HP31: Exit Interview Form

Purpose

The Exit Interview was the last standard interview that the HDFP trial participants had at the HDFP clinic. These interviews began after the Program results had been released in November, 1979.

The transition phase of the HDFP lasted approximately six to nine months after the final year of follow-up had been completed, during which the transfer of Stepped Care participants to non-HDFP sources of blood pressure care took place. To serve as an aid to the transfer process and as a means of documenting this valuable experience, two standard forms were designed to be administered to all Stepped Care participants: The *Transfer Information Questionnaire*, HP29, and the *Exit Interview Form*, HP31. (Refer to **Chapter 16** and **Sections 16.5** and **16.8** of the *Manual of Operations* for details).

FORM NO. 311			
BATCH NO 18.19. 20. 21. 23. 24. 25			
$\begin{array}{c} (2) \\ \hline \\ Program Number: \\ 3_{1}4 \\ 5_{1}6_{1}7_{1}8_{1}9 \\ \hline \\ 10_{1}11 \\ \hline \\ 12_{1}13 \\ \hline \end{array}$			
2. Name: (PRINT IN BLOCK CAPITALS)	rdinating	Cente	r
(Mr., Mrs., Miss, Ms.) Last First		Midd	
3. Date of Exit Interview: $3 \begin{array}{c} Month \\ \hline ab_{1}a7 \end{array} \begin{array}{c} Day \\ \hline ab_{1}a7 \end{array} \begin{array}{c} Year \\ \hline year \end{array}$			-
4. Date all items completed: $ \begin{array}{ccccccccccccccccccccccccccccccccccc$			
INTERVIEWER : The following is a checklist of topics that, for those applicable, show participant during the Exit Interview.	ıld be di	scussed	l with th
5. Results of HDFP National Program discussed	Yes	No □	NA □
Review of individual participant's status and recommendations, including:			
a. level of blood pressure control	🗆		
b. current medications	🗆		
c. adverse reactions in past	🗆		
d. comorbid conditions	🗆		
7. Source of care to whom the participant has been referred:			
a. Name of new source of care (i.e. , physician, clinic): <u>(NAME OF SOURCE CARE</u>)	P1		
	38		
Address: /			
No. Street Name or RR No. City or To	own		
Telephone number:	/		
State Zip Code Area Code b. D. No source of care to be identified			
SKIP to 9 Or	:		
2 No Source Identifie	d		

8. Information about appointment with the source of care reported in item 7:



d.
□ First appointment not kept.

INTERVIEWER: If the participant failed to keep the first appointment, make all reasonable attempts to ensure that a second appointment is scheduled.

e.	e. Date of second appointment:	
f.	f. No appointment being made SKIP to 9	
g.	g. Date confirmation was made that second appointment was actually kept: $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	
h.	h. 🗆 Second appointment not kept.	
a.	a. Do you have any plans for moving in the forseeable future?	
b.	Yes DK No □ □ □ ↓ ↓ b. Do you know where you'd be moving to?	
($ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
	House Number Street Name or RR Number	Apt. No.
	City or Town St	L L L L L L L L L L L L L L L L L L L

9.

Zip Code

10. Could we have the name, address, and telephone number of three people, not in your household, who will know where you are if we should need to contact you?

First	Middle		Last
above person is a married fe	male, list first name of husband		
	/		
House Number	Street Name or RR Number	F1	Apt. No.
	City or Town	State	Zip Code
lephone Number:			
Area Coc	le 		
	/	/	
First	Middle		Last
House Number	Street Name or RR Number	State	Apt. No.
elephone Number:	City or Town	_	
	/	-	
elephone Number:	/		
elephone Number:Area Cod	 le /		
elephone Number:Area Cod	/		
elephone Number: Area Cod First above person is a married fe	// / male, list first name of husband		/
lephone Number: Area Cod First above person is a married fe House Number	// / male, list first name of husband		
elephone Number: Area Cod First above person is a married fe House Number	le 		/Apt. No

INTERVIEWER:						
а.	An HP03A should be completed to give permission to send the participants' Clinical Summary and other information to the new source of care when the study ends.					
	НР03А	completed and signed by participant:				
	Yes	Νο				
	p	Participant refused to sign				
		No new source of care will be identified				
		Other, specify				
b.	∙ A refer	I letter and Clinical Summary are scheduled to be sent to the new source of care on:				
		Month Day Year				
	OR:					
	A refer	I letter and Clinical Summary have already been sent on:				
		Month Day Year				
10 00						

12. COMMENTS:

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INTERVIEWER: This form is to be held at the clinic until the first visit with the non-HDFP source of care has been confirmed or until the participant has either refused referral or has failed to keep both the first and second appointments with the non-HDFP source of care.

13. Interviewer's signature: _____

