THREE YEAR FOLLOW-UP

FORM APPROVED OMB No. 68 R 1325

					
	COMPLETE ITEMS 1, 2, AND	10a. AT CENTER PRIOR TO HO	DUSEHOLD VISIT.		
١.	Program Number: 3 4	FORM NUMBER 5,6,7,8,9	10 ₁ 11	1 A ACROSTIC 2 3 4 5 6 1 Coordinating Center	7
2.	Name:	2 [18,19,20,2	1,22,23,24,25	BATCH NO.	
	(Mr., Miss, Mrs.)	Last	First	Middle	
3.	Current address:				
	House No.	Street Name or RR No.	4 Talenhama N	Apt. No.	
	City or Town State	Zip Code	4. Telephone No.	Area Code	
	NO YES	g information (Items 1-4) changed	d since last contact?		
5.	Location of interview:	ne At Place of Employment	Other, specify:		
		Day Year 9 29 19 30 31	Time Interview Begun:	Hour 5 Minute 6 32 33 : 34 35	p.m.
	Time Interview Completed: 39	7 40 : 41 42 da.m.	2 p.m.		
				12 44	45

6. In the past 12 months, has anyone joined this household, for example, someone moving in or a new baby?

NO	YES
2	_ ø
(V	3) 46

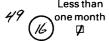
Enter names of new household members, relationship to current head, sex,	and birthd	late. DATE OF BIRTH	RELATIONSHIP
- 1/0 - 47			

- 7. What is your current work status?

 - Not working but looking for work and worked during the past two years
 - Retired or disabled
 - Mot retired or disabled but not working for more than two years
 - Housewife or full-time student



- 8. I'd like to ask a few questions about your blood pressure.
 - a. About how many months has it been since you LAST had your blood pressure taken at the doctor's office or clinic?





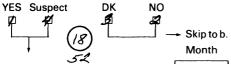


b. How many times during the past 12 months have you had your blood pressure measured?

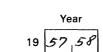


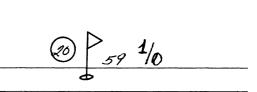
The following questions ask about your medical history during the past 12 months. They are routine questions that we ask everyone, and they may or may not apply to you.

- 9. 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. heart attack or coronary (myocardial infarction, coronary thrombosis, or coronary occlusion)









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

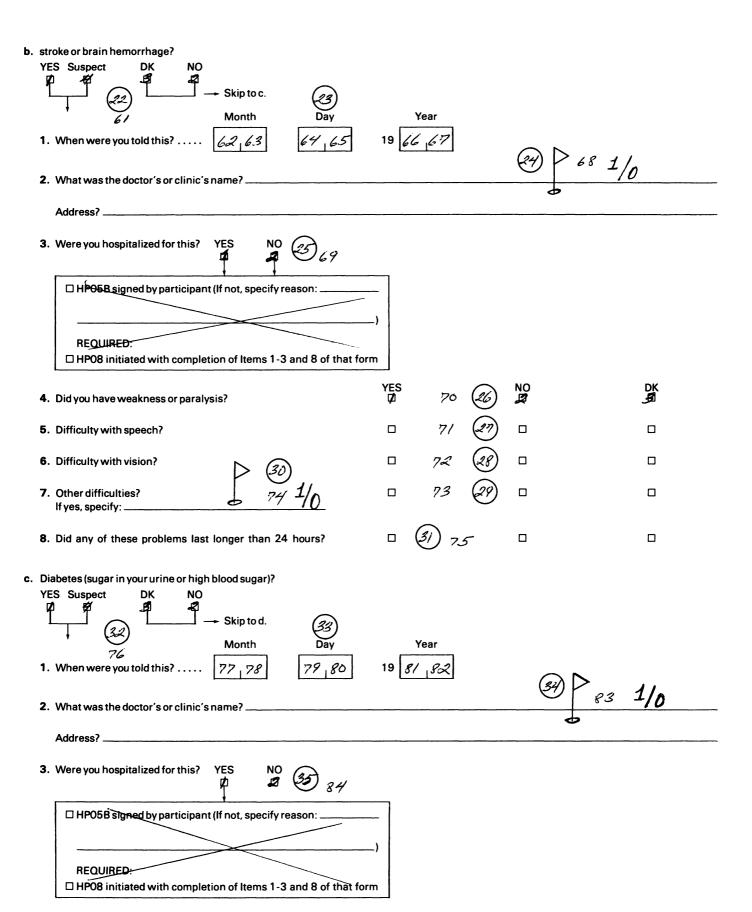
1. When were you told this?

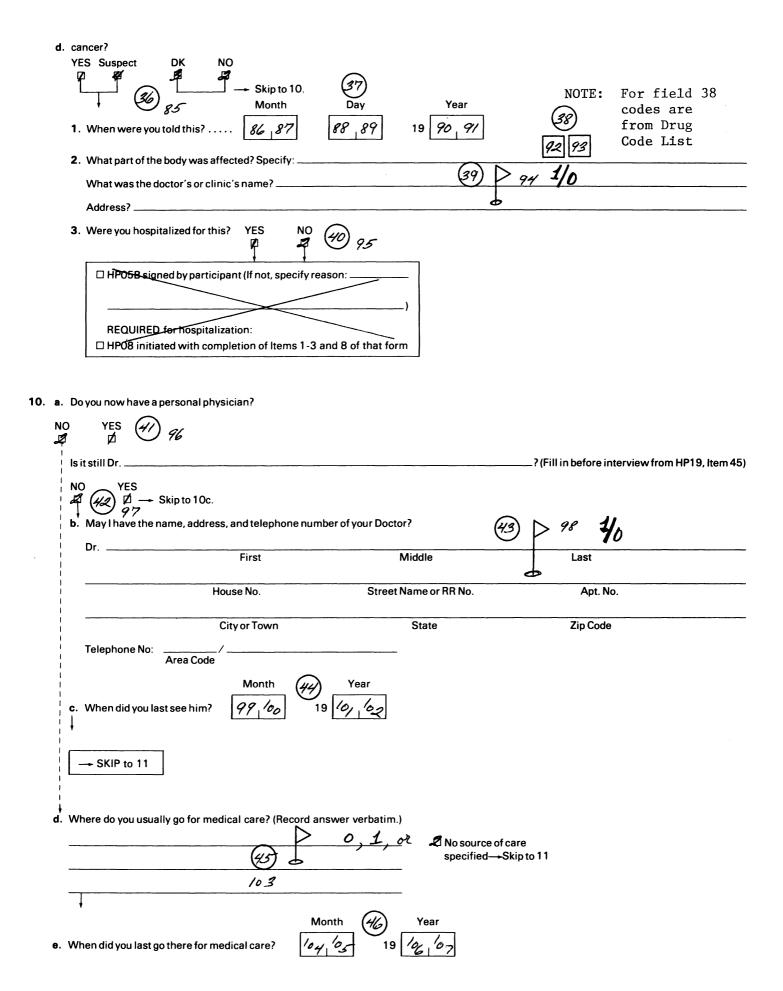
3. Were you hospitalized for this? YES NO (2) 60

| HP05B signed by participant (If not, specify reason: _______)

REQUIRED:

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



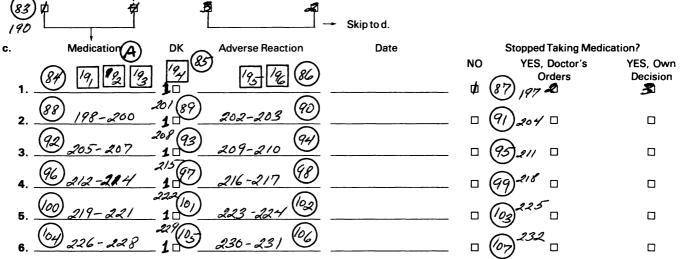


Mr., Miss,	Mrs.	Last		First		Middle
For married female conta	ct person, first name of spo	ouse:			 	
House N	0.	Street	Name or RR No).	A	ot. No.
City or Town	State	Zip Co	de	Telephone No.	Area Code	
ow I would like to take yo	our pulse and blood pressu	ure.	17.7 (40)		Θ	9
Pulse: number of beats in	n 30 seconds	29	6 78		×2= ////	2 13 beats /
Blood Pressure Readings	s:					
Cuff size: Ø regular	Pulse obliteration pressu	ure:	+30	— F1 115		FIAG = 1 tems ch are filles FIAG = 0
▲ large arm Lithigh	Peak inflation level: (Baumanometer)	-	<u>~</u>		~ ~~	FIRG = D
₩ pediatric					<u>.</u>	anything i
		Systolic	-)		Diastolic (5th phase)
(1) (Standard)	<u>'16</u>	1/2/18	3)	3	19/20/2/	
(2) (Standard)	122	123/24 6	Ð	5	125/26/27	
(3) (Standard)	(28	129 30 3	3	59	13, 132 133	
SUM of Readings 2 & 3	134	1/3-13/6	<u>-</u> 8	59	37 38 39	=
Average of Readings = St of Readings 2 & 3 Divided by 2	им [4 ₆	14, 142	9	6)	143 144 145	
If average diastolic is g	greater than or equal to 10	5, and participa	nt is not active S	Stepped Care	03A completed	
Remarks:	62)	· 1/0)			
	9					

13.	. During the past 12 months, that is, sinc	e (today's date)	a year ago, about how many times have you seen
	or talked to a medical doctor, nurse, the	rapist, or medical assistant for any of your own he	ealth reasons, including high blood pressure, but not
	including hospitalizations? 47 148	149 times (63)	
	Now I would like to ask you about hosp	italizations DURING THE PAST 12 MONTHS.	
14.	. During the past 12 months, have you sta	ayed overnight or longer in the hospital as a patient:	•
	YES → Skip to 15.	(63	<u>) </u>
	How many times have you been hosp	oitalized DURING THE PAST 12 MONTHS?	times
	Check Items 9 a-d to be sure that any ho	ospitalizations mentioned there are included here.	
	Discuss, starting with the MOST RECE	NT hospitalization (No. 1) and work back through ti	me.
	Record only the two most recent events	S.	
	Let's begin with the most recent hospit	alization.	
	н	OSPITALIZATION NO. 1 (most recent)	HOSPITALIZATION NO. 2
	a. What is the name and address Na	ame (66) > 153 1/0	Name (7/) > 16.5- 1/0
	of the hospital?	ddress	Address
	Α'	Month Day Year	Month Day Year
	b. On what date did you enter the hospital?	54/55 15/57 19 158/59	166 167 168 169 120 170 17,
	c. How many nights were you in the hospital?	60 16, 162 nights	12 173 174 nights
	d. What was the primary reason for this hospitalization?	163 40	175 1/0
	_	6 N 164	○ N 176
	•	name: O, 1, & 2 None (Emergency visit and admission)	Name:
	should go to the hospital.	None (Emergency visit and admission)	Tone (Emergency visit and admission)
	☐ HP058 signed by participant (I	f not, specify reason:	
		NOTE:	Flags in fields 70 and 75 have value of 2 if "none"
)	has been checked.
	REQUIRED:		neb been encenced
	☐ HP08 initiated with completion	on of Items 1-3 and 8 of that form	
	Now I would like to ask about any medic	cal care you have received DURING THE PAST 12	MONTHS FOR YOUR HIGH BLOOD PRESSURE.
15.	a. During the past 12 months, about I BLOOD PRESSURE?	how many times have you seen a doctor, nurse,	therapist, or medical assistant ABOUT YOUR HIGH
/	/77 More than Once	Nover	(77) D
	once only	Never ## - Why not? (Record verbatim)	178 1/0
	Skip to 15 b.	·	b
	78 179 180 times		Skip to 16
	Did the same person (doctor, nurse	, therapist, or medical assistant) treat you on each v	isit? YES DK NO

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

b.	Do you now ha	ave an appointment to s	ee your doctor in the	e future about your high b	blood pressure?
	NO YE	2	(81)	Year	
	182 Wh	Month en? 183 184	Day 186	19 87 88	
a.		•	n medicine prescrib	ed by a doctor FOR YOU	UR HIGH BLOOD PRESSURE?
	YES 82 P	→ Skip to 18			
b.	At any time di	uring the last 12 mont	hs, have you had ar	y adverse reactions to	any medicine you were taking for your high blood pressure
	YES P	Suspect	DK . 5 3	NO → Skip to d.	
1	90	Ţ <u>'</u>		Skiptou.	

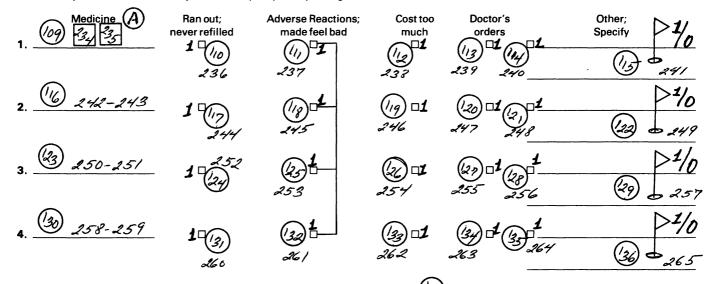


d. Are you still taking medicines FOR YOUR HIGH BLOOD PRESSURE? NOTE: Codes for medications and adverse reactions are from Drug Code List

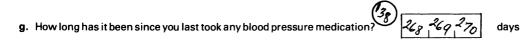
▼ YES

▼ Skip to f.

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



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



For participants no longer taking blood pressure medication \longrightarrow Skip to 18

16.

a. Do you have all your current bloc NO YES				1
27 (134) 10- INTERVIEWE	ER: List all prescription blood	pressure medications curre	ntly being taken in 17 b.	
Check appropriate reason(s) for	not seeing medicine:			
☐ Out of medicine ☐ Participant could not find med ☐ Participant refused to show m ☐ Medicine not recorded for oth	edicine 274	(44)	> 276 1/0	
			<u> </u>	
Can you tell me what blood press	sure medicines you're now t	· NOID. DIOC	d pressure medica ds 145-148 are fi	
b. Record ALL prescription blo	od pressure medicines belo	1:0+		
	A) 1	A) 2	A 3	A 4
Name of Medication	277 278 (45	23 80 (46)	28, 28, (47)	283 284 (48)
Name of Pharmacy)			
Pharmacy Telephone No.	(49) > 285	(50) > 286	(5) >287	(3) >2
Prescription No.	\$ 1/0	\$ ¹ /0	52/0	52/
Date of Prescription				
Recommended Dosage (Ask if not on label))			
Were any pills taken today?	YES JA MO	YES Sylve NO	YES NO 155 29, ₹	YES NO № 292 🕏
Were any pills taken yesterday?	YES STATES	YES NO	YES 59 NO	YES NO
Medication seen or not seen?	Seen Not seen	Seen Not seen	Seen Not seen	Seen Not seen
Have you had any adverse reactions from this medicine?	YES NO	YES NO	YES NO № 303 🕏	YES NO NO
Adverse Reactions:	303-306 (69)	82 30g To	309 810 (7)	31132 (2)
OTE: Codes for adver	se reactions in	fields 169-172 ar	e from Drug Code	list.
Be sure to have included ALI	prescription blood pressur	e medicines, seen or not see	n. (3)	FLAG IF O ADDITIONAL
c. Do you have any problems reme	mbering to take your blood p	ressure medicines?	3136	U ADDITIONAL MEDICATIO
NO YES 124 3/4				11-71-CA71C
d. Do you have any other problems NO DK YES 2 4 6 7	with your blood pressure me	edicines?	1 & . 3.3.3.3	3 4 > 2 3 1/2
(23) Describ	e the problems for me. (IDEN	NTIFY drug item number fron	$\begin{array}{c} 17b.) & \begin{array}{c} 76 & 72 & 6 \\ \hline \end{array}$	(3) (20)

18. a. Are you taking ANY OTHER prescription medicines? Po you have the medicine bottles around that I might see? Can you tell me what (other) prescription medicines you're now taking? 321 List all other prescription medicines in 18 b. NOTE: Non-blood pressure medication codes List all other prescriptions - seen and not seen - in 18 b. in fields 182-185 are from Drug Code

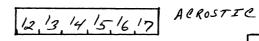
Name of Medication	322 (82)	323 (83)	324 (84)	3z (8z)
Name of Pharmacy	7			
Pharmacy Telephone No.	\bigcirc $\triangleright^{1}/_{\mathcal{O}}$	>4/0	2/0	> 1/0
Prescription No.	(186) 0 326	(187) 0 327	(188) 328	(189) \$ 329
Date of Prescription				
Recommended Dosage (Ask if not on label)				
Were any pills taken today?	YES (190) NO Ø 330 ₺	YES (19) NO (2) 23/ 23	YES (92) NO	YES (93) 333 €2.
Were any pills taken yesterday?	YES 194 NO	YES (95) 335 €	YES (196)336 €2	YES 97 837 2
Medication seen or not seen?	Seen Not seen	Seen Not seen	Seen Not seen	Seen Not seen
Have you had any adverse reactions from this medicine?	YES NO 102342 2	YES NO 343 2	YES NO	YES NO
Adverse Reactions:	24 24 206	349 349 207	₹ ₀ ₹ ₇ ₹ ₀ 8	€2 E3 €09
NOTE: Codes for a	dverse reactions	in fields 206-20	9 are from Drug C	ode list。

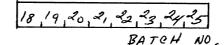
Be sure to have included all other prescription medicines, seen or not seen.

FLAG IF
ADDITIONAL
MEDICATIONS

INTERVIEWER: Did another person sit in on any part of the interview?	
NO YES 355 $\cancel{2}$ $\cancel{4}$ \rightarrow Who?	
Ø (*//) ∅ → Who?	
CHECK FORM FOR COMPLETENESS. RECORD TIME INTERVIEW COMPLETED ON PAGE ONE. THANK RESPO	ONDENT.

	FORM
12	5 0





FORM APPROVED OMB NO. 68 R 1325

THREE YEAR FOLLOW-UP SURVEY

City or Town State Zip Cod Is this address correct? () Yes () No Correct address (please print) 3a. House No. Street Name or RR No. Apt. No. City or Town State Zip Cod Telephone No. Area Code Please provide the name, address, and telephone number of someone, not in your household, who will knowner you are if we should need to contact you. (please print) 36-43 Hu-55 Last First Middle If above person is a married female, list first name of husband 57-62 House No. Street Name or RR No. Apt. No. 82-94 95-96 97-101 Telephone No. () 103-111	9 10/11	I.D. 3 4 5 6 7 8 9		
Address House No. Street Name or RR No. Apt. No. City or Town State Zip Cod Is this address correct? () Yes () No Correct address (please print) 3a. House No. Street Name or RR No. Apt. No. City or Town State Zip Cod City or Town State Zip Cod Telephone No.		_ Is this name correct?		Name
Address House No. Street Name or RR No. Apt. No. City or Town State Zip Cod Is this address correct? () Yes () No Correct address (please print) 3a. House No. Street Name or RR No. Apt. No. City or Town State Zip Cod Telephone No. () Street Name or RR No. Area Code Is this phone number correct? () Yes () No Correct phone 4a. () Area Code Please provide the name, address, and telephone number of someone, not in your household, who will know the end of the someone of the				
House No. Street Name or RR No. Apt. No. City or Town State Zip Cod Is this address correct? () Yes () No Correct address (please print) 3a. House No. Street Name or RR No. Apt. No. City or Town State Zip Cod Telephone No. () Yes () No Correct phone 4a. Area Code Please provide the name, address, and telephone number of someone, not in your household, who will known where you are if we should need to contact you. (please print) 26 - 43 Last First Middle If above person is a married female, list first name of husband 57-62 House No. Street Name or RR No. Apt. No. 82-94 95-96 97-101 Telephone No. () 103-111	print)	Correct name (please p		
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Telephone No. (Apt. No.	or RR No.	House No.	
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Area Code () Yes () No Correct phone 4a. () Area Code Please provide 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. (please print) 36-43 449-55 Last First Middle If above person is a married female, list first name of husband 57-62 House No. Street Name or RR No. Apt. No. 82-94 95-96 97-101 Telephone No. () 102-111	Zip Code	е	City or Town	-
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Correct phone 4a. () Area Code Please provide 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. (please print) 36-43 44-55 45-43 44-55 45-43 44-55 46-43 46-43 46-43 46-43 47-55 56 And Middle If above person is a married female, list first name of husband 57-62 43-8) House No. Street Name or RR No. Apt. No. 82-94 95-96 97-101 Telephone No. () 102-111				. с.орсс
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City or Town State Zip Code Area Code		Telephone No. () 102	No. 94 95-96	House

CONTACT INFORMATION

11/17/75