FOUR YEAR FOLLOW-UP

OMB No. 68 R 1325

COMPLETE ITEMS 1, 2, 6a, 6b, AND 8a AT CENTER PRIOR TO HOUSEHOLD VISIT.

FORM NUMBER 1 2

ACROSTIC

1. **Program Number:** 3 4 | 5 6 7 8 9 | 10 11 | (1) | 12 13 14 15 16 17 Coordinating Center

(2) 18 19 20 21 22 23 24 25 BATCH NUMBER

2. **Name:**

(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) No 2☐ 37 Yes 1☐ → COMPLETE HP11A

5. **Location of interview:** (8) In Home 1☐ At Place of Employment 2☐ 38 Other, specify: 3☐ ____

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

Time Interview Begun: (4) Hour 32 33 : (5) Minute 34 35 (6) 1☐ a.m. 2☐ p.m. 36

(9) HOUR (10) MIN (11) **Time Interview Completed:** 39 40 : 41 42 1☐ a.m. 2☐ p.m. 43

(12) Interviewer: ____ 44 45

2/1/77 HP24/1

Revised 6-1-84

6. a. **AT THE TIME OF OUR HOME VISIT ABOUT TWO YEARS 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 HP19" or "Deceased by HP19." Last interview form: HP_____ DATE:_____

NOTE: In fields 13-142, if a box is checked value is 1. If box is not checked, value is blank.

	Line number from HP01	Eligible at HP01	Relationship code from HP01	Name change by HP19	Not in household by HP19	Deceased by HP19	Name from HP01	Address: Living with participant	Address: Moved during past two years	Address: Living at different address	Address: Name change	Address: Deceased	Comments (Enter different address, new name, or date and place of death as appropriate.)
01	46	47	48	49	50		13 ↔ 17	51	52	53	54	55	18 ↔ 22
02	56	57	58	59	60		23 ↔ 27	61	62	63	64	65	28 ↔ 32
03	66	67	68	69	70		33 ↔ 37	71	72	73	74	75	38 ↔ 42
04	76	77	78	79	80		43 ↔ 47	81	82	83	84	85	48 ↔ 52
05	86	87	88	89	90		53 ↔ 57	91	92	93	94	95	58 ↔ 62
06	96	97	98	99	100		63 ↔ 67	101	102	103	104	105	68 ↔ 72
07	106	107	108	109	110		73 ↔ 77	111	112	113	114	115	78 ↔ 82
08	116	117	118	119	120		83 ↔ 87	121	122	123	124	125	88 ↔ 92
09	126	127	128	129	130		93 ↔ 97	131	132	133	134	135	98 ↔ 102
10	136	137	138	139	140		103 ↔ 107	141	142	143	144	145	108 ↔ 112

Line 11 146-155
Line 12 156-165
Line 13 166-175

113 ↔ 122
123 ↔ 132
133 ↔ 142

Highest line No. on HP01: 143 — 176 177

NO FURTHER INFORMATION REQUIRED FOR THESE PERSONS

☐ HP11A Completed

☐ HP07 Completed for Age-Eligibles

INTERVIEWER: Had any HP01 household members moved out by the time of the HP19?

NO ☐ ↓ Skip to Part b

YES ☐ → ASK: At the time of our last visit (to your home), 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 HP19."

(144)

178

6. b. 1 ☐ **No new household members since HP01. Skip to 6c.**

At the time of our last home visit, 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 HP19."

Relationship to head	Sex	Date of birth	Not in household by HP19	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 HP19?

No ☐ → **Skip to part c**

Yes ☐ → **ASK: At the time of our last visit (to your home), 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 HP19."

6. c. **IN THE PAST (YEAR/TWO YEARS), has anyone joined this household, for example, someone moving in or a new baby?**

(145)

NO 2 YES 1 →

179

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

7. **What is your current work status?**

180 ☐ 1 Working full or part-time
☐ 2 Not working but looking for work and worked during the past two years
☐ 3 Retired or disabled
(146) ☐ 4 Not retired or disabled but not working for more than two years
☐ 5 Housewife or full-time student

8. a. **At the time of our last visit (to your home), you were** _____
(marital status from HP19, Item 8)

b. **Has this changed?**

(147) NO ☐ 2 YES ☐ 1 → 181

c. **What is your marital status now?** ☐ 1 **Married** ☐ 3 **Separated**
(148) ☐ 2 **Widowed** ☐ 4 **Divorced**
182

I'd like to ask a few questions about your blood pressure.

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

(149)

Less than one month	1-6 months	7-12 months	More than 12 months
☐ 1	☐ 2	☐ 3	☐ 4 → Skip to 10
	183		

b. **How many times DURING THE PAST 12 MONTHS have you had your blood pressure measured?**

(Do not count times while a patient in a hospital.) 184 185 186 times
(150)

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.***

10. **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)**

(151) NO ☐ 2 DK ☐ 3 YES ☐ 1 Suspect ☐ 4
187

(152) 1. When were you told this? ..... Month 188 189 Day 190 191 19 Year 192 193

2. What was the doctor's or clinic's name? _____ (153) 1 0 FLAG 194

Address? _____

3. Were you hospitalized for this? YES ☐ 1 → 195 NO ☐ 2 (154)

~~☐ HP05B signed by participant (If not, specify reason: _____~~
~~_____)~~
~~REQUIRED:~~
~~☐ HP08 initiated with completion of Items 1-3 and 8 of that form~~

155

10. b. stroke or brain hemorrhage?

NO 2 DK 3 YES 1 Suspect 1 — 196

156 Month | Day | Year

1. When were you told this? ..... 197 198 | 199 200 | 19 201 202

2. What was the doctor's or clinic's name? _____ 157 1 0 FLAG 203

Address? _____

3. Were you hospitalized for this? YES 1 → 204 NO 2 → 158

~~☐ 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?	159 205	1	2	3
5. Difficulty with speech?	160 206	1	2	3
6. Difficulty with vision?	161 207	1	2	3
7. Other difficulties? If yes, specify: _____ 163 1 0 FLAG 209	162 208	1	2	3
8. Did any of these problems last longer than 24 hours?	164 210	1	2	3

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

NO 2 DK 3 YES 1 Suspect 1

165 211

166 Month | Day | Year

1. When were you told this? ..... 212 213 | 214 215 | 19 216 217

2. What was the doctor's or clinic's name? _____ 167 1 0 FLAG 218

Address? _____

3. Were you hospitalized for this? NO 2 YES 1 → 168 219

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

~~REQUIRED:~~

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

10. d. **cancer?**

NO DK YES Suspect

(69) 2 3 1 2 220

(170)

	Month	Day	Year
1. When were you told this?	221 222	223 224	19 225 226

NOTE: Code for field 171 from Drug Code List

2. What part of the body was affected? Specify: (171) 227, 228

What was the doctor's or clinic's name? (172) 1 0 FLAG 229

Address? _____

3. Were you hospitalized for this? YES 1 230 NO 2 (173)

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

~~REQUIRED for hospitalization:~~

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

e. **kidney stones or other kidney disease?**

(174) NO 2 DK 3 YES 1 Suspect 2 231

(175)

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

2. What was the doctor's or clinic's name? (176) 0 1 FLAG 238

Address? _____

3. Were you hospitalized for this? NO 2 (177) 239 YES 1 →

~~☐ 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 you about your weight.

(178)

11. **How much do you weigh (without heavy clothes on)?** 240 241 242 pounds

12. ***Now I would like to take your pulse and blood pressure:*** (180)

Pulse: number of beats in 30 seconds (179) [243,244] × 2 = [245|246|247] beats / minute

Blood Pressure Readings:

248

(181)

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) _____

(182) [1/0] FLAG 249

			Systolic	Diastolic (5th phase)
(1)	(Std)		(183) 250|251|252	(184) 253|254|255
(2)	(R-Z)		(185) 256|257|258	(186) 259|260|261
		Zero	(187) 262|263	(188) 264|265
		Corrected	(189) 266|267|268	(190) 269|270|271
(3)	(Std)		(191) 272|273|274	(192) 275|276|277
(4)	(R-Z)		(193) 278|279|280	(194) 281|282|283
		Zero	(195) 284|285	(196) 286|287
		Corrected	(197) 288|289|290	(198) 291|292|293
		SUM of Corrected Readings 2 & 4	(199) 294|295|296	(200) 297|298|299
		Average of R-Z Readings = SUM of Corrected Readings 2 & 4 Divided by 2	~~X~~	~~X~~

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

Remarks: (201) [1/0] FLAG 300

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

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

NO ② → 301 YES ①

Skip to 14 How many times have you been hospitalized DURING THE PAST 12 MONTHS? (203) 302 303 times

Check Items 10 a-e 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
a. What is the name and address of the hospital?	Name (204) 10 FLAG 304 Address	Name (209) 10 FLAG 316 Address
b. On what date did you enter the hospital?	(205) Month 305 306 Day 307 308 19 Year 309 310	(210) Month 317 318 Day 319 320 19 Year 321 322
c. How many nights were you in the hospital?	(206) 311 312 313 nights	(211) 323 324 325 nights
d. What was the primary reason for this hospitalization?	(207) 10 FLAG 314	(212) 10 FLAG 326
e. What doctor/clinic decided you should go to the hospital?	Name: (208) 210 FLAG 315 ② None (Emergency visit and admission)	Name: (213) 210 FLAG 327 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 want to talk to you about the kind of medical care you may have received **IN THE PAST 12 MONTHS.**

14. DURING THE PAST 12 MONTHS, that is, since _____ today's date _____ a year ago, 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, but not including hospitalizations? (214) 328 329 330 times → if "none," skip to 15b.

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

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

(215) Once only ① 331 More than once ② Never ③ → Was there a reason you didn't see a medical person about your high blood pressure? (Record verbatim)

(216) 10 FLAG 332 → Skip to 15b.

(217) 333 334 times

Did the same person (doctor, nurse, therapist, or medical assistant) treat you on each visit? YES ① NO ② DK ③

(218) 335

219

15. b. Do you now have an appointment to see your doctor in the future about your high blood pressure?

NO ☐ 336 YES ☐ → When? 220 Month [337 338] Day [339 340] 19 Year [341 342]

16. a. IN THE LAST 12 MONTHS, have you taken medicine prescribed by a doctor FOR YOUR HIGH BLOOD PRESSURE?

221 NO ☐ → 343 Skip to 18 YES ☐

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

222 NO ☐ DK ☐ YES ☐ Suspect ☐ 344

NOTE: Codes for medications and side effects are from Drug Code List.

c.	Medication	DK	Reaction (side effect)	Date	Stopped Taking Medication? NO	YES, Doctor's Orders	YES, Own Decision
223 1.	345 346 347	224 348 ☐	349 350 225	226 351	☐	☐	☐
227 2.	352 353 354	228 355 ☐	356 357 229	230 358	☐	☐	☐
231 3.	359 360 361	232 362 ☐	363 364 233	234 365	☐	☐	☐
235 4.	366 367 368	236 369 ☐	370 371 237	238 372	☐	☐	☐

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

239 YES ☐ 373 NO ☐ →

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
240 1. 374 375	241 ☐1 376	242 ☐1 377	243 1☐ 378	244 1☐ 379	245 ☐1 380 246 1☐ FLAG
247 2. 382 383	248 ☐1 384	249 ☐1 385	250 1☐ 386	251 1☐ 387	252 ☐1 388 253 1☐ FLAG 389
254 3. 390 391	255 ☐1 392	256 ☐1 393	257 1☐ 394	258 1☐ 395	259 ☐1 396 260 1☐ FLAG 397
261 4. 398 399	262 ☐1 400	263 ☐1 401	264 1☐ 402	265 1☐ 403	266 ☐1 404 267 1☐ FLAG 405

f. For how many weeks during the past year did you take any blood pressure medicine? 268 [406 407] weeks

g. How long has it been since you last took any blood pressure medication? 269 [408 409 410] days

For participants no longer taking blood pressure medication → Skip to 18

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

(270) YES ☑ 411 ↓ NO ☐ 2 ↓

INTERVIEWER: List all prescription blood pressure medications currently being taken in 17b.

Check appropriate reason(s) for not seeing medicine:

(271) 1 ☐ Out of medicine 412
(272) 1 ☐ Participant could not find medicine 413
(273) 1 ☐ Participant refused to show medicine 414
(274) 1 ☐ Medicine not recorded for other reason; indicate: 415 (275) 1/0 FLAG 416

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

NOTE: Codes for blood pressure medications in fields 276-279 and side effects in fields 300-303 are from Drug Code List.

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

	1	2	3	4
Name of Medication	(276) [417, 418]	(277) [419, 420]	(278) [421, 422]	(279) [423, 424]
Name of Pharmacy				
Pharmacy Telephone No.				
Prescription No.	(280) 1/0 FLAG 425	(281) FLAG 426 1/0	(282) FLAG 427 1/0	(283) FLAG 428 1/0
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES 429 (284) NO 1☐ 2☐	YES 430 (285) NO 1☐ 2☐	YES 431 (286) NO 1☐ 2☐	YES 432 (287) NO 1☐ 2☐
Were any pills taken yesterday?	YES 433 (288) NO 1☐ 2☐	YES 434 (289) NO 1☐ 2☐	YES 435 (290) NO 1☐ 2☐	YES 436 (291) NO 1☐ 2☐
Medication seen or not seen?	Seen 437 (292) Not seen 1☐ 2☐	Seen 438 (293) Not seen 1☐ 2☐	Seen 439 (294) Not seen 1☐ 2☐	Seen 440 (295) Not seen 1☐ 2☐
Have you had any reactions (side effects) from this medicine?	YES 441 (296) NO 1☐ 2☐	YES 442 (297) NO 1☐ 2☐	YES 443 (298) NO 1☐ 2☐	YES 444 (299) NO 1☐ 2☐
Reactions (side effects):	(300) [445, 446]	(301) [447, 448]	(302) [449, 450]	(303) [451, 452]

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

(304) 1/0 FLAG 453 If additional medications

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

(305) YES ☐1 NO ☐2 454

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

(306) NO 2☐ DK 3☐ YES 1☐ 455 ↓

(307) 1/0 FLAG 456

Describe the problems for me. (IDENTIFY drug item number from 17b.) _____

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

NO 2☐ 457 YES 1☐ (309)

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

(309) YES 1☐ NO 2☐ → Can you tell me what (other) prescription medicines you're now taking? 458

List all other prescription medicines in 18b.

NOTE: Codes for non-blood pressure medication in fields 310-313, side effects in fields 334-337 are from Drug Code List

b. List all other prescriptions - seen and not seen - in 18b.

	1	2	3	4
Name of Medication	(310) 1459	(311) 1460	(312) 1461	(313) 1462
Name of Pharmacy				
Pharmacy Telephone No.				
Prescription No.	(314) 1 0 FLAG 463	(315) FLAG 464 1 0	(316) FLAG 465 1 0	(317) FLAG 466 1 0
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES 1☐ NO 2☐ 467 (318)	YES 1☐ NO 2☐ 468 (319)	YES 1☐ NO 2☐ 469 (320)	YES 1☐ NO 2☐ 470 (321)
Were any pills taken yesterday?	YES 1☐ NO 2☐ 471 (322)	YES 1☐ NO 2☐ 472 (323)	YES 1☐ NO 2☐ 473 (324)	YES 1☐ NO 2☐ 474 (325)
Medication seen or not seen?	Seen 1☐ Not seen 2☐ 475 (326)	Seen 1☐ Not seen 2☐ 476 (327)	Seen 1☐ Not seen 2☐ 477 (328)	Seen 1☐ Not seen 2☐ 478 (329)
Have you had any reactions (side effects) from this medicine?	YES 1☐ NO 2☐ 479 (330)	YES 1☐ NO 2☐ 480 (331)	YES 1☐ NO 2☐ 481 (332)	YES 1☐ NO 2☐ 482 (333)
Reactions (side effects):	(334) 1483, 1484	(335) 1485, 1486	(336) 1487, 1488	(337) 1489, 1490

Be sure to have included all other prescription medicines, seen or not seen.

(338) 1 0 FLAG 491

If additional Medications

19. 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?

(339) 1 0 FLAG 492

Mr., Miss, Mrs. Last First Middle

For married female contact person, first name of spouse: _____

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

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

20. a. **Do you now have a personal physician?**

NO (340) YES
2 ☐ 1 ☐

493

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

Dr. _____ (341) 1 0 FLAG 494
First Middle Last

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

_____
City or Town State Zip Code

Telephone No.: _____ / _____
Area Code

(342) Month Year

c. **When did you last see him?** 495 496 19 497 498

SKIP to Item 21

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

1 (344) ☐ No source of care
500 specified → Skip to bottom of page

_____ (343) 1 0 FLAG 499

_____

_____

(345) Month Year

e. **When did you last go there for medical care?** 501 502 19 503 504

21. **During the fall and winter of 1976-77 (Interviewer: If this question is being asked after August 1, 1977, say "That is, a year ago."), were you immunized against the flu (i.e., did you get the flu vaccine)?**

YES (346) NO DK
1 ☐ 2 ☐ 3 ☐

505

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

(347) NO YES
506 2 ☐ 1 ☐ → Who? _____

CHECK FORM FOR COMPLETENESS. RECORD TIME INTERVIEW COMPLETED ON PAGE ONE. THANK RESPONDENT.

Continuation of FORM HP24

OMB No. 68 R 1325

SOCIAL SECURITY NUMBER VERIFICATION

Our records show that your social security number is as follows:

Place label with social security number here

348

|507|508|509|510|511|512|513|514|515|516|

2. **Is this correct?** 349 Yes 1 ☐ No 2 ☐ → make correction above

507

3. a. **Have you ever had a social security number under a different name (including maiden name)?**

No 2 ☐ 350 Yes 1 ☐ → Name: _____ 351 [1/0] FLAG 518

517

b. **Was the number the same as above?**

352 Yes 1 ☐ No 2 ☐ DK 3 ☐

519