HP35: Post-Trial Survey Home Interview

Purpose

The HDFP Post-Trial Survey (PTS) begin in July of 1980, approximately one year after the final HDFP annual examinations were completed. The objectives of the PTS study can be found in **Section 17.1** of the *Manual of Operations*. These objectives were met by continuing the follow-up of the hypertensive and non-hypertensive participants for a period of two years. This follow-up involved both a home interview and a mailed mortality surveillance for hypertensives. Those persons who were found to be hypertensive during the HDFP screening and were randomized to either Stepped or Referred Care were contacted twice during the PTS. One contact involved a home interview (HP35) and the other contact a simple mortality surveillance through the mail or over the telephone (HP36). Fifty percent of all the former Stepped and Referred Care participants had the home interview during the first year and the mortality surveillance during the second year. The other fifty percent received them in the reverse order. Whether the home interview or the mortality surveillance was to be done during the first year for the particular participant was determined randomly.

The "non-hypertensive" group, i.e. persons screened during HDFP but not randomized into the trial, were followed for vital status alone. The same mortality surveillance procedures used for the hypertensives were employed for these non-hypertensives. The entire group was contacted twice, once during each of the two years of follow-up; contact was either by mail or telephone.

The HP35 form is described in detail in **Chapter 17** and **Sections 17.4** and **17.5** of the *Manual of Operations*.

POST-TRIAL SURVEY HOME INTERVIEW

FORM NUMBER 1,2

COMPLETE ITEMS 1, 2, 6b, 9, 31a and 32 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

2. Name: (PRINT IN BLOCK CAPITALS) (2) BATCH NUMBER 18,19,20,21,22,23,24,25 ACROSTIC

(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?
NO ☐ YES ☐ → Complete HP11A

TO BE COMPLETED AT CENTER BY INTERVIEWER

5. a. Was the interview conducted?

(4) 2 ☐ NO 32 1 ☐ YES, home → Skip to 6 3 ☐ YES, phone → Skip to 6

b. The primary reason is that participant:

(5) 33
1 ☐ is deceased → Complete HP07
2 ☐ has moved away from center but is known to be alive → Complete HP11A and initiate mailed survey.
3 ☐ has moved to unknown address and vital status is unknown
4 ☐ currently refuses to participate
5 ☐ is terminally ill
6 ☐ other, specify (6) 34 P 0/1

c. Date last known alive or date of death: (7) Month 35,36 Day 37,38 19 Year 39,40 → Skip to 7

6. a. Date of Interview: (8) Month 41,42 Day 43,44 19 Year 45,46

b. Date of last scheduled interview (HP25): (9) Month 47,48 Day 49,50 19 Year 51,52

c. Time Interview Begun: Hour 53,54 : Minute 55,56 a.m. 1 ☐ p.m. 2 ☐ 57 (10) (11) (12)

d. Time Interview Completed: (13) Hour 58,59 : (14) Minute 60,61 a.m. 1 ☐ p.m. 2 ☐ 62 (15)

7. a. Interviewer: 63,64 (16)

b. Date information Obtained: (3) Month 26,27 Day 28,29 19 Year 30,31

8. Are you currently a participant in another program or study related to high blood pressure?

(17) NO 2☐ DK 3☐ YES 1☐ 65

(66) (18)
1☐ Dietary Intervention Study for Hypertension (DISH)
2☐ Hypertension Control Program (HCP)
3☐ Other, specify name and location: (19) 67 ▷ 0/1

_____

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

b. Has this changed?
NO 2☐ 68 YES 1☐ (20)

c. What is your marital status now? (21) 69
1☐ Married 3☐ Separated 5☐ Remarried
2☐ Widowed 4☐ Divorced

10. a. What is your current work status?

(22) 70
1☐ Working full or part-time
2☐ Not working but looking for work and worked during the past year
3☐ Retired or disabled
4☐ Not retired or disabled but not working for more than one year → Skip to 11
5☐ Housewife or full-time student

b. Is your work status or job now different from what it was when we last saw you on (_____)?
(date of last survey)
NO 2☐ 71 YES 1☐ (23)

Was this change made for reasons of health?
(24) NO 2☐ 72 YES 1☐
Specify: (25) 73 ▷ 0/1

INTERVIEWER: Ask parts (c) and (d) only if the participant is currently employed full or part-time; otherwise, skip to Item 11.

c. What kind of work do you do? (26) 74 ▷ 0/1

_____

d. What is the name and address of the workplace? (27) 75 ▷ 0/1

_____

Now I'd like to ask you some questions about your blood pressure:

11. a. Do you believe you now have high blood pressure?

(28) NO 2☐ 76 YES 1☐ → Skip to 12

b. 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?

(29) 77 Cured 1☐ | Under control 2☐ | Never had it 3☐ | DK 4☐

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

(30) 78 Less than one month 1☐ | 1-6 months 2☐ | 7-12 months 3☐ | More than 12 months 4☐ → Skip to 13

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

(Do not count times while a patient in a hospital) (31) 79 80 81 times

13. 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:

(32) 82 High 1☐ | Low 2☐ | Normal 3☐ | Down 4☐ | Not Told 5☐ | DK 6☐ → Skip to 14

b. Were you told the readings?

(33) 83 NO 2☐ | YES 1☐ | DK 3☐

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

14. If a person has high blood pressure, how likely do you think it would be than any serious health problems would result from it?

Would you say:

(34) 84 definitely? 1☐ | probably? 2☐ | not likely? 3☐ | DK 4☐

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

85 NO 2☐ (35) YES 1☐ | DK 3☐

16. 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:

		NO 2	YES 1	DK 3
a.	better vision?	(36) ☐ 86	☐	☐
b.	longer life?	(37) ☐ 87	☐	☐
c.	less chance of getting cancer?	(38) ☐ 88	☐	☐
d.	less chance of having a heart attack?	(39) ☐ 89	☐	☐

17. The following is a list of things that have often been reported to be problems for some people in getting long term care for high blood pressure. Can you tell me how much of a problem each of these items is for YOU, at present, in getting care (or in preventing you from getting care) for YOUR blood pressure? As I read each item on the list, please tell me whether it's not a problem, it's a mild problem, or it's a serious problem.

INTERVIEWER: See M.O.O. for explanation of "N.A."

		Not a problem 1	A mild problem 2	A serious problem 3	N.A. 4
a.	The cost of the blood pressure medicines	(40) ☐ 90	☐	☐	☐
b.	The cost of the visits to the doctor, nurse, or clinic for blood pressure treatment	(41) ☐ 91	☐	☐	☐
c.	The time it takes to visit the doctor, nurse, or clinic	(42) ☐ 92	☐	☐	☐
d.	The time lost from work for visits to the doctor, nurse, or clinic	(43) ☐ 93	☐	☐	☐
e.	Forgetting to take blood pressure medicines	(44) ☐ 94	☐	☐	☐
f.	Forgetting to go back to the doctor, nurse, or clinic for blood pressure check-ups	(45) ☐ 95	☐	☐	☐
g.	It's too much of a bother worrying about something that may not be making you feel bad	(46) ☐ 96	☐	☐	☐
h.	Difficulty getting to and from the doctor's office or clinic	(47) ☐ 97	☐	☐	☐
i.	There is no doctor or clinic easily available to me	(48) ☐ 98	☐	☐	☐
j.	Side effects from the blood pressure medicines (the medicines make you feel bad)	(49) ☐ 99	☐	☐	☐

K. Are there any other problems?

NO 2☐ (50) YES 1☐ → 100

Describe: 101 ▷ 01 (51) ☐ 102 (52) ☐

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

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

(53) excellent? 1☐ good? 2☐ fair? 3☐ poor? 4☐

103

19. Would you say you worry about your health:

(54) frequently? 1☐ occasionally? 2☐ never? 3☐

104

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

NO 2☐ DK 3☐ YES 1☐

105

(55)

	Health Problem	Duration
(1)	(56) 106 ▷ 0/1	
(2)		
(3)		

The following questions ask about your medical history SINCE YOUR LAST SCHEDULED HOME VISIT. They are routine questions we ask everyone, and they may or may not apply to you.

21. SINCE YOUR LAST SCHEDULED HOME VISIT (_____ date of 5th Year Follow-Up), have you been told by a doctor, nurse, therapist, or medical assistant that you had any of the following:

> INTERVIEWER: For each "yes" or "suspect" response with a hospitalization overnight or longer, have participant sign an HP35B. Also initiate an HP37. Be sure all hospitalizations reported here are also recorded in item 23.

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

NO (57) 2☐ DK 3☐ YES 1☐ Suspect 4☐

107

(58) Month 108,109 Day 110,111 19 Year 112,113

(1) When were you told this? .....

(2) Were you hospitalized overnight or longer for this? NO (59) 2☐ 114 YES 1☐

☐ HP35B signed by participant and HP37 initiated

b. stroke or brain hemorrhage?

NO 2☐ (60) DK 3☐ 115 YES 1☐ Suspect 4☐

(1) When were you told this? ..... (61) Month 116,117 Day 118,119 19 Year 120,121

(2) Were you hospitalized overnight or longer for this? NO 2☐ (62) 122 YES 1☐

☐ HP35B signed by participant and HP37 initiated

		NO 2	YES 1	DK 3
(3)	Did you have weakness or paralysis?	(63) ☐ 123	☐	☐
(4)	Difficulty with speech?	(64) ☐ 124	☐	☐
(5)	Difficulty with vision?	(65) ☐ 125	☐	☐
(6)	Other difficulties? (67) 127 0/1 If yes, specify: _____	(66) ☐ 126	☐	☐
(7)	Did any of these problems last longer than 24 hours?	(68) ☐ 128	☐	☐

c. cancer?

NO 2☐ (69) 129 DK 3☐ YES 1☐ Suspect 4☐

(1) When were you told this? ..... (70) Month 130,131 Day 132,133 19 Year 134,135

(2) What part of the body was affected? Specify: (71) 136 0/1 _____

(72) 137,138 Coordinating Center

(3) Were you hospitalized overnight or longer for this? NO 2☐ (73) 139 YES 1☐

☐ HP35B signed by participant and HP37 initiated

(4) Have you been told you had any other type of cancer?

NO 2☐ (74) 140 DK 3☐ YES 1☐ Suspect 4☐

(a) When were you told this? ..... (75) Month 141,142 Day 143,144 19 Year 145,146

(b) What part of the body was affected? _____ (76) 147,148 Coordinating Center

(c) Were you hospitalized overnight or longer for this? NO 2☐ (77) 149 YES 1☐

NOTE: Parts of the body in fields 72 and 76 are coded from Drug Code List.

☐ HP35B signed by participant and HP37 initiated

d. kidney stones or other kidney disease?

NO (78) 2☐ DK 3☐ YES 1☐ Suspect 4☐ 150

(1) When were you told this? ..... (79) Month 151,152 Day 153,154 19 Year 155,156

(2) Were you hospitalized overnight or longer for this? (80) NO 2☐ 157 YES 1☐

☐ HP35B signed by participant and HP37 initiated

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

NO (81) 2☐ 158 DK 3☐ YES 1☐

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

(82) 159 NO 2☐ YES 1☐ DK 3☐

(c) Have you ever had a kidney transplant?

(83) 160 NO 2☐ YES 1☐ DK 3☐

22. SINCE YOUR LAST SCHEDULED HOME VISIT (_____), have you been told by a doctor, nurse, therapist, or medical assistant that you had the following:

date of 5th Year Follow-Up

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

NO (84) 2☐ 161 DK 3☐ YES 1☐ Suspect 4☐

Were you hospitalized overnight or longer for this? NO (85) 2☐ 162 YES 1☐ → ☐ HP35B signed by participant

b. gout?

NO (86) 2☐ 163 DK 3☐ YES 1☐ Suspect 4☐

Were you hospitalized overnight or longer for this? NO (87) 2☐ 164 YES 1☐ → ☐ HP35B signed by participant

c. cirrhosis or liver disease?

NO 2☐ 165 DK 3☐ (88) YES 1☐ Suspect 4☐

Were you hospitalized overnight or longer for this? NO (89) 2☐ 166 YES 1☐ → ☐ HP35B signed by participant

d. intestinal bleeding or ulcers?

NO 2☐ 167 DK 3☐ (90) YES 1☐ Suspect 4☐

Were you hospitalized overnight or longer for this? NO (91) 2☐ 168 YES 1☐ → ☐ HP35B signed by participant

Now I would like to ask you about all hospitalizations SINCE YOUR LAST SCHEDULED HOME VISIT, including those we have already discussed plus any others.

23. a. SINCE YOUR LAST SCHEDULED HOME VISIT (_____), have you stayed overnight or longer in the hospital as a patient?

date of 5th Year Follow-Up

NO (92) 2☐ 169 YES 1☐

Skip to 24

How many times have you been hospitalized DURING THIS PERIOD?

(93) 170,171 times

INTERVIEWER: Ask participant to list all hospitalizations, including those reported in items 21 and 22, since the last scheduled home visit. Complete an HP35B for each hospitalization.

Seq. No.	Date	Number of Nights	Location	REASON(S) FOR HOSPITALIZATION (check all that apply) M.I.	Stroke	Cancer	Kidney Dis.	Other
(330) 1	545	(94) 172,173,174	Note: For check boxes at right, if box is checked, value is "1", if box is not checked, value is "blank."	(95) 175	(331) 546	(332) 547	(333) 548	(334) 549
(335) 2	550	(96) 176,177,178		(97) 179	(336) 551	(337) 552	(338) 553	(339) 554
(340) 3	555	(98) 180,181,182		(99) 183	(341) 556	(342) 557	(343) 558	(344) 559
(345) 4	560	(100) 184,185,186		(101) 187	(346) 561	(347) 562	(348) 563	(349) 564
(350) 5	565	(102) 188,189,190		(103) 191	(351) 566	(352) 567	(353) 568	(354) 569
(355) 6	570	(104) 192,193,194		(105) 195	(356) 571	(357) 572	(358) 573	(359) 574

b. INTERVIEWER: If hospitalized for reason other than M.I., stroke, cancer, or kidney disease, specify here.
Reason for hospitalization: (106) 196 L 0/1

Now I would like to ask some questions about the past 12 months only.

24. WITHIN THE PAST 12 MONTHS, have you had any of the following:	NO 2	YES 1	DK 3
a. skin rash or unusual bruising?	(107) ☐ 197	☐	☐
b. swelling or tenderness of your breasts? (for men, "around the nipples?")	(108) ☐ 198	☐	☐
c. recurrent stomach pains?	(109) ☐ 199	☐	☐
d. waking up too early and having difficulty getting back to sleep?	(110) ☐ 200	☐	☐
e. black or tarry stools?	(111) ☐ 201	☐	☐
f. bright red blood in your stools?	(112) ☐ 202	☐	☐
g. frequent depression (felt sad or blue) so that it interfered with your work, recreation, or sleep?	(113) ☐ 203	☐	☐
h. tiredness or fatigue?	(114) ☐ 204	☐	☐
i. nightmares?	(115) ☐ 205	☐	☐

25. WITHIN THE PAST 12 MONTHS, have you had any of the following:	NO 2	YES 1	DK 3
a. an illness or injury which kept you in bed for a week or more, or sent you to the hospital?	(116) ☐ 206	☐	☐
b. attacks of headache, racing of your heart, and sweating all at once?	(117) ☐ 207	☐	☐
c. headaches so bad that you had to stop what you were doing?	(118) ☐ 208	☐	☐
d. faintness or light-headedness when you stand up quickly?	(119) ☐ 209	☐	☐
e. your heart beating fast or skipping beats?	(120) ☐ 210	☐	☐
f. blacking out or losing consciousness?	(121) ☐ 211	☐	☐
g. a change in your physical appearance that worried you — for example, changes in your skin or development of a lump?	(122) ☐ 212	☐	☐
h. worries about physical symptoms which a doctor could not explain?	(123) ☐ 213	☐	☐

26. DURING THE PAST 12 MONTHS, THAT IS, SINCE _____ (today's date), 19___, about how many days were you away from work or unable to carry out your usual daily activities because of illness, disability, or injury?

(124) 214,215,216 days

27. 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? (125)	somewhat more active?	about the same?	somewhat less active?	much less active?	not applicable
1☐ 217	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? (126)	somewhat more active?	about the same?	somewhat less active?	much less active?
1☐ 218	2☐	3☐	4☐	5☐

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

28. Pulse: number of beats in 30 seconds ☐ x 2 = (127) 219 220 221 beats/minute

29. Blood Pressure Readings:

(129) 223

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

Pulse obliteration pressure: 222 ▷ 01 (128)
+30

Peak Inflation level: (Baumanometer) Maximum Zero + _____

Peak Inflation level: (Random-Zero) _____

		(130) Systolic	Diastolic (5th phase) (131)
(1) (Std)		224 225 226	227 228 229
(2) (R-Z)		(132) 230 231 232	(133) 233 234 235
	Zero	(134) 236 237	(135) 238 239
	Corrected	(136) 240 241 242	(137) 243 244 245
(3) (Std)		(138) 246 247 248	(139) 249 250 251
(4) (R-Z)		(140) 252 253 254	(141) 255 256 257
	Zero	(142) 258 259	(143) 260 261
	Corrected	(144) 262 263 264	(145) 265 266 267
	SUM of Corrected Readings 2 & 4	(146) 268 269 270	(147) 271 272 273
	Average of R-Z Readings = SUM of Corrected Readings 2 & 4 Divided by 2	☐☐☐	☐☐☐

Remarks: _____

Now I would like to ask you about your weight:

30. How much do you weigh: (without heavy clothes on)? (148) 274 275 276 pounds

For males, skip to Item 32

31. a. INTERVIEWER; Was the participant postmenopausal (either naturally or surgically) at the Five Year Follow-Up (from HP25, Item 35)?

(149) NO 2☐ 279 YES 1☐ → Skip to 31d

b. SINCE YOUR LAST SCHEDULED HOME VISIT (_____), have you been
date of 5th Year Follow-Up

pregnant?

NO (150) YES
2☐ 278 1☐

Skip to 31c

(151)

(1) How many times, since your last visit, have you been pregnant? 279 280

(2) What was/were the outcome(s) of this/these pregnancy/pregnancies? (Check all that apply.)

Now Pregnant	Live Birth	Miscarriage or Stillbirth	Other
281 1☐ (152)	2☐ 282 1☐ Single 2☐ Multiple (153)	3☐	4☐

c. Are you currently taking birth control pills? NO (154) 2☐ 283 YES 1☐ DK 3☐

d. Are you taking any (other) hormones? 2☐ NO 284 3☐ DK (155) 1☐ YES (156) 285 0/1
└What type? _____

32. Since (_____), the beginning of this program, have you been told that you had a tumor, lump, or cancer of the
date of HP03
breast (or nipple area for males)?

NO 2☐ 286 DK 3☐ (157) YES 1☐ Suspect 4☐

(158) Month 287,288 Day 289,290 19 Year 291,292

a. When were you told this? .....

NO (159) YES

b. Were you told it was malignant (cancerous)? 2☐ 293 1☐

(160)

c. Were you hospitalized overnight or longer for this? NO 2☐ YES 1☐ 294

☐ HP35B signed by participant and HP37 initiated

The next several questions are concerned only with the past 12 months.

33. DURING THE PAST 12 MONTHS, have you CHANGED your usual level of physical activity (at work as well as during leisure time)?

NO 2☐ 295 YES 1☐ (161)

1☐ more activity
2☐ less activity

296 (162)

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

NO 2☐ 297 (163) YES 1☐

Were you asked to:

	NO 2	DK 3	YES 1
lose weight?	(164) ☐ 298	☐	☐
reduce salt?	(165) ☐ 299	☐	☐
reduce fat or cholesterol?	(166) ☐ 300	☐	☐
other	(167) ☐ 301	☐	☐

Specify: _____ 302 0/1 (168)

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

NO (169) 2☐ 303 YES 1☐

In what way?

(170) ☐1 more sleep
304 ☐2 less sleep
☐3 other, specify: _____ (171) 305 0/1

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

NO 306 2☐ (172) YES 1☐

Do you smoke cigarettes at present?

No (173) 2☐ 307 Yes 1☐

Skip to 37

How many cigarettes do you smoke per day?

(175) 309 310 cigarettes

Did you: 308 Stop? 1☐ (174) Cut down? 2☐ Start? 3☐ Smoke more? 4☐

How many cigarettes do you smoke per day?

(176) 311 312 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?

(177) NO 2☐ 313 YES 1☐ DK 3☐

37. INTERVIEWER: Has participant been employed at any time WITHIN THE PAST 12 MONTHS (from Item 10a)? (If in doubt, ask the participant.)

(178) NO 2☐ 314 YES 1☐

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

		NO 2	DK 3	YES 1
a.	troubles at work?	(179) ☐ 315	☐	☐
b.	being fired or laid off work?	(180) ☐ 316	☐	☐
c.	quitting your job?	(181) ☐ 317	☐	☐

Problems getting a new job?

NO	YES	DK
(182) 2☐ 318	1☐	3☐

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

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

		NO 2	YES 1	DK 3	NA 4
a.	worries about financial security?	(183) ☐ 319	☐	☐	
b.	concern over the health or behavior of a family member (major illnesses, accidents, drug addiction, disciplinary problems, etc.)?	(184) ☐ 320	☐	☐	
c.	unusual difficulties with your spouse?	(185) ☐ 321	☐	☐	☐
d.	lost contact with, or separated on bad terms from your children?	(186) ☐ 322	☐	☐	☐
e.	made a personal decision which alienated you from your friends?	(187) ☐ 323	☐	☐	
f.	a "breaking off" of a close friendship?	(188) ☐ 324	☐	☐	
g.	feelings of intense loneliness?	(189) ☐ 325	☐	☐	
h.	feelings of being uninvolved, distant from others, or very shy?	(190) ☐ 326	☐	☐	
i.	more thoughts about dying than usual?	(191) ☐ 327	☐	☐	
j.	unpleasant thoughts or images which keep coming back?	(192) ☐ 328	☐	☐	
k.	made a major decision regarding your immediate future (retirement, school, marriage, divorce, working, etc.)?	(193) ☐ 329	☐	☐	
l.	death of spouse, relative, or close friend?	(194) ☐ 330	☐	☐	

Now I want to talk to you about the kind of medical care you may have received IN THE PAST 12 MONTHS.

39. 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.)

(195) 1☐Very satisfied 4☐Very dissatisfied
331 2☐Somewhat satisfied 5☐Not applicable (no medical care)
3☐Somewhat dissatisfied

40. 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 1	Probably 2	Not Likely 3
a.	Mild headache for a week	(196) ☐ 332	☐	☐
b.	Pains in the chest several times a day for more than one day	☐ 333 (197)	☐	☐
c.	Blood in your stools for several days	(198) ☐ 334	☐	☐
d.	Shortness of breath when walking short distances	☐ 335 (199)	☐	☐
e.	Feeling tired all the time for no apparent reason	(200) ☐ 336	☐	☐

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

(201) NO 2☐ 337 DK 3☐ YES 1☐

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

(202) NO 2☐ 338 YES 1☐ DK 3☐

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

(203) NO 2☐ 339 YES 1☐ DK 3☐

c. Does it pay for any of the following when you are seen in the doctor's office or clinic:

	NO 2	YES 1	DK 3
Visits to the doctor?	(204) ☐ 340	☐	☐
Laboratory tests?	(205) ☐ 341	☐	☐
X-rays?	(206) ☐ 342	☐	☐
Blood pressure medicine?	(207) ☐ 343	☐	☐

d. What kind of health insurance do you have? (Check all that apply.)

	NO 2	YES 1
1. Medicaid	(208) ☐ 344	☐
2. Medicare	(209) ☐ 345	☐
3. Private insurance	(210) ☐ 346	☐
4. Other, specify name of company or program _____	(211) ☐ 347	☐

(212) 348 → 01

42. Excluding payment by Medicare, Medicaid, or insurance, about how much do you pay personally, out of pocket, for an average <u>revisit</u> to the doctor for your blood pressure? (Do not include medicines; round off to the nearest dollar.)

(213) $ 349 350 351

43. 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?

(214) [352 353 354] times

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

44. 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.

(215) [355 356] times

45. 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?

(216) [357 358] times

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

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

(217) More than once 1☐ 359 — Once only 2☐ — Never 3☐ → Was there a reason you did not see a medical person about your blood pressure? (Record verbatim) (219) 362 [0/1] → Skip to 46b

(218) [360 361] times → Skip to 46b

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

NO 2☐ 363 — YES 1☐ (220) — DK 3☐

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

NO 2☐ 364 (221) — YES 1☐ When? Month (222) [365 366] Day [367 368] 19 Year [369 370]

No specific date (223) [1] 371

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

(224) 372

NO 2☐ → Skip to 49 — YES 1☐

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?

NO 2☐ 373 — DK 3☐ — (225) YES 1☐ — Suspect 4☐

Medication		Reaction (side effect)		Date	Stopped Taking Medication? NO (2)	YES, Doctor's Orders (1)	YES, Own Decision (3)
[374 375 376]	(1) (224)	[377 378 379]	(227)		(228) ☐ 380	☐	☐
[381 382 383]	(2) (229)	[384 385 386]	(230)		(231) ☐ 387	☐	☐
[388 389 390]	(3) (232)	[391 392 393]	(233)		(234) ☐ 394	☐	☐
[395 396 397]	(4) (235)	[398 399 400]	(236)		(237) ☐ 401	☐	☐

Coordinating Center — Coordinating Center

NOTE: Medications in fields 226,229,232 and 235 and side effects in fields 227,230,233 and 236 are coded from Drug Code List.

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

(238) NO 2☐ YES 402 1☐→ Skip to part e.

d. 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	2	3	4	5
403 404 405 (239)	(1)	(240) ☐ 406	☐	☐	☐	☐ 407 0/1 (241)
408 409 410 (242)	(2)	(243) ☐ 411	☐	☐	☐	☐ 412 0/1 (244)
413 414 415 (245)	(3)	(246) ☐ 416	☐	☐	☐	☐ 417 0/1 (247)
418 419 420 (248)	(4)	(249) ☐ 421	☐	☐	☐	☐ 422 0/1 (250)

Coordinating Center

NOTE: Medications in fields 239,242,245,248 are coded from Drug Code List.

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

(251) 423 424 weeks

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

(252) 425 426 427 days

For Participants no longer taking blood pressure medication Skip to 49

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

NO 2☐ YES 1☐

428 (253)

Check appropriate reason(s) for not seeing medicine.

1 ☐ Out of medicine
2 ☐ Participant could not find medicine
3 ☐ Participant refused to show medicine
4 ☐ Medicine not recorded for other reason; indicate: 430 0/1

429 (254)

INTERVIEWER: List all Prescription blood pressure medications currently being taken in 48b (255)

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

Record ALL prescription blood pressure medicines below. Be sure name and dosage are clearly recorded.

COORDINATING CENTER	(256) 1. 431 432 433	(257) 2. 434 438 436	(258) 3. 437 438 439	(259) 4. 440 441 442
Name of Medication	NOTE: Medications in fields 256-259 are coded from Drug Code List.			
Record this info. and call pharmacy only if name of medicine or dosage not printed on bottle. — Name of Pharmacy				
Pharmacy Phone No.				
Prescription No.				
Date of Prescription				
Recommended Dosage (Ask if not on label or call phar.)				
Were any pills taken today?	(260) NO 2☐ 443 YES 1☐	(261) NO 2☐ 444 YES 1☐	(262) NO 2☐ 445 YES 1☐	(263) NO 2☐ 446 YES 1☐
Were any pills taken yesterday?	(264) NO 2☐ 447 YES 1☐	(265) NO 2☐ 448 YES 1☐	(266) NO 2☐ 449 YES 1☐	(267) NO 2☐ 450 YES 1☐
Medication seen or not seen	(268) Seen 1☐ 451 Not Seen 2☐	(269) Seen 1☐ 452 Not Seen 2☐	(270) Seen 1☐ 453 Not Seen 2☐	(271) Seen 1☐ 454 Not Seen 2☐
Have you had any reactions (side effects) to this medicine?	(272) NO 2☐ 455 YES 1☐	(273) NO 2☐ 456 YES 1☐	(274) NO 2☐ 457 YES 1☐	(275) NO 2☐ 458 YES 1☐

If additional medications use additional paage.

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

(276) 459 0/1

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

NO 2☐ 460 DK 3☐ (277) YES 1☐

(1) Describe the problems for me. (IDENTIFY drug item number from 48b)

461 0/1

(278)

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

NO 2☐ 462 YES 1☐ (279) DK 3☐

d. Excluding drug costs paid by insurance, Medicare, or Medicaid; about how much per month do you spend personally, out of pocket, for your blood pressure medicines? (Round off to nearest dollar.)

(280) $ 463 464 465

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

NO 2☐ 466 YES 1☐ (281) DK 3☐

Explain _____

(282) 467 0/1

49. a. Are you taking ANY OTHER prescription medicines? (Include insulin, even when it is not a prescription drug, as in some states.)

NO 2☐ 468 → Skip to 50

YES 1☐ (283)

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

YES 1☐ 469 (284) NO 2☐

Can you tell me what (other) prescription medicines you're now taking?

List all other prescription medicines in 49b

b. List all other prescriptions — seen and not seen — in 49b.
Be sure name and dosage are clearly recorded.

COORDINATING CENTER	(285) 1. 470 471 472	(286) 2. 473 474 475	(287) 3. 476 477 478	(288) 4. 479 480 481
Name of Medication	NOTE: Medications in fields 285-288 are coded from Drug Code List.			
Name of Pharmacy				
Pharmacy Phone No.				
Prescription No.				
Date of Prescription				
Recommended Dosage (Ask if not on label or call Phar.)				
Were any pills taken today?	(289) NO 2☐ 482 YES 1☐	(290) NO 2☐ 483 YES 1☐	(291) NO 2☐ 484 YES 1☐	(292) NO 2☐ 485 YES 1☐
Were any pills taken yesterday?	(293) NO 2☐ 486 YES 1☐	(294) NO 2☐ 487 YES 1☐	(295) NO 2☐ 488 YES 1☐	(296) NO 2☐ 489 YES 1☐
Medication seen or not seen	(297) Seen 1☐ 490 Not Seen 2☐	(298) Seen 1☐ 491 Not Seen 2☐	(299) Seen 1☐ 492 Not Seen 2☐	(300) Seen 1☐ 493 Not Seen 2☐
Have you had any reactions (side effects) to this medicine?	(301) NO 2☐ 494 YES 1☐	(302) NO 2☐ 495 YES 1☐	(303) NO 2☐ 496 YES 1☐	(304) NO 2☐ 497 YES 1☐

Record this info. and call pharmacy only if name of medicine or dosage not printed on bottle.

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

If additional medications, use additional page.

(305) 498 0/1

50. a. Whom do you see for treatment or monitoring of your blood pressure?

(306)

1☐ 499 No source of care for blood pressure → Skip to 51

Name of Dr. or clinic: 500 0/1 (307) _____

Address: _____ / _____ / _____ ☐☐ ☐☐☐☐☐
No. Street Name or RR No. City or Town State Zip Code

Telephone Number: _____ / _____
Area Code

(308) Month 501 502 (309) Year 19 503 504

b. When did you last see him/her for your blood pressure?

51. a. Where do you usually go for medical care?

(310) 505
1 ☐ No source of care specified → Skip to 53

2 ☐ Same as above (Item 50) → Skip to 52

(311) 506 0/1
Name of Dr. or clinic: _____

Address: _____ / _____ / _____ ☐☐ ☐☐☐☐☐
No. Street or RR No. City or Town State Zip Code

Telephone Number: _____ / _____
Area Code

b. When did you last go there for medical care? (312) Month 507 508 (313) Year 19 509 510

52. a. Is this your personal physician?

(314) NO 2 ☐ 511 YES 1 ☐ → Skip to 53

b. Do you have a personal physician?

(315) NO 2 ☐ 512 YES 1 ☐

Skip to 53

(316) 513 0/1
Name of Dr.: _____

Address: _____ / _____ / _____ ☐☐ ☐☐☐☐☐
No. Street Name or RR No. City or Town State Zip Code

Telephone Number: _____ / _____
Area Code

c. When did you last see him/her? (317) Month 514 515 (318) Year 19 516 517

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

NO 2 ☐ 518 YES 1 ☐ (319) NA 3 ☐

Why not?

(320) 519
1 ☐ too expensive?
2 ☐ don't understand a disease they can't see?
3 ☐ associate the name, hypertension, with "nerves" or even mental problems
4 ☐ other, describe: _____

520 0/1 (321)

54. a. Do you have any plans for moving soon?

NO 2 ☐ 521 DK 3 ☐ (322) YES 1 ☐

b. Do you know where you'd be moving?

NO (323) YES
2 ☐ 522 1 ☐

(324) 523 0/1
Address: _____ / _____ / _____
House No. Street Name or RR No. Apt. No.

_____ ☐☐ ☐☐☐☐☐
City or Town State Zip Code

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

(325) 524 0/1

a. _____ / _____ / _____
First Middle Last

If above person is a married female, record first name of husband: _____

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

_____ [ ] [ ]
City or Town State Zip Code

Telephone No: _____ / _____
Area Code

b. _____ / _____ / _____
First Middle Last

If above person is a married female, record first name of husband: _____

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

_____ [ ] [ ]
City or Town State Zip Code

Telephone No: _____ / _____
Area Code

(326) Obsolete
525-529

(327) Update Number
530-532

(328) Date Form Received
533-538

(329) Date Form Last Processed
539-544

Fields F35330- F35359 are on page HP35/8 !