FORM APPROVED
OMB No. 68-R1325
Expires 12/31/79

FIVE YEAR FOLLOW-UP HOME VISIT

FORM NUMBER 1,2

COMPLETE ITEMS 1, 2, 10a, 10b, 12a, 15, 16b, 16c, 66a – FOR WOMEN 35a AT CENTER PRIOR TO HOUSEHOLD VISIT.

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

12,13,14,15,16,17 **Coordinating Center**

ACROSTIC

2. **Name: (PRINT IN BLOCK CAPITALS)** (2)

BATCH NUMBER 1181191201211222324251

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

3. **Current address:**

House No. Street Name or RR No. Apt. No.

City or Town State Zip Code

4. **Telephone No.** ( ) / Area Code

INTERVIEWER: Has identifying information (Items 1-4) changed since last contact? (7)

37 NO [2] YES [1] → COMPLETE HP11A

5. **Date of Interview:** Month 26,27 | Day 28,29 | 19 Year 30,31 (3)

Time Interview Begun: (4) Hour 32,33 : (5) Minute 34,35 a.m. [1] p.m. [2] (6)

36

6. **Location of interview:** (8) In Home [1] At Place of Employment [2] Other, specify: [3]

38 FLAG 46 (13)

HAS AN HP25 BEEN COMPLETED FOR ANOTHER MEMBER OF THIS HOUSEHOLD? (14)

YES [1] → Skip to Item 12 NO [2] → Ask Items 10 & 11

47

7. **Was Clinic Appointment made?** (15)

[1] Yes, Date: (16) Month 49,50 | Day 51,52 | 19 Year 53,54 (17) Hour 55,56 : (18) Minute 57,58 a.m. [1] p.m. [2] (19)

59

[2] Appointment to be made at clinic

[3] Refused, own doctor and own medical care

[4] Refused, house-bound

[5] Refused, no reason

48

[6] Refused, other, specify:

FLAG 60 (20)

TELL RESPONDENT NOT TO EAT 3 HOURS BEFORE HE OR SHE COMES IN.

8. **Time Interview Completed:** Hour (9) 39,40 : Minute (10) 41,42 (11) a.m. [1] p.m. [2]

43

Stroke Questionnaire completed? (21) YES [1] NO [2] → Reason:

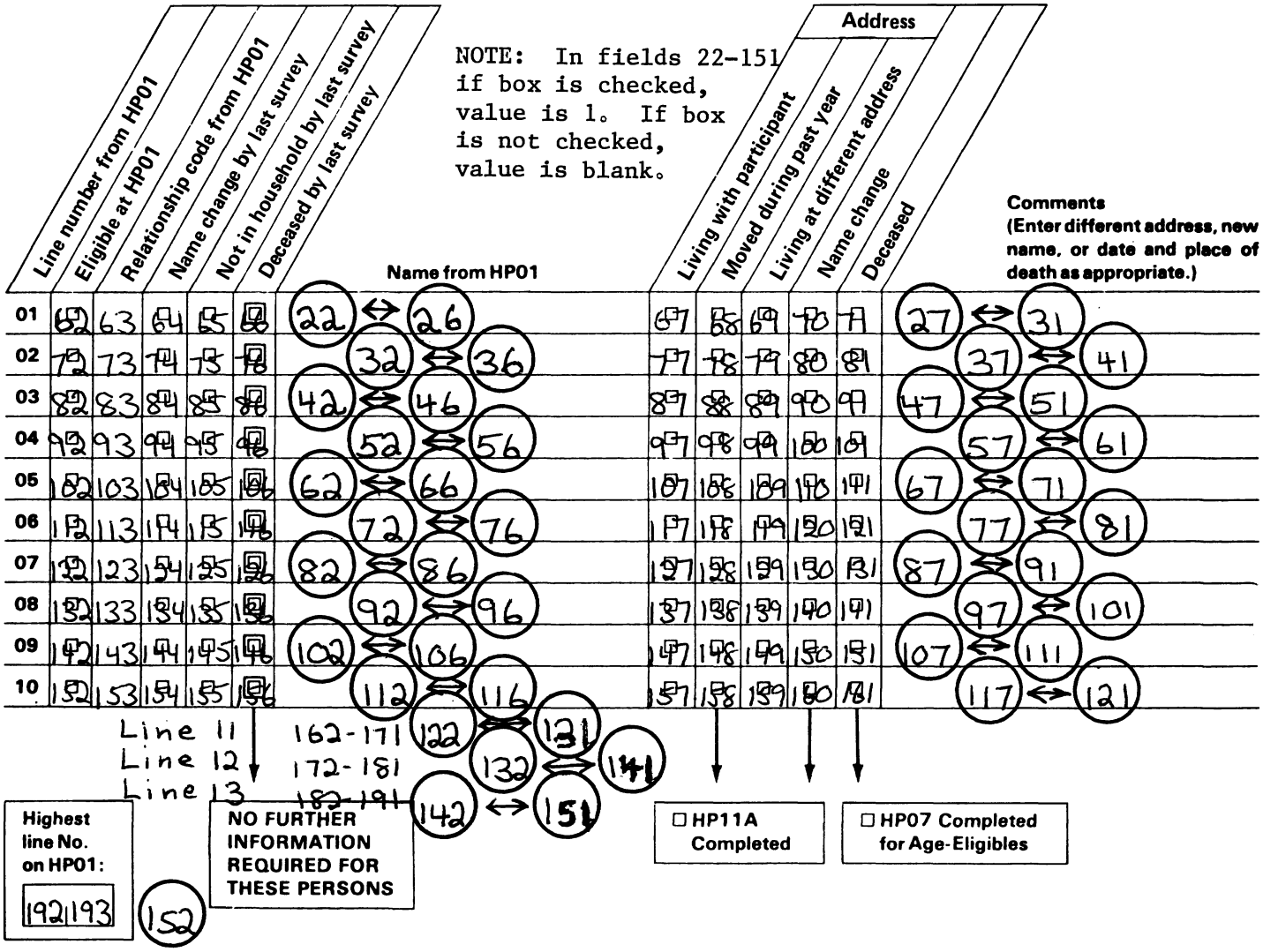
61

9. **Interviewer:** (12) 44,45

10. a. AT THE TIME OF OUR LAST SURVEY, ABOUT ONE YEAR AGO, the following people were listed as living in your household. As I read their names, please tell me whether they now live in this household.

INTERVIEWER: Read the names of everyone EXCEPT those listed as "Not in household by last survey" or "Deceased by last survey." Last interview form: HP_____ DATE: _____

NOTE: In fields 22-151 if box is checked, value is 1. If box is not checked, value is blank.



~~INTERVIEWER: Had any HP01 household members moved out by the time of the last survey?~~

NO ☐ Skip to Part b

YES ☐ → ASK: ~~At the time of our last survey, the following~~ people were no longer living in your household. ~~As I read their names, please tell me where~~ they are now living.

~~Read only the names of those listed as "Not in household by last survey."~~

(153) 194

10. b. ☑ No new household members since HP01. Skip to 10c.

AT THE TIME OF OUR LAST SURVEY, the following members of your household were also listed. As I read their names would you please tell me whether they now live in this household?

INTERVIEWER: The following people had joined this household since the HP01. Read all the names except those listed as "Not in household by last survey."

Relationship to head	Sex	Date of birth	Not in household by last survey	Name	Living with participant	Living at different address	Name change	Deceased	Comments
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	
			☐		☐	☐	☐	☐	

INTERVIEWER: Had any persons who joined the household since the HP01 moved out by the time of the last survey?

NO ☐ → Skip to part c

YES ☐ → ASK: At the time of our last survey, the following people were no longer living in your household. As I read their names, please tell me where they are now living.

Read only the names of those listed as "Not in household by last survey."

10. c. IN THE PAST YEAR, has anyone joined this household, for example, someone moving in or a new baby?

(154) 195

NO ☑ YES ☐ →

Enter names of new household members above, enter relationship to current head, sex, and birthdate, and check box in the "Living with participant" column.

11. Do you have a different head of the household now than AT THE TIME OF OUR LAST SURVEY?

NO ☐2 YES ☐1 ↓

155 196 Name of new head: _____

12. a. AT THE TIME OF OUR LAST SURVEY, you were _____ (marital status from last survey)

156 b. Has this changed?

NO ☐2 YES ☐1 ↓

157

197 c. What is your marital status now? ☐1 Married 198 ☐3 Separated ☐2 Widowed ☐4 Divorced

158

13. a. Have you attended school IN THE PAST FOUR YEARS?

199 NO ☐2 YES ☐1 ↓

b. What is the highest grade that you've completed?

159 200

☐1 Less than 7 years
☐2 7-9 years
☐3 10-11 years
☐4 High school graduate
☐5 Some college, but no degree
☐6 College graduate
☐7 Degree beyond college graduation
☐8 DK

14. a. What is your current work status?

160

201

- [1] Working full or part-time
- [2] Not working but looking for work and worked during the past two years
- [3] Retired or disabled
- [4] Not retired or disabled but not working for more than two years (skip to 15)
- [5] Housewife or full-time student

b. Is your work status or job now different from what it was THREE YEARS AGO?

202

NO [2] YES [1]

161

1) Participant is currently:

- [1] retired
- [2] unemployed
- [3] disabled
- [4] in a different occupation
- [5] other, specify: _____

203

162

FLAG 204

163

2) Was this change made for reasons of health?

205

NO [2] YES [1]

164

Specify: _____

FLAG 206

165

OBSOLETE

207 208 209

166

Coordinating Center

c. What kind of work do (did) you do? _____

What kind of company or business do (did) you work for? _____

What is (was) your job or position called? _____

15. **INTERVIEWER: Is participant the head of household?**

(167) 210

YES [1] ↓ Skip to 17

NO [2] ↓

Has the head of your household attended school IN THE PAST FOUR YEARS?

NO [2]

YES [1] ↓

(168) 211

What is the highest grade that _____ has completed?

212

(169)

[1] Less than 7 years
[2] 7-9 years
[3] 10-11 years
[4] High School graduate
[5] Some college, but no degree
[6] College graduate
[7] Degree beyond college graduation
[8] DK

16. a. What is the current work status of the head of your household?

(170) 213

[1] Employed full- or part-time (→SKIP TO 16c.)
[2] Not working but looking for work, and worked during the past two years (→ASK 16b AND 16c.)
[3] Retired or disabled (→ASK 16b AND 16c.)
[4] Not retired or disabled but unemployed for more than two years (→SKIP TO 17.)
[5] Housewife or full-time student (→SKIP TO 17.)

b. Is _____ 's unemployment (retirement) due to medical reasons?

(171) 214

YES [1] NO [2]

(172)

215

Coordinating Center

OBSOLETE

c. What kind of work does (did) _____ do? _____

_____

What kind of company or business does (did) _____ work for? _____

_____

What is (was) _____ 's job or position called? _____

_____

(173) **Now I'd like to ask you some questions about your blood pressure:**

17. Do you believe you now have high blood pressure?

YES	NO
216 [1]	[2]

Do you believe that the high blood pressure our clinic staff told you about is completely cured, under control, or that you never had it?

(174) 217 Cured	Under control	Never had it	DK
[1]	[2]	[3]	[4]

18. About how many months has it been since you LAST had your blood pressure taken at the doctor's office or clinic?

218 Less than one month	1-6 months	7-12 months	More than 12 months
(175) [1]	[2]	[3]	[9]

19. At the time your blood pressure was last taken at the doctor's office or clinic:

a. Were you told that your blood pressure reading was:

(176) 219 High	Low	Normal	Down	Not Told	DK
[1]	[2]	[3]	[4]	[5]	[6]

Skip to 20

b. Were you told the readings?

(177) 220 YES	NO	DK
[1]	[2]	[3]

Now I would like to know some of your ideas about blood pressure and health:

20. If a person has high blood pressure, how likely do you think it would be that any serious health problems would result from it? (INTERVIEWER: Read the choices and check the one chosen.) Would you say:

(178) 221 definitely?	probably?	not likely?	DK
[1]	[2]	[3]	[4]

21. Do you think that a person with high blood pressure should see a doctor regularly?

(179) 222 YES	NO	DK
[1]	[2]	[3]

22. What kinds of long-range benefits, if any, do you think people with high blood pressure should expect from receiving medical treatment for the high blood pressure? Do you think they should expect to have:

		Yes	No	DK
(180) (181)	a. better vision?	223 [1]	[2]	[3]
	b. longer life?	224 [1]	[2]	[3]
(182) (183)	c. less chance of getting cancer?	225 [1]	[2]	[3]
	d. less chance of having a heart attack?	226 [1]	[2]	[3]

Now I would like to ask you about your health in general:

184

23. Compared with other people your own age, would you say your health is:

227

excellent?	good?	fair?	poor?
1	2	3	4

24. Would you say you worry about your health:

185

228

frequently?	occasionally?	never?
1	2	3

25. Do you have any health problems other than high blood pressure AT THE PRESENT TIME?

186

229

NO	DK	YES
2	3	1

Health Problem (187)	Duration
(1)	
(2) FLAG230	
(3)	

The following questions ask about your medical history DURING THE PAST 12 MONTHS. They are routine questions that we ask everyone, and they may or may not apply to you.

POSITIVE RESPONSES TO ANY QUESTIONS IN ITEM 26-28 MUST BE TRANSFERRED TO ITEM 20 OF THE HP26 FOR THIS PARTICIPANT.

26. DURING THE PAST 12 MONTHS, THAT IS, SINCE (TODAY'S DATE) IN 197__, have you been told by a doctor, nurse, therapist, or medical assistant that you had any of the following?

a. heart attack or coronary (myocardial infarction, coronary thrombosis, or coronary occlusion)?

188

231

NO	DK	YES	Suspect
2	3	1	4

1. When were you told this? ---------- Month 232 233 Day 234 235 (189) 19 Year 236 237

2. What was the doctor's or clinic's name? FLAG 238 (190)

   Address? _____

3. Were you hospitalized overnight or longer for this? 239 (191)

YES	NO
1	2

~~☐ HP05B signed by participant (if not, specify reason: _____)~~

REQUIRED:

~~☐ HP08 initiated with completion of items 1-3 and 8 of that form~~

192

b. stroke or brain hemorrhage?

NO	DK	YES	Suspect
240 2	3	1	9

193

Month | Day | Year

1. When were you told this? ---------- 241,242 | 243,244 | 19 245,246

194

2. What was the doctor's or clinic's name? FLAG 247

Address? _____

3. Were you hospitalized overnight or longer for this? 195 — YES 248 1 | NO 2

☐ ~~HP05B signed by participant (if not, specify reason: _____)~~

REQUIRED:

☐ ~~HP08 initiated with completion of items 1-3 and 8 of that form~~

		YES	NO	DK
4.	Did you have weakness or paralysis? 196	249 1	2	3
5.	Difficulty with speech? 197	250 1	2	3
6.	Difficulty with vision? 200 198	251 1	2	3
7.	Other difficulties? 199 If yes, specify: FLAG 253	252 1	2	3
8.	Did any of these problems last longer than 24 hours?	254 1	2	3

201

c. Diabetes (sugar in your urine or high blood sugar)?

202

NO	DK	YES	Suspect
255 2	3	1	9

203

Month | Day | Year

1. When were you told this? ---------- 256,257 | 258,259 | 19 260,261

204

2. What was the doctor's or clinic's name? FLAG 262

Address _____

3. Were you hospitalized overnight or longer for this? 205 — NO 263 2 | YES 1

☐ ~~HP05B signed by participant (if not, specify reason: _____)~~

REQUIRED:

☐ ~~HP08 initiated with completion of items 1-3 and 8 of that form~~

27. DURING THE PAST 12 MONTHS, have you been told by a doctor, nurse, therapist, or medical assistant that you had any of the following:

a. cancer?

206 264 NO [2] DK [3] YES [1] Suspect [4]

1. When were you told this? ---------- 207 Month 265266 Day 267268 19 Year 269270
2. What part of the body was affected? Specify: 208 271272
   What was the doctor or clinic's name? FLAG 273 209
   Address _____
3. Were you hospitalized overnight or longer for this? YES [1] NO [2] 274 210

☐ HP05B signed by participant (if not, specify reason: _____)

REQUIRED:
☐ HP08 initiated with completion of items 1-3 and 8 of that form

b. gout?

211 275 NO [2] DK [3] YES [1] Suspect [4]

1. When were you told this? ---------- 212 Month 276277 Day 278279 19 Year 280281
2. What was the doctor or clinic's name? FLAG 282 213
   Address _____
3. Were you hospitalized overnight or longer for this? 214 NO [2] 283 YES [1]

~~☐ HP05B signed by participant (if not, specify reason: _____)~~

~~REQUIRED:~~
~~☐ HP08 initiated with completion of items 1-3 and 8 of that form~~

c. intestinal bleeding or ulcers?

215 284 NO [2] DK [3] YES [1] Suspect [4]

1. When were you told this? ---------- 216 Month 285286 Day 287288 19 Year 289290
2. What was the doctor's or clinic's name? FLAG 291 217
   Address _____
3. Were you hospitalized overnight or longer for this? 218 292 NO [2] YES [1]

~~☐ HP05B signed by participant (if not, specify reason: _____)~~

~~REQUIRED:~~
~~☐ HP08 initiated with completion of items 1-3 and 8 of that form~~

28. DURING THE PAST 12 MONTHS, have you been told by a doctor, nurse, therapist, or medical assistant that you had the following:

219

a. kidney stones or other kidney disease?

293 NO [2] DK [3] YES [1] Suspect [4]

220

1. When were you told this? ---------- Month 294 295 Day 296 297 19 Year 298 299

2. What was the doctor or clinic's name? 221 _____

Address _____ FLAG 300

3. Were you hospitalized overnight or longer for this? 222 301 NO [2] YES [1]

☐ HP05B signed by participant (if not, specify reason: _____)

REQUIRED:

☐ HP08 initiated with completion of items 1-3 and 8 of that form

4. a. Have you ever been on renal dialysis? (artificial kidney treatment?)

223 NO [2] DK [3] YES [1]
302

b. Are you currently on renal dialysis? (artificial kidney treatment?)

224 YES [1] NO [2] DK [3]
303

c. Have you ever had a kidney transplant?

225 YES [1] NO [2] DK [3]
304

b. cirrhosis or liver disease?

226 NO [2] DK [3] YES [1] Suspect [4]
305

227

1. When were you told this? ---------- Month 306 307 Day 308 309 19 Year 310 311

2. What was the doctor's or clinic's name? 228 _____

Address _____ FLAG 312

3. Were you hospitalized overnight or longer for this? 313 NO [2] YES [1] 229

☐ HP05B signed by participant (if not, specify reason: _____)

REQUIRED:

☐ HP08 initiated with completion of items 1-3 and 8 of that form

29. WITHIN THE PAST 12 MONTHS, have you had any of the following:

		YES	NO	DK
a.	skin rash or unusual bruising?	230 [1] 314	[2]	[3]
b.	swelling or tenderness of your breasts? (for men, "around the nipples?")	231 [1] 315	[2]	[3]
c.	recurrent stomach pains?	232 [1] 316	[2]	[3]
d.	waking up too early and having difficulty getting back to sleep?	233 [1] 317	[2]	[3]
e.	black or tarry stools?	234 [1] 318	[2]	[3]
f.	bright red blood in your stools?	235 [1] 319	[2]	[3]
g.	frequent depression (felt sad or blue) so that it interfered with your work, recreation, or sleep?	236 [1] 320	[2]	[3]
h.	tiredness or fatigue?	237 [1] 321	[2]	[3]
i.	nightmares?	238 [1] 322	[2]	[3]

TRANSFER POSITIVE RESPONSES TO ITEM 21 OF THE HP26 FOR THIS PARTICIPANT

30. WITHIN THE PAST 12 MONTHS, have you had any of the following:

		YES	NO	DK
a.	an illness or injury which kept you in bed for a week or more, or sent you to the hospital?	239 240 [1] 323	[2]	[3]
b.	attacks of headache, racing of your heart, and sweating all at once?	241 [1] 324	[2]	[3]
c.	headaches so bad that you had to stop what you were doing?	242 [1] 325	[2]	[3]
d.	faintness or light-headedness when you stand up quickly?	243 [1] 326	[2]	[3]
e.	your heart beating fast or skipping beats?	244 [1] 327	[2]	[3]
f.	blacking out or losing consciousness?	[1] 328	[2]	[3]
g.	a change in your physical appearance that worried you — for example, changes in your skin or development of a lump?	245 [1] 329	[2]	[3]
h.	worries about physical symptoms which a doctor could not explain?	246 [1] 330	[2]	[3]

TRANSFER POSITIVE RESPONSES TO ITEM 22 OF THE HP26 FOR THIS PARTICIPANT

31. DURING THE PAST 12 MONTHS, THAT IS, SINCE (today's date) , 197 , about how many days were you away from work or unable to carry out your usual daily activities because of illness, disability, or injury?

247 331 332 333 days

32. DURING THE PAST 4 WEEKS, how often have you taken any of the following aspirin-containing drugs: aspirin, Alka-Seltzer, Anacin, APC, Aspergum, Bufferin, Darvon Compound, Dristan, Empirin Compound, Excedrin, B.C. Powder? (Aspirin-containing compounds widely used locally may be added to this list.)

248 334

- [1] daily
- [2] 4-6 days per week
- [3] 1-3 days per week
- [4] less than one day per week

→ How many tablets per day did you take? 249 335 336

- [5] not at all

Now I would like to take your pulse and blood pressure:

33. Pulse: number of beats in 30 seconds (250) 337 338 x 2 = (251) 339 340 341 beats/minute

34. Blood Pressure Readings:

(252) 342

Cuff size:
- 1 regular
- 2 large arm
- 3 thigh
- 4 pediatric

Pulse obliteration pressure: _____
+30
Peak Inflation level: _____
(Baumanometer)
Maximum Zero + _____
Peak inflation level: _____
(Random-Zero)

(253) FLAG 343

		Systolic (254)	(256)	Diastolic (5th phase) (255)	(257)
(1)	(Std)	344 345 346		347 348 349	
(2)	(R-Z)	350 351 352		353 354 355	
	Zero	356 357	(258)	(259)	358 359
	Corrected	360 361 362	(260)	(261)	363 364 365
(3)	(Std)	366 367 368	(262)	369 370 371 (263)	(265)
(4)	(R-Z)	372 373 374	(264)		375 376 377
	Zero	378 379	(266)	(267)	380 381
	Corrected	382 383 384	(268)	(269)	385 386 387
	SUM of Corrected Readings 2 & 4	388 389 390	(270)	(271)	391 392 393
	Average of R-Z Readings = SUM of Corrected Readings 2 & 4 Divided by 2				

If average R-Z diastolic is ≥105, and participant is not active Stepped Care → ☐ HP03A completed

Remarks: (272) FLAG 394

35. a. Was the participant postmenopausal (either naturally or surgically) at the Two Year Follow-Up (from HP19, Item 22a).

YES ☐1 → SKIP TO 36 NO ☒2 (273) 395

INTERVIEWER: Answer the following questions by reference to clinic charts, if possible; if the information is not available in the clinic record, ask the questions of the participant herself:

396 1. (Has the participant/Have you) undergone a hysterectomy IN THE PAST THREE YEARS?

(274) NO ☒2 YES ☐1 → Skip to Part b

2. (Has the participant/Have you) ever had a tubal ligation?

(275) NO ☒2 YES ☐1 →

Ask Parts b - e 397

Was this within the past three years?

YES ☐1 398 NO ☒2 (276) → Skip to 36

b. WITHIN THE PAST THREE YEARS, have you been pregnant?

(277) YES ☐1 NO ☒2 → SKIP TO 35c

399

What was the outcome of this pregnancy?

(278) 400 Now Pregnant ☐1 Live Birth ☒2 Miscarriage or Stillbirth ☐3 Other ☐4

(279) 401 ☐1 Single ☒2 Multiple

c. Are you currently taking birth control pills? (280) YES ☐1 NO ☒2 DK ☐3 (282) 402

d. Are you taking any other hormones? ☒2 NO ☐3 DK ☐1 YES FLAG 404

403 (281)

→ What type? _____

→ How long have you been taking them? 405 406 years (283)

e. Have you had a Pap smear within the past 18 months? ☐1 YES ☒2 NO 407 (284)

We are interested in some things you may do as a part of day to day living.

36. About how many cups and/or glasses of the following do you drink ON MOST DAYS?

a. decaffeinated coffee? (285) 408 409 cups/glasses

b. coffee? (286) 410 411 cups/glasses

c. tea? (287) 412 413 cups/glasses

d. cola? (288) 414 415 cups/glasses

37. a. Thinking about the things you do at work (or housework), how would you rate yourself as to the amount of physical activity you get compared with other men/women of your age? Would you say you are:

	much more active?	somewhat more active?	about the same?	somewhat less active?	much less active?	not applicable
(289) 416	☐1	☐2	☐3	☐4	☐5	☐6

b. Now, thinking about the things you do outside of work (or housework), how would you rate yourself as to the amount of physical activity you get compared with other men/women of your age? Would you say you are:

	much more active?	somewhat more active?	about the same?	somewhat less active?	much less active?
(290) 417	☐1	☐2	☐3	☐4	☐5

418 leisure time)?

291 NO [2] YES [1]

419 292 [1] more activity [2] less activity

39. a. IN THE LAST 12 MONTHS, have you CHANGED your eating habits?

420 293 NO [2] DK [3] YES [1] → Specify: FLAG 421 294

b. IN THE LAST 12 MONTHS, has a doctor, nurse, therapist, or medical assistant advised you to make any CHANGES in your diet?

295 NO [2] YES [1]

422 Were you asked to:

	296 YES	NO	DK
lose weight?	[1] 423	[2]	[3]
reduce salt? (297)	[1] 424	[2]	[3]
reduce fat or cholesterol? (298)	[1] 425	[2]	[3]
other (299)	[1] 426	[2]	[3]

300

Specify: FLAG 427

40. WITHIN THE PAST 12 MONTHS, has there been a CHANGE in your sleeping habits?

301 NO [2] YES [1]

429 302 [1] more sleep [2] less sleep [3] other, specify: 303 FLAG 430

41. a. WITHIN THE PAST 12 MONTHS, has there been a CHANGE in your cigarette smoking habits?

NO [2] 304 431

Do you smoke cigarettes at present?

305 No 432 [2] Yes [1]

Skip to 42

How many cigarettes do you smoke per day? 307

434435 cigarettes

YES [1]

Did you:

306 433

Stop? [1]	Cut down? [2]	Start? [3]	Smoke more? [4]

How many cigarettes do you smoke per day? 307

434435 cigarettes

b. DURING THE PAST 12 MONTHS, has a doctor, nurse, therapist, or medical assistant advised you to stop smoking, smoke less, or switch from cigarettes to pipe or cigars?

308 436 YES [1] NO [2] DK [3]

42. **INTERVIEWER: Has participant been employed at any time WITHIN THE PAST 12 MONTHS (from Item 14a)? (If in doubt, ask the participant.)**

309 NO ☐2 YES ☐1

437 **WITHIN THE PAST 12 MONTHS, have you experienced any difficulties related to your job or work, such as:**

			NO	DK	YES
a.	troubles at work?	438 (310)	☐2	☐3	☐1
b.	being fired or laid off work?	439 (311)	☐2	☐3	☐1
c.	quitting your job?	440 (312)	☐2	☐3	☐1

Problems getting a new job?

313 441 YES ☐1 NO ☐2 DK ☐3

The following are routine questions we ask of everyone, and they may or may not apply to you directly.

43. **WITHIN THE PAST 12 MONTHS, have you had any of the following:**

			YES	NO	DK	NA
a.	worries about financial security?	442 (314)	☐1	☐2	☐3	
b.	concern over the health or behavior of a family member (major illnesses, accidents, drug addiction, disciplinary problems, etc.)?	443 (315) (316)	☐1	☐2	☐3	
c.	unusual difficulties with your spouse?	444	☐1	☐2	☐3	☐4
d.	lost contact with, or separated on bad terms from your children?	445 (317)	☐1	☐2	☐3	☐4
e.	made a personal decision which alienated you from your friends?	446 (318)	☐1	☐2	☐3	
f.	a "breaking off" of a close friendship?	447 (319)	☐1	☐2	☐3	
g.	feelings of intense loneliness?	448 (320)	☐1	☐2	☐3	
h.	feelings of being uninvolved, distant from others, or very shy?	449 (321) (322)	☐1	☐2	☐3	
i.	more thoughts about dying than usual?	450 (323)	☐1	☐2	☐3	
j.	unpleasant thoughts or images which keep coming back?	451	☐1	☐2	☐3	
k.	made a major decision regarding your immediate future (retirement, school, marriage, divorce, working, etc.)?	452 (324) (325)	☐1	☐2	☐3	
l.	death of spouse, relative, or close friend?	453	☐1	☐2	☐3	

44. **How much of the time IN THE PAST 12 MONTHS have you been worried about something? Would you say?**

326 454 most of the time? ☐1 | some of the time? ☐2 | almost none of the time? ☐3 | never? ☐4

45. **IN THE PAST 12 MONTHS, how much of the time have you been bothered by suffering or pain? Would you say?**

327 455 most of the time? ☐1 | some of the time? ☐2 | almost none of the time? ☐3 | never? ☐4

46. DURING THE PAST 12 MONTHS, how have you spent your time in the following activities compared with the year before:

	More	About the same	Less
a. social activities? 456	328 / 329 ☐ 1	☐ 2	☐ 3
b. church attendance? 457	☐ 1	☐ 2	☐ 3
c. hobbies and sports? 458	330 ☐ 1	☐ 2	☐ 3

Now I want to talk to you about the kind of medical care you may have received IN THE PAST.

47. In general, how satisfied have you been with the care you have received when seeking medical help? (INTERVIEWER: Read choices and check the one chosen.)

459 331

- ☐ 1 Very satisfied
- ☐ 2 Somewhat satisfied
- ☐ 3 Somewhat dissatisfied
- ☐ 4 Very dissatisfied
- ☐ 5 Not applicable (no medical care)

48. Now I will describe several conditions, and for each one asked please tell me how likely you would be to seek medical help if you had the condition. (INTERVIEWER: Read the choices and check the one chosen.)

	Definitely	Probably	Not Likely
a. Mild headache for a week	332 ☐ 1 460	☐ 2	☐ 3
b. Pains in the chest several times a day for more than one day	333 ☐ 1 461	☐ 2	☐ 3
c. Blood in your stools for several days	334 ☐ 1 462	☐ 2	☐ 3
d. Shortness of breath when walking short distances	☐ 1 463	☐ 2	☐ 3
e. Feeling tired all the time for no apparent reason	335 / 336 ☐ 1 464	☐ 2	☐ 3

49. Do you have any kind of health insurance that pays all or part of your medical bills?

337 ☐ No 465 ☐ 2 ☐ DK ☐ 3 ☐ Yes ☐ 1 ↓

a. Does the insurance cover all or part of your doctor's bills when you are in the hospital?

466 ☐ Yes 338 ☐ 1 ☐ No ☐ 2 ☐ DK ☐ 3

b. Does it cover all or part of your other hospital bills when you are in the hospital?

467 ☐ Yes 339 ☐ 1 ☐ No ☐ 2 ☐ DK ☐ 3

c. Does it cover all or part of your bills when you see the doctor in the office, home, or clinic?

468 ☐ Yes 340 ☐ 1 ☐ No ☐ 2 ☐ DK ☐ 3

d. Does it pay for all or part of your medicines?

469 ☐ Yes 341 ☐ 1 ☐ No ☐ 2 ☐ DK ☐ 3

e. What kind of insurance do you have? FLAG 470 342 _____

50. DURING THE PAST 12 MONTHS, about how many visits have you made to the dentist?

343 ☐☐ 471,472 visits

51. DURING THE PAST 12 MONTHS, about how many times have you seen or talked to a medical doctor, nurse, therapist, or medical assistant for any of your own health reasons, including high blood pressure?

344 [473|474|475] times

In the next few questions, I will ask about things that may have happened IN THE PAST FOUR WEEKS.

52. Altogether, IN THE PAST FOUR WEEKS, how many times have you seen a doctor, nurse, therapist, or medical assistant for any health reason? Please include visits for regular check-ups, immunizations, and the like, as well as for any illnesses you may have had, but do not include hospitalizations.

345 [476|477] times

53. IN THE PAST FOUR WEEKS, how many times have you talked over the telephone with a doctor, nurse, therapist, or medical assistant for any health reason?

346 [478|479] times

Now I would like to ask you about hospitalizations DURING THE PAST 12 MONTHS.

54. DURING THE PAST 12 MONTHS, have you stayed overnight or longer in the hospital as a patient?

480

347 NO ☐2 → Skip to 60 YES ☐1 → How many times have you been hospitalized DURING THE PAST 12 MONTHS?

348 [481|482] times

Check Items 26-28 to be sure that any hospitalizations mentioned there are included here. Discuss, starting with the MOST RECENT hospitalization (No. 1) and work back through time. Record only the two most recent events.

Let's begin with the most recent hospitalization.

		HOSPITALIZATION NO. 1 (most recent)	HOSPITALIZATION NO. 2 354
55.	What is the name and address of the hospital?	Name FLAG 483 349 Address	Name FLAG 495 Address
56.	On what date did you enter the hospital?	350 Month [484|485] Day [486|487] 19 Year [488|489]	355 Month [496|497] Day [498|499] 19 Year [500|501]
57.	How many nights were you in the hospital?	351 [490|491|492] nights	356 [502|503|504] nights
58.	What was the primary reason for this hospitalization?	FLAG 493 352	FLAG 505 357
59.	What doctor/clinic decided you should go to the hospital?	Name: FLAG 494 353 ☐2 None (Emergency visit and admission)	Name: FLAG 506 358 ☐2 None (Emergency visit and admission)

☐ HP05B signed by participant (if not, specify reason: _____)

REQUIRED:

☐ HP08 initiated with completion of items 1-3 and 8 of that form

Now I would like to ask about any medical care you have received DURING THE PAST 12 MONTHS FOR YOUR BLOOD PRESSURE.

60. a. DURING THE PAST 12 MONTHS, about how many times have you seen a doctor, nurse, therapist, or medical assistant ABOUT YOUR BLOOD PRESSURE?

359 507 More than once [1] → 509 510 times | Once only [2] → Skip to 60b | Never [3] → Was there a reason you did not see a medical person about your blood pressure? (Record verbatim) FLAG 508 360 Skip to 60b

361

Did the same person (doctor, nurse, therapist, or medical assistant) treat you on each visit?

511 362 YES [1] NO [2] DK [3]

b. Do you now have an appointment to see a medical person in the future about your blood pressure?

512 363 NO [2] YES [1] 364 → When? Month 513 514 Day 515 516 19 Year 517 518

61. a. IN THE LAST 12 MONTHS, have you taken medicine prescribed by a medical person FOR YOUR BLOOD PRESSURE?

365 519 YES [1] NO [2] → Skip to 63

b. At any time DURING THE LAST 12 MONTHS, have you had any reactions (side effects) to any medicine you were taking for your blood pressure?

366 520 NO [4] DK [3] YES [1] Suspect [4]

NOTE: Blood pressure medications in fields 367,371, 375,379,384,391,398 and 405 and side effects in fields 368,372,376 and 380 are from Drug Code List.

	c. Medication	DK	Reaction (side effect)	Date	Stopped Taking Medication? YES, Doctor's Orders	YES, Own Decision	NO
1.	367 521 1522 1523	524 368	525 526	369 527	370	374	
2.	371 528 1529 1530	532 372	533	373 534			
3.	375 535 1536 1537	538 376	539 540	377 541	378		
4.	379 542 1543 1544	545 380	546 547	381 548		382	

Record medicine(s) and side effect(s) in Item 19 of the HP26 for the participant.

d. Are you still taking medicines FOR YOUR BLOOD PRESSURE?

383 549 YES [1] NO [2]

e. What blood pressure medicines did you take? Why did you stop taking the medicine?

	Medicine	Ran out; never refilled	Reactions (side effects); made feel bad	Cost too much	Doctor's orders	Other; Specify
1.	384 550 1551	385 552	386 553	387 554	388 555	389 556 390
2.	391 558 1559	392 560	393 561	394 562	395 563	396 564 397
3.	398 566 1567	399 568	400 569	401 570	402 571	403 572 404
4.	405 574 1575	406 576	407 577	408 578	409 579	410 580 411

FLAG 557 FLAG 565 FLAG 573 FLAG 581

Record medicine(s) and side effect(s) in Item 19 of the HP26 for the participant.

f. For how many weeks during the past year did you take any blood pressure medicine?

412 582 583 weeks

g. How long has it been since you last took any blood pressure medication?

413 584 585 586 days

For participants no longer taking blood pressure medication → Skip to 63

62. a. Do you have all your current blood pressure medicine bottles around that I might see?

414 587 YES [1] NO [2]

NOTE: Blood pressure medications in fields 420-423 are from Drug Code List.

INTERVIEWER: List all prescription blood pressure medications currently being taken on 62b

Check appropriate reason(s) for not seeing medicine:

415 [ ] Out of medicine 588
416 [ ] Participant could not find medicine 589
417 [ ] Participant refused to show medicine 590
418 [ ] Medicine not recorded for other reason; indicate: 591 FLAG 592

419

Can you tell me what blood pressure medicines you're now taking?

b. **Record ALL prescription blood pressure medicines below.**

	420 1	421 2	422 3	423 4
Name of Medication	593 | 594	595 | 596	597 | 598	599 | 600
Name of Pharmacy	424	425	426	427
Pharmacy Telephone No.				
Prescription No.	FLAG 601	FLAG 602	FLAG 603	FLAG 604
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	605 YES 428 [1] NO [2]	606 YES 429 [1] NO [2]	607 YES 430 [1] NO [2]	608 YES 431 [1] NO [2]
Were any pills taken yesterday?	609 YES 432 [1] NO [2]	610 YES 433 [1] NO [2]	611 YES 434 [1] NO [2]	612 YES 435 [1] NO [2]
Medication seen or not seen	613 Seen 436 [1] Not seen [2]	614 Seen 437 [1] Not seen [2]	615 Seen 438 [1] Not seen [2]	616 Seen 439 [1] Not seen [2]
Have you had any reactions (side effects) from this medicine?	617 YES 440 [1] NO [2]	618 YES 441 [1] NO [2]	619 YES 442 [1] NO [2]	620 YES 443 [1] NO [2]

Record medicine(s) and side effect(s) in Item 19 of the HP26 for the participant.

Be sure to have included ALL prescription blood pressure medicines, seen or not seen.

444 FLAG 621 IF ADDITIONAL MEDICATION

c. Do you have any problems remembering to take your blood pressure medicines?

445 622 YES [1] NO [2]

d. Do you have any other problems with your blood pressure medicine?

446 623 NO [2] DK [3] YES [1]

1. Describe the problems for me. (IDENTIFY drug item number from 62b)

FLAG 624 447

2. Did you discuss these problems with the doctor, nurse, therapist, or medical assistant?

448 625 YES [1] NO [2] DK [3]

e. In your opinion, has this blood pressure medicine improved your health?

449 626 YES [1] NO [2] DK [3]

Explain 450 FLAG 627

63. a. Are you taking ANY OTHER prescription medicines?

451 628 NO [2] → Skip to 64 YES [1]

NOTE: Non-blood pressure medications in fields 453-456 are from Drug Code List.

Do you have the medicine bottles around that I might see?

452 629 YES [1] NO [2] → Can you tell me what (other) prescription medicines you're now taking?

List all other prescription medicines in 63b

b. List all other prescriptions – seen and not seen – in 63b

	1 453	2 454	3 455	4 456
Name of Medication	630	631	632	633
Name of Pharmacy	457	458	459	460
Pharmacy Telephone No.	FLAG 634	FLAG 635	FLAG 636	FLAG 637
Prescription No.				
Date of Prescription				
Recommended Dosage (Ask if not on label)	461	462	463	464
Were any pills taken today? 638	YES [1] NO [2]	639 YES [1] NO [2]	640 YES [1] NO [2]	641 YES [1] NO [2]
Were any pills taken yesterday? 642	465 YES [1] NO [2]	643 466 YES [1] NO [2]	644 467 YES [1] NO [2]	645 468 YES [1] NO [2]
Medication seen or not seen 646	Seen [1] 469 Not seen [2]	647 Seen [1] 470 Not seen [2]	648 Seen [1] 471 Not seen [2]	649 Seen [1] 472 Not seen [2]
Have you had any reactions (side effects) from this medicine? 650	YES 473 [1] NO [2]	651 YES [1] 474 NO [2]	652 YES [1] 475 NO [2]	653 YES [1] 476 NO [2]

Record medicine(s) and side effect(s) in Item 19 of the HP26 for the participant.

Be sure to have included ALL prescription blood pressure medicines, seen or not seen.

477

FLAG 654 If Additional Medications

64. WITHIN THE PAST TWO WEEKS, have you taken or used any of the following medicines:

		YES Recommended by doctor	YES Own Decision	NO
a.	Cough medicine?	655	2	3
b.	Medicine for a cold?	656	2	3
c.	Skin ointment or salves?	657	2	3
d.	Sleeping pills?	658	2	3
e.	Laxatives or stomach medicines?	659	2	3
f.	Vitamins or tonics?	660	2	3
g.	Tranquilizers or sedatives?	661	2	3

65. Does your family understand the need to treat high blood pressure?

662 YES 1 NA 3 NO 2

Why not?

1 ☐ too expensive? 663

1 ☐ don't understand a disease they can't see? 664

1 ☐ associate the name, hypertension, with "nerves" or even mental problems 665

1 ☐ other, describe: 666 FLAG 667

66. a. Do you now have a personal physician?

668 NO 2 YES 1

Is it still Dr. _____? (Fill in before interview from HP24, Item 20b)

YES 1 669 NO 2

Skip to 66c

b. May I have the name, address, and telephone number of your doctor?

Dr. _____ First FLAG 670 Middle / Last

House No. / Street Name or RR No. / Apt. No.

City or Town / State / Zip Code

Telephone No: ___ / _____
Area Code

Month 671 672 Year 19 673 674

c. When did you last see him?

Skip to 67

d. Where do you usually go for medical care? (Record answer verbatim.)

FLAG 675

☐ No source of care specified → Skip to 67

e. When did you last go there for medical care? Month 676 677 Year 19 678 679

67. **Can you give me the name, address, and telephone number of someone, not in your household, who will know where you are if we should need to contact you?**

Mr., Miss, Mrs., Ms. / Last / First / Middle

For married female contact person, first name of spouse: FLAG 680 (497)

House No. / Street Name or RR No. / Apt. No.

City or Town / State / Zip Code / **Telephone No.** Area Code

INTERVIEWER: Did another person sit in on any part of the interview?

(498) 681 **NO** ☒ **YES** ☐ → **Who?**_____

CHECK FORM FOR COMPLETENESS.
MAKE CLINIC APPOINTMENT ON PAGE 1. GIVE REFERRED CARE PARTICIPANTS CHANGE-OF-ADDRESS CARDS WITH INSTRUCTIONS FOR USE. RECORD TIME INTERVIEW COMPLETED ON PAGE ONE. THANK RESPONDENT.