, ask,									
• (males only) swelling or tenderness of your breasts?	(97) 265								
<input type="checkbox"/> If on reserpine*, ask,									
• recurrent stomach pains?	(98) 266								
• black or tarry stools?	(99) 267								
• blood in the stools?	(100) 268								
• nightmares? ^{v2 only}	(101) 269								
• waking up too early and having difficulty getting back to sleep?	(102) 270								
• feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep?	(103) 271								
• stuffy nose? ^{v2 only}	(104) 272								
<input type="checkbox"/> If on methyldopa, ask,									
• excessive dry mouth?	(105) 273								
• excessive drowsiness? ^{v2 on14}	(106) 274								
• nausea or vomiting?	(107) 275								
• waking up too early and having difficulty getting back to sleep?	(108) 276								
• feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep?	(109) 277								
<input type="checkbox"/> If on hydralazine, ask,									
• heart beating fast or skipping beats?	(110) 278								
• episodes of chest pain or heaviness in the chest? ^{v2 on14}	(111) 279								
• severe headaches that were so bad that you had to stop what you were doing?	(112) 280								
<input type="checkbox"/> If on guanethidine, ask,									
• faintness or dizziness when arising in the morning, or on hot days, or after exercise? ^{v2 on14}	(113) 281								
• blacking out or losing consciousness?	(114) 282								
• persistent diarrhea? ^{v2 only}	(115) 283								

*alone or as a constituent of Regroton

26. **FOR MALES** → SKIP TO 27

INTERVIEWER: IS PARTICIPANT POSTMENOPAUSAL?

No Yes (116) 284

→ SKIP TO 27

ASK: Have you had a menstrual period within the past six weeks?

Yes (117) 285 No → What is the reason?

(118) 286 Hysterectomy
 Known pregnancy } → SKIP TO 27

Possible pregnancy. Order pregnancy test at this visit.

Other, specify: _____

Are you currently taking birth control pills? (119) 287 No Yes → Discuss at this visit, if appropriate.

27. Since your last visit, were you unable to perform your usual activities because of sickness or disability?

No Yes

→ How many days? (120) 288 (121) 290

28. Have you seen any doctors because of illness since your last visit?

(122) Yes No → SKIP TO 29
 291 ↓
 Describe:

Doctor	Date seen	Illness	Treatment	Result

29. Have you had to stay overnight in a hospital since your last visit?

(123) No Yes
 292
 How many different times were you admitted to the hospital?
 (Complete Notification of Non-Fatal Event (HPO8) for each different visit.)
 293, 294 (124)

30. Were medications discontinued or reduced since last visit or at this visit because of side effects?

(125) Yes No → SKIP TO 31
 295 ↓

Medication	By:	Discontinued		Reduced		Reason
		HDFP	Other	HDFP	Other	
1. (126) 296, 297 <input type="checkbox"/> 01 00		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(127) 298
2. (128) 299, 300		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(129) 301
3. (130) 302, 303		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(131) 304 } V ₂ only
4. (132) 305, 306		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(133) 307
5. (134) 308, 309		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(135) 310
Was other therapy required for possible side effects?		<input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Specify: (136) 311

31. Review of Participant's Status (including expansion of answers to preceding questions, and other pertinent history or physical findings):

32. On the basis of all information available at this time, does participant have:

- a. A new indication for any Special Test? No (137) 312 Yes → Special Tests form (HP10) initiated.
- b. A new condition requiring notification of non-fatal event (myocardial infarction, stroke, or hospitalization)? No (138) 313 Yes → Notification of Non-Fatal Event (HPO8) initiated.
- c. A new condition suggesting a critical toxic reaction? 314 (139) No Yes → Toxic Reaction Report (HPO9) initiated.
- d. A change in drug contraindications, or in precautions which justify an Exception to the Basic Plan of Therapy or otherwise require initiation of HP13? No (140) 315 Yes → Review of Drugs and Exceptions to the Basic Plan of Therapy (HP13) initiated.

33. Is participant at or below goal blood pressure?

No (141) Yes → SKIP TO 34

Is participant being advanced in dosage or to next Treatment Step?

No (317) Yes (142) → SKIP TO 34

Why was choice made to not increase medication this visit, despite failure to achieve goal?

- 318 (43) Present medications may not yet have reached peak effect, in accordance with drug protocol.
 319 (144) Participant not taking present medications regularly or missed doses recently, as documented by
 320 (45) Adherence index of less than 80%. (Complete HP13.)
 321 (146) Failed to bring back pills. (Complete HP13.)
 322 (147) Reports missed doses recently. (Complete HP13.)
 323 (48) Side effects from present medications at present dose. (Complete HP13.)
 324 (149) Other, specify (Complete HP13.): _____

34. Prescription This Visit:

	1. Chlorthalidone	2. Spironolactone	3. Reserpine	4. Regroton	5. Methyldopa	6. Hydralazine	7. Guanethidine	8. (190) 421 422	9. (197) 438 439	10. (204) 455 456
a. No. pills returned this visit (20 c. above)										
b. Stop										
c. Continue same dose										
d. Increase dose	(150) 325	(157) 341	(162) 353	(168) 368	(173) 380	(178) 392	(184) 407	(191) 423	(198) 440	(202) 457
e. Reduce dose										
f. Start (HP13 required)										
g. Pill size (mg/pill)	(151) 2.5	(163) 0			(179) 250	(185) 408	(192) 424	(199) 441	(206) 459	
h. No. pills/dose	(152) 329	(158) 342	(164) 357	(169) 369	(174) 381	(180) 396	(186) 410	(193) 427	(200) 444	(207) 461
i. No. doses/day	(153) 332	(159) 345	(165) 360	(170) 372	(175) 384	(181) 399	(187) 413	(194) 430	(201) 447	(208) 464
j. No. pills/day = (h x i)	(154) 334	(160) 347	(166) 362	(171) 374	(176) 386	(182) 401	(188) 415	(195) 432	(202) 449	(209) 466
k. No. pills given at this visit (including a. above)	(155) 337	(161) 350	(167) 365	(172) 377	(177) 389	(183) 404	(189) 418	(196) 435	(203) 452	(210) 469

(211) Participant is on potassium: Dose (212) 473, 474 KCl 10% (214) Other preparation, specify: _____
 472 v₂ only 475 (213) (v₂ only) (v₂ only)

Other medicines than those listed above: (215) 477, 478 (v₂ only)

35. Remarks on further management plans, diagnostic evaluation or other matters:

- (320) 656
 (321) 657
 (322) 658
 (323) 659
 (324) 660

Alpha Medication codes (A = Z and 0)

36. The next Clinic Revisit schedule is:

- Step-Up Schedule (2 weeks) Diastolic ≥ 105 mm Hg
- Step-Up Schedule (4 weeks) Diastolic ≤ 104 mm Hg $\leftarrow V_2$ only
- Maintenance Schedule A (4 weeks)
- Maintenance Schedule B (8 weeks)
- Step-Down Schedule (specify interval: weeks) (217)
- Individualized Schedule (specify interval: days) (218)
- Maintenance Schedule C (16 weeks)

37. Since the last visit, or at this visit, has participant received consultation concerning:

	YES			NO
	By M.D.	By Ther.	By H.C.	
drug adherence?	<input checked="" type="checkbox"/> 219 <input type="checkbox"/> 483	<input checked="" type="checkbox"/> 220 <input type="checkbox"/> 484	<input checked="" type="checkbox"/> 221 <input type="checkbox"/> 485	<input checked="" type="checkbox"/> 222 <input type="checkbox"/> 486
cigarette smoking?	<input checked="" type="checkbox"/> 223 <input type="checkbox"/> 487	<input checked="" type="checkbox"/> 224 <input type="checkbox"/> 488	<input checked="" type="checkbox"/> 225 <input type="checkbox"/> 489	<input checked="" type="checkbox"/> 226 <input type="checkbox"/> 490
diet?	<input checked="" type="checkbox"/> 227 <input type="checkbox"/> 491	<input checked="" type="checkbox"/> 228 <input type="checkbox"/> 492	<input checked="" type="checkbox"/> 229 <input type="checkbox"/> 493	<input checked="" type="checkbox"/> 230 <input type="checkbox"/> 494
weight?	<input checked="" type="checkbox"/> 231 <input type="checkbox"/> 495	<input checked="" type="checkbox"/> 232 <input type="checkbox"/> 496	<input checked="" type="checkbox"/> 233 <input type="checkbox"/> 497	<input checked="" type="checkbox"/> 234 <input type="checkbox"/> 498

38. Physician _____ (235)

Therapist _____ (2?)

Health Counselor _____ (237)

(319) Version
 dated 1/15/73
 dated 11/12/73

- (325) 661 FILLER
- (326) 662 FILLER
- (327) 663 FILLER
- (328) 664 FILLER
- (329) 665 FILLER

~~(330) 666 670 CENTER DATE~~

FOUR MONTH VISIT - SUPPLEMENT

4. Blood Pressure Measurements:

a. Pulse: Beats in 30 seconds _____ x 2 = ⁽²³⁸⁾ 50, 50, 50, 7 beats/minute.

will be taking six blood pressure readings, four of them while you are seated and two of them just after you stand up.

b. Blood pressure readings:

1.(Std)

2.(R-Z)

Zero

Corrected

3.(Std)

4.(R-Z)

Zero

Corrected

⁽²³⁹⁾ **Systolic**

50, 50, 50, 10

⁽²⁴¹⁾ 514, 515, 516

⁽²⁴³⁾ 520, 521

⁽²⁴⁵⁾ 524, 525, 526

⁽²⁴⁷⁾ 530, 531, 532

⁽²⁴⁹⁾ 536, 537, 538

⁽²⁵¹⁾ 542, 543

⁽²⁵³⁾ 546, 547, 548

⁽²⁴⁰⁾ **Diastolic (5th phase)**

51, 52, 53

⁽²⁴²⁾ 517, 518, 519

⁽²⁴⁴⁾ 522, 523

⁽²⁴⁶⁾ 527, 528, 529

⁽²⁵⁰⁾ 539, 540, 541

⁽²⁵²⁾ 544, 545

⁽²⁵⁴⁾ 549, 550, 551

SUM of Corrected Readings 2 & 4

⁽²⁵⁵⁾ 552, 553, 554

⁽²⁵⁶⁾ 555, 556, 557

Average of R-Z Readings=SUM
of Corrected Readings
2 & 4 Divided by 2

5.(Std) after standing
2 minutes

⁽²⁵⁷⁾ 558, 559, 560

⁽²⁵⁸⁾ 561, 562, 563

6.(R-Z) after standing
2 minutes

⁽²⁵⁹⁾ 564, 565, 566

⁽²⁶⁰⁾ 567, 568, 569

Zero

⁽²⁶¹⁾ 570, 571

⁽²⁶²⁾ 572, 573

Corrected

⁽²⁶³⁾ 574, 575, 576

⁽²⁶⁴⁾ 577, 578, 579

c. Is Average RZ Diastolic at or below Goal BP?

⁽²⁶⁵⁾ No

Yes

V₂ only

(Goal: ⁽²⁶⁶⁾ 581, 582 or below)

d. Is Reading 6 (corrected systolic) lower than Reading 4 (corrected systolic), by 20 or more?

e. Remarks

⁽²⁶⁷⁾ No

Yes

Yes

→ Is the participant dizzy or faint after standing?

593

⁽²⁶⁸⁾ No

Yes

Yes

→ Suggestive of postural hypotension.

584

5. Weight

⁽²⁶⁹⁾ **Pounds**
585, 586, 587

⁽²⁷⁰⁾ 588, 589, 590

Observer: _____

⁽²⁷¹⁾ 591, 592

Percent of ideal weight: (From standard table)

6. Do you smoke cigarettes at present?

⁽²⁷²⁾ No

Yes

Yes

→ How many cigarettes do you usually smoke per day?

593

⁽²⁷³⁾ 594, 595

7. Review of symptoms (check if present). Expand positives in review of participant's status section of attached HPO6.

596 ⁽²⁷⁴⁾ Dyspnea

600 ⁽²⁷⁸⁾ Chest pain or heaviness

604 ⁽²⁸²⁾ Change in sexual ability, describe: increase

597 ⁽²⁷⁵⁾ Orthopnea

601 ⁽²⁷⁹⁾ Intermittent claudication

604 ⁽²⁸³⁾ decrease

598 ⁽²⁷⁶⁾ Paroxysmal nocturnal dyspnea

602 ⁽²⁸⁰⁾ Weakness or paralysis

599 ⁽²⁷⁷⁾ Ankle edema

603 ⁽²⁸¹⁾ Numbness or paresthesia

605 ⁽²⁸⁴⁾ Other, describe: _____

8. ⁽²⁸⁵⁾ Blood sample drawn for 4 month tests (HP12 initiated) (except for MC-16 participants)

607

IDENTIFYING INFORMATION (complete at beginning of visit)

1. Program Number:

2. Name: (PRINT IN BLOCK CAPITALS)

3. Date / / 19

(Mr., Miss, Mrs.)

Last

First

Middle

HP06

Version 3

CLINIC REVISIT

20 HOME VISIT

FORM 54 = 1 2

FILL OUT ONLY IF LABEL UNAVAILABLE

1. PROGRAM NUMBER:

3 4 5 6 7 8 9 10 11

COORDINATING CENTER

12 13 14 15 16 17

8. YEAR-DAY NO. THIS VISIT

9 39 40 41

LAST VISIT

10 42 43 44

18-25 BATCH NO. 2

2. NAME

LAST FIRST MIDDLE

1

3. DATE

MONTH DAY YEAR 26 27 28 29 19 30 31

4. TIME ARRIVED:

HOUR MINUTE 32 33 34 35 1 AM 2 PM

5. MONTH VISIT 49 50

6. NEXT 4-MONTH VISIT DATE

7. GOAL BP:

58 58 266

9. CHANGES REQUIRED IN IDENTIFYING INFORMATION

17 NONE 37 HP11A INITIATED

10. TYPE OF THIS VISIT

8 SU-2 38 SU-4 5 MA-4 6 MB-8 7 MC-16 STEPDOWN 7 INDIVIDUALIZED SCHEDULE 8 UNSCHEDULED

11. BLOOD PRESSURE MEASUREMENT

A. PULSE: BEATS IN 30 SECONDS:

x 2

238 51 52 53

BEATS/MINUTE

PULSE OBLITERATION PRESSURE

Col. 611 283 1 complete 0 missing + 30

PEAK INFLATION LEVEL (STANDARD)

MAXIMUM ZERO:

PEAK INFLATION LEVEL (R-Z)

CUFF SIZE: 237

REGULAR LG. ARM THIGH PEDIATRIC

1 510 2 3 4

B. BLOOD PRESSURE READINGS STANDARD 4 MONTH ONLY

RANDOM ZERO: ALL VISITS

SYSTOLIC

DIASTOLIC

(2) R-Z

520 521 522 241

523 524 525 242

ZERO

526 527 243

528 529 244

CORRECTED

530 531 532 245

533 534 535 246

(4) R-Z

542 543 544 249

545 546 547 250

ZERO

548 549 251

550 551 252

CORRECTED

552 553 554 253

555 556 557 254

SUM OF CORRECTED (2+4)

558 559 560 255

561 562 563 256

AVERAGE (SUM/2)

C. IS PARTICIPANT AT GOAL

YES NO 265

1 586 2

(AFTER STANDING) 2 MINUTES

(6) R-Z

570 571 572 259

573 574 575 260

ZERO

576 577 261

578 579 262

CORRECTED

580 581 582 263

583 584 585 264

D. IS READING (6) CORRECTED SYSTOLIC LOWER THAN READING (4) (CORRECTED SYSTOLIC) BY 20 OR MORE?

NO YES 267

2 589 1

IS PARTICIPANT DIZZY OR FAINT AFTER STANDING

NO YES 590 268

2 1 SUGGESTIVE OF POSTURAL HYPOTENSION

12. WEIGHT

269 59 592 593

Lbs. % OF IDEAL WEIGHT

594 595 596 270

14. BLOOD SAMPLE NOT DRAWN:

1 MC-16 AT GOAL 2 REFUSED 3 COULD NOT OBTAIN

4 OTHER

13. DO YOU SMOKE CIGARETTES AT PRESENT? NO 2 YES 1

600 601

CIGARETTES/DAY

OBSERVER:

271 597 598

PROGRAM NO.

NAME

DATE:

1 1

START INTERVIEW HERE

COMMENTS

15. How have you been feeling since your last visit?

NO PROBLEMS PROBLEMS (85) 254

16. Have you seen or talked with any doctors or nurses for health related reasons since your last visit?

NO (Skip to question 18) YES (122) 293

17. Have you had to stay overnight in a hospital since your last visit?

294 (123) How many times were you admitted to the hospital? (124) 295 296
 NO YES
 (NOTE: Fill out HPO8 for each admittance)

(18) Have you had a period in the past 6 weeks? (117) 287
 + NA (Postmenopausal, etc) YES NO

NOTE!
 If pregnancy possible **DO PREGNANCY TEST**
 If not, explain

19. Now I would like to review with you the medicines you are taking, including medicines not prescribed by us. Would you please list for me each medicine you are now taking and how often you take it?

(Be sure to ask about birth control pills if appropriate)

MEDICINE OR DESCRIPTION	AMOUNT	TIMES/DAY
256 P ¹ / ₀ (86)		

IF NOT ON HDFFP MEDICINES, SKIP TO 22

20. Are you having any problems taking the medicine we gave you at the last visit?

NO YES (87) 257

(Comment on any compliance problems or situations preventing the participant from following the prescribed drug regime)

21. (If failed to bring medicines to clinic) Thinking only of the medicines we gave you at the last visit, have you run out of any of them?

NO YES (89) 259

IF YES, EXPLAIN WHICH ONES 

COMMENTS

If possible adverse reactions lead to drug discontinuation, change in drug contraindications or precautions, or an exception to the basic plan of therapy, complete an HP22.

22. CHECK BOX IF ON MEDICINE IN QUESTION

I would like to ask several questions about your general health since your last visit.

Since your last visit have you been troubled by:

Ask if on any blood pressure medicine 2 1

- Tiredness or fatigue (90) NO 260 YES
- Skin rash or bruising (91) NO 261 YES
- Faintness or lightheadedness when you stand up quickly (92) NO 262 YES

If on Chlorthalidone or any Thiazide ask (Alone or in combination, e.g., Regroton)

- Increasing weakness (93) NO 263 YES
- A recent blurring of your vision (94) NO 264 YES
- Excessive thirst (95) NO 265 YES
- Severe pain in any joint (96) NO 266 YES
- Muscle cramps (219) NO 489 YES
- Heart beating fast or skipping beats (220) NO 490 YES

If on Spironolactone, ask (97) 267

- Swelling or tenderness of your breasts NO YES

If on Reserpine ask (Alone or in combination e.g., Regroton)

- Recurrent stomach pains (98) NO 268 YES
- Black or tarry stools (99) NO 269 YES
- Blood in the stools (100) NO 270 YES
- Nightmares (101) NO 271 YES
- Waking up too early and having difficulty getting back to sleep (102) NO 272 YES
- Feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep (103) NO 273 YES
- Stuffy nose (104) NO 274 YES

If on Methyldopa, ask

- Excessive dry mouth (105) NO 275 YES
- Excessive drowsiness (106) NO 276 YES
- Nausea or vomiting (107) NO 277 YES
- Waking up too early and having difficulty getting back to sleep (108) NO 278 YES
- Feeling so depressed (sad or blue) that it interfered with your work, recreation or sleep (109) NO 279 YES

If on Hydralazine, ask

- Heart beating fast or skipping beats (110) NO 280 YES
- Episodes of chest pain or heaviness in chest (111) NO 281 YES
- Severe headaches, that were so bad you had to stop what you were doing (112) NO 282 YES

If on Guanethidine, ask

- Faintness or dizziness when arising, on hot days or after exercise (113) NO 283 YES
- Blacking out or losing consciousness (114) NO 284 YES
- Persistent diarrhea (115) NO 285 YES

Horizontal lines for handwritten comments.

23. Review of symptoms. Expand positives.

Has participant experienced:

- a. Dyspnea ²⁷⁴ NO YES ⁶⁰²
- b. Orthopnea ²⁷⁵ NO YES ⁶⁰³
- c. Paroxysmal nocturnal dyspnea ²⁷⁶ NO YES ⁶⁰⁴
- d. Ankle edema ²⁷⁷ NO YES ⁶⁰⁵
- e. Chest pain or heaviness ²⁷⁸ NO YES ⁶⁰⁶
- f. Intermittent claudication ²⁷⁹ NO YES ⁶⁰⁷
- g. Weakness or paralysis ²⁸⁰ NO YES ⁶⁰⁸
- h. Numbness or paresthesia ²⁸¹ NO YES ⁶⁰⁹
- i. Change in sexual ability ²⁸² NO YES ⁶¹⁰
- j. Other ²⁸⁴ NO YES ⁶¹²

24. Since last visit or at this visit:

- a. Has there been a new event of any of the following:
 - (1) New Gout ⁴⁹² NO YES ²²¹ SUSPECT ⁴⁹¹
 - (2) New diabetes ²²² NO YES SUSPECT
 - (3) Hemolytic anemia NO YES ²²³ SUSPECT ⁴⁹³
 - (4) Asthma ⁴⁹⁴ ²²⁴ NO YES SUSPECT
- b. Was any drug discontinued because of a suspected side effect Or for any other reason?
 - ²²⁵ NO YES ⁴⁹⁵
 - ²²⁶ NO YES ⁴⁹⁶
- c. Have there been other side effects which have caused reductions of medicines?
 - YES ²²⁷ NO ⁴⁹⁷

} COMPLETE HP22

SIDE EFFECT	CC CODE	SUSPECTED MEDICATION	CC CODE
1.	²⁸⁶ 614 615		⁷⁸ 234 235
2.	²⁸⁷ 616 617		²⁰⁴ 460
3.	²⁸⁸ 618 619		²¹⁵ 493 494

- d. Is there a change in drug contraindications or precautions, or an exception to the basic plan of therapy?
 - ¹⁴⁰ ³¹⁷ NO YES

} COMPLETE HP22

25. On the basis of all available information at this visit:

- a. Is there an indication for a special test?
 - ⁴⁹⁸ ²²⁸ Sustained BP \geq 115 at Step 2 or beyond with attacks of headache, sweating and palpitations ³¹⁴ ¹³⁷ NO YES
 - ⁴⁹⁹ ²²⁹ 2 K⁺'s < 3.5 off diuretics for > 1 week
 - ⁵⁰⁰ ²³⁰ Sustained BP \geq 115 at Step 2 or beyond and retinal hemorrhages or papilledema
 - ⁵⁰¹ ²³¹ Decreasing hematocrit and/or hemolysis on methyl dopa
 - ⁵⁰² ²³² Jaundice, SGOT > 70, or hepatomegaly
 - ⁵⁰³ ²³³ LE symptoms or signs on hydralazine
- b. Is there a new now-fatal event?
 - ⁶²⁷ ²⁹² Hospitalization
 - ⁶²⁹ ²⁹³ MI
 - ²⁹⁴ Stroke ²³¹
 - ²⁹⁵ Other events involving end-organ damage ⁶³⁴

} COMPLETE HP 10

} COMPLETE HP08

26. PRESCRIPTION LAST VISIT	79	116	125	129	133	197	308	OTHER	OTHER	88
<input type="checkbox"/> NOT ON ANTI-HYPERTENSIVE (SKIP THIS ITEM)	CHLOR.	SPIRO.	RSERP.	RGROT.	METHYL.	HYDRA.	GUANE.	NAME	NAME	POT. SUP.
NON-HDFP Prescription	238	286	297	305	309	638	649	653	658	482
a. PILLS GIVEN Last visit	238	286	297	305	309	638	649	653	658	482
ONE GIVEN	241	288	299	305	311	639	650	654	654	482
b. PILLS GIVEN Since last visit	23	29	35	41	47	53	59	66	73	
c. PILLS RETURNED	72	90	102	126	144	162	182	201	223	
Not all remaining pills returned	81	119	127	131	135	299	310	314	318	
d. PILLS TAKEN (a + b - c)	75	93	111	129	142	165	183	204	223	
e. PILLS/DAY	79	97	115	133	151	169	187	209	229	
Pill size	26	32	38	44	50	56	62	69	76	
f. DAYS SINCE LAST VISIT										
g. PILLS TO BE TAKEN (exf)	8	9	11	13	15	17	18	20	23	
h. ADHERENCE INDEX (d/g x 100)										
Missed doses recently	82	120	128	132	136	307	311	315	234	

Adherence index suspected invalid

Poor compliance suspected

COORDINATING CENTER CODE 327

27. PRESCRIPTION THIS VISIT	152	158	164	169	174	180	186	OTHER	OTHER	211
<input type="checkbox"/> NOT ON ANTI-HYPERTENSIVE (SKIP TO #28)	CHLOR.	SPIRO.	RSERP.	RGROT.	METHYL.	HYDRA.	GUANE.	NAME	NAME	POT. SUP.
a. STOP (Complete HP22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTINUE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
INCREASE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REDUCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
START (Complete HP22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PILL SIZE (MG/Pill)	15	25	35	X	35	35	70	35	70	431
c. PILLS/DOSE			63							213
d. DOSES/DAY	154	160	166	171	176	182	188	195	202	2
e. PILLS/DAY	37	30	25	37	39	76	79	79	35	2
f. PILLS GIVEN This Visit	15	16	16	17	17	18	18	19	19	2
NONE GIVEN	335	348	363	375	387	402	417	433	453	465
NON-HDFP PRESCRIPTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	194	208	207

COORDINATING CENTER CODE 328

28. List all medicines, other than antihypertensives, that the participant is currently taking and will continue to take between this visit and the next.

	MEDICINE	CC CODE	HDFP	OTHER SOURCE	COMMENTS
(1)		320	<input checked="" type="checkbox"/>	641	
(2)		321	<input type="checkbox"/>	301	642
(3)		322	<input type="checkbox"/>	302	643
(4)		323	<input type="checkbox"/>	303	644
(5)		324	<input type="checkbox"/>	304	645
(6)		325	<input type="checkbox"/>	305	646
(7)		326	<input type="checkbox"/>	306	647

29. Is participant at or below goal blood pressure?
 318 (141) NO YES → SKIP TO 30

Is participant being advanced in dosage or to next treatment step?

319 (142) NO YES → SKIP TO 30

COMMENTS

- WHY NOT?
- First visit in last 4 visits 1-9mm above goal 316 (139)
 - Present medications have not reached effect per protocol 320 (143)
 - Poor compliance; adherence index < 80 322 (145)
 - Poor compliance; failure to return pills 323 (146)
 - Poor compliance; reports missing doses recently 324 (147)
 - Participant is at maximum Step 3, and goal is < 90 321 (144)
 - Participant is pregnant 325 (148)
 - Participant is seriously ill 342 (156)
 - Other 326 (149)

$\frac{1}{0}$ (209) 473

OUTLINE PLAN FOR IMPROVING COMPLIANCE

COMPLETE HP22

COMPLETE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES

30. Next clinic revisit schedule is: (216) 485
 SU-2 SU-4 MA-4 MB-8 MC-16
 STEPDOWN SPECIFY INTERVAL (WEEKS)

(218)
 INDIVIDUALIZED SCHEDULE SPECIFY INTERVAL (DAYS)

HOME VISIT (217)

31. Date of next visit:

MONTH DAY YEAR HOUR MINUTE AM PM YEAR-DAY NO.
 45 46 11 47 48 19 49 50 51 52 : 53 54 55 AM PM 149 150 151 (204)

32. Time this visit completed:

HOUR MINUTE AM PM
 56 57 : 58 59 60 AM PM (12) (13) (14) (15) (16) (17)

This section completed by

(18) 61 62

ADDITIONAL REMARKS ON PARTICIPANT'S STATUS OR PRESCRIPTION

(329) Propranolol Effect 693

4 MON. VISIT?

(19) 63 yes no

(319) Version No. 661 #3

(Participants currently taking propranolol Since your last visit have you:
 had any wheezing or difficulty breathing?
 had any shortness of breath on exertion?
 had any shortness of breath on lying flat?
 wakened at night short of breath?
 noted any ankle swelling?
 had any increased difficulty getting to sleep?
 had any problem with diarrhea?

None

Physician

505 506

Therapist

(236) 507 508

Review of completed HP06 each item complete & legible name & program number correct

Editor

(290) 622 623

Clinic Code

625 (291)