

HP36: Mortality Survey Contact Summary

Purpose

Since the endpoint evaluation for the Post-Trial Survey was based primarily on mortality from all causes, it was essential to canvas all deaths among the population under investigation. The mortality survey procedures for the hypertensive, normotensive, and suspect hypertensive populations are described in **Section 17.6** of the *Manual of Operations*. Each of these groups, when surveyed, were surveyed in the same manner. Using the procedures outlined in **Section 17.6**, the following categories of persons were surveyed to assess their vital status:

- (1) All HDFP participants screened, confirmed to be hypertensive, and randomized to either the Stepped or Referred Care groups. (Only 50% of this group were in the mortality surveillance each year, while the other 50% will be interviewed in the home.)
- (2) A sample of those screened but not found to be hypertensive. This group was composed of the individuals who were selected for participation in the **Hypertension Incidence Study (HIS)**; they can be sub-grouped as follows:
 - home visit (HP02) DBP less than 80 mmHg,
 - home visit DBP 80 to 94 mmHg,
 - home visit DBP 95 mmHg or greater and less than 90 mmHg at the clinic Visit (HP03).
- (3) All persons with home visit DBP 95 mmHg or greater but who did not show up for the clinic visit (suspect hypertensives).

The *Mortality Survey Contact Summary* (HP36) and *Post-Trial Survey* (HP36A) are described in detail in **Sections 17.6.2** through **17.6.5** of the *Manual of Operations*.

MORTALITY SURVEY CONTACT SUMMARY

FORM 1, 2

1. Program Number:

Coordinating Center

ACROSTIC

2. Name: (PRINT IN BLOCK CAPITALS) BATCH No. 18, 19, 20, 21, 22, 23, 24, 25 (2)

(Mr., Miss, Mrs., Ms.)

Last

First

Middle

3. Date this form completed:

(3) Month Day 19

4. Classification:

(4) 32 { 1 Stepped Care
2 Referred Care
3 Incidence Study
4 Suspect Hypertensive (HP03 "No Show")

5. Participant Status (check only one):

(5) 1 Contacted and alive, on...
2 Reported alive, as of...
by: 1 Spouse or other relative
2 Friend or neighbor
3 Employer
4 Other, specify: (7) 35 I %
5 SSA confirmed alive during this year - arbitrary date chosen
3 Deceased, as of...
4 Ancillary study contact, on... through: 1 ~~DISH~~ 2 HCP
3 Other, specify: (10) 43 I %
5 Unknown, last contact on...

(8) Date: Month Day 19

6. Referring to the roster sent from the Coordinating Center listing all participants eligible for this survey, is the ID number or classification (see Item 4) for this participant in agreement or discrepant with your records?

(11) 2 No discrepancy 1 Yes, discrepancy:

44

No 2 Yes 1

(13) 2 46 ID number discrepancy?
(14) 2 47 Classification discrepancy?
(15) 2 48 Participant does not appear on Coordinating Center roster?

(12)  45 %

7. Person completing form:

(16)

Code

(17) 51-55
Obsolete

(19) 59-64
Date form received.

7/1/80

(18) 56-58 UPDATE No.

(20) 65-70 Date last processed

HP36