

MULTIPLE RISK FACTOR INTERVENTION TRIAL FIRST ANNUAL VISIT FORM

To be completed at first annual follow-up examination. The participant's name should be imprinted on the first page of each part of this form using the addressograph plate before the appointment. An ID label should be attached to each of the three parts. When completing the form, please print using a ball point pen.

CLINIC 23
DAYS12
DATE 17

ID	6	16
NAME	ADDRESSOGRAPH PLATE	

Year of Follow-up	24 1
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Attach ID Label Here

Has the participant indicated that he has been hospitalized during the past year by completing item 49 of Form 94?

- 1 yes
- 2 no

For each different hospital in which the participant was hospitalized, complete a Consent for Release of Medical Information, Form 90. Summarize the results here.

Signature for Release of Information Obtained

Name of Hospital

26 1 yes 2 no

Street No. and Name

City, State

Name of Hospital

27 1 yes 2 no

Street No. and Name

City, State

Name of Hospital

28 1 yes 2 no

Street No. and Name

City, State

Ask the participant the following question: During the past year, have you been hospitalized for any condition?

- 1 yes
- 2 no

Continue with item 1.

1. Pulse: Beats in 30 seconds x 2 = PULSE12 beats/minute

2. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 32

The participant must be quiet and remain continuously in a seated position for 5 minutes before and during the 4 measurements. During the measurements of the blood pressure there should be no change in the position of the participant.

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	34 <input type="text"/> <input type="text"/> <input type="text"/>	37 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 2 (R - Z)	40 <input type="text"/> <input type="text"/> <input type="text"/>	43 <input type="text"/> <input type="text"/> <input type="text"/>
Zero	46 <input type="text"/> <input type="text"/>	48 <input type="text"/> <input type="text"/>
STDSBP12 STDDBP12	50 <input type="text"/> <input type="text"/> <input type="text"/>	53 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 3 (Std)	56 <input type="text"/> <input type="text"/> <input type="text"/>	59 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 4 (R - Z)	62 <input type="text"/> <input type="text"/> <input type="text"/>	65 <input type="text"/> <input type="text"/> <input type="text"/>
Zero	68 <input type="text"/> <input type="text"/>	70 <input type="text"/> <input type="text"/>
Corrected	72 <input type="text"/> <input type="text"/> <input type="text"/>	75 <input type="text"/> <input type="text"/> <input type="text"/>

The above blood pressure data using R-Z readings (Nos. 2 and 4) must be transcribed here for the computation of the average blood pressure. The computation of the averages using the standard mercury sphygmomanometer is optional.

Zero muddler mercury sphygmomanometer readings (corrected value):

	Systolic	Disappearance 5th Phase Diastolic
Reading 2	_____	_____
ACCHYP12	Reading 4	_____
	Sum	_____
Average	<u>SBP12</u>	<div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div> Average DBP

3. Average diastolic blood pressure (DBP) as determined by zero muddler **DBP12** ⁷⁸ mm Hg

Write average DBP on FORM 105

4. Standing Blood Pressure Measurements:

After having the participant remain in a standing position for two minutes, measure his blood pressure using a standard mercury sphygmomanometer.

	Systolic	Disappearance 5th Phase Diastolic
UPSBP12 ⁸¹	<input type="text"/> <input type="text"/> <input type="text"/>	UPDBP12 ⁸⁴ <input type="text"/> <input type="text"/> <input type="text"/>

5. Weight (nearest half-pound, disrobed) lbs.

BMI12



6. a. To be completed by technician at the time of the resting ECG in the supine position.

Room temperature 91 <input type="text"/> <input type="text"/> °F	Permanent Cassette No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Technician Code <input type="text"/> <input type="text"/>	Chest Square Reading			Heart Rate <input type="text"/> <input type="text"/>
	50	57	O-E <input type="text"/> <input type="text"/> <input type="text"/>	O-V6 <input type="text"/> <input type="text"/> <input type="text"/>	O-V4 <input type="text"/> <input type="text"/> <input type="text"/>	108

Comments on resting ECG: _____

b. Is Left Ventricular Hypertrophy present on resting ECG? yes no
(See Table 3 for Definition. Refer to Minnesota Code 3.1, 3.3)

c. Time participant last ate a.m. p.m. Please circle a.m. or p.m.

The fasting blood specimen must be obtained immediately following the resting ECG. If it has been less than 12 hours since the participant last ate the fasting blood specimen should be postponed until at least 12 hours have passed.

d. Time fasting blood specimen obtained a.m. p.m. Please circle a.m. or p.m.

7. Do you now smoke cigarettes?

1 yes
2 no

8. During the past year did you stop smoking cigarettes for any period of time?
123 1 yes
2 no

9. How long ago was it that you stopped smoking cigarettes?
124 1 less than 4 months 2 4 to 8 months (not including 8 months)
3 8 to 12 months (not including 12 months) 4 12 or more months

10. What was the longest period of time you stayed off cigarettes at that time?
125 1 less than 24 hours 2 1 or more days but less than 1 week 3 1 or more weeks but less than 1 month
4 1-2 months 5 over 2 months

11. At the time you stopped, was it:
126 1 extremely difficult 2 difficult 3 easy

Continue with question 12.

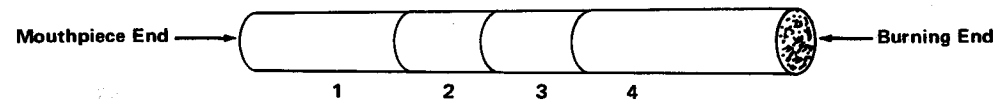
SMKNOW12

STOPLYR12

INHALE12 127 12. When you smoke cigarettes, how deeply do you usually draw in the smoke?
1 deeply into the chest 2 partly into the chest 3 as far back as the throat
4 well back into the mouth 5 draw into the mouth, or just puff

OFTEN12 128 13. How often do you usually inhale the smoke when you smoke cigarettes?
1 inhale almost every puff of each cigarette 2 inhale only a few puffs of each cigarette
3 inhale only a few puffs of some cigarettes 4 I don't usually inhale the smoke

14. When you smoke a cigarette, indicate on the diagram below with a checkmark (✓) how far you let it burn.




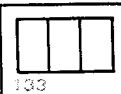
BURN12 129 15. How much of your cigarette burns without your smoking it?
1 very little 2 some 3 a moderate amount 4 a great deal

Continue with question 22.

Continue with question 16.

CIGS12 

16. On the average, about how many cigarettes do you now smoke a day?

131 
133 
DO NOT USE

17. What brand of cigarettes do you usually smoke? _____

18. What type of cigarettes are they?

- Are they ... 136 1 filter tip or 2 non-filter tip
- Are they ... 137 1 plain or 2 menthol
- Are they ... 138 1 hard pack or 2 soft pack
- Are they ... 139 1 regular size or 2 king size or 3 100 millimeter

19. Do you expect that one year from now you will be smoking:

- 140 1 more cigarettes 2 same number 3 fewer cigarettes 4 none at all

20. Have you tried sources of outside help, or techniques in an effort to stop smoking?

- 141 1 yes →
 - 2 no ↓
- Continue with question 22.

21. Which sources of outside help or techniques did you try?

22. Do you smoke cigars?

- 142 1 yes →
- 2 no ↓

CIGAR12

23. How often do you smoke cigars?

- 143 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

24. With cigars, how deeply do you inhale the smoke?

- 144 1 deeply into the chest 2 partly into the chest 3 as far back as the throat
- 4 well back into the mouth 5 draw into the mouth, or just puff

25. For cigars how often do you usually inhale?

- 145 1 inhale almost every puff of each cigar 2 inhale a few puffs of each cigar
- 3 inhale a few puffs of some cigars 4 I don't usually inhale the smoke

26. Do you smoke cigarillos?

- 146 1 yes →
- 2 no ↓

CIGLO12

27. How often do you smoke cigarillos?

- 147 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

28. With cigarillos, how deeply do you inhale the smoke?

- 148 1 deeply into the chest 2 partly into the chest 3 as far back as the throat
- 4 well back into the mouth 5 draw into the mouth, or just puff

29. For cigarillos, how often do you usually inhale?

- 149 1 inhale almost every puff of each cigarillo 2 inhale a few puffs of each cigarillo
- 3 inhale a few puffs of some cigarillos 4 I don't usually inhale the smoke

30. Do you smoke pipes?

- 150 1 yes →
- 2 no ↓

PIPE12

31. How often do you smoke pipes?

- 151 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

32. With pipes, how deeply do you inhale the smoke?

- 152 1 deeply into the chest 2 partly into the chest 3 as far back as the throat
- 4 well back into the mouth 5 draw into the mouth, or just puff

33. For pipes, how often do you usually inhale?

- 153 1 inhale almost every puff of each pipeful 2 inhale a few puffs of each pipeful
- 3 inhale a few puffs of some pipefuls 4 I don't usually inhale the smoke

Continue with question 34.

HEART

57. Is there an abnormality on precordial palpation? Specify _____ 1 yes 2 no
58. Is S₁ abnormal? Specify _____ 1 yes 2 no
59. Is A₂ abnormal? Specify _____ 1 yes 2 no
60. Is P₂ abnormal? Specify _____ 1 yes 2 no
61. Is there an S₃ gallop? 1 yes 2 no
62. Is there an S₄ gallop? 1 yes 2 no

63. Is there a systolic murmur?

1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	Position	Grade* 1-6	Type of Murmur			
			Ejection	Holosystolic	Other	
	Apical	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
	Pulmonic	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
	Aortic	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
	Other	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	

64. Is there a diastolic murmur?

1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	Position	Grade* 1-6	Indicate Time of Murmur			
			Early	Mid	Late	Other
	Apical	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	Pulmonic	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	Aortic	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	Left sternal border	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

*Grade intensity as follows: 1 Barely Audible 2 Faint 3 Moderate 4 Loud 5 Very loud 6 Murmur heard off chest wall

NOTE: For each position where murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

65. Is the liver enlarged? 1 yes 2 no
66. Is the spleen palpable? 1 yes 2 no
67. Are there other abdominal masses? Specify where: _____ 1 yes 2 no
68. Is there an aortic aneurysm present? 1 yes 2 no

PERIPHERAL ARTERIES

69. In the right femoral artery,
- a) is the pulse absent or diminished? 1 yes 2 no
- b) is a bruit heard? 1 yes 2 no
70. In the left femoral artery,
- a) is the pulse absent or diminished? 1 yes 2 no
- b) is a bruit heard? 1 yes 2 no
71. In the right dorsalis pedis artery, is the pulse absent or diminished? 1 yes 2 no
72. In the right posterior tibial artery, is the pulse absent or diminished? 1 yes 2 no
73. In the left dorsalis pedis artery, is the pulse absent or diminished? 1 yes 2 no
74. In the left posterior tibial artery, is the pulse absent or diminished? 1 yes 2 no
75. Is bilateral pitting edema of ankles or feet present? 1 yes 2 no
76. Is there a history of sudden pain or coldness of a foot or a leg during the past twelve months? 1 yes 2 no
77. Are ischemic ulcers present over either leg? 1 yes 2 no
78. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months? 1 yes 2 no

NEUROPSYCHIATRIC

STROKE 12 79. Is there evidence of either hemiplegia or hemiparesis?

108 1 yes 2 no

Ask questions 80 and 81 and check the appropriate answer.

80. During the past year, have you experienced a decrease in sexual activity?

1 yes 2 no

81. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep?

1 yes 2 no

SKIN

82. Are xanthomata present? (Exclude xanthelasma which should be noted in question 34.)

111 1 yes 2 no

83. Are ear tophi present?

112 1 yes 2 no

84. Based on the medical history, the physical examination and the ECG, for each condition check if present, suspect or no evidence.

A. Circulatory Diseases:

	Present	Suspect	No Evidence
PHYAAa12 a. Congestive heart failure 113	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Angina pectoris PHYAAb12 114	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAc12 c. Myocardial infarction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours PHYAAAd12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAe12 e. Stroke with neurological deficit lasting more than 24 hours 117	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Intermittent claudication PHYAAf12 118	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAg12 g. Peripheral arterial occlusion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Pulmonary embolism PHYAAh12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAi12 i. Thrombophlebitis 121	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Atrial fibrillation PHYAAj12 122	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Arrhythmias other than atrial fibrillation PHYAAk12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Other circulatory diseases, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B. Malignant Neoplasm:

a. Lung PHYABa12	125 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. GI PHYABb12	126 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. GU PHYABc12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Skin PHYABd12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other, Specify: PHYABe12 _____	128 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

C. Endocrine Metabolic Disease:

a. Diabetes PHYACa12	130 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Gout PHYACb12	131 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Hyperthyroidism PHYACc12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Hypothyroidism PHYACd12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Cushing's syndrome PHYACe12	134 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Pheochromocytoma PHYACf12	135 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Primary aldosteronism PHYACg12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

D. Mental Disease:

	Present	Suspect	No Evidence
a. Psychosis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Psychoneurosis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Alcoholism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Drug addiction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E. Neurologic Disease:

a. Convulsive disorder PHYAEa12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

F. Musculo-Skeletal Disease:

a. Arthritis or rheumatism PHYAFa12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

G. Respiratory Disease:

a. Chronic obstructive lung disease PHYAGa12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Asthma PHYAGb12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Tuberculosis PHYAGc12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

H. Digestive Disease:

a. Peptic ulcer PHYAHa12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Gall bladder disease PHYAHb12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Cirrhosis PHYAHc12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Other liver disease PHYAHd12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

I. Genito-Urinary Conditions:

a. Prostatism PHYAIa12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Nephritis/Nephrosis PHYAIb12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Urinary tract infection PHYAIc12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Nephrolithiasis PHYAI d12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

J. Hematopoietic Diseases:

a. Anemia PHYAJa12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Other Hematopoietic Diseases, Specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

87. For each of the medicines below, ask the participant if he is currently taking them, or has taken them in the past year.

	Current (last 2 weeks)	Within past year but not currently	Not within past year
a. Digitalis	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
b. Nitrates including nitroglycerine	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
c. Propranolol for other than treatment of blood pressure	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
LLRX12 d. Lipid-lowering drugs: Clofibrate, Cholestyramine and other sterol-binding resins such as Colestipol, β -sitosterol (Cytellin), Nicotinic Acid derivatives, Neomycin, Dextrothyroxine (Choloxin), Probucol (Biphenabid), Estrogens, Progestins, Heparin, Halofinate	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
INSULO12 e. Insulin or oral hypoglycemic agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
f. Anticoagulants	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
g. Antibiotics or anti-infection agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
h. Steroids (including cortisone)	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
i. Amphetamines or other stimulant	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
j. Barbiturates or other sedative	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
k. Librium, Valium or other anti-anxiety agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no

List specific drugs participant is taking or has brought in (omit antihypertensive drugs from list)

1

CC USE

CLINICAL SUMMARY
PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

1

CC USE

Signature of physician completing items 34-87: _____

Identification number of physician completing items 34-87:

92

LOCAL LABORATORY RESULTS

BLOOD

WBC12 **88** White Blood Cell Count no./mm³ x 10³

HEMA12 **89** Hematocrit (vol. %)

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

UBLOOD12 **90** Blood
1 negative 2 small 3 moderate 4 large

UKETON12 **91** Ketones
1 negative 2 small 3 moderate 4 large

UGLUC12 **92** Glucose
1 negative 2 light 0.25g/dl 3 medium 4 dark 0.5g/dl or more

UPROT12 **93** Protein
1 negative 2 trace 3 + 30 mg/dl 4 ++ 100 5 +++ 300 6 ++++ 1000

UPH12 **94** pH
1 - 2 five (5) 3 six (6) 4 seven (7) 5 eight (8) 6 nine (9)

95. What is the participant's Study Group Assignment?

1 Special Intervention →

2 Usual Care

↓
FINISHED

96. What is the participant's schedule for hypertension management or treatment? (check one)

- 1 a. 8 week observation visit for participant with last average DBP 90-94 mm Hg.
- 2 b. 4 week observation visit for participant with last average DBP ≥ 95 mm Hg.
- 3 c. 8 week observation visit for non-obese participant with last average DBP 95-104 mm Hg.
- 4 d. 8 week observation visit for obese participant with last average DBP 95-104 mm Hg and recommendation of weight reduction.
- 5 e. 8 week observation visit for obese participant with last average DBP 95-104 mm Hg and emphasized weight reduction program.
- 6 f. Individualized Therapy Schedule for participant whose antihypertensive medication is prescribed or dispensed from an outside source.
- 7 g. Step-Up, Maintenance or Step-Down Schedule for participant currently receiving anti-hypertensive medication prescribed or dispensed by MRFIT.
- 8 h. Participant is not in a hypertension management or treatment schedule.

97. Is item 96 a-e checked in question 96 above?

- 1 yes →
- 2 no

Transcribe items 1, 2, 3, 4 and 5 to FORM 42 and complete the remainder of FORM 42 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 42 should not be completed. FINISHED.

98. Is the participant currently receiving antihypertensive medication?

- 1 yes →
- 2 no

99. Is item 96f or 96g checked above?

- 1 yes →
- 2 no

Transcribe items 1, 2, 3, 4 and 5 to FORM 44 and complete the remainder of FORM 44 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 44 should not be completed. FINISHED.

Transcribe items 1, 2, 3, 4 and 5 to FORM 42 and complete the remainder of FORM 42 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 42 should not be completed. FINISHED.

100. Is the current average DBP (item 3) ≥ 95 mm Hg?

- 1 yes →
- 2 no

Invite participant back within 4 weeks for blood pressure measurement. Complete FORM 42 at the 4 week visit. FINISHED.

101. Is the current average DBP (item 3) 90-94 mm Hg?

- 1 yes →
- 2 no

Invite participant back within 8 weeks for blood pressure measurement. Complete FORM 42 at the 8 week visit. FINISHED.

See participant at next four month visit for blood pressure measurement. Complete FORM 40 at next four month visit. FINISHED.