

04877

GRADED EXERCISE TEST FORM

VERSION 3

73127

Form Approved O.M.B. No. 68-S73044
68-S72041

GXT

Subject ID Number

E 3 1 (1-5)

(6-14)

For CPR Use Only

(49-54)

Place ID Number Label in Box Above

A. IDENTIFICATION

1. PATIENT SCHEDULER: Enter the appropriate number in the Form Identifier as indicated:
Enter "1" - if this is not a Reschedule of a previous Exercise ECG
Enter "2" - if this is a Reschedule of a previous Exercise ECG

2. For Prevention Trial subjects enter the visit number; for Population Study subjects, enter PS: (15-16)

In items 3-6 enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single stroke if the item does not apply.

3. Last Name: (17-28)

4. First Name: (29-36)

5. Second Name: (37)

6. Third or Maiden Name: (38-40)
Code: JR, SR, I, II, etc. here.

B. FASTING AND MEDICATION

7. Date of Visit: (41-46)
Month Day Year

8. When was the last time you took anything by mouth excepting water? See instructions for use of wheel to determine fasting time. (47-48)

9. During the past two weeks have you taken or had prescribed:	9. No	Yes	Unk
1) High blood pressure pills?	1	2	9
2) Diuretics (water pills)?	1	2	9
3) Medicine for angina (nitroglycerine or other coronary dilators)?	1	2	9
4) Digitalis preparations?	1	2	9
5) Medicine for irregular heart beats (antiarrhythmic agents)?	1	2	9
6) Inderal (propranolol)?	1	2	9

C. CHEST PAIN ON EFFORT

If an answer circled in section C is marked with an asterisk (*), go to section D.

10. Have you ever had any pain or discomfort in your chest?	10. a.
1 No	1
2 Yes	2 (61)
If "Yes," go to item 11.	
b. Have you ever had any pressure or heaviness in your chest?	b.
1 No	1
2 Yes	2 (62)
If "No," go to section E.	

11. Do you get it when you walk uphill or hurry?

1 No*	1*
2 Yes	2
3 Never hurries or walks uphill	3 (63)

NEW CARD--DUPLICATE		AS (1-4)
DUPLICATE COLUMNS		(5) (6-14)
D. POSSIBLE INFARCTION		
12. you get it when you walk at an ordinary pace on level?	12.	
1 No	1	
2 Yes	2	(64)
D. POSSIBLE INFARCTION		
If an answer circled in this section is marked with an asterisk (*), go to section E.		
13. What do you do if you get it while you are walking?	13.	
1 Stop or slow down	1	
2 Carry on	2	(65)
Circle "1," "Stop or slow down" if subject carries on after taking nitroglycerine.		
14. If you stand still, what happens to it?	14.	
1 Relieved	1	
2 Not relieved	2*	
3 Does not stand still	3	(66)
If "3," "Does not stand still," go to item 16.		
15. How soon?	15.	
1 Ten minutes or less	1	
2 More than ten minutes	2*	(67)
16. Will you show me where it was?	16.	No Yes
a. Sternum (upper or middle)?	a. 1 2	(68)
b. Sternum (lower)?	b. 1 2	(69)
c. Left anterior chest?	c. 1 2	(70)
d. Left arm?	d. 1 2	(71)
e. Other?	e. 1 2	(72)
17.	17.	
a. Has there been a change in your chest discomfort during the past four weeks?	a. 1*	2 (73)
b. Has your chest discomfort become more frequent or more severe?	b. 1 2	(74)
c. Has your chest discomfort become easier to bring on?	c. 1 2	(75)
d. Has your chest discomfort begun occurring while you are at rest?	d. 1 2	(76)
E. SYNCOPE AND DYSPNEA		
19.	19.	
a. Did you see a doctor because of this pain?	a. 1 2	(16)
If "No," go to item 20.		
b. What did he say it was?	b.	
1 Heart attack	1	
2 Other disorder	2*	(17)
20. Have you had such a chest pain in the last three months?	20.	No Yes
	1 2	(18)
F. TARGET HEART RATE		
21. Have you fainted in the past hour?	21.	No Yes
	1 2	(19)
22. Have you ever fainted while exercising?	22.	1 2 (20)
23. Do you become more short of breath than others your own age during normal activity?	23.	1 2 (21)
24. In the past did you become more short of breath than others your own age during normal activity?	24.	1 2 (22)
25. Do you regularly engage in strenuous exercise or hard physical labor?	25.	No Yes
	1 2	(23)
If "No," classify the subject as sedentary for determining GXT target heart rate and proceed to item 27.		

Rec'd

32. Lungs:

a. Moist basilar rales? a. 1 2 (38)

b. Other abnormalities? b. 1 2 (39)

If "Yes," specify: _____

33. a.

1 No 1

2 Yes 2

9 Uncertain 9 (40)

If "No" or "Uncertain," go to item 34.

b. Point of maximum impulse (PMI)
Refer to the figure on page 16 of the instructions.

c. Diameter of apical impulse in whole centimeters

d. Apical impulse quality or contour

1 Normal 1

2 Prolonged outward systolic component as in left ventricular hypertrophy 2 (45)

34. a.

1 No 1

2 Yes 2 (46)

If "No," proceed to item 35.

b. Specify the location:

Refer to the figure on page 16 of the instructions.

26. Do you exercise or labor at least three times a week?

1 No 1

2 Yes 2 (24)

If "No," classify the subject as sedentary for determining GIT heart rate.

If "Yes," classify the subject as trained for determining GIT target heart rate.

27. Year of birth: (25-26)

28. Target heart rate: (27-29)

C. CARDIOPULMONARY EXAM

29. Record the subject's blood pressure (standing, right arm):

Systolic (30-32)

Diastolic V (33-35)

30. Does the subject exhibit symptoms of acute illness sufficient to interfere with testing?

1 No 1

2 Yes 2 (36)

31. a.

1 No 1

2 Yes 2 (37)

If "No," go to item 32.

b. Specify the difficulty: _____

<p>35. 1 third or ventricular filling gallop present?</p> <p>1 No</p> <p>2 Yes</p>	<p>35. 1 (49)</p>	<p>1 <input type="checkbox"/> (57)</p> <p>c. <input type="checkbox"/> (58)</p> <p>d. <input type="checkbox"/> (59)</p>	<p>1b. Possible Acute Anterior Injury: QS V₁ and V₂ with convex-upward ST-T. ANTINJ</p> <p>c. Possible Acute Posterior Injury: R/S in V₁ > 1.0, and ST-T depression, > 1.0 mm and convex downward. POSTINJ</p> <p>d. Possible or Suspected Unhealed M.I. of Any Kind: Large amplitude T wave inversion. UNHEALMI</p>
<p>36. a. Is a grade two or louder systolic murmur present?</p> <p>1 No</p> <p>2 Yes</p> <p>If "No," go to item 37.</p>	<p>36. 1 (50)</p>	<p>41. <input type="checkbox"/> (60)</p>	<p>41. Possible Left Ventricular Hypertrophy: R wave > 26 mm in V₅ or V₆ or > 20 mm in I, II, III or AV7.</p>
<p>b. Quality</p> <p>1 Regurgitant</p> <p>2 Ejection</p> <p>9. Uncertain</p>	<p>36. 1 (51)</p>	<p>42. <input type="checkbox"/> (61)</p>	<p>42. Left Ventricular Conduction Defect: QRS duration > 0.11 sec. in any lead + absence of slurred S wave > .05 sec. in I or V₅ and V₆.</p>
<p>37. a. Is a definite diastolic murmur present?</p> <p>1 No</p> <p>2 Yes</p> <p>If "No," go to item 38.</p>	<p>37. 2 (52)</p>	<p>43. <input type="checkbox"/> (62)</p>	<p>43. Rhythm/Conductor Disorder:</p> <p>a. Heart cycle length varies > 25% beats at least once in any 6 second interval (sick sinus syndrome). SIN</p> <p>b. Atrial and ventricular rates differ > 25%. (This will not exclude occasional unifora, non R-on-T type PVC's.) (Second degree heart block.) DBLK</p> <p>c. Multifocal or many PVC's > 10/min. (QRS-T's with QRS > 0.12 sec. not preceded at least 0.12 sec. by P wave.) PVCs</p> <p>d. R-on-T type PVC's. RTAC</p>
<p>b. Quality</p> <p>1 Regurgitant</p> <p>2 Stenotic</p>	<p>37. 1 (53)</p>	<p>44. <input type="checkbox"/> (63)</p>	<p>e. Two or more PVC's in a row. (Ventricular tachycardia.) VTACH</p> <p>f. Parasystolic focus. PARAFS</p>
<p>38. Is congenital heart disease suspected?</p> <p>1 No</p> <p>2 Yes</p>	<p>38. 2 (54)</p>	<p>45. <input type="checkbox"/> (64)</p>	<p>g. Atrial flutter. AFLT</p> <p>h. Atrial fibrillation. A FIB</p>
<p>39. Possible Ischemia: J-ST amplitude > 1.0 mm, depression in I, V₄, V₅, V₆.</p>	<p>39. <input type="checkbox"/> (55)</p>	<p>46. <input type="checkbox"/> (65)</p>	<p>46. Rhythm/Conductor Disorder:</p> <p>a. Heart cycle length varies > 25% beats at least once in any 6 second interval (sick sinus syndrome). SIN</p> <p>b. Atrial and ventricular rates differ > 25%. (This will not exclude occasional unifora, non R-on-T type PVC's.) (Second degree heart block.) DBLK</p> <p>c. Multifocal or many PVC's > 10/min. (QRS-T's with QRS > 0.12 sec. not preceded at least 0.12 sec. by P wave.) PVCs</p> <p>d. R-on-T type PVC's. RTAC</p> <p>e. Two or more PVC's in a row. (Ventricular tachycardia.) VTACH</p> <p>f. Parasystolic focus. PARAFS</p> <p>g. Atrial flutter. AFLT</p> <p>h. Atrial fibrillation. A FIB</p>
<p>40. Possible Acute Lateral or Inferior Injury: ST elevation with convex-upward contour > 0.5 mm, and low or inverted T wave, in I, II, III, V₄, V₅, or V₆.</p> <p>LAINJ</p>	<p>40. 1 (56)</p>	<p>47. <input type="checkbox"/> (66)</p>	<p>47. Rhythm/Conductor Disorder:</p> <p>a. Heart cycle length varies > 25% beats at least once in any 6 second interval (sick sinus syndrome). SIN</p> <p>b. Atrial and ventricular rates differ > 25%. (This will not exclude occasional unifora, non R-on-T type PVC's.) (Second degree heart block.) DBLK</p> <p>c. Multifocal or many PVC's > 10/min. (QRS-T's with QRS > 0.12 sec. not preceded at least 0.12 sec. by P wave.) PVCs</p> <p>d. R-on-T type PVC's. RTAC</p> <p>e. Two or more PVC's in a row. (Ventricular tachycardia.) VTACH</p> <p>f. Parasystolic focus. PARAFS</p> <p>g. Atrial flutter. AFLT</p> <p>h. Atrial fibrillation. A FIB</p>
<p>41. Possible Acute Lateral or Inferior Injury: ST elevation with convex-upward contour > 0.5 mm, and low or inverted T wave, in I, II, III, V₄, V₅, or V₆.</p> <p>LAINJ</p>	<p>41. <input type="checkbox"/> (56)</p>	<p>48. <input type="checkbox"/> (67)</p>	<p>48. Rhythm/Conductor Disorder:</p> <p>a. Heart cycle length varies > 25% beats at least once in any 6 second interval (sick sinus syndrome). SIN</p> <p>b. Atrial and ventricular rates differ > 25%. (This will not exclude occasional unifora, non R-on-T type PVC's.) (Second degree heart block.) DBLK</p> <p>c. Multifocal or many PVC's > 10/min. (QRS-T's with QRS > 0.12 sec. not preceded at least 0.12 sec. by P wave.) PVCs</p> <p>d. R-on-T type PVC's. RTAC</p> <p>e. Two or more PVC's in a row. (Ventricular tachycardia.) VTACH</p> <p>f. Parasystolic focus. PARAFS</p> <p>g. Atrial flutter. AFLT</p> <p>h. Atrial fibrillation. A FIB</p>

5. EXERCISE ELECTROCARDIOGRAM

46. Attending physician: a. Name: _____
 b. Initials: (42-43) 1 No 2 Yes (44)

47. Is monitoring equipment functioning properly? (44)

In items 48-58, record the subject's systolic and diastolic blood pressure, his heart rate at end of stage, the ST code and rhythm code.

Systolic	Diastolic	Heart Rate at End of Stage or Termination	ST Code	Rhythm Code
48. Standing at Rest	<input type="checkbox"/> <input type="checkbox"/> (45-47)	<input type="checkbox"/> <input type="checkbox"/> (48-50)	<input type="checkbox"/> <input type="checkbox"/> (51-53)	<input type="checkbox"/> <input type="checkbox"/> (54) <input type="checkbox"/> (55)
49. Zero (1.7 mph, 0X)	<input type="checkbox"/> <input type="checkbox"/> (56-58)	<input type="checkbox"/> <input type="checkbox"/> (59-61)	<input type="checkbox"/> <input type="checkbox"/> (62-64)	<input type="checkbox"/> <input type="checkbox"/> (65) <input type="checkbox"/> (66)
50. One-Half (1.7 mph, 5X)	<input type="checkbox"/> <input type="checkbox"/> (67-69)	<input type="checkbox"/> <input type="checkbox"/> (70-72)	<input type="checkbox"/> <input type="checkbox"/> (73-75)	<input type="checkbox"/> <input type="checkbox"/> (76) <input type="checkbox"/> (77)
NEW CARD--DUPLICATE COLUMNS (1-4) (5) (6-14)				
DUPLICATE COLUMNS (4)				
51. One (1.7 mph, 10X)	<input type="checkbox"/> <input type="checkbox"/> (15-17)	<input type="checkbox"/> <input type="checkbox"/> (18-20)	<input type="checkbox"/> <input type="checkbox"/> (21-23)	<input type="checkbox"/> <input type="checkbox"/> (24) <input type="checkbox"/> (25)
52. Two (2.5 mph, 12X)	<input type="checkbox"/> <input type="checkbox"/> (26-28)	<input type="checkbox"/> <input type="checkbox"/> (29-31)	<input type="checkbox"/> <input type="checkbox"/> (32-34)	<input type="checkbox"/> <input type="checkbox"/> (35) <input type="checkbox"/> (36)
53. Three (3.4 mph, 14X)	<input type="checkbox"/> <input type="checkbox"/> (37-39)	<input type="checkbox"/> <input type="checkbox"/> (40-42)	<input type="checkbox"/> <input type="checkbox"/> (43-45)	<input type="checkbox"/> <input type="checkbox"/> (46) <input type="checkbox"/> (47)
54. Four (4.2 mph, 16X)	<input type="checkbox"/> <input type="checkbox"/> (48-50)	<input type="checkbox"/> <input type="checkbox"/> (51-53)	<input type="checkbox"/> <input type="checkbox"/> (54-56)	<input type="checkbox"/> <input type="checkbox"/> (57) <input type="checkbox"/> (58)
55. Five (5.0 mph, 18X)	<input type="checkbox"/> <input type="checkbox"/> (59-61)	<input type="checkbox"/> <input type="checkbox"/> (62-64)	<input type="checkbox"/> <input type="checkbox"/> (65-67)	<input type="checkbox"/> <input type="checkbox"/> (68) <input type="checkbox"/> (69)
56. Six (5.5 mph, 20X)	<input type="checkbox"/> <input type="checkbox"/> (70-72)	<input type="checkbox"/> <input type="checkbox"/> (73-75)	<input type="checkbox"/> <input type="checkbox"/> (76-78)	<input type="checkbox"/> <input type="checkbox"/> (79) <input type="checkbox"/> (80)
NEW CARD--DUPLICATE COLUMNS (1-4) (5) (6-14)				
DUPLICATE COLUMNS (5)				
57. Seven (6.0 mph, 22X)	<input type="checkbox"/> <input type="checkbox"/> (15-17)	<input type="checkbox"/> <input type="checkbox"/> (18-20)	<input type="checkbox"/> <input type="checkbox"/> (21-23)	<input type="checkbox"/> <input type="checkbox"/> (24) <input type="checkbox"/> (25)
58. Immediate post-exercise	<input type="checkbox"/> <input type="checkbox"/> (26-28)	<input type="checkbox"/> <input type="checkbox"/> (29-31)	<input type="checkbox"/> <input type="checkbox"/> (32-34)	<input type="checkbox"/> <input type="checkbox"/> (35) <input type="checkbox"/> (36)

Ask:

59. Do you have any discomfort in your chest?
 1 No 1
 2 Yes 2 (37)
 If "No," go to item 65.

60. If "Yes," circle the number of minutes that elapsed between termination of exercise test and observation of discomfort.
 0 Immediate post-exercise 0
 1 One minute 1
 2 Two minutes 2
 3 Three minutes 3
 4 Four minutes 4
 5 Five minutes 5
 6 Six minutes 6
 9 More than 6 minutes post-exercise 9 (38)

61. Ask subject to show where it is (or was). Does site include sternum?
 1 No 1
 2 Yes 2 (39)
 If "No," go to item 65.

62. If "Yes," ask:
 Is the discomfort sharp or dull?
 1 Sharp 1
 2 Dull 2 (40)
 If "Sharp," go to item 66.

63. If "Dull," ask the subject to stop breathing for a few seconds, then ask:
 Did the pain go away?
 1 No 1
 2 Yes 2 (41)
 If "Yes," go to item 65.

64. If "No," ask the subject to take two deep breaths, then ask:
 Is the discomfort worse?
 1 No 1
 2 Yes 2 (42)

Heart Rate at End

of Stage

ST Code

Rhythm C

Systolic

Diastolic

65. Two minute post-exercise

(43-45)

(46-48)

(49-51)

(53)

66. Four minute post-exercise

(54-56)

(57-59)

(60-62)

(64)

67. Six minute post-exercise

(65-67)

(68-70)

(71-73)

(75)

NEW CARD--DUPLICATE COLUMNS (1-4)
DUPLICATE COLUMNS (5)
DUPLICATE COLUMNS (6-14)

68. Duration of test (min./sec.)

(15-18)

69. Maximum heart rate achieved.

(19-21)

If the answer to item 69 was "Yes," ask:

70. Do you still have any discomfort in your chest?

1 No 1

2 Yes 2 (22)

71. Reasons for termination (Check the appropriate boxes):

1 Target heart achieved . . . TRMGXT ✓

2 Bruce test criteria met (exhaustion) . . . BRTST

3 Fatigue/weakness . . . FTGUE

4 Dyspnea DYSP

5 Leg pain LEGP

6 Chest pain CHSTP

7 ST changes STCNG ✓

1 (23)

2 (24)

3 (25)

4 (26)

5 (27)

6 (28)

7 (29)

71. Continued

8 Supraventricular tachycardia . . . SUPRT

(30)

9 Ventricular tachycardia . . . VENT

(31)

10 Other arrhythmias . . . OARY

(32)

11 Hypotension HYPEN

(33)

12 Cerebral symptoms . . . C.KS/M

(34)

13 Intracardiac block INCB

(35)

14 Hypertension HYPET ✓

(36)

15 Technical problems (describe in comments)

(37)

16 Difficulty recorded in item 31b . . . DIFR ✓

(38)

17 Subject refused to continue . . . REFCO ✓

(39)

18 Other (describe in comments) COM ✓

(40)

72. Technician: a. Name: _____ b. Initials: _____ (41-42)

Comments:

Enter below the diagnoses listed on the face sheet of the subject's hospital record. If a face sheet is not obtainable, enter the discharge diagnoses.

13. Primary Diagnosis

Specify: _____

14. Additional Diagnoses

a. Specify: _____

b. Specify: _____

c. Specify: _____

OPERATIVE PROCEDURES

Enter below the procedures listed on the face sheet of the subject's hospital record. If a face sheet is not obtainable, list the operative procedures performed as indicated in the hospital record.

15. Procedures

a. Specify: _____

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13.

_____.
_____.

(17-20)

14.

a. _____
_____.

(21-24)

b.

_____.
_____.

(25-28)

c.

_____.
_____.

(29-32)

b. Specify: _____

c. Specify: _____

_____.

(36-38)

_____.

(39-41)

16. Source of diagnoses:

1. Face Sheet
_____.

1

2. Discharge Diagnoses
_____.

2

(42)

17. Initials and code number of physician completing this form

a. Initials: _____

_____.

(43-44)

Comments:

18. a. Initials of CPR coder: _____

_____.

(45-46)

b. Initials of CPR reviewer _____

_____.

(47-48)

(Prevention Trial)
LIPID RESEARCH CLINICS
NOSOLOGISTS' CODES

Subject ID No.

(6-14)

Visit Number

(15-16)

For CPR Use

(17-22)

Event identifier

(1-5)

INSTRUCTIONS: To the Nosologist: Please be certain the code number in question 2 matches the number in the upper left-hand corner of the death certificate. Once a match is verified, code all available information in items 3-6. Draw a horizontal line through unneeded boxes. Enter your initials, date and revision used in question 7. For each item coded, the three middle boxes must always be coded. The first box may be an "N," "E," "S," or blank. The last box (following the decimal) may be numerical, blank, or an X.

TO THE CPR: Before sending to the nosologist, enter the code number in question 2 and attach this form to the death certificate. When the form is returned from the nosologist, review it for legibility. Code subject ID, event identifier, visit number, and event date which correspond to the death. Then enter you initials in question 8. All CPR recorded information should be checked by a second staff person. After verifying all CPR recorded information, enter your initials in question 9.

INTERPRETATION: The last box in all codes is used for numbers following decimals or an X. Often it is blank. The first box may be an N, E, or S. Often it is blank. The three middle boxes are always numerical and must always be completed.

1. Event Date: / / (23-28)

2. Subject Code (29-34)

INFORMATION FROM NOSOLOGIST

3. Cause of Death

A.Immediate 1 . (35-39)

11 . (40-44)

111 . (45-49)

1v . (50-54)

B.Consequence of (A) 1 . (55-59)

11 . (60-64)

111 . (65-69)

1v . (70-74)

C.Consequence of (B) 1 . (75-79)

DUPLICATE COLUMNS 1-4 (5) DUPLICATE COLUMNS 6-16 (10-16)

11 . (17-21)

111 . (22-26)

1v . (27-31)

4. Other significant conditions 1 . (32-36)

11 . (37-41)

111 . (42-46)

1v . (47-51)

5. Underlying cause . (52-56)

6. Place of Accident (57)

7.a) Initials of Nosologist (58-60)

Signature: _____

b) Date Coded / / (61-62)
Month Day Year

c) Revision Used (67-68)

8. CPR Coder (69-70)

9. CPR Checker (71-72)

LBC PREVENTION TRIAL

ANNUAL MEDICAL HISTORY QUESTIONNAIRE

PACKNO

Subject ID Number

5 1 1 1 1 (1-5)

(6-14)

1 1 (15-16)

For CPR Use Only (38-43)

VISIT

Please do not fill in items 1 and 2 until you report to the clinic.

1. Date of Clinic Visit: (TV) VT MON Y DAY YR (17-22)

2.a. Subject's Last Name: (23-34)

b. Initials: (35-36)

I. GENERAL Please fill out in pencil.

Circle the appropriate answer.

3. EVMAR What is your present marital status?

- Never married
Married
Separated
Divorced
Widowed

4.a. PHYS A

a. Thinking about the things you do at work, how would you rate yourself as to the amount of physical activity you get compared with others of your age and sex? Would you say you are: Circle the number to the right which best corresponds to your activity.

- Much more active
Somewhat more active
About the same
Somewhat less active
Much less active
Not applicable

b. PHYS B

b. Now, thinking about the things you do outside of work, how would you rate yourself as to the amount of physical activity you get compared with others of your age and sex? Would you say you are:

- Much more active
Somewhat more active
About the same
Somewhat less active
Much less active

(45)

II. SMOKING HISTORY

5. Which of the following statements most closely describes your cigarette smoking history?
 You never smoked cigarettes
 If you circled "1," go to question 6.
- You presently smoke cigarettes
 If you circled "2" go to question 5a.
- You quit smoking completely and did not start smoking again
6. If so, how many years ago did you stop?
 Code "0" if unknown.
 Code "01" if less than one year
7. Do or did you inhale?
 No
 Yes
8. Do or did you smoke---
 Filter cigarettes
 Non-filtered cigarettes
9. About how many cigarettes do or did you smoke per day?
 (1 pack = 20 cigarettes)
 Code "0" if unknown.
10. About how many years have you or did you smoke that amount per day?
 Code "0" if unknown.
11. Enter the largest number of cigarettes you have regularly smoked per day.
 Code "0" if unknown.
12. How much of a cigarette do or did you smoke?
 Smoke 1/4 of it
 Smoke 1/2 of it
 Smoke 3/4 of it
 Smoke all of it

5. a. EVSMK
 1
 2
 3
 b. YQTSMK (46)
 (47-48)
 c. INHALE
 1
 2 (49)
4. FILTER
 1
 2 (50)
 AMSMK (51-52)
 YSMKD (53-54)
 LNSMK (55-56)
- b. PTNSMK
 1
 2
 3
 4 (57)

III. ALCOHOL CONSUMPTION

- Since lipid levels may be affected by the consumption of alcoholic beverages, everyone is being asked the following question or questions concerning alcohol consumption.
6. During the past year, have you had at least one drink of beer, wine or liquor?
 No
 Yes
 If "No," go to question 9.
7. a. About how often do you drink some kind of alcoholic beverage?
 Daily or almost every day
 Three or four times a week
 Once or twice a week
 Once or twice a month
 Less often than once a month
 Unknown
 For questions b through e code "0" if unknown.
- b. When you drink beer, about how many bottles or cans of beer do you drink? HMBEER
 c. When you drink wine, about how many glasses of wine do you drink? HMWINE
 d. When you drink, about how many highballs, cocktails or mixed drinks do you drink? HMMIXD
 e. When you drink, about how many drinks of liquors or other straight alcoholic drinks do you drink? HMSTRD
8. a. During this past week about how many bottles or cans of beer did you drink? BEER
 b. During this past week about how many glasses of wine did you drink? WINE
 c. During this past week about how many highballs, cocktails or mixed drinks did you drink? MIXDS
 d. During this past week about how many drinks of liquors or other straight alcoholic drinks did you drink? STRDS

6. EVDNK
 1
 2 (58)

7. a.
 1
 2
 3
 4
 5
 9 (59)
 b. (60-61)
 c. (62-63)
 d. (64-65)
 e. (66-67)

8. a. (68-69)
 b. (70-71)
 c. (72-73)
 d. (74-75)

IV. SYM CHECKLIST

9. a. Have you experienced any of the symptoms in 9. b. since the last visit?

9. a. SYMPTOM	
No.	1
Yes	2 (17)

9. b. If yes, circle the numbers that best describe your experience since the last visit. If no, go to question 10.

	Mild	Moderate	Severe	
<input type="radio"/> Nausea	2	3	4	(18)
<input type="radio"/> Vomiting	2	3	4	(19)
<input type="radio"/> Itching	2	3	4	(20)
<input type="radio"/> Heartburn	2	3	4	(21)
<input type="radio"/> Diarrhea	2	3	4	(22)
<input type="radio"/> Rash	2	3	4	(23)
<input type="radio"/> Unusual hair loss	2	3	4	(24)
<input type="radio"/> Difficulty swallowing	2	3	4	(25)
<input type="radio"/> Constipation	2	3	4	(26)
<input type="radio"/> Drowsiness	2	3	4	(27)
<input type="radio"/> Abdominal pain	2	3	4	(28)
<input type="radio"/> Dryness of skin	2	3	4	(29)
<input type="radio"/> Leg cramps	2	3	4	(30)
<input type="radio"/> Hives	2	3	4	(31)
<input type="radio"/> Weakness	2	3	4	(32)
<input type="radio"/> Belching or bloating	2	3	4	(33)
<input type="radio"/> Gas	2	3	4	(34)
<input type="radio"/> Nervousness	2	3	4	(35)
<input type="radio"/> Unusual heart beat	2	3	4	(36)
<input type="radio"/> Unusual bleeding	2	3	4	(37)
<input type="radio"/> Black bowel movements	2	3	4	(38)

10. Have you noticed any change in the following since your last visit? Answer each item by circling the appropriate number.

	No Change	Increased	Decreased	
a. Appetite	1	2	3	(39)
b. Hearing	1	2	3	(40)
c. Vision	1	2	3	(41)

11. About how often do you have a bowel movement? Circle only one.

Less than 1 a week	1
One a week	2
One every 3 - 6 days	3
One every 2 days	4
One a day	5
Two a day	6
More than 2 a day	7 (42)

V. GENERAL SYMPTOMS

For each of the items in this section, circle the number corresponding to the response that best describes your experience in the past year.

12. GENERAL	Have Not Had in The Past Year		Had in the Past Year		
	Year	Have Now	Had in Past Year	But do Not Have Now	
a. Excessive fatigue	1	2	3	9	(43)
b. Unexplained weight loss	1	2	3	9	(44)
c. Excessive thirst	1	2	3	9	(45)
d. Unusual intolerance for hot weather	1	2	3	9	(46)
e. Unusually easy bruising	1	2	3	9	(47)
f. Unusually easy bleeding	1	2	3	9	(48)
g. Unusual intolerance for cold weather	1	2	3	9	(49)

15. Continued	Have Not Had in The Past Year	Have Now	Had in the Past Year		Uncertain
			But Do Not Have Now	Have Now	
k. Wheezing	1	2	3	9	(71)
l. Hay Fever	1	2	3	9	(72)
m. Other respiratory problems	1	2	3	9	(73)

If Other, specify: _____

NEW CARD [S][A][M][E] (1-5) Duplicate Columns 6 through 16 (6-16)

16. GASTROINTESTINAL	Have Not Had in The Past Year	Have Now	Had in the Past Year		Uncertain
			But Do Not Have Now	Have Now	
a. Hiatus hernia	1	2	3	9	(17)
b. Gallbladder disease	1	2	3	9	(18)
c. Jaundice	1	2	3	9	(19)
d. Liver disease	1	2	3	9	(20)
e. Ulcer	1	2	3	9	(21)
f. Colitis	1	2	3	9	(22)
g. Diverticulitis	1	2	3	9	(23)
h. Hemorrhoids	1	2	3	9	(24)
i. Frequent indigestion	1	2	3	9	(25)
j. Intolerance of fatty foods	1	2	3	9	(26)
k. Persistent constipation	1	2	3	9	(27)
l. Frequent diarrhea	1	2	3	9	(28)
m. Excessive increase in gas	1	2	3	9	(29)
n. Rectal bleeding	1	2	3	9	(30)
o. Other rectal problems	1	2	3	9	(31)
p. Vomiting of blood	1	2	3	9	(32)
q. Anal fissure	1	2	3	9	(33)
r. Other gastrointestinal problems	1	2	3	9	(34)

If Other, specify: _____

13. HEAD AND NECK	Have Not Had in The Past Year	Have Now	Had in the Past Year		Uncertain
			But Do Not Have Now	Have Now	
a. Frequent or persistent loss of hearing	1	2	3	9	(50)
b. Disturbance in vision	1	2	3	9	(51)
c. Frequent or persistent nose bleeds	1	2	3	9	(52)
d. Frequent or persistent bleeding gums	1	2	3	9	(53)
e. Frequent nasal obstruction or discharge	1	2	3	9	(54)
f. Other head and neck problems	1	2	3	9	(55)

If Other, specify: _____

14. SKIN

a. Moles that have changed in size or color	1	2	3	9	(56)
b. Skin growths	1	2	3	9	(57)
c. Skin ulcerations	1	2	3	9	(58)
d. Psoriasis	1	2	3	9	(59)
e. Allergic dermatitis (eczema)	1	2	3	9	(60)

15. RESPIRATORY

a. Asthma	1	2	3	9	(61)
b. Tuberculosis	1	2	3	9	(62)
c. Cancer of the lungs	1	2	3	9	(63)
d. Chronic bronchitis	1	2	3	9	(64)
e. Emphysema	1	2	3	9	(65)
f. Coughing up of blood	1	2	3	9	(66)
g. Abnormal chest X-ray	1	2	3	9	(67)
h. Cough lasting over 3 months	1	2	3	9	(68)
i. Pneumonia	1	2	3	9	(69)
j. Pleurisy	1	2	3	9	(70)

17. MISCCELLANEOUS	Have Not Had in The Past Year		Have Now		Had in the Past Year But Do Not Have Now		Uncertain
	Year	Year	Year	Year	Year	Year	
a. Acids	1		2		3		(35)
b. Bile (other than hiatur)	1		2		3		(36)
c. Thyroid disorder	1		2		3		(37)
d. Cancer (other than lung)	1		2		3		(38)
e. Diabetes	1		2		3		(39)
f. Drug allergies (If so, specify)	1		2		3		(40)
<hr/>							
g. Swollen or painful joints	1		2		3		(41)
h. Overweight (obesity)	1		2		3		(42)
i. Back trouble	1		2		3		(43)
j. Other miscellaneous problems	1		2		3		(44)
<i>If Other Symptoms, specify:</i>							

18. URINARY	Have Not Had in The Past Year		Have Now		Had in the Past Year But Do Not Have Now		Uncertain
	Year	Year	Year	Year	Year	Year	
a. Difficult or painful urination	1		2		3		(45)
b. Poor bladder control	1		2		3		(46)
c. Night urination (if twice or more each night)	1		2		3		(47)
d. Blood, protein or sugar in urine	1		2		3		(48)
e. Passage of kidney stone or gravel	1		2		3		(49)
f. Urge to urinate more often than normal	1		2		3		(50)
g. Kidney or bladder infection	1		2		3		(51)
h. Frequent urination and large volume of urine	1		2		3		(52)
i. Difficulty in starting urination	1		2		3		(53)

18. Continued	Have Not Had in The Past Year		Have Now		Had in the Past Year But Do Not Have Now		Uncertain
	Year	Year	Year	Year	Year	Year	
j. Have you ever had an instrument (cystoscope, etc.) passed into the bladder	1		2		3		(54)
k. Other urinary problems	1		2		3		(55)
<i>If Other, specify:</i>							
<hr/>							
19. GENITAL							
a. Swelling or tenderness of scrotum or testicle(s)	1		2		3		(56)
b. Prostate trouble	1		2		3		(57)
c. Other genital problems	1		2		3		(58)
<i>If Other, specify:</i>							

20. NEUROMUSCULAR	Have Not Had in The Past Year		Have Now		Had in the Past Year But Do Not Have Now		Uncertain
	Year	Year	Year	Year	Year	Year	
a. Frequent or severe headaches	1		2		3		(59)
b. Attacks of staggering, loss of balance or dizziness	1		2		3		(60)
c. Loss of consciousness or head injury	1		2		3		(61)
d. Persistent numbness or tingling of hands or feet	1		2		3		(62)
e. Epilepsy	1		2		3		(63)
f. Loss of feeling anywhere	1		2		3		(64)
g. Difficulty in sleeping	1		2		3		(65)
h. Increasing irritability and mood swings	1		2		3		(66)
i. Frequent periods of feeling depressed or "blue" DEPRS	1		2		3		(67)
j. Other neuromuscular problems	1		2		3		(68)
<i>If Other, specify:</i>							

21. Were you hospitalized since your last visit?

No 1
Yes 2 (17)

21. HOSPL

b. If "Yes," list dates of hospitalization, if known.

From: (18-23)

To: (24-29)

Reason for hospitalization:

22. Have you had any illnesses since your last visit that did NOT require hospitalization?

No 1
Yes 2 (30)

If "Yes," specify:

VII. MEDICATION

23. Are you presently taking or have you taken any prescribed medication other than the study medication since your last visit?

No 1
Yes 2 (31)

23. PRES.MED

If "Yes," please have available the names and dosages for the clinic staff.

24. How many packets of study medication are you presently taking each day? (Report fractions if applicable).

_____ packets/day

If zero, go to question 27.

25. How many times each day do you presently take your study medication?

One time a day 1
Two times a day 2
Three times a day 3
Four times a day 4
Five times a day 5
Six times a day 6 (32)

26.a. Since your last visit, were there any days during which you took no study medication?

No 1
Yes 2 (33)

If "No," go to question 27.

b. On how many days did you take no study medication?

b.
(34-36)

27. Do you take laxatives more than once a week?

No 1
Yes 2 (37)

If "Yes," specify which laxatives and how often.

28 During the past week, how many of the following tablets or capsules did you take? Enter 00 if none or if not familiar with product.

- a. Aspirin ASPRN (38-39)
- b. Alka-Seltzer ALKAS (40-41)
- c. Anacin ANACN (42-43)
- d. A.P.C. APC (44-45)
- e. Aspergum ASPGM (46-47)
- f. Bufferin BUFRN (48-49)
- g. Darvon Compound DARVN (50-51)
- h. Dristan DRSTN (52-53)
- i. Empirin Compound EMPRN (54-55)
- j. Excedrin EXDRN (56-57)

VIII. FAMILY HISTORY

29 a. For each of your parents circle the appropriate number.

- | | | | | | | |
|--------------------------------|--------|---|-----------|--------|------|------|
| 1. Alive | Father | 1 | (58) | Mother | 1 | (59) |
| Cause of death: | | | | | | |
| ii. Accident | | 1 | (60) | | 1 | (61) |
| iii. Cancer | | 1 | (62) | | MHRT | (63) |
| iv. Heart attack | | 1 | FHRT (64) | | 1 | (65) |
| v. Stroke | | 1 | (66) | | 1 | (67) |
| vi. Other cause, Specify _____ | | 1 | (68) | | 1 | (69) |

NEM CARD [Σ][Δ][Π][Ω][Σ] (1-5) Duplicate Columns 6 through 16 (6-16)

29.b. For brothers and sisters, enter the number of brothers, sisters, half-brothers, half-sisters, in the appropriate boxes. For example, if you have 3 brothers, of whom 2 are alive and one died in an accident, enter "02" in the box labeled "Alive" and "01" in the box labeled "Accident." If you have no brothers, sisters, half-brothers or half-sisters, leave the boxes blank.

	Brothers	Sisters
1. Alive	<input type="checkbox"/> <input type="checkbox"/> (17-18)	<input type="checkbox"/> <input type="checkbox"/> (19-20)
Cause of death:		
ii. Accident	<input type="checkbox"/> <input type="checkbox"/> (21-22)	<input type="checkbox"/> <input type="checkbox"/> (23-24)
iii. Cancer	<input type="checkbox"/> <input type="checkbox"/> (25-26)	<input type="checkbox"/> <input type="checkbox"/> (27-28)
iv. Heart attack	<input type="checkbox"/> <input type="checkbox"/> (29-30)	<input type="checkbox"/> <input type="checkbox"/> (31-32)
v. Stroke	<input type="checkbox"/> <input type="checkbox"/> (33-34)	<input type="checkbox"/> <input type="checkbox"/> (35-36)
vi. Other cause	<input type="checkbox"/> <input type="checkbox"/> (37-38)	<input type="checkbox"/> <input type="checkbox"/> (39-40)
vii. Unknown	<input type="checkbox"/> <input type="checkbox"/> (41-42)	<input type="checkbox"/> <input type="checkbox"/> (43-44)

IX. ADDRESSES

30. Give your current mailing address and telephone number if they have changed since your last annual visit.

Address _____ Number _____ Street _____

City _____

State or Province _____ Zip or Canadian Postal Code _____

Telephone Number _____

31. Give the name, address, and telephone number of your employer if it has changed since your last annual visit.

Employer or Company Name _____

Address _____
 Number _____ Street _____

_____ City _____

_____ State or Province _____ Zip or Canadian Postal Code _____

_____ Telephone Number _____

32. Give your telephone number at work if it has changed since your last annual visit.

33. Give your physician's name, address, and telephone number if it has changed since your last annual visit.

Physician Name _____

Address _____
 Number _____ Street _____

_____ City _____

_____ State or Province _____ Zip or Canadian Postal Code _____

_____ Telephone Number _____

34. Give the name, address, and telephone number of three friends or relatives who are not living with you and who are likely to know your address at all times if this information has changed since your last annual visit.

Name _____

Address _____
 Number _____ Street _____

_____ City _____

_____ State or Province _____ Zip or Canadian Postal Code _____

_____ Telephone Number _____

Name _____

Address _____
 Number _____ Street _____

_____ City _____

_____ State or Province _____ Zip or Canadian Postal Code _____

_____ Telephone Number _____

Name _____

Address _____
 Number _____ Street _____

_____ City _____

_____ State or Province _____ Zip or Canadian Postal Code _____

_____ Telephone Number _____

PREVENTION TRIAL

TWO MONTH CLINIC RECORD

(Visits 6, 8, 9, 11, 12, 14, 15...)

PACKNO

Subject ID Number

S C 2 D 1 (1-5)

Visit Number

VISIT

(15-16)

For CPR Use Only (65-70)

SCA

I. GENERAL

Enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single horizontal stroke if the question does not apply.

(TV) MONTH DAY YEAR

1. Date of Visit: (17-22)
2. Last Name: (23-34)
3. Initials: (35-36)
4. Date of Last Visit: (37-42)

To be completed by recipient and data coordinator before physician sees the subject.

5. Number of packets-- (43-45)
a. Issued at or since last visit PAC-IS
b. Returned by subject this visit PAC-RET
c. Left at home or accidentally destroyed PAC-LH
d. Not taken (b + e) PAC-NOT
e. Subject has taken since last visit (a - d) PAC-TAKE
f. Should have taken ... PAC-SHLD
Usual dosage is 6 packets per day. (58-61)
g. Percent adherence to nearest whole number PAC (62-64)

6a. When was the last time you took anything by mouth except water? See the instructions for use of fasting wheel to determine fasting time. Enter a two-digit number, using a leading zero when the number is less than 10. IF SUBJECT IS FASTING AT LEAST 12 HOURS, GO TO QUESTION 7.

FAST (71-72)

b. If non-fasting visit, reschedule appointment and STOP.

Two Month Visit rescheduled for: (73-78)

NEW CARD S C 2 D 2 (1-5) Duplicate Columns 6 through 16 (6-16)

II. CLINIC WORKUP RECORD

7. Weight (to nearest 0.1 kg with outdoor garments and shoes removed): WT (17-20)
8. Pulse at rest (record subject's heart rate for 15 seconds, not 60 seconds): PULSE (21-22)
9. Record subject's blood pressure. (Take using right arm after subject has been sitting quietly for at least 5 minutes. Use standard device; do not use random zero device.)
Systolic SYSBP (23-25)
Diastolic DSTBP (26-28)

10. Since our last visit have you had any pain or discomfort in your chest?
 1 No
 2 Yes
 If "Yes," complete the Chest Pain Form; then go to question 12 of this form.

10. CHESPN
 1
 2 (29)

11. Since your last visit have you had any pressure or heaviness in your chest?
 1 No
 2 Yes
 If "Yes," complete the Chest Pain Form; then complete this form.

11. .
 1
 2 (30)

12. Initials and code number of person completing section II.

12. Code Number:
 b. (31-32)

a. Initials: _____
 Physician completes remainder of form.

III. PHYSICIAN'S EXAMINATION

13. If the subject's drug adherence as calculated in question 5g is less than 90%, what are the most pressing reasons: (if subject's adherence is $\geq 90\%$, go to question 16.)

- a. Dosage recommended by LMC personnel is less than 24 gms/day . . . DOSEZ4 1 (33)
 Specify: _____
- b. Upper G.I. side effect UPGI 1 (34)
 Specify: _____
- c. Lower G.I. side effect LOWGI 1 (35)
 Specify: _____
- d. Sexual problem SEXPROB 1 (36)
 Specify: _____
- e. Hospitalisation INHOSP. 1 (37)
 Specify: _____

13. Continued
- f. Intercurrent health problem HLTH-PR 1 (38)
 Specify: _____
 - g. Ran out of medication NO-MED 1 (39)
 Specify: _____
 - h. Irregular schedule (travel, shift work) IRREGSCH 1 (40)
 Specify: _____
 - i. Forgot to take medication (weekend, evening, etc.) FORGOTMD 1 (41)
 Specify: _____
 - j. Domestic problem (uncooperative wife, family problem) D-PROB 1 (42)
 Specify: _____
 - k. Private physician wishes patient to discontinue DISCONT 1 (43)
 Specify: _____
 - l. Information from media or other source MEDIA 1 (44)
 Specify: _____
 - m. Unblinded, or reason to believe he is UNBLIND 1 (45)
 Specify: _____
 - n. Aversion to medication AVERSION 1 (46)
 Specify: _____
 - o. Unconvinced of any benefit UNCONV. 1 (47)
 Specify: _____
 - p. "Tired and bored with study" BORED 1 (48)
 Specify: _____
 - q. Other OTHERADH 1 (49)
 Specify: _____

14. List in order of importance the reasons checked for adherence of less than 90%. Place the letters corresponding to the reasons as listed in question 13 in the boxes below.

Most important reason REASL1 (50)
 Second REASL2 (51)
 Third REASL3 (52)

15. Does physician's history agree with adherence in question 5g?

1 No 1
 2 Yes 2 (53)

16.

a. The subject's current treatment dose is

1 24 grams/day 1
 2 15 grams/day 2
 9 Other 9 (54)
 If "1" or "2," go to part c.

b. Specify current treatment dose (grams/day).

TDOSE
 b. gm/day (55-56)

c. The subject is taking medication

1 2 times a day 1
 2 3 times a day 2
 3 4 times a day 3
 4 Other Specify: 4 (57)

17. Palpate pulse for 15 seconds

a. Rate (58-59)
 b. Rhythm
 1 Regular 1
 2 Irregular 2 (60)

18. Is there evidence the subject has had a myocardial infarction since his last visit?

1 No 1
 2 Yes 2 (61)
 MI

19. Other abnormalities by history or physical exam?

1 No 1
 2 Yes 2 (62)
 If "Yes," Specify: _____

20. Signature and code number of the physician completing section III.

a. Signature: PHYCD
 b. Code Number (63-64)

Comments:

PACKNO

Subject ID Number

SIC3A1 (1-5)

(6-14)

(15-16)

0 3

For CPR Use Only (38-43)

I. GENERAL

Enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single horizontal stroke if a question does not apply.

1. Date of Visit: MONTH DAY YEAR (17-22)

2. Last Name: (23-34)

3. Initials: (35-36)

5. a. When was the last time you took anything by mouth except water? See the instructions for use of fasting wheel to determine fasting time. Enter a two-digit number, using a leading zero when the number is less than 10. If the subject is fasting at least 12 hours, go to question 6.

b. If this is the second non-fasting or missed visit, go to question 19 and code "Second non-fasting or missed visit."

c. If this is the first non-fasting or missed visit, reschedule appointment and STOP. Visit 3 rescheduled for: Month Day Year (46-51)

FAST (44-45)

II. CLINIC WORKUP RECORD

4. PSTDSPA

- 1 Subject is not excluded on data from Visit 2
 - Subject is excluded and does not necessarily need a complete Visit 3 workup because:
 - 2 Chylomicrons found at Visit 2
 - 3 Floating beta lipoprotein present at Visit 2
 - 4 Excluding values on clinical chemistry tests at Visit 2
 - 5 Angina during exercise ECG
 - 6 Unwilling or unable to participate
 - 7 CPR has notified the LRC that one of the following exists on the resting ECG:
 - Diagnostic or equivocal myocardial infarction, Left bundle branch block, Second or third degree block, Atrial fibrillation, Atrial flutter, Left ventricular hypertrophy (Estes).
- If one of the items 2-7 is marked, the subject is sent to the physician at the beginning of his visit. The physician explains the exclusion and uses his discretion in any further workup.

Items 6-13 are to be completed prior to sending form to physician.

6. Pulse at rest (record subject's heart rate for 15 seconds, not 60 seconds). (52-53)

7. Weight (to nearest 0.1 Kg. with outdoor garments and shoes removed). WT Kg. (54-57)

8. Record subject's blood pressure (take using right arm after patient has been sitting quietly for at least 5 minutes).

Readings

Systolic SYSBA (58-60) Diastolic DSTBA (61-63)

Reading 1 (Std) Reading 2 (R-2) (64-66) DSTBB (67-69)

Zero Reading 2 ZER0A (70-71) DST0P (75-77)

Net Reading 2 SYSBP (72-74)

PACKNO

SC4A1 (1-5)

Subject ID Number

(6-14)

0 4 (15-16)

For CPR Use Only (38-43)

I. GENERAL

Enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single horizontal stroke if a question does not apply.

MONTH DAY YEAR

Month Day Year grid

1. Date of Visit: (17-22)

2. Last Name: (23-36)

Last Name grid

3. Initials: (35-36)

Initials grid

4. Disposition based on late data from Visit 3:

- 1 Subject is not excluded based on data from Visit 3
2 Chylomicrons found at Visit 3
3 Average triglycerides for Visits 1, 2, and 3 is greater than 300
4 LDL cholesterol < 175 mg/dl at Visit 3
5 WBC < 1500 at Visit 3

4. PSTDSP3

1

2

3

4

(37)

If one of the items 2-5 is marked, the subject is sent to the physician at the beginning of his visit. The physician explains the exclusion and uses his discretion in any further workup.

5. a. When was the last time you took anything by mouth except water? See the instructions for use of fasting wheel to determine fasting time. Enter a two-digit number, using a leading zero when the number is less than 10. If the subject is fasting at least 12 hours, go to question 6.

FAST grid

b. If this is the second non-fasting or missed visit, go to question 16 and code "Second non-fasting or missed visit."

c. If this is the first non-fasting or missed visit, reschedule appointment and STOP.

Visit 4 rescheduled for: Month Day Year

Month Day Year grid

(46-51)

II. CLINIC WORKUP RECORD

Items 6-11 are to be completed prior to sending form to physician.

6. Pulse at rest (record subject's heart rate for 15 seconds, not 60 seconds):

Pulse grid

(52-53)

7. Weight (to nearest 0.1 Kg. with outdoor garments and shoes removed):

Weight grid

WT Kg. (54-57)

8. Record subject's blood pressure (take using right arm after patient has been sitting quietly for at least 5 minutes).

Readings

Reading 1 (Std)

SYSBA grid

(58-60)

DSTBA grid

(61-63)

SYSBB grid

(64-66)

DSTBB grid

(67-69)

Zero Reading 2

ZEROA grid

(70-71)

Net Reading 2

SYSBP grid

(77-79)

DSTBP grid

(75-77)

c. Premature beats per minute
If the number of premature beats is greater than 6, obtain a resting ECG at this visit.

14. Is there evidence that the subject has had a myocardial infarction?
 1 No 1
 2 Yes 2 (24)

15. Physician's signature and code number.
 a. Signature: _____
 b. Code Number: _____ (25-26)

IV. VISIT 4 DISPOSITION

16 Disposition **PREDSP4**

01 Appointment made for Visit 5
Appointment for next visit delayed because:

02 Identification of excluding medication . . .

03 Awaiting receipt of hospital or physician's record

04 Subject is excluded because:
 04 Second non-fasting or missed visit

05 Systolic blood pressure > 180 or diastolic blood pressure > 120 at Visit 4

06 Both of the following occurred:
 1 Diastolic blood pressure > 105 or systolic blood pressure > 165 at Visit 2
 11 Diastolic blood pressure > 105 or systolic blood pressure > 165 at Visit 4

07 Both of the following occurred:
 1 Diastolic blood pressure > 105 or systolic blood pressure > 165 at Visit 3
 11 Diastolic blood pressure > 105 or systolic blood pressure > 165 at Visit 4

08 Chylomicrons present at Visit 4

09 LDL cholesterol < 175 mg% at Visit 4

10 Angina or myocardial infarction

11 Unwilling or unable to participate

12 Other Specify: _____ (27-28)

9. Since your last visit have you had any pain or discomfort in your chest?
 1 No 1 (78)
 2 Yes 2 (79)
 If "Yes," administer the Chest Pain Form and skip to question 11.

10. Since your last visit have you had any pressure or heaviness in your chest?
 1 No 1
 2 Yes 2 (79)
 If "Yes," administer the Chest Pain Form.

NEW CARD **S****C****4****A****2** (1-5) Duplicates Columns 6 through 14 (6-14)

11. Initials and code number of person completing this section.
 a. Initials: _____
 b. Code Number: _____ (15-16)

III. PHYSICIAN'S INTERVIEW

12. Other abnormalities by history or physical examination?
 1 No 1
 2 Yes 2 (17)
 3 Not done 3 (17)
 If "Yes," specify briefly: _____

13. Palpate pulse for one full minute.
 a. Rate: _____ (18-20)
 b. Rhythm:
 1 Regular 1
 2 2 (21)

SC5

For CPR Use Only (40-45)

VISIT 5 CLINIC RECORD (15-16)

PACKNO Subject ID Number (6-14)

S C 3 A 1 (1-5)

5. Continued

c. If this is the first non-fasting or missed visit, reschedule appointment and STOP.

Month Day Year grid with a wavy line through it

(46-51)

6. Is this a repeat Visit 5?

- 1 No ... 2 Yes ...

II. CLINIC WORKUP RECORD

Items 7-12 are to be completed prior to sending form to physician.

7. Pulse at rest (record subject's heart rate for 15 seconds, not 60 seconds) 7. PULSE (53-54)

8. Weight (to nearest 0.1 Kg. with outdoor garments and shoes removed) 8. WT Kg. (55-58)

9. Record subject's blood pressure (take using right arm after patient has been sitting quietly for at least 5 minutes).

Systolic and Diastolic blood pressure grids with handwritten values: SYS 88 DIA 64

I. GENERAL

1. Enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single horizontal stroke if a question does not apply.

MONTH DAY YEAR grid with a wavy line through it

(17-22)

2. Date of Visit:

Last Name grid (23-34)

3. Initials:

Initials grid (35-36)

4. Disposition based on late data from Visit 4 4. PSTDSPA

- 1 Subject is not excluded based on data from Visit 4 ... 2 Chylomicrons found at Visit 4 ... 3 LDL cholesterol below 175 mg% at Visit 4 ...

5. a. FAST (38-39)

b. If this is the second non-fasting or missed visit, go to question 17 and code "Second non-fasting or missed visit."

Post-Randomization Subject ID Number Stamped Here

(15-23)

Identification number to be stamped in this box only if "1" is circled in question 17.

10. Since your last visit have you had any pain or discomfort in your chest?

- 1 No 1
- 2 Yes 2 (24)

If "Yes," administer the Chest Pain Form and skip to question 12.

11. Since your last visit have you had any pressure or heaviness in your chest?

- 1 No 1
- 2 Yes 2 (25)

If "Yes," administer the Chest Pain Form.

12. Initials and code number of person completing this section.

a. Initials: _____

b. Code Number [] [] [] (26-27)

III. PHYSICIAN'S INTERVIEW

13. Other abnormalities by history or physical examination?

- 1 No 1
- 2 Yes 2
- 3 Not done 3 (28)

If "Yes," specify briefly: _____

14. Palpate pulse for one full minute.

- a. Rate [] [] (29-31)
- b. Rhythm
 - 1 Regular 1
 - 2 Irregular 2 (32)
- c. Premature beats per minute

If the number of premature beats is greater than 6, obtain a resting ECG at this visit.

 [] [] (33-34)

15. Is there evidence that the subject has had a myocardial infarction?

- 1 No 1
- 2 Yes 2 (35)

16. Physician's signature and code number.

a. Signature: _____ b. Code Number [] [] (36-37)

IV. VISIT 5 DISPOSITION

17. PREDSP5

- 1 Subject cleared the pre-randomization phase and was given treatment at this visit
If "1" is circled, record post-randomization number in upper lefthand corner.
Subject rescheduled for Visit 5 because:
- 2 Identification of excluding medication 2
- 3 Awaiting receipt of hospital or physician record 3
- 4 Pending examination by another physician at the recall visit 4
- 5 Other reason for rescheduling 5

Specify: _____

Subject is excluded because:

- 6 Second non-fasting or missed visit 6
- 7 Angina or myocardial infarction 7
- 8 Unwilling or unable to participate 8
- 9 Other Specify: _____ (38)

15. Have you ever had any of the following? Use the following definitions to answer the questions.

Abnormal Dyspnea on Exertion - shortness of breath occurring more easily than in others your own age during physical activity

Orthopnea - a condition in which there is need to sit up and elevate one's head to breathe more easily

Paroxysmal Nocturnal Dyspnea (PND) - an acute attack of shortness of breath awaking patient from sleep and requiring him to sit up to ease the shortness of breath. Often associated with choking or suffocation sensation and often causes the patient to go to the nearest window for relief.

Answer items a through g checking the appropriate boxes.	No	Yes	Uncertain
a. Abnormal dyspnea on exertion DYS PN	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. Orthopnea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. Paroxysmal nocturnal dyspnea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. Palpitations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. Edema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
f. Nocturia (more than once a night)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
g. Enlarged heart	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

16. Estimate the jugular venous pressure as the vertical height from the top of the jugular venous column to a level 5 cm below the sternal angle.

a. Jugular venous pressure	<input type="checkbox"/>	<input type="checkbox"/>	(43-44)
b. If you cannot measure the jugular venous pressure, check the appropriate response below.			
Elevated above the angle of the mandible	<input type="checkbox"/>	<input type="checkbox"/>	1
Indeterminate	<input type="checkbox"/>	<input type="checkbox"/>	2

NEW CARD **S** **C** **6** **D** **2** (1-5) Duplicate Columns 6 through 16 (6-16)

9. Initials and code number of person completing this section.

a. Initials: _____

b. Code Number (17-18)

III. CLINIC WORKUP RECORD

10. Weight (to nearest 0.1 kg with outdoor garments and shoes removed): kg
WT (19-22)

11. Pulse at rest (record subject's heart rate for 15 seconds, not 60 seconds): PULSE (23-24)

12. Record subject's blood pressure. (Take using right arm after subject has been sitting quietly for at least 5 minutes. Use standard devices; do not use random zero device.)

Systolic **S** **S** **S** **B** **P** Diastolic **D** **S** **T** **B** **P**

13. Initials and code number of person completing this section.

a. Initials: _____

b. Code Number (31-32)

IV. PHYSICIAN'S INTERVIEW

14. Palpate pulse for 15 seconds.

a. Rate (33-34)

b. Rhythm

Regular	<input type="checkbox"/>	<input type="checkbox"/>	1
Irregular	<input type="checkbox"/>	<input type="checkbox"/>	2

(35)

17.a. Lungs Normal 1 Abnormal 2 (46)

If "Abnormal," check all of the following abnormalities:
Answer items b through m.

- b. Tachypnea at rest (respiratory rate > 20) Absent 1 Present 2 Uncertain 9 (47)
- c. Anterior chest deformity Absent 1 Present 2 Uncertain 9 (48)
- d. Posterior chest or spine deformity Absent 1 Present 2 Uncertain 9 (49)
- e. Dullness to percussion Absent 1 Present 2 Uncertain 9 (50)
- f. Hyperresonance Absent 1 Present 2 Uncertain 9 (51)
- g. Rhonchi Absent 1 Present 2 Uncertain 9 (52)
- h. Wheezes Absent 1 Present 2 Uncertain 9 (53)
- i. Rales clear on coughing Absent 1 Present 2 Uncertain 9 (54)
- j. Rales persistent Absent 1 Present 2 Uncertain 9 (55)
- k. Friction rub - lungs Absent 1 Present 2 Uncertain 9 (56)
- l. Chest wall tenderness Absent 1 Present 2 Uncertain 9 (57)
- m. Other Specify: _____ Absent 1 Present 2 Uncertain 9 (58)

NOTE - an increase in amplitude or duration of the normal ventricular impulse

- 18. a. Heaves and thrills Absent 1 Present 2 Uncertain 9 (59)
- If "Present," answer items b through g.
- b. Left ventricular heave Absent 1 Present 2 Uncertain 9 (60)
- c. Right ventricular heave Absent 1 Present 2 Uncertain 9 (61)
- d. Systolic BASAL thrill Absent 1 Present 2 Uncertain 9 (62)
- e. Systolic APICAL thrill Absent 1 Present 2 Uncertain 9 (63)
- f. Systolic left sternal border thrill Absent 1 Present 2 Uncertain 9 (64)
- g. Other thrill Absent 1 Present 2 Uncertain 9 (65)

Specify location: _____

19. Distance from mid sternal line to apical impulse or edge of cardiac dullness in centimeters: cm (66-67)
Code "99" if indeterminate.

- 20. Heart sounds
- a. S₁ Single 1 Split 2 Absent 3 (68)
- Physiologically Split 1 Single 2 Absent 3 Fixed Paradoxically Splitting Split 4 5 (69)
- b. S₂ Single 1 Split 2 Absent 3 Present 4 (70)
- c. S₃ Absent 1 Present 2 (71)
- d. S₄ Absent 1 Present 2 (71)

PITTING EDEMA

- Grade 1 - with hard pressure get minimal preservation of depression made by a finger for only a brief time
- Grade 2 - with light pressure get preservation of depression made by a finger; with hard pressure get obvious and significant depression which remains for a period of time
- Grade 3 - get depression about one inch in depth with hard pressure
23. a. Dependent edema Absent 1 Present 2 (29)
Grade Number
- b. If "Present," enter the grade number (30)

NSKIN

- a. Skin Normal 1 Abnormal 2 (31)
If "Abnormal," answer items b through k.
- b. Psoriasis Absent 1 Present 2 Uncertain 9 (32)
- c. Dry Skin Absent 1 Present 2 (33)
- d. Scaly skin Absent 1 Present 2 (34)
- e. Eczema Absent 1 Present 2 (35)
- f. Rash Absent 1 Present 2 (36)
- g. Petechiae Absent 1 Present 2 (37)
- h. Acanthosis nigricans Absent 1 Present 2 (38)
- i. Other (except xanthoma) Specify: Absent 1 Present 2 (39)
- ① Xanthoma Absent 1 Present 2 (40)
If xanthomata are present, complete the Xanthoma Form and ask the following question.
- k. At what age did the first xanthoma appear? Code "99," if unknown (41-42)

Absent Present

21. Friction rub, pericardial 1 2 (72)

NEW CARD (1-5) Duplicate Columns 6 through 16 (6-16)
GRADING OF MURMURS

- Grade 1 - audible only after the listener has 'tuned in'
- Grade 2 - faintest murmur audible immediately upon placing the stethoscope on the chest
- Grade 3 - easily heard murmur but not so loud as a Grade 4 murmur. No thrill associated
- Grade 4 - a moderately loud murmur and a significant jump from Grade 3. Thrill may be associated
- Grade 5 - murmur which can be heard with just the rim or edge of the stethoscope touching the chest but which cannot be heard with the stethoscope removed from the chest wall
- Grade 6 - murmur audible with the stethoscope removed from the chest wall

22. a. Murmurs Absent 1 Present 2 (17)

If "Absent," go to question 23.
If "Present," enter the grade number in the appropriate box.

	Systolic (Grade Number)	Diastolic (Grade Number)
b. Apex	<input type="checkbox"/> (18)	<input type="checkbox"/> 11. (19)
c. Base	<input type="checkbox"/> (20)	<input type="checkbox"/> 11. (21)
d. Left sternal border	<input type="checkbox"/> (22)	<input type="checkbox"/> 11. (23)

Is it your impression that this represents:
Check all appropriate boxes.

	No	Yes
e. Aortic systolic ejection murmur (including aortic stenosis)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (24)
f. Aortic regurgitation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (25)
g. Mitral stenosis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (26)
h. Mitral regurgitation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (27)
i. Other? Specify:	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (28)

25. Other abnormalities on physical exam? Absent 1 Present 2 (43)

If "Present," specify briefly: _____

26. MI
 Is there evidence the subject has had a myocardial infarction since his last visit?
 1 No 1
 2 Yes 2 (44)
 If "Yes," complete the Provisional Clinical Diagnosis Form and the MI Since Last Visit Forms.

27. Rate the subject's motivation
 Excellent Good Fair Poor
 1 2 3 4 (45)
 MOTIVTN

28. If the subject's drug adherence as calculated in question 58 is less than 90%, what are the most pressing reasons: (If subject's adherence is \geq 90%, go to question 30.)

- Ⓐ Dosage recommended by LAC personnel is less than 24 gms/day . DOSE 24 1 (46)
 Specify: _____
- Ⓑ Upper G.I. side effect UPST 1 (47)
 Specify: _____
- Ⓒ Lower G.I. side effect LOWGT 1 (48)
 Specify: _____
- Ⓓ Sexual problem SEXPROB 1 (49)
 Specify: _____
- Ⓔ Hospitalization IN-HOSP. 1 (50)
 Specify: _____

- Ⓐ Intercurrent health problem HLTH-PR 1 (51)
 Specify: _____
- Ⓑ Ran out of medication NO-MED. 1 (52)
 Specify: _____
- Ⓒ Irregular schedule (travel, shift work) IRREGSCH 1 (53)
 Specify: _____
- Ⓓ Forgot to take medication (weekend, evening, etc.). FORGOTMD 1 (54)
 Specify: _____
- Ⓔ Domestic problem (uncooperative wife, family problem) D-PROB 1 (55)
 Specify: _____
- Ⓕ Private physician wishes patient to discontinue: DISCONT 1 (56)
 Specify: _____
- Ⓖ Information from media or other sources MEDIA 1 (57)
 Specify: _____
- Ⓗ Unblinded, or reason to believe he is UNBLIND 1 (58)
 Specify: _____
- Ⓙ Aversion to medication AVERSION 1 (59)
 Specify: _____
- Ⓚ Unconvinced of any benefit. UNCONV. 1 (60)
 Specify: _____
- Ⓛ "Tired and bored with study" BORED 1 (61)
 Specify: _____
- Ⓜ Other OTHERADH 1 (62)
 Specify: _____

III. ALCOHOL CONSUMPTION

Since lipid levels may be affected by the consumption of alcoholic beverages, everyone is being asked the following question or questions concerning alcohol consumption.

- Ⓐ During the past year, have you had at least one drink of beer, wine or liquor?
 - No. 1
 - Yes. 2 (57)
- If "No," go to question 8.
- Ⓑ About how often do you drink some kind of alcoholic beverage?
 - Daily or almost every day 1
 - Three or four times a week. 2
 - Once or twice a week. 3
 - Once or twice a month 4
 - Less often than once a month. 5
 - Unknown 9 (58)
- Ⓒ When you drink beer, about how many bottles or cans of beer do you drink?
 - HM BEEB (59-60)
 - HM WINE (61-62)
 - HM MIXD (63-64)
 - HM STRD (65-66)
- Ⓓ During this past week about how many bottles or cans of beer did you drink?
 - BEEB (67-68)
 - WINE (69-70)
 - MIXDS (71-72)

NEW CARD [S][H][2][B][2] (1-5) Duplicate Columns 6 through 14 (6-14)

5. EVDNK

- 8. a. Has your weight changed in the past two weeks?
 - No. 1
 - Gained. 2
 - Lost. 3
 - Unknown 9 (17)
- If "No" or "unknown," go to item 8a.
- b. What was the change in pounds? If you do not know, leave the boxes blank.
 - b. (18-20)
- c. How many pounds did you weigh when you were 18 years old?
 - c. (21-23)
- d. What is the most you have ever weighed? If you do not know, leave the boxes blank.
 - d. (24-26)

IV. WEIGHT HISTORY

Ⓓ During this past week about how many drinks of liqueurs or other straight alcoholic drinks did you drink?

STRDS (15-16)

V. MEDICATION

Ⓓ Are you now taking or have you ever taken any of the following medicines? For each medicine, circle the number corresponding to your best answer.

	Have you ever taken--		Never Taken		Now But Have Taken		Uncertain
	Yes	No	Yes	No	Yes	No	
Ⓐ Atromid-S (Clofibrate)	1	2	3	9	9	9	(27)
Ⓑ Colestipol	1	2	3	9	9	9	(28)
Ⓒ Nicotinic Acid	1	2	3	9	9	9	(29)
Ⓓ Cholestyramine (Questran)	1	2	3	9	9	9	(30)
Ⓔ Estrogens (Premarin, ESTRO Stilbesterol)	1	2	3	9	9	9	(31)
Ⓕ Corticosteroids (Cortisone)	1	2	3	9	9	9	(32)
Ⓖ Heparin	1	2	3	9	9	9	(33)
Ⓗ Thyroxine (Thyroid)	1	2	3	9	9	9	(34)

9. Continued	Never Taken	Taking Now	Not Taking Now But Have Taken		Uncertain
			Now	Have Taken	
Digitals	1	2	3	9	(35)
Insulin	1	2	3	9	(36)
Oral Hypoglycemics (pills for diabetes)	1	2	3	9	(37)
Anticoagulants (blood thinners)	1	2	3	9	(38)
Diuretics (water pills)	1	2	3	9	(39)
Beta Sitosterol (Cytellin)	1	2	3	9	(40)
Tranquilizers	1	2	3	9	(41)
High Blood Pressure Pills (not tranquilizers)	1	2	3	9	(42)
Medicine for Irregular Heartbeat (Quinidine, Pronesty)	1	2	3	9	(43)
Dipyridamole (Persantine)	1	2	3	9	(44)
Phenylbutazone (Butazolidin)	1	2	3	9	(45)
Vitamin A (alone)	1	2	3	9	(46)
Multiple Vitamins (containing Vitamin A)	1	2	3	9	(47)

If you are NOW taking any prescribed medicines, other than those above, list them:

10. During the past week how many of the following tablets or capsules did you take? Enter 00 if none or if not familiar with product.

a. Aspirin	ASPRN	<input type="checkbox"/>	<input type="checkbox"/>	(48-49)
b. Alka-Seltzer	ALKAS	<input type="checkbox"/>	<input type="checkbox"/>	(50-51)
c. Anacin	ANACN	<input type="checkbox"/>	<input type="checkbox"/>	(52-53)
d. A.P.C.	APC	<input type="checkbox"/>	<input type="checkbox"/>	(54-55)
e. Aspergum	ASPGM	<input type="checkbox"/>	<input type="checkbox"/>	(56-57)

e. Bufferin	BUFRN	<input type="checkbox"/>	<input type="checkbox"/>	(58-59)
f. Darvon Compound	DARVN	<input type="checkbox"/>	<input type="checkbox"/>	(60-61)
g. Dristan	DRSTN	<input type="checkbox"/>	<input type="checkbox"/>	(62-63)
h. Empirin Compound	EMPRN	<input type="checkbox"/>	<input type="checkbox"/>	(64-65)
i. Excedrin	EXDRN	<input type="checkbox"/>	<input type="checkbox"/>	(66-67)

NEW CARD **S****H****2****B****3** (1-5) Duplicate Columns 6 through 14 (6-14)

VI. SYMPTOM CHECKLIST

11. For each of the following items, circle the number corresponding to the response that best describes your experience over the last three months.

	Absent	Mild	Moderate	Severe
Nausea	1	2	3	4
Vomiting	1	2	3	4
Itching	1	2	3	4
Heartburn	1	2	3	4
Diarrhea	1	2	3	4
Rash	1	2	3	4
Unusual hair loss	1	2	3	4
Difficulty swallowing	1	2	3	4
Constipation	1	2	3	4
Drowsiness	1	2	3	4
Abdominal pain	1	2	3	4
Dryness of skin	1	2	3	4
Leg cramps	1	2	3	4
Hives	1	2	3	4
Weakness	1	2	3	4
Belching or bloating	1	2	3	4

(Continued)

1. Continued

	Absent	Mild	Moderate	Severe
Gas GAS	1	2	3	4 (31)
Nervousness NERVE	1	2	3	4 (32)
Unusual heart beat. H.BEAT	1	2	3	4 (33)
Unusual bleeding. . . BLEED	1	2	3	4 (34)
Black bowel movements BOWEL	1	2	3	4 (35)

12. Have you noticed any changes in the following over the last three months? Answer each item by circling the appropriate number.

	No Change	Increased	Decreased
Appetite.	1	2	3 (36)
Hearing	1	2	3 (37)
Vision.	1	2	3 (38)

13. Do you take laxatives more than once a week?
 No. 1
 Yes 2 (39)
 If "Yes," specify which laxatives and how often.

14. About how often do you have a bowel movement? Circle only one.
 Less than 1 a week. 1
 One a week 2
 One every 3 - 6 days 3
 One every 2 days 4
 One a day 5
 Two a day 6
 More than 2 a day 7 (40)

11. GENERAL SYMPTOMS

15. For each of the following items, circle the number corresponding to the response that best describes your experience.

	Never Had	Have Now	Had in Past but Do Not Have Now		Uncertain
			Had	Now	
Excessive fatigue . . . X.FAT	1	2	3	9	(41)
Unexplained weight loss UNWTLS	1	2	3	9	(42)
Excessive thirst. X.THRST	1	2	3	9	(43)
Unusual intolerance for hot weather . . . IN.THT	1	2	3	9	(44)
Unusually easy bruising EZBRUZ	1	2	3	9	(45)
Unusually easy bleeding EZBLED	1	2	3	9	(46)
Unusual intolerance for cold weather. . . INTCAL	1	2	3	9	(47)

a. HEAD AND NECK

	Never Had	Have Now	Had in Past but Do Not Have Now	Uncertain
Frequent or persistent loss of hearing.	1	2	3	9 (48)
Disturbance in vision	1	2	3	9 (49)
Frequent or persistent nose bleeds.	1	2	3	9 (50)
Frequent or persistent bleeding gums	1	2	3	9 (51)
Frequent nasal obstruction or discharge.	1	2	3	9 (52)
Difficulty in swallowing.	1	2	3	9 (53)
Unusual hair loss	1	2	3	9 (54)
Other head and neck problems.	1	2	3	9 (55)

If Other, specify: _____

General Symptoms (Continued)	Never Had	Have Now	Had in Past but Not Now	Uncertain
b. SKIN				
Moles that have changes in size or color	1	2	3	9 (15)
Persistent itching	1	2	3	9 (16)
Skin growths	1	2	3	9 (17)
Skin ulcerations	1	2	3	9 (18)
Psoriasis	1	2	3	9 (19)
Allergic dermatitis (eczema)	1	2	3	9 (20)
c. RESPIRATORY				
Asthma	1	2	3	9 (21)
Tuberculosis (TB)	1	2	3	9 (22)
Cancer of the lungs	1	2	3	9 (23)
Chronic bronchitis	1	2	3	9 (24)
Emphysema	1	2	3	9 (25)
Coughing up of blood	1	2	3	9 (26)
Abnormal chest X-ray	1	2	3	9 (27)
Cough lasting over 3 months	1	2	3	9 (28)
Pneumonia	1	2	3	9 (29)
Pleurisy	1	2	3	9 (30)
Wheezing	1	2	3	9 (31)
Hay fever	1	2	3	9 (32)
Other respiratory problems	1	2	3	9 (33)
<i>If Other, specify:</i>				
d. GASTROINTESTINAL				
Hiatus hernia	1	2	3	9 (34)
Gallbladder disease	1	2	3	9 (35)
Jaundice (other than at birth) JAUND	1	2	3	9 (36)
Liver disease L.I.V.P.	1	2	3	9 (37)
Ulcer	1	2	3	9 (38)

General Symptoms (Continued)	Never Had	Have Now	Had in Past but Not Now	Uncertain
Colitis	1	2	3	9 (39)
Diverticulitis	1	2	3	9 (40)
Hemorrhoids	1	2	3	9 (41)
Frequent indigestion	1	2	3	9 (42)
Frequent heartburn	1	2	3	9 (43)
Frequent belching or regurgitation	1	2	3	9 (44)
Frequent or persistent abdominal pain	1	2	3	9 (45)
Tarry stool (black bowel movement)	1	2	3	9 (46)
Frequent nausea or vomiting	1	2	3	9 (47)
Intolerance of fatty foods	1	2	3	9 (48)
Change in bowel habits	1	2	3	9 (49)
Persistent constipation PCONST	1	2	3	9 (50)
Frequent diarrhea	1	2	3	9 (51)
Excessive increase in gas	1	2	3	9 (52)
Rectal bleeding	1	2	3	9 (53)
Other rectal problems	1	2	3	9 (54)
Vomiting of blood	1	2	3	9 (55)
Anal fissure	1	2	3	9 (56)
Other gastrointestinal problems	1	2	3	9 (57)
<i>If Other, specify:</i>				
e. MISCELLANEOUS				
Anemia	1	2	3	9 (58)
Hernia (other than hiatus)	1	2	3	9 (59)
Thyroid disorder DTSHY	1	2	3	9 (60)
Cancer	1	2	3	9 (61)

General Symptoms (Continued)

	Never Had	Have Now	Had in Past but Do Not Have Now	Uncertain
Diabetes DIABET	1	2	3	9
Penicillin allergy	1	2	3	9
Drug allergies (other than penicillin)	1	2	3	9
Swollen or painful joints	1	2	3	9
Overweight (obesity)	1	2	3	9
Back trouble	1	2	3	9

If Other Symptoms, specify: _____

NEW CARD [N] [2] [B] [5] (1-5) Duplicate Columns 6 through 14 (6-14)

URINARY

Difficult or painful urination	1	2	3	9
Poor bladder control	1	2	3	9
Night urination (if twice or more each night)	1	2	3	9
Blood, protein or sugar in urine URBLD	1	2	3	9
Passage of kidney stone or gravel	1	2	3	9
Urge to urinate more often than normal URABN	1	2	3	9
Kidney or bladder infection	1	2	3	9
Frequent urination and large volume of urine	1	2	3	9
Difficulty in starting urination	1	2	3	9
Have you ever had an instrument (cystoscope, etc.) passed into the bladder	1	2	3	9
Other urinary problems	1	2	3	9

If Other, specify: _____

General Symptoms (Continued)

	Never Had	Have Now	Had in Past but Do Not Have Now	Uncertain
8. GENITAL				
Swelling or tenderness of scrotum or testicle(s)	1	2	3	9
Prostate trouble	1	2	3	9
Other genital problems	1	2	3	9
<i>If Other, specify:</i> _____				
9. NEUROMUSCULAR				
Frequent or severe headaches HEAD A	1	2	3	9
Attacks of staggering, loss of balance or dizziness	1	2	3	9
Loss of consciousness or head injury	1	2	3	9
Persistent numbness or tingling of hands or feet	1	2	3	9
Epilepsy	1	2	3	9
Loss of feeling anywhere	1	2	3	9
Difficulty in sleeping DIFSLP	1	2	3	9
Increasing irritability and mood swings MOODY	1	2	3	9
Frequent periods of feeling depressed or "blue" DEPRS	1	2	3	9
Other neuromuscular problems	1	2	3	9

If Other, specify: _____

16. a. Has your doctor ever said you had a stroke (apoplexy, cerebral vascular accident)?

No	1
Yes	2
Uncertain	9

If "No," go to question 17.

16. Continue

b. Age at time of first stroke? (40-41)

c. Were you hospitalized for your most recent stroke?

No 1

Yes 2

Uncertain 9 (42)

VIII. HOSPITALIZATIONS

17. How many times have you been hospitalized? (43-44)

Please list all hospitalizations and/or operations below. Use back of preceding page if more space is needed.

Date	Hospital	Illness, Injury	Operation or Treatment	Type of

IX. FAMILY HISTORY

18. For each of your parents circle the appropriate number.

	FALIV Father	MALIV Mother
Alive	1	1
Cause of death:		
Accident	2	2
Cancer	3	3
Heart attack	4	4
Stroke	5	5
Other or unknown cause	6	6
Unknown	9 (45)	9 (46)

b. For brothers and sisters, enter the number of brothers, half-brothers, half-sisters in the appropriate boxes. For example, if you have 3 brothers, of whom 2 are alive and one died in an accident, enter "02" in the box labeled "Alive" and "01" in the box labeled "Accident." If you have no brothers, sisters, half-brothers or half-sisters, leave the boxes blank.

BALIV **SALIV**
Brothers Sisters

● Alive (47-48) (49-50)

Cause of death:

 Accident (51-52) (53-54)

 Cancer (55-56) (57-58)

 Heart attack (59-60) (61-62)

 Stroke (63-64) (65-66)

 Other or unknown cause (67-68) (69-70)

 Unknown (71-72) (73-74)

19. a. **MAGE** (75-76)

How old is your mother or how old was your mother when she died?

b. **FAGE** (77-78)

How old is your father or how old was your father when he died?

If you do not know the ages of your father and/or mother when they died, leave the boxes blank.

c. **NUMSIB** (79-80)

How many brothers, sisters, half-brothers or half-sisters do you have?

20. a) For your parents circle the numbers which correspond to disorders they have had.

	Father	Mother
Heart attack or angina (before age 60)	FHRT 1 (15)	MHRT 2 (16)
High blood pressure or hypertension (before age 60)	FHYP 1 (17)	MHYP 2 (18)
Strokes, apoplexy, cerebral vascular disease	FSTR 1 (19)	MSTR 2 (20)
High cholesterol, high triglycerides, high blood fats	FHILIP 1 (21)	MHILIP 2 (22)
Diabetes	FDIAB 1 (23)	MDIAB 2 (24)
Trouble with circulation in legs other than varicose veins, that is peripheral vascular disease	FCIRC 1 (25)	MCIRC 2 (26)
None of the above	FNONE 1 (27)	MNONE 2 (28)

b) For your brothers and sisters enter the number of brothers, sisters, half-brothers and half-sisters who have had these disorders. For example, if you have 2 brothers, both of whom have high blood pressure and one of whom also has had a heart attack, you should enter "02" in the box labeled "High blood pressure or hypertension," and "01" in the box labeled "Heart attack or angina" under brothers. If you have no brothers, half-brothers, sisters or half-sisters, leave the boxes blank.

	Brothers	Sisters
Heart attack or angina (before age 60)	BHRT <input type="checkbox"/> (29-30)	SHRT <input type="checkbox"/> (31-32)
High blood pressure or hypertension (before age 60)	BHYP <input type="checkbox"/> (33-34)	SHYP <input type="checkbox"/> (35-36)
Strokes, apoplexy, cerebral vascular disease	BSTR <input type="checkbox"/> (37-38)	SSTR <input type="checkbox"/> (39-40)
High cholesterol, high triglyceride, high blood fats	BHILIP <input type="checkbox"/> (41-42)	SHILIP <input type="checkbox"/> (43-44)
Diabetes	BDIAB <input type="checkbox"/> (45-46)	SIDIAB <input type="checkbox"/> (47-48)
Trouble with circulation in the legs other than varicose veins, that is peripheral vascular disease	BCIRC <input type="checkbox"/> (49-50)	SCIRC <input type="checkbox"/> (51-52)
None of the above	BNONE <input type="checkbox"/> (53-54)	SNONE <input type="checkbox"/> (55-56)

21. Do you have sons or brothers aged 35 - 59?

No 1

Yes 2 (57)

If "Yes," give their names and addresses. Use back of preceding page if more space is needed.

X. MISCELLANEOUS

22. Have you ever served in the armed forces?

No 1

Yes 2 (58)

If "Yes," answer the following:

Branch of service _____

Rank or rating _____

Serial number _____

23. Give the name, address and telephone number of three friends or relatives who are not living with you and who are likely to know your address at all times.

Name _____
Address _____ Number _____ Street _____ City _____
State _____ Zip Code _____ Phone Number _____

Name _____
Address _____ Number _____ Street _____ City _____
State _____ Zip Code _____ Phone Number _____

Name _____
Address _____ Number _____ Street _____ City _____
State _____ Zip Code _____ Phone Number _____

24. Give the name, address and telephone number of your employer:

Name _____
Address _____ Number _____ Street _____ City _____
State _____ Zip Code _____ Phone Number _____

S L D I A 2

(1-5)

PACKNO

Subject ID Number

(6-14)

LIPID LABORATORY DATA FORM

VISA

(15-16)

Visit No.

For CPR Use Only

(49-54)

1. Date of Visit: (TSLD) Month Day Year (17-22)

2. Last Name: MSLD D SLD YSLD (23-34)

Initials: 1st 2nd (35-36)

3. CHYLOM a. Chylomicron layer: 1 Present 2 Absent 9 Not done (37)

b. Appearance of plasma: 1 Clear 2 Turbid 9 Not done (38)

4. a. Cholesterol (Record in mg%): CHOL mg% (39-42) b. Date of cholesterol determination: MCHOL DCHOL YCHOL (43-48)

5. Triglycerides (Record in mg%): RAWTG mg% (55-58)

6. Triglyceride blank (To be done only if triglyceride value is greater than 300 mg%): TG BLK mg% (59-60)

7. Triglyceride less blank: Net triglycerides TG mg% (61-64)

8. Date of triglyceride determination: (TTG) MTG DTG YTG (65-70)

9. HDL cholesterol (By heparin-manganese precipitation): HDL mg% (71-74)

10. Date of HDL cholesterol determination: (THDL) MHDL DHDL YHDL (75-80)

New Card S L D I A 2 (1-5) Duplicate Columns (6-14)

11. Estimated LDL cholesterol (LDL = CHOL - HDL - TG/5): LDL mg% (15-17)

12. Code number and initials of person completing this form: Code Number (18-19)

Initials: _____

10174

SRA

TWO, FOUR, SIX, EIGHT, AND TEN MONTH SUBJECT RECORD

For CPR Use Only

(49-

PACK NO
Subject ID Number

S R 2 B 1 (1-5)

(6-14)

VISIT

(15-16)

Visit Number

(TV) VIMON VIDAY VTYR

(17-22)

(23-34)

(35-36)

1. Date of visit:

2. Subject's Last Name:

3. Initials:

4.a. SYMPTOM

Have you experienced any of the symptoms in 4.b. since the last visit?

No
Yes

b. If yes, circle the numbers that best describe your experience since the last visit. If no, go to question 5.

	Mild	Moderate	Severe
o Nausea	2	3	4
o Vomiting	2	3	4
o Itching	2	3	4
o Heartburn	2	3	4
o Diarrhea	2	3	4
o Rash	2	3	4
o Unusual hair loss	2	3	4
o Difficulty swallowing	2	3	4
o Constipation	2	3	4
o Drowsiness	2	3	4
o Abdominal pain	2	3	4

NAUSEA
VOMIT.
ITCH
HEARTB.
DIARR.
RASH
HAIRL
DIFSW
CONST.
DROWS
ABDOM

	Mild	Moderate	Severe
o Dryness of skin	2	3	4
o Leg cramps	2	3	4
o Hives	2	3	4
o Weakness	2	3	4
o Belching or bloating	2	3	4
o Gas	2	3	4
o Nervousness	2	3	4
o Unusual heartbeat	2	3	4
o Unusual bleeding	2	3	4
o Black bowel movements	2	3	4

DRYSK
CRAMP.
HIVES
WEAK
BELCH
GAS
NERVE
HEART.
BLEED.
BOWEL

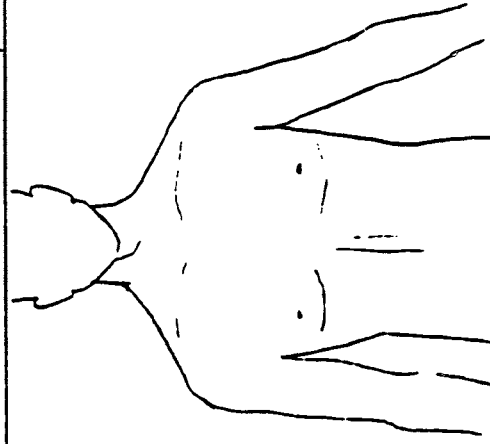
5. Have you noticed any change in the following since your last visit?

	No Change	Increased	Decreased
a. Appetite	1	2	3
b. Hearing	1	2	3
c. Vision	1	2	3

6. Since your last visit, have you had any problems, symptoms, or changes in habit other than those listed in 4-5 above?

No 1
Yes 2

If "Yes," list briefly:

<p>11. CHEST PAIN</p> <p><i>If an answer marked with an asterisk (*) is circled in this section, go directly to question 23.</i></p> <p>14. a. Have you ever had any pain or discomfort in your chest?</p> <p>1 No</p> <p>2 Yes (15)</p> <p><i>If "Yes," go to question 15.</i></p> <p>b. <i>If "No," ask: Have you ever had any pressure or heaviness in your chest?</i></p> <p>1 No* 1*</p> <p>2 Yes 2 (16)</p>	<p>19. How soon?</p> <p>1 Ten minutes or less 1</p> <p>2 More than ten minutes* 2* (21)</p>	<p>20. Will you show me where it was? Answer items a through e.</p> <p>a. Sternum (upper or middle)?</p> <p>1 No 1</p> <p>2 Yes 2 (22)</p> <p>b. Sternum (lower)?</p> <p>1 No 1</p> <p>2 Yes 2 (23)</p>	<p>c. Left anterior chest?</p> <p>1 No 1</p> <p>2 Yes 2 (24)</p>	<p>d. Left arm?</p> <p>1 No 1</p> <p>2 Yes 2 (25)</p>	<p>e. Other? (If "Yes," mark on diagram.)</p> <p>1 No 1</p> <p>2 Yes 2 (26)</p>	
<p>15. Do you get it when you walk uphill or hurry?</p> <p>1 No* 1*</p> <p>2 Yes 2</p> <p>9 Never hurries or walks uphill 9 (17)</p>	<p>16. Do you get it when you walk at an ordinary pace on the level?</p> <p>1 No 1</p> <p>2 Yes 2 (18)</p>	<p>17. What do you do if you get it while you are walking?</p> <p>1 Stop or slow down 1</p> <p>2 Carry on* 2* (19)</p> <p><i>Circle "1," "Stop or Slow Down," if subject carries on after taking nitroglycerine.</i></p>	<p>18. If you stand still, what happens to it?</p> <p>1 Relieved 1</p> <p>2 Not relieved* 2* (20)</p>			

27. Record subject's heart beat for 15 seconds (not 60 seconds) 27. PUL15 (42-43)

28. Record subject's blood pressure (take using right arm after patient has been sitting quietly for at least 5 minutes).

Readings	Systolic	Diastolic
Reading 1 (Std) (44-46)	SYSBA [][]	DSTBA [][]
Reading 2 (R-2) (50-52)	SYSBB [][]	DSTBB [][]
Zero 2 (56-57)	ZEROA [][]	
Net 2 (58-60)	SYSBP [][]	DSTBP [][]
NEW CARD [S][I][L][B][4] (1-5) DUPLICATE COLUMNS (6-14)		
Reading 3 (Std) (15-17)	SYSBC [][]	DSTBC [][]
Reading 4 (R-2) (21-23)	SYSBD [][]	DSTBD [][]
Zero 4 (27-28)	ZEROB [][]	
Net 4 (32-34)		

29. Initials and code number of person completing this section: Initials [][] Code Number [][] (35-36)

21. Do you feel it anywhere else?
 1 No 1 (27)
 2 Yes 2 (27)
 If "Yes" record additional information in question 20 above.

22. a. Did you see a doctor because of this pain (or discomfort)?
 1 No 1 (28)
 2 Yes 2 (28)
 b. If "Yes," ask: What did he say it was?
 1 Angina 1 (29)
 2 Other 2 (29)

23. Does the subject have angina by the Rose Questionnaire criterion? The subject has angina if any one of the following criteria is met:
 (i) item 20a is answered "yes," or
 (ii) item 20b is answered "yes," or
 (iii) both items 20c and 20d are answered "yes."
 1 No 1 (30)
 2 Yes 2 (30)

24. Initials and code number of person completing this section: Initials [][] Code Number [][] (31-32)

III. CLINIC WORKUP RECORD

25. Height: HT [][] [][] cm (33-36)

26. Weight: WT [][] [][] kg (37-40)
 a. [][] [][] kg
 b. Is this greater than the allowed weight for height?
 1 No 1 (41)
 2 Yes 2 (41)
 (Refer to Table VI-1 of the Protocol or the table included in the instructions for this form.)

<p>9. In your origin or descent--</p> <p>1 Mexican?</p> <p>2 Puerto Rican?</p> <p>3 Cuban?</p> <p>4 Central or South American?</p> <p>5 Other Spanish?</p> <p>6 Italian?</p> <p>7 Other European?</p> <p>9 None of these or unknown?</p>	<p>9. DESCEN</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>9 (56)</p>	<p>12. Continued</p> <p>02 Business manager, proprietor of medium-sized business, lesser professional</p> <p>03 Administrative personnel, small independent business, minor professional</p> <p>04 Clerical or sales worker, technical worker, owner of little business</p> <p>05 Skilled manual employee</p> <p>06 Machine operator, semi-skilled employee</p> <p>07 Unskilled employee, small farmer</p> <p>08 Unemployed for more than two (2) years</p> <p>09 Student</p> <p>10 Other</p> <p>99 Unknown</p>	<p>12. Occupation Code</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> <p>09</p> <p>10</p> <p>99 (59-60)</p>
<p>10. Of which racial group are you a member?</p> <p>1 White</p> <p>2 Negro or black</p> <p>3 Oriental</p> <p>4 American Indian</p> <p>9 Other Specify: _____</p>	<p>10. RACE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>9 (57)</p>	<p>13. Since your last visit have you had any pain or discomfort in your chest? If "Yes," administer the Chest Pain Form and do not ask question 14.</p> <p>1 No</p> <p>2 Yes</p>	<p>13. CHESPN</p> <p>1</p> <p>2 (61)</p>
<p>11. How much education have you had?</p> <p>1 College graduate with professional training</p> <p>2 College graduate</p> <p>3 At least 1 year of college training</p> <p>4 High school graduate</p> <p>5 Completed tenth grade in high school training</p> <p>6 Completed 7 years of school</p> <p>7 Completed less than 7 years of school</p> <p>9 Unknown</p>	<p>11. EDUC</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>9 (58)</p>	<p>14. Since your last visit have you had any pressure or heaviness in your chest?</p> <p>1 No</p> <p>2 Yes</p> <p>If "Yes," administer the Chest Pain Form.</p>	<p>14. CHESPR</p> <p>1</p> <p>2 (62)</p>
<p>12. What is your usual occupation?</p> <p>01 High executive, proprietor of large concern, major professional</p>	<p>12. OCCUP</p> <p>Occupation Code</p> <p>01</p>	<p>15. Do you get pain in either leg on walking?</p> <p>1 No*</p> <p>2 Yes</p>	<p>15. ICA</p> <p>1*</p> <p>2 (63)</p>

These questions should be asked of the subject exactly as they are written. If an answer marked with an asterisk (*) is circled in this section, skip to question 24.

II. INTERMITTENT CLAUDICATION

<p>16. ICB</p> <p>1 No (64)</p> <p>2 Yes* (64)</p>	<p>16. Does this pain ever begin when you are standing still or sitting?</p> <p>1 No</p> <p>2 Yes*</p>	<p>24. IIC</p> <p>1 No 1</p> <p>2 Yes 2</p> <p>9 Uncertain 9 (72)</p>	<p>24. Does the subject have intermittent claudication according to the Rose Questionnaire criterion? The subject has intermittent claudication if the answers to questions 22 and 23 are "Relieved" and "10 minutes or less."</p>
<p>17. ICC</p> <p>1 No* (65)</p> <p>2 Yes (65)</p>	<p>17. In what part of the leg do you feel it?</p> <p>1 Pain includes calf/calves</p> <p>2 Pain does not include calf/calves*</p>	<p>25. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (73-74)</p>	<p>25. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (73-74)</p>
<p>18. ICD</p> <p>1 No* 1*</p> <p>2 Yes 2</p> <p>9 Never hurries or walks uphill 9 (66)</p>	<p>18. Do you get it if you walk uphill or hurry?</p> <p>1 No*</p> <p>2 Yes</p> <p>9 Never hurries or walks uphill</p>	<p>26. Record subject's heart beat for 15 seconds (not 60 seconds) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PULSE (15-16)</p>	<p>26. Record subject's heart beat for 15 seconds (not 60 seconds) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PULSE (15-16)</p>
<p>19. ICE</p> <p>1 No 1</p> <p>2 Yes 2 (67)</p>	<p>19. Do you get it if you walk at an ordinary pace on the level?</p> <p>1 No</p> <p>2 Yes</p>	<p>27. Weight (in kilograms) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WT Kg (17-20)</p>	<p>27. Weight (in kilograms) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WT Kg (17-20)</p>
<p>20. ICF</p> <p>1 No 1</p> <p>2 Yes* 2* (68)</p>	<p>20. Does the pain disappear while you are walking?</p> <p>1 No</p> <p>2 Yes*</p>	<p>28. Record subject's blood pressure. (Take using right arm after subject has been sitting quietly for at least 5 minutes).</p> <p>Readings</p> <p>Systolic</p> <p>Reading 1 (Std) <input type="text"/> <input type="text"/> <input type="text"/> (21-23) SYSBA (24-26)</p> <p>Reading 2 (R-Z) <input type="text"/> <input type="text"/> <input type="text"/> (27-29) SYSBB (30-32)</p> <p>Zero Reading 2 <input type="text"/> <input type="text"/> <input type="text"/> ZEROA (33-34)</p> <p>Net (Reading 2 - Zero Reading 2) <input type="text"/> <input type="text"/> <input type="text"/> (35-37) SYSBP (38-40)</p>	<p>28. Record subject's blood pressure. (Take using right arm after subject has been sitting quietly for at least 5 minutes).</p> <p>Readings</p> <p>Systolic</p> <p>Reading 1 (Std) <input type="text"/> <input type="text"/> <input type="text"/> (21-23) SYSBA (24-26)</p> <p>Reading 2 (R-Z) <input type="text"/> <input type="text"/> <input type="text"/> (27-29) SYSBB (30-32)</p> <p>Zero Reading 2 <input type="text"/> <input type="text"/> <input type="text"/> ZEROA (33-34)</p> <p>Net (Reading 2 - Zero Reading 2) <input type="text"/> <input type="text"/> <input type="text"/> (35-37) SYSBP (38-40)</p>
<p>21. ICG</p> <p>1 No 1</p> <p>2 Carry on* 2* (69)</p>	<p>21. What do you do if you get it when you are walking?</p> <p>1 Stop or slow down</p> <p>2 Carry on*</p>	<p>29. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (41-42)</p>	<p>29. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (41-42)</p>
<p>22. ICH</p> <p>1 Relieved 1</p> <p>2 Not relieved 2 (70)</p>	<p>22. What happens to it if you stand still?</p> <p>1 Relieved</p> <p>2 Not relieved</p>	<p>29. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (41-42)</p>	<p>29. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (41-42)</p>
<p>23. ICI</p> <p>1 10 minutes or less 1</p> <p>2 More than 10 minutes 2 (71)</p>	<p>23. How soon?</p> <p>1 10 minutes or less</p> <p>2 More than 10 minutes</p>	<p>29. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (41-42)</p>	<p>29. Initials and code number of person completing this section. Initials: <input type="text"/> <input type="text"/> Code Number <input type="text"/> <input type="text"/> (41-42)</p>

III. CLINIC WORKUP RECORD

0171

PHYSICIAN'S INTERVIEW

Have you signed the Consent to Participate Form?

Yes 2 No 1

30. Have you signed the Consent to Participate Form should be signed by a family member, otherwise subject is excluded as unwillful.

(43)

31. Is your clinical impression that the subject has intermittent claudication?

Yes 2 No 1 INTCL (44)

Answer items a through n, checking the appropriate boxes.

32. Have you ever had:

Never Had Now But Not Now Uncertain

MI

- a. Myocardial infarction or coronary occlusion. If "uncertain," record should be obtained from his physician or the hospital for review. If the diagnosis of MI is still uncertain, the subject is excluded from the study.

Never Had	Now	But Not Now	Uncertain
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9

- b. Abnormal Electrocardiogram

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- c. Diabetes DIAB

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- d. Glycosuria GLYC

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- e. Hyperthyroidism HYTHY

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- f. Myxedema MYXD

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- g. Nephrosis NEPH

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- h. Pancreatitis PANC

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- i. Biliary cirrhosis BCIRH

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- j. Other liver disease OTHLIV

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- k. Gastrointestinal disease GSDIS

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------

32. Continued

Never Had Now But Not Now Uncertain

- a. Cholelithiasis or Cholecystitis CHOLEL

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- b. GOUT

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------
- c. Rheumatic heart disease or other non-coronary heart disease RHEUHD

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------	----------------------------

33. Have you ever had surgery on your heart?

No 1 Yes 9

If "Yes," was the surgery for:

- a. Coronary bypass CB-OP

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------
- b. Valve replacement VAL-OP

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------
- c. Pacemaker PCE-OP

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------
- d. Aneurysm AN-OP

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------
- e. Other Specify: OTH-OP

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------
- f. Unknown UNK-OP

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
----------------------------	----------------------------	----------------------------

Check the appropriate box.

No Yes Uncertain

34. Do you have a heart murmur?

1 2 9

If "Yes," at what age was it discovered? Code 99 if unknown.

1 2 9 (66-68)

35. Have you ever been told you have high cholesterol?

No 1 Yes 2

If "Yes," enter the age at which you were first told

1 2 (70-71)

36. Have you ever been treated with medication for high cholesterol?

No 1 Yes 2

NEW CARD S T B J (1-5) Duplicate Columns 6 through 14 (6-14)

40. Are the appropriate boxes checked?
 a. Left eye No Yes (40)
 b. Right eye No Yes (41)

41. Corneal arcus present? **CORNEA** 1 2 (42)

42. Xanthelasma present? **XANTH** 1 2 (43)
If present, complete Xanthelasma Form.

43. Carotid pulses unequal? **CARPLS** 1 2 (44)

44. Carotid bruits present? 1 2 3 4 (45)

THYROID

Normal	Abnormal			
	Diffusely Enlarged	Single Nodule	Multiple Nodules	Other
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

45. Thyroid 1 2 3 4 9 (46)
If "Other," specify: _____

46. Palpate pulse for one full minute. (47-49)

a. Rate (47-49)

b. Rhythm 1 2 3 4 (50)

c. Premature beats per minute (51-52)

47. Jugular venous pressure as the vertical height from the top of the right atrial venous column to a level 5 cm below the sternal angle. (53-54)

Jugular venous pressure (53-54)

48. Elevated above the angle of the mandible 1 2 (55)

Indeterminate 1 2 (55)

48. Lungs Normal 1 (56)

If "Abnormal," Which of the following abnormalities are present? Answer items a through m. Present

a. Tachypnea at rest (respiratory rate > 20) 2 (57)

b. Anterior chest deformity 2 (58)

c. Posterior chest or spine deformity 2 (59)

d. Dullness to percussion 2 (60)

e. Hyperresonance 2 (61)

f. Rhonchi 2 (62)

g. Wheezes 2 (63)

h. Rales clear on coughing 2 (64)

i. Rales persistent 2 (65)

j. Friction rub - lungs 2 (66)

k. Chest wall tenderness 2 (67)

l. Other Specify: _____ 2 (68)

NEW CARD **S** **T** **2** **B** **4** (1-5) Duplicate Columns 6 through 14 (6-14)

GRADING OF MURMURS

- Grade 1 - murmur only after the listener has 'tuned in'
- Grade 2 - faintest murmur audible immediately upon placing the stethoscope on the chest
- Grade 3 - easily heard murmur but not as loud as a Grade 4 murmur. No thrill associated
- Grade 4 - a moderately loud murmur and a significant jump from Grade 3. Thrill may be associated
- Grade 5 - murmur which can be heard with just the rim or edge of the stethoscope touching the chest but which cannot be heard with the stethoscope removed from the chest wall
- Grade 6 - murmur audible with the stethoscope removed from the chest wall

53. Murmurs 1 2 (29)

If "Absent," go to question 54.

a. If "Present," Enter the grade number in the appropriate box.

	Systolic	Diastolic
	(Grade Number)	(Grade Number)
Apex	<input type="checkbox"/> (30)	<input type="checkbox"/> (31)
Base	<input type="checkbox"/> (32)	<input type="checkbox"/> (33)
Left sternal border	<input type="checkbox"/> (34)	<input type="checkbox"/> (35)

b. Is it your impression that this represents:
Check all appropriate boxes:

Aortic systolic ejection murmur (including aortic stenosis)? 1 (36)

Aortic regurgitation? 1 (37)

Mitral stenosis? 1 (38)

Mitral regurgitation? 1 (39)

Other? Specify: _____ 1 (40)

49. Heaves and thrills in amplitude or duration of the normal ventricular impulse
- | | |
|----------------------------|----------------------------|
| Absent | Present |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
- (15)
- If "Present," answer item a through f.
- a. Left ventricular heave 2 (16)
- b. Right ventricular heave 2 (17)
- c. Systolic BASAL thrill 2 (18)
- d. Systolic APICAL thrill 2 (19)
- e. Systolic left sternal border thrill 2 (20)
- f. Other thrill 2 (21)

Specify Location: _____

50. Distance from mid sternal line to apical impulse at edge of cardiac dullness in centimeters: _____ cm (22-23)
"0.0" if indeterminate.

51. Heart sounds
- | | |
|----------------------------|---|
| Single Split | Absent |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
- (24)
- | | | |
|----------------------------|--|----------------------------|
| Physiologically Split | Fixed Splitting | Paradoxically Split |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
- (25)
- | | |
|----------------------------|----------------------------|
| Absent | Present |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
- (26)
- | | |
|----------------------------|----------------------------|
| Absent | Present |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
- (27)

52. Friction rub, pericardial 1 2 (28)

FLEETING EDEMA

Grade 1 - with hard pressure get minimal penetration of depression made by a finger for only a brief time

Grade 2 - with light pressure get preservation of depression made by a finger; with hard pressure get obvious and significant depression which remains for a period of time

Grade 3 - get depression about one inch in depth with hard pressure

54. Dependent edema 1 (41)

Enter the grade number Grade Number (42)

55. Liver size (measured at midclavicular line to nearest centimeter). Code: "99" if indeterminate. LIVER (43-44)

56. Splenomegaly. Check one.

Not palpable 1

< 1 cm below the left costal margin 2

1 cm below the left costal margin 3

2 cm below the left costal margin 4

3 cm below the left costal margin 5

> 3 cm below the left costal margin 6 (45)

57. Abdomen 1 (46)

Normal

Are the following abnormalities Present

a. Aneurysm 2 (47)

ABANUR

b. Bruit 2 (48)

ABBRUIT

c. Other Specify: A BOTH 2 (49)

58. Congestive heart failure - CHF is defined as any TWO of the following at the time of hospitalization or clinic visit:

- i Cardiac enlargement by X-ray (cardiothoracic ratio > 0.6) OR apex at least in the 6th intercostal space in the anterior axillary line
- ii Third or ventricular gallop
- iii Acute pulmonary edema
- iv Paroxysmal nocturnal dyspnea
- v Orthopnea

A chest X-ray is obtained if at least one of the four criteria ii, iii, iv, or v is present.

a. By these criteria is CHF present? 1 2 (50)

Yes No

b. Was a chest X-ray done? 1 2 (51)

c. By clinical impression is CHF present? 1 2 (52)

59. Femoral bruit

a. Left LFM BRUIT 1 2 (53)

b. Right RFM BRUIT 1 2 (54)

Absent Present

60. Femoral pulses

a. Left PULFEL 1 2 3 9 (55)

b. Right PULFR 1 2 3 9 (56)

Normal Diminished Absent Limb Missing

61. Dorsalis pedis pulses

a. Left PULIDL 1 2 3 9 (57)

b. Right PULIDR 1 2 3 9 (58)

62. Posterior tibial pulses

a. Left PULIFL 1 2 3 9 (59)

b. Right PULIFR 1 2 3 9 (60)

63. Radial pulses

Normal	Diminished	Absent	1 limb Missing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Left PUL.R.L.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Right PUL.R.R.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(61) 9
(62) 9

64. **SKIN** 1 Present (63)

If "Abnormal," Answer items a through i:

a. Psoriasis 2 (64)

b. Dry skin 2 (65)

c. Scaly skin 2 (66)

d. Eczema 2 (67)

e. Rash 2 (68)

f. Petechiae 2 (69)

g. Acanthosis nigricans 2 (70)

h. Other (except xanthoma) Specify: _____ (71)

(1) Xanthoma **XANTH** 2 (72)

At what age did the first xanthoma appear?
Code "99," if unknown. (73-74)

If xanthomata are present, complete the Xanthoma Form.

65. Continued

c. Abnormal motor 2 Present (78)

d. Other abnormality 2 (79)
Specify: _____

e. Is it your clinical impression that the subject has had a cerebral vascular accident? 1 No 2 Yes (80)

If "No" to part e, specify the etiology of the abnormalities: _____

NEW CARD **S T B S** (1-5) Duplicate Columns 6 through 14 (6-14)

66. Testicles 1 Normal 2 Abnormal 3 Absent (15)
If "Abnormal," specify: _____

67. Rectal exam 1 Normal 2 Present (16)
If "Abnormal," answer items a through f.

a. Hemorrhoids 2 (17)

b. Fissure 2 (18)

c. Prostatic enlargement 2 (19)

d. Prostatic nodule 2 (20)

e. Other Specify: _____ (21)

f. Occult blood 2 (22)

68. Other abnormalities on physical exam? 1 Absent 2 Present (23)
If "Present," specify briefly: _____

73. Physician's comments concerning disposition ambiguities or medical problems.

69. Rate the patient's motivation 1 2 3 4 (24)

70. Physician's signature and code number PHYCD
Signature: _____ Code Number (25-26)

VI. DISPOSITION

71. Disposition (To be completed by Data Coordinator) **71. PREDSP2**

1 Appointment made for Visit 3 1

2 Subject's disposition is pending awaiting receipt of hospital or physician record
Subject is excluded because: _____ 2

3 Second non-fasting or missed visit 3

4 Systolic blood pressure > 180 mm Hg or diastolic blood pressure > 120 mm Hg 4

5 Previous experience with cholestyramine (Questran) 5

6 Disease likely to limit life span to less than 7 years Specify: _____ 6

7 Angina during exercise ECG 7

8 Unwilling or unable to continue in the study _____ 8

9 Other Specify: _____ (27)

72. Initials and code number of person completing disposition. Initials: _____ Code Number (28-29)

ARC PRE-ION TRIAL ANNUAL VISIT CLINIC RECORD (Visit 10, 16, 22 . . .)

O.M.A. 68-521044

For CPR Use Only (65-70)

PACKNO

Subject ID Number

STYCL (1-5) (6-14)

Visit Number VISIT

I. GENERAL

Enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single horizontal stroke if the question does MONTH DAY YEAR

(CTV)

1. Date of Visit: (17-22)
2. Last Name: (23-34)
3. Initials: (35-36)
4. Date of Last Visit: (37-42)

To be completed by receptionist and data coordinator before physician sees the subject.

5. Number of packets--
a. Issued at or since last visit PAC-IS (43-45)
b. Returned by subject this visit PAC-RET (46-48)
c. Left at home or accidentally destroyed. PAC-LH (49-51)
d. Not taken (b + c) PAC-NOT (52-54)
e. Subject has taken since last visit (a - d) PAC-TAKE (55-57)
f. Should have taken PAC-SHLD (58-61)
g. Percent adherence to nearest whole number ((e + f) x 100) PAC (62-64)

6.a. When was the last time you took anything by mouth except water? See the instructions for use of fasting wheel to determine fasting time. Enter a two-digit number, using leading zero when the number is less than 10. IF SUBJECT IS FASTING AT LEAST 12 HOURS, GO TO QUESTION 7.

FAST

FAST (71-72)

b. If non-fasting visit, reschedule appointment and STOP.

Annual Visit rescheduled for:

Annual Visit rescheduled (73-78)

7. What is your usual occupation?

OCCUP

- 01 High executive, proprietor of large concern, major professional
02 Business manager, proprietor of medium-sized business, lesser professional
03 Administrative personnel, small independent business, minor professional
04 Clerical or sales worker, technical worker, owner of little business
05 Skilled manual employee
06 Machine operator, semi-skilled employee
07 Unskilled employee, small farmer
08 Unemployed for more than two (2) years
09 Student
10 Other
99 Unknown

NEW CARD [] [] [] [] [] [] (1-5) Duplicate Columns 6 through 16 (6-16)

II. CHEST PAIN

8. Since your last visit have you had any pain or discomfort in your chest?

- 1 No
- 2 Yes

If "Yes," complete the Chest Pain Form; then go to question 10 of this form.

8. CHESPN

- 1
- 2

9. Since your last visit have you had any pressure or heaviness in your chest?

- 1 No
- 2 Yes

If "Yes," complete the Chest Pain Form; then complete this form.

- 1
- 2

III. INTERMITTENT CLAUDICATION

These questions should be asked of the subject exactly as they are written. If an answer marked with an asterisk (*) is circled in this section, skip to question 19.

10. Do you get pain in either leg on walking?

- 1* No
- 2 Yes

10. ICA

- 1*
- 2

11. Does this pain ever begin when you are standing still or sitting?

- 1 No
- 2* Yes

11.

ICB

- 1
- 2*

12. In what part of the leg do you feel it?

- 1 Pain includes calf/calves
- 2* Pain does not include calf/calves.

12.

ICC

- 1
- 2*

13. Do you get it if you walk uphill or hurry?

- 1* No
- 2 Yes
- 9 Never hurries or walks uphill

13.

ICD

- 1*
- 2
- 9

14. Do you get it if you walk at an ordinary pace on the level?

- 1 No
- 2 Yes

14.

ICE

- 1
- 2

15. Does the pain disappear while you are walking?

- 1 No
- 2* Yes

15.

ICF

- 1
- 2*

16. What do you do if you get it when you are walking?

- 1 Stop or slow down
- 2* Carry on

16.

ICG

- 1
- 2*

17. What happens to it if you stand still?

- 1 Relieved
- 2 Not relieved

17.

ICH

- 1
- 2

18. How soon?

- 1 10 minutes or less
- 2 More than 10 minutes

18.

ICI

- 1
- 2

19. Does t. subject have intermittent claudication according to the Rose Questionnaire criterion? The subject has intermittent claudication if the answers to questions 17 and 18 are "Relieved" and "10 minutes or less."

1 No 1
 2 Yes 2
 9 Uncertain 9 (28)

IC

20. Initials and code number of person completing sections II and III.

a. Initials: _____
 b. Code Number (29-30)

IV. CLINIC WORKUP RECORD

21. Weight (to nearest 0.1 kg. with out-door garments and shoes removed):

WT (31-34)

22. Pulse at rest (record subject's heart rate for 15 seconds, not 60 seconds):

PULSE (35-36)

23. Record subject's blood pressure. (Take using right arm after subject has been sitting quietly for at least 5 minutes).

Readings	Systolic	Diastolic
Reading 1 (Std)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (37-39)	11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (40-42)
Reading 2 (R-2)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (43-45)	11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (46-48)
Zero Reading 2	_____	ZEROA <input type="text"/> <input type="text"/> (49-50)
Net 2 (Reading 2 - Zero Reading 2)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (51-53)	11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (54-56)

NEW CARD (1-5) Duplicate Columns 6 through 16 (6-16)

23. Continued

	Systolic	Diastolic
Reading 3 (Std)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (17-19)	11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (20-22)
Reading 4 (R-2)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (23-25)	11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (26-28)
Zero 4	ZEROB <input type="text"/> <input type="text"/> (29-30)	
Net 4 (Reading 4 - Zero Reading 4)	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (31-33)	11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (34-36)

24. Initials and code number of person completing this section.
 a. Initials: _____
 b. Code Number (37-38)

V. PHYSICIAN'S INTERVIEW

25. Is it your clinical impression that the subject has intermittent claudication?
 No 1 Yes 2

Answer items a through n, checking the appropriate boxes.

26. Have you had in the past year:
 Have Not Had In Past Year But
 Past Year Now Not Now Uncertain

a. Myocardial infarction or coronary occlusion? If "uncertain," record should be obtained from his physician or the hospital for review.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
b. Abnormal electrocardiogram?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
c. Diabetes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
d. Glycosuria?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
e. Hyperthyroidism?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9

MI

26. Cont'd

Have you had in the past year:	Have Not Had In Past Year	Have Had In Past Year But Not Now	Had In Past Year But Not Now	Uncertain	
f. Myxedema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(45)
g. Nephrosis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(46)
h. Pancreatitis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(47)
i. Biliary cirrhosis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(48)
j. Other liver disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(49)
k. Gastrointestinal disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(50)
l. Cholelithiasis or Cholecystitis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(51)
m. Gout?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(52)
n. Rheumatic heart disease or other non-coronary heart disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9	(53)

(27.) In the past year have you had surgery on your heart? **HSURG**

	No	Yes	
If "Yes," was the surgery for:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(54)
a. Coronary bypass?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(55)
b. Valve replacement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(56)
c. Pacemaker?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(57)
d. Aneurysm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(58)
e. Other? Specify: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(59)
f. Unknown?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(60)

(28.) Have you had any of the following in the past year? Use the following definitions to answer the questions.

Abnormal Dyspnea on Exertion - shortness of breath occurring more easily than in others your own age during physical activity.

Orthopnea - a condition in which there is need to sit up and elevate one's head to breathe more easily.

Paroxysmal Nocturnal Dyspnea (PND) - an acute attack of shortness of breath awaking patient from sleep and requiring him to sit up to ease the shortness of breath. Often associated with choking or suffocating sensation and often causes the patient to go to the nearest window for relief.

Answer items a through g, checking No Yes Uncertain the appropriate boxes.

a. Abnormal dyspnea on exertion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	(61)
DYSPN				
b. Orthopnea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	(62)
c. Paroxysmal nocturnal dyspnea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	(63)
d. Palpitations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	(64)
e. Edema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	(65)
f. Nocturia (more than once a night)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	(66)
g. Enlarged heart	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	(67)

CORNEA

31. Corneal arcus present? No Yes 1 2 (19)

32. Xanthelasma present? 1 2 (20)
If present, complete Xanthoma Form.

33. Carotid pulses unequal? 1 2 (21)

34. Carotid bruits present
 Neither 1 Left Only 2 Right Only 3 Both 4 (22)

35. Thyroid 1 2 3 4 9 (23)
If "Other," specify: _____

Normal	Abnormal			
	Diffusely Enlarged	Single Nodule	Multiple Nodules	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Palpate pulse for 15 seconds.
 a. Rate (24-25)
 b. Rhythm 1 2 (26)
 Regular Irregular

37. a. Jugular venous pressure as the vertical height from the top of the jugular venous column to a level 5 cm below the sternal angle. (27-28)
 b. Jugular venous pressure (27-28)
If you cannot measure the jugular venous pressure, check the appropriate response below.
 b. Elevated above the angle of the mandible 1
 Indeterminate 2 (29)

VI. PHYSIC EXAMINATION

29. a. Fundi Normal Abnormal Not Well Seen 9 (68)
If "Normal" or "Not Well Seen," go to question 30.

If abnormal, which of the following abnormalities are present? Answer items b through j, checking the appropriate boxes.

- | | | | | |
|---------------------------------------|---------------------------------|----------------------------------|------------------------------------|---------------------------------|
| b. Widened light reflex | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Uncertain | <input type="checkbox"/> 9 (69) |
| c. General arterial narrowing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (70) | |
| d. A-V nicking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (71) | |
| e. Focal arterial narrowing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (72) | |
| f. Hemorrhage | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (73) | |
| g. Exudate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (74) | |
| h. Papilledema | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (75) | |
| i. Microaneurysms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (76) | |
| j. Other Specify: _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 (77) | |

NEW CARD **SITIC** (1-5) Duplicate Columns 6 through 16 (6-16)

30. Are cataracts present?
 a. Left Eye No Yes Eye Missing 9 (17)

HEAVE - an increase in amplitude or duration of the normal venous impulses

- 39. Heaves and thrills Absent 1 Present 2 Uncertain 9 (43)
If "Present," answer items b through g.
- b. Left ventricular heave 1 2 9 (44)
- c. Right ventricular heave 1 2 9 (45)
- d. Systolic BASAL thrill 1 2 9 (46)
- e. Systolic APICAL thrill 1 2 9 (47)
- f. Systolic left sternal border thrill 1 2 9 (48)
- g. Other thrill 1 2 9 (49)

Specify location: _____

40. Distance from mid sternal line to apical impulse or edge of cardiac dullness in centimeters: cm (50-51)
Code "99" if indeterminate.

- 41. Heart sounds
 - a. S₁ Single Split Absent 1 2 3 (52)
Physiologically Fixed Paradoxically Split
 - b. S₂ Single Split Absent 1 2 3 4 5 (53)
Absent Present
 - c. S₃ Absent 1 2 (54)
Absent Present
 - d. S₄ Absent 1 2 (55)

42. Friction rub, pericardial Absent 1 Present 2 (56)

Normal 1 Abnormal 2

38.a. Lungs 1 2 (30)

If "Abnormal," which of the following abnormalities are present?
Answer items b through m.

- b. Tachypnea at rest (respiratory rate > 20) Absent 1 Present 2 Uncertain 9 (31)
- c. Anterior chest deformity 1 2 9 (32)
- d. Posterior chest or spine deformity 1 2 9 (33)
- e. Dullness to percussion 1 2 9 (34)
- f. Hyperresonance 1 2 9 (35)
- g. Rhonchi 1 2 9 (36)
- h. Wheezes 1 2 9 (37)
- i. Rales clear on coughing 1 2 9 (38)
- j. Rales persistent 1 2 9 (39)
- k. Friction rub - lungs 1 2 9 (40)
- l. Chest wall tenderness 1 2 9 (41)
- m. Other Specify: _____ 1 2 9 (42)

_____ Absent 1 Present 2

GRADING OF MURS

- Grade 1 - audible only after the listener has 'tuned in'
- Grade 2 - faintest murmur audible immediately upon placing the stethoscope on the chest
- Grade 3 - easily heard murmur but not so loud as a Grade 4 murmur. No thrill associated
- Grade 4 - a moderately loud murmur and a significant jump from Grade 3. Thrill may be associated
- Grade 5 - murmur which can be heard with just the rim or edge of the stethoscope touching the chest but which cannot be heard with the stethoscope removed from the chest wall
- Grade 6 - murmur audible with the stethoscope removed from the chest wall

43. a. Murmurs 1 2 (57)
 If "Absent," go to question 44.
 If "Present," enter the grade number in the appropriate box.

Systolic Diastolic
 (Grade Number) (Grade Number)

b. Apex 1. (58) 11. (59)
 c. Base 1. (60) 11. (61)
 d. Left sternal border 1. (62) 11. (63)

Is it your impression that this represents:
 Check all appropriate boxes.

No Yes

e. Aortic systolic ejection murmur (including aortic stenosis)? 1 2 (64)
 f. Aortic regurgitation? 1 2 (65)
 g. Mitral stenosis? 1 2 (66)
 h. Mitral regurgitation? 1 2 (67)
 i. Other? Specify: _____ 1 2 (68)

PITTING EDEMA

- Grade 1 - with hard pressure get minimal preservation of depression made by a finger for only a brief time
- Grade 2 - with light pressure get preservation of depression made by a finger; with hard pressure get obvious and significant depression which remains for a period of time
- Grade 3 - get depression about one inch in depth with hard pressure

44.a. Dependent edema 1 2 (69)
 Absent Present
 Grade Number

b. If "Present," enter the grade number (70)

45. Liver size. Measured at midclavicular line to nearest centimeter. Code "99" if indeterminate. cm (71-72)
LIVER

46. Splenomegaly. (Check one)

Not palpable 1
 < 1 cm below the left costal margin 2
 1 cm below the left costal margin 3
 2 cm below the left costal margin 4
 3 cm below the left costal margin 5
 > 3 cm below the left costal margin 6 (73)

47.a. Abdomen 1 2 (74)
 If "Abnormal," are the following abnormalities present?
 Absent Present Uncertain

b. Aneurysm 1 2 9 (75)
 c. Bruit 1 2 9 (76)
 d. Other Specify: _____ 1 2 9 (77)

NEW CARD I Y G S (1-5) Duplicate Columns 6 through 16

48. Congestive heart failure - CHF is defined as any TWO of the following at the time of hospitalization or clinic visit:

i Cardiac enlargement by X-ray (cardiothoracic ratio > 0.6) OR apex at least in the 6th intercostal space in the anterior axillary line

ii Third or ventricular gallop

iii Acute pulmonary edema

iv Paroxysmal nocturnal dyspnea

v Orthopnea

A chest X-ray is obtained if at least one of the four criteria ii, iii, iv, or v is present.

a. By these criteria is CHF present? . CHF

If so, complete Congestive Heart Failure Form.

b. Was a chest X-ray done?

c. By clinical impression is CHF present?

49. Femoral bruit

a. Left Absent Present

b. Right Absent Present

50.

Femoral pulses Normal Diminished Absent

a. Left PUL-F-L 1 2 3

b. Right PUL-F-R 1 2 3

51.

Dorsalis pedis pulses

a. Left PUL-D-L 1 2 3

b. Right PUL-D-R 1 2 3

52.

Posterior tibial pulses

a. Left PUL-T-L 1 2 3

b. Right PUL-T-R 1 2 3

53. Radial pulses

a. Left PUL-R-L 1 2 3 9

b. Right PUL-R-R 1 2 3 9

54. Skin NSKIN Normal Abnormal

If "Abnormal," answer items b through k.

b. Psoriasis Absent Present Uncertain

c. Dry skin Absent Present Uncertain

d. Scaly skin Absent Present Uncertain

e. Eczema Absent Present Uncertain

f. Rash Absent Present Uncertain

g. Petechiae Absent Present Uncertain

h. Acanthosis nigricans Absent Present Uncertain

i. Other (except xanthoma) Specify: Absent Present Uncertain

j. Xanthoma . XANTH. Absent Present Uncertain

k. At what age did the first xanthoma appear? Absent Present Uncertain

Code "99" if unknown.

If xanthomas are present, complete the Xanthoma Form and ask the following question:

At what age did the first xanthoma appear?

Code "99" if unknown.

55. a. Neuromuscular Normal 1 Abnormal 2 (42)
- If "Abnormal," answer items b through f.*
- b. Abnormal reflexes Absent 1 Present 2 Uncertain 9 (43)
- c. Abnormal sensory 1 2 9 (44)
- d. Abnormal motor 1 2 9 (45)
- e. Other abnormality 1 2 9 (46)

Specify: _____

STROKE

Is it your clinical impression that the subject has had a stroke? No 1 Yes 2 (47)

If "Yes" to part f, complete Stroke Form.

If "No" to part f, specify the etiology of the abnormalities:

56. Testicles Normal 1 Abnormal 2 Absent 3 (48)

If "Abnormal," specify: _____

57. a. Rectal exam Normal 1 Abnormal 2 (49)
- If "Abnormal," answer items b through g.*
- b. Hemorrhoids Absent 1 Present 2 Uncertain 9 (50)
- c. Fissure 1 2 9 (51)
- d. Prostatic enlargement 1 2 9 (52)
- e. Prostatic nodule 1 2 9 (53)
- f. Occult blood 1 2 9 (54)
- g. Other *Specify:* _____ 1 2 9 (55)

58. Other abnormalities on physical examf. Absent 1 Present 2 (56)

If "Present," specify briefly: _____

59. MYOIN

Is there evidence the subject has had a myocardial infarction since his last visit?

1 No 1

2 Yes 2

If "Yes," complete the Provisional Clinical Diagnosis Form and the MI Since Last Visit Forms.

60. Write the subject's motivation Excellent Good Fair Poor
MOTIVTN 1 2 3 4 (58)

61. If the subject's drug adherence as calculated in question 58 is less than 90%, what are the most pressing reasons: (If subject's adherence is \geq 90%, go to question 63.)

a) Dosage recommended by LRC personnel is less than 24 gms/day DOSE24 1 (59)

b) Upper G.I. side effect UPGI 1 (60)

c) Lower G.I. side effect LOWGI 1 (61)

d) Sexual problem SEXPROB 1 (62)

e) Hospitalization IN-HOSP. 1 (63)

f) Intercurrent health problem HLTH-PR 1 (64)

g) Ran out of medication NO-MED. 1 (65)

h) Irregular schedule (travel, shift work) IRRREGSCH 1 (66)

i) Forgot to take medication (weekend, evening, etc) FORGOTMD 1 (67)

j) Domestic problem (uncooperative wife, family problem) D. PROB 1 (68)

k) Private physician wishes patient to discontinue DISCONT 1 (69)

61. Continued
Information from media or other source MEDIA 1 (70)

Specify:
Unblinded, or reason to believe he is UNBLIND 1 (71)

Aversion to medication AVERSION 1 (72)

Unconvinced of any benefit UNCONVIN 1 (73)

"Tired and bored with study" BORED 1 (74)

Other OTHERADH 1 (75)

Specify:

62. List in order of importance the reasons checked for adherence of less than 90%. (Place the letters corresponding to the reasons as listed in question 61 in the boxes below.)

Most important reason REASL1. (76)

Second REASL2. (77)

Third REASL3. (78)

VII. LABORATORY DATA

66. White blood count 66. WBC (24-28)

--	--	--	--	--

67. Hematocrit HCT (29-30)

--	--	--	--	--

68. Urine protein dipstick reading

- 1 Negative 1
- 2 Trace 2
- 3 30 mg% or + 3
- 4 100 mg% or ++ 4
- 5 300 mg% or +++ 5
- 6 1000 mg% or ++++ 6 (31)

Comments:

63.

- 1 (17)
- 2

63. Does physician's history agree with adherence in question 5g?

- 1 No
- 2 Yes

Ambiguities or medical problems:

64.

a. TRDOSE

- 1 (18)
- 2
- 9

64. The subject's current treatment dose is

- 1 24 grams/day
- 2 16 grams/day
- 9 Other

If "1" or "2," go to part o.

64. Specify current treatment dose (gm/day)

b. TDOSE gm/day (19-20)

c. DFREQ

- 1 (21)
- 2
- 3
- 9

64. The subject is taking medication

- 1 2 times a day
- 2 3 times a day
- 3 4 times a day
- 9 Other Specify: _____

65. Code number

b. (22-23)

65. Signature and code number of physician completing sections V and VI.

a. Signature: PHVCD