

FOURTH ANNUAL VISIT FORM

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

16

ADDRESSOGRAPH PLATE

DAYS48



Year of Follow-up 24 **4**

Attach ID Label Here

1. Time participant arrived at clinic. : am : pm **Circle am or pm**

2. Ecolyzer Test Data:

The 0-100 ppm scale should be used to obtain the measurements for both trials. For each trial the participant should be asked to take a deep breath, hold it for 15 seconds and then expire into an empty plastic bag. Only the last half of the expiration should be expired into the plastic bag.

Technician Code Time Ecolyzer Test performed : am : pm **Circle am or pm**

Trial 1 ppm Trial 2 ppm

3. Pulmonary Function Data:

Technician number Room temperature °C

	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5
FEV _{1.0}	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm
FVC	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm
FEV _{1.0} /FVC	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mm
Exhalation Time	<input type="text"/> <input type="text"/> . <input type="text"/> sec.	<input type="text"/> <input type="text"/> . <input type="text"/> sec.	<input type="text"/> <input type="text"/> . <input type="text"/> sec.	<input type="text"/> <input type="text"/> . <input type="text"/> sec.	<input type="text"/> <input type="text"/> . <input type="text"/> sec.
FEV _{1.0} /FVC x 100	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

MAXFEV48



Measurements for MMEF from Maximum Curve (Curve with maximum FEV_{1.0} + FVC)

. mm . mm . mm mm

FVC From Max Curve 1/4 FVC Max Curve 3/4 FVC Max Curve 1/4 to 3/4 Horiz. Dist.

FOR COORDINATING CENTER USE ONLY

DO NOT USE	Curvature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DO NOT USE
	Completeness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Smoothness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Fast Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. Pulse: Beats in 30 seconds ²⁵ x 2 = PULSE48 beats/minute

5. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: ²⁷ Random Zero Device Code: ²⁹

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. Blood pressure measurement must precede venipuncture.

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	³² <input type="text"/> <input type="text"/> <input type="text"/>	³⁵ <input type="text"/> <input type="text"/> <input type="text"/>
Reading 2 (R - Z)	³³ <input type="text"/> <input type="text"/> <input type="text"/>	⁴¹ <input type="text"/> <input type="text"/> <input type="text"/>
Zero	⁴⁴ <input type="text"/> <input type="text"/>	⁴³ <input type="text"/> <input type="text"/>
STDSBP48: STDDBP48: Corrected	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Reading 3 (Std)	⁵⁴ <input type="text"/> <input type="text"/> <input type="text"/>	⁵⁷ <input type="text"/> <input type="text"/> <input type="text"/>
Reading 4 (R - Z)	⁵⁹ <input type="text"/> <input type="text"/> <input type="text"/>	⁶³ <input type="text"/> <input type="text"/> <input type="text"/>
Zero	⁶⁸ <input type="text"/> <input type="text"/>	⁶⁵ <input type="text"/> <input type="text"/>
Corrected	<input type="text"/> <input type="text"/> <input type="text"/>	<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	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	<u>SBP48</u>	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> Average DBP

6. Average diastolic blood pressure (DBP) as determined by zero muddler DBP48 ⁷⁵ mm Hg

Write average DBP on FORM 105

7. 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
<u>UPSBP48</u> ⁷⁸ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<u>UPDBP48</u> ⁸² <input type="text"/> <input type="text"/> <input type="text"/>

8. a. To be completed by technician at the time of the resting ECG. The participant should be in a supine position. The resting ECG must precede venipuncture.

Room temperature

°F

Permanent Cassette No.

Technician Code

Chest Square Reading

O-E

O-V6

O-V4

Heart Rate

Comments on resting ECG: _____

b. Is Left Ventricular Hypertrophy present on resting ECG? 1 yes 2 no
(See Table 3 for Definition. Refer to MRFIT Version of Minnesota Code 3.1, 3.3)

c. Time participant last ate : a.m. Please circle
p.m. 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. The participant must be in a sitting position for a minimum of 10 minutes prior to the drawing of the blood specimen. Also, the participant should avoid strenuous activity immediately prior to the 10 minute sitting period.

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

9. Weight (nearest half-pound, disrobed) lbs. BMI48



PHYSICAL EXAMINATION

EYES

10. Is xanthelasma present? 1 yes 2 no

11. Is there an abnormality present in the undilated fundi?

1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→ ↓	12. A-V compression? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 13. Focal narrowing? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 14. Exudates? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 15. Hemorrhages? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 16. Papilledema? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 17. Other fundi abnormalities? Specify _____ 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
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18. Other eye abnormalities? Specify _____ 1 yes 2 no

NECK

19. Is there an abnormality present in the thyroid? 1 yes 2 no

20. Are carotid bruits present?

1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	21. Check appropriate box. 1 <input type="checkbox"/> right only 2 <input type="checkbox"/> left only 3 <input type="checkbox"/> bilateral
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22. Are carotid pulses absent?

1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	23. Check appropriate box. 1 <input type="checkbox"/> right only 2 <input type="checkbox"/> left only 3 <input type="checkbox"/> bilateral
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24. Is there an abnormality present in the jugular venous pulsations? 1 yes 2 no

25. Is the jugular venous pressure raised? 1 yes 2 no

LUNGS

26. Are breath sounds diminished/absent?

- 76 1 yes
2 no

27. Check appropriate box.
77 1 right only 2 left only 3 bilateral

28. Are rales present?

- 78 1 yes
2 no

29. Check appropriate box.
79 1 right only 2 left only 3 bilateral

30. Are rhonchi or wheezes present?

- 80 1 yes
2 no

31. Check appropriate box.
81 1 right only 2 left only 3 bilateral

32. Other lung abnormality(s)? Specify _____ 82 1 yes 2 no

HEART

33. Is there a history of surgery for coronary artery disease? 83 1 yes 2 no

34. Is there an abnormality on precordial palpation? Specify _____ 84 1 yes 2 no

35. Is S₁ abnormal? Specify _____ 85 1 yes 2 no

36. Is A₂ abnormal? Specify _____ 86 1 yes 2 no

37. Is P₂ abnormal? Specify _____ 87 1 yes 2 no

38. Is there an S₃ gallop? 88 1 yes 2 no

39. Is there an S₄ gallop? 89 1 yes 2 no

40. Is there a systolic murmur?

- 90 1 yes
2 no

Position	Grade* 1-6	Type of Murmur			
		Ejection	Holosystolic	Other	
Apical	<input type="checkbox"/>	91 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	92 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	93 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Pulmonic	<input type="checkbox"/>	94 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	95 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	96 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Aortic	<input type="checkbox"/>	97 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	98 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	99 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Other	<input type="checkbox"/>	100 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	101 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	102 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	

41. Is there a diastolic murmur?

- 103 1 yes
2 no

Position	Grade* 1-6	Indicate Time of Murmur			
		Early	Mid	Late	Other
Apical	<input type="checkbox"/>	104 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	105 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	106 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	107 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Pulmonic	<input type="checkbox"/>	108 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	109 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	110 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	111 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Aortic	<input type="checkbox"/>	112 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	113 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	114 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	115 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Left sternal border	<input type="checkbox"/>	116 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	117 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	118 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	119 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

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

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

ABDOMEN

42. Is the liver enlarged? 120 1 yes 2 no

43. Is the spleen palpable? 121 1 yes 2 no

44. Are there other abdominal masses? Specify where: _____ 122 1 yes 2 no

45. Is there an aortic aneurysm present? 123 1 yes 2 no

MULTIPLE RISK FACTOR INTERVENTION TRIAL

FOURTH ANNUAL VISIT FORM (Part 2)

DATE: 01/11/77

ID: 6
NAME:
ADDRESS: 34711 31ST

Year of Follow-up 24 **4**

Attach ID Label Here

PHYSICAL EXAMINATION (Continued)

PERART48 PERIPHERAL ARTERIES



- 46. In the right femoral artery,
 - a) is the pulse absent or diminished? 25 1 yes 2 no
 - b) is a bruit heard? 26 1 yes 2 no
- 47. In the left femoral artery,
 - a) is the pulse absent or diminished? 27 1 yes 2 no
 - b) is a bruit heard? 28 1 yes 2 no
- 48. In the right dorsalis pedis artery, is the pulse absent or diminished? 29 1 yes 2 no
- 49. In the right posterior tibial artery, is the pulse absent or diminished? 30 1 yes 2 no
- 50. In the left dorsalis pedis artery, is the pulse absent or diminished? 31 1 yes 2 no
- 51. In the left posterior tibial artery, is the pulse absent or diminished? 32 1 yes 2 no
- 52. Is bilateral pitting edema of ankles or feet present? 33 1 yes 2 no
- 53. Are ischemic ulcers present over either leg? 34 1 yes 2 no
- 54. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months? 35 1 yes 2 no

NEUROPSYCHIATRIC

55. Is there evidence of either hemiplegia or hemiparesis? STROKE48 36 1 yes 2 no

Ask questions 56 and 57 and check the appropriate answer.

- 56. During the past year, have you experienced a decrease in sexual activity? 37 1 yes 2 no
- 57. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep? 38 1 yes 2 no

SKIN

- 58. Are xanthomata present? (Exclude xanthelasma which should be noted in question 10). 39 1 yes 2 no
- 59. Are ear tophi present? 40 1 yes 2 no

60) Based on the medical history over the past 12 months, the physical examination and the ECG, for each condition check if present, suspect or no evidence.

A. Circulatory Diseases:		Present	Suspect	No Evidence
PHYAAa48	a. Congestive heart failure	41 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Angina pectoris PHYAAb48	42 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAc48	c. Myocardial infarction	43 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 PHYAAd48	44 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAe48	e. Stroke with neurological deficit lasting more than 24 hours	45 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	f. Intermittent claudication PHYAAf48	46 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAg48	g. Peripheral arterial occlusion	47 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	h. Pulmonary embolism PHYAAh48	48 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAi48	i. Thrombophlebitis	49 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	j. Atrial fibrillation PHYAAj48	50 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAk48	k. Arrhythmias other than atrial fibrillation	51 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	l. Other circulatory diseases, specify _____	52 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
B. Malignant Neoplasm:				
	a. Lung PHYABa48	53 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. GI PHYABb48	54 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. GU PHYABc48	55 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Skin PHYABd48	56 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Other, Specify: PHYABe48 _____	57 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
C. Endocrine Metabolic Disease:				
	a. Diabetes PHYACa48	58 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Attack of gout PHYACb48	59 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Hyperthyroidism PHYACc38	60 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Hypothyroidism PHYACd48	61 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Cushing's syndrome PHYACe48	62 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	f. Pheochromocytoma PHYACf48	63 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	g. Primary aldosteronism PHYACg48	64 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	h. Other, specify: _____	65 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
D. Mental Disease:				
	a. Psychosis	66 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Psychoneurosis	67 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Alcoholism	68 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Drug addiction	69 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Depression	70 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	f. Other, specify: _____	71 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
E. Neurologic Disease:				
	a. Convulsive disorder PHYAJa48	72 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Other, specify: _____	73 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
F. Musculo-Skeletal Disease:				
	a. Arthritis or rheumatism PHYAFa48	74 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Other, specify: _____	75 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
G. Respiratory Disease:				
	a. Chronic obstructive lung disease PHYAGa48	76 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Asthma PHYAGb48	77 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Tuberculosis PHYAGc48	78 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Other, specify: _____	79 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

- H. Digestive Disease:
- | | | | | |
|--------------------------|----------|----------------------------|----------------------------|----------------------------|
| a. Peptic ulcer | PHYAHa48 | Present | Suspect | No Evidence |
| b. Gall bladder disease | PHYAHb48 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Cirrhosis | PHYAHc48 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Other liver disease | PHYAHd48 | 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 | PHYAIa48 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Nephritis/Nephrosis | PHYAIb48 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Urinary tract infection | PHYAIc48 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Nephrolithiasis | PHYAI d48 | 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 | PHYAJa48 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Lymphadenopathy | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Other hematopoietic diseases, specify: _____ | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

61. Has the participant indicated that he is currently prescribed antihypertensive medications?

- 1 yes →
2 no

62. Did the participant bring his antihypertensive medications to the clinic?

- 1 yes 2 no

63. Complete the appropriate rows of the table below for the drug regimen currently prescribed for the participant. Only include drugs that are being taken primarily as antihypertensive agents.

Current antihypertensive medication a.	Pill size (mg/pill) b.	Number of pills/dose c.	Number of doses/day d.	Number of pills/day = (c x d) e.
C48 Chlorthalidone (C)	1 <input type="checkbox"/> 50 mg 2 <input type="checkbox"/> 100 mg	93 <input type="checkbox"/>	97 <input type="checkbox"/>	_____
H48 Hydrochlorothiazide (H)	1 <input type="checkbox"/> 25 mg 2 <input type="checkbox"/> 50 mg	99 <input type="checkbox"/>	100 <input type="checkbox"/>	_____
S48 Spironolactone	25 mg	101 <input type="checkbox"/>	102 <input type="checkbox"/>	_____
T48 Triamterene	1 <input type="checkbox"/> 50 mg 2 <input type="checkbox"/> 100 mg	104 <input type="checkbox"/>	106 <input type="checkbox"/>	_____
R48 Reserpine (R)	1 <input type="checkbox"/> 0.10 mg 2 <input type="checkbox"/> 0.25 mg	107 <input type="checkbox"/>	108 <input type="checkbox"/>	_____
Regroton®	50 mg C and 0.25 mg R	109 <input type="checkbox"/>	110 <input type="checkbox"/>	_____
Hydropres-50®	50 mg H and 0.125 mg R	111 <input type="checkbox"/>	112 <input type="checkbox"/>	_____
M48 Methyldopa	1 <input type="checkbox"/> 250 mg 2 <input type="checkbox"/> 500 mg	114 <input type="checkbox"/>	115 <input type="checkbox"/>	_____
HY48 Hydralazine	1 <input type="checkbox"/> 10 mg 2 <input type="checkbox"/> 25 mg 3 <input type="checkbox"/> 50 mg	117 <input type="checkbox"/>	118 <input type="checkbox"/>	_____
G48 Guanethidine	1 <input type="checkbox"/> 10 mg 2 <input type="checkbox"/> 25 mg	120 <input type="checkbox"/>	121 <input type="checkbox"/>	_____
P48 Propranolol	1 <input type="checkbox"/> 10 mg 2 <input type="checkbox"/> 40 mg 3 <input type="checkbox"/> 80 mg	123 <input type="checkbox"/>	124 <input type="checkbox"/>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR COORDINATING CENTER USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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64. 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
LLRX48 d. Lipid-lowering drugs: Clofibrate, Cholestyramine and other sterol-binding resins such as Colestipol, β -sitosterol (Cytellin), Nicotinic Acid derivatives, Neomycin, Dextrothyroxine (Choloxin), Probuco (Biphenabid), Estrogens, Progestins, Heparin, Halofinate	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
e. Probenecid, allopurinol or colchicine	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
INSUL48 f. Insulin	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
OHYPO48 g. Oral hypoglycemic agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
h. Anticoagulants	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
i. Antibiotics or anti-infection agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
j. Steroids (including cortisone)	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
k. Amphetamines or other stimulant	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
l. Barbiturates or other sedative	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
m. Librium, Valium or other anti-anxiety agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
n. Potassium supplementation other than dietary recommendations	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no

List specific drugs participant is taking, has taken in the past year or has brought with him. Include drugs from above if yes is checked in columns 1 or 2, but omit antihypertensive drugs from the list.

1
153
CC USE

**CLINICAL SUMMARY
PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS**

1
154
CC USE

Signature of physician completing items 10-64: _____

Personnel Code of physician completing items 10-64: _____

155

CLINIC
DATE
ID
NAME
ADDRESSOGRAPH PLATE

Year of Follow-up 24 **4**

Attach ID Label Here

LOCAL LABORATORY RESULTS

BLOOD

65. White Blood Cell Count ²⁵ no./mm³ x 10³ **WBC48**

66. Hematocrit ²⁸ (vol. %) **HEMA48**

OBSERVATION OF PLASMA AFTER 16 HOURS AT 4°C:

67. Cream layer present ³¹ 1 yes 2 no

URINALYSIS (LABSTIX)
Check the appropriate box for each determination

68. Blood ³² 1 negative 2 small 3 moderate 4 large

69. Ketones ³³ 1 negative 2 small 3 moderate 4 large

70. Glucose ³⁴ 1 negative 2 trace 3 ⁺ 0.25 g/dl 4 ⁺⁺ 0.5 g/dl 5 ⁺⁺⁺ 1 g/dl 6 ⁺⁺⁺⁺ 2 g/dl

71. Protein ³⁵ 1 negative 2 trace 3 ⁺ 30 mg/dl 4 ⁺⁺ 100 5 ⁺⁺⁺ 300 6 ⁺⁺⁺⁺ 1000

72. pH ³⁶ 1 - 2 five (5) 3 six (6) 4 seven (7) 5 eight (8) 6 nine (9)

UBLOOD48
UKETON48
UGLUC48
UPROT48
UPH48

73. During the past 12 months did you smoke cigarettes daily for any period of time?

1 yes
2 no

Continue with question 93. (page 11)

74. Do you now smoke cigarettes daily?

1 yes
2 no

Continue with question 79. (page 10)

75. How long before you arrived at the clinic today did you last smoke a cigarette?

1 less than 30 minutes
2 30-60 minutes (not including 60 minutes)
3 1-3 hours (not including 3 hours)
4 3-5 hours (not including 5 hours)
5 5-7 hours (not including 7 hours)
6 7 or more hours

76. During the past 12 months did you stop smoking cigarettes for any period of time?

1 yes
2 no

77. How long ago was it that you most recently stopped smoking cigarettes?

1 less than 2 months 2 2 to 4 months (not including 4 months)
3 4 to 8 months (not including 8 months) 4 8 to 12 months

78. How long did you stay off cigarettes at that time?

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 more than 2 months

STOPLYR48

Go to question 83.

Go to question 83.

79. How long ago was it that you most recently stopped smoking cigarettes?

- 1 less than 2 months
- 2 2 to 4 months (not including 4 months)
- 3 4 to 8 months (not including 8 months)
- 4 8 to 12 months

80. At the time you stopped, was it:

- 1 extremely difficult
- 2 difficult
- 3 easy

81. Did you try sources of outside help, or techniques in an effort to stop smoking?

- 1 yes
- 2 no

Go to question 95.

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

(The interventionist judges from the participant's reply and checks the appropriate box after each technique. The interventionist is not to ask the participant about techniques listed below.)

- a. Commercial Filter 1 yes 2 no
- b. Commercial Group Program 1 yes 2 no
- c. Tapering 1 yes 2 no
- d. Brand Change 1 yes 2 no
- e. Nicotine Substitute 1 yes 2 no
- f. Other, describe below 1 yes 2 no

Go to question 95.

INHALE48

83. 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

OFTEN48

84. 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

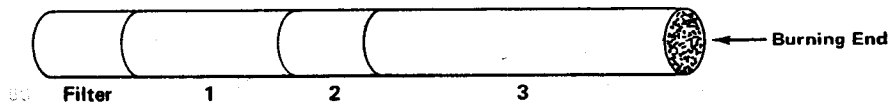
85. When you smoke a cigarette, do you usually ...

- 1 let more than half burn
- 2 let half or less burn

86. If "more than half", do you usually let your cigarette burn ...

- 1 as far as possible
- 2 3/4 or more
- 3 less than 3/4

87. Indicate on the diagram below with a check mark (✓) how far you let your cigarette burn when you smoke



BURNS48

88. How much of your cigarette burns without your smoking it?

- 1 very little
- 2 some
- 3 a moderate amount
- 4 a great deal

CIGS48



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

--	--

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

--	--	--	--

91. What type of cigarettes are they?

- Are they ... 1 filter tip or 2 non-filter tip
- Are they ... 1 plain or 2 menthol
- Are they ... 1 hard pack or 2 soft pack
- Are they ... 1 regular size or 2 king size or 3 100 millimeter 4 120 millimeter

DO NOT USE

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

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

Go to question 95.

93. During the past 12 months did you smoke any cigarettes?

- 1 yes
- 2 no

94. During the last 7 days did you smoke any cigarettes?
 69 1 yes 2 no

95. Do you smoke cigarillos?

- 1 yes
- 2 no

CIGLO48 70

96. How often do you smoke cigarillos?
 71 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

97. With cigarillos, how deeply do you inhale the smoke?
 72 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

98. For cigarillos, how often do you usually inhale?
 70 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

99. How long before you arrived at the clinic today did you last smoke a cigarillo?
 74 1 less than 30 minutes 2 30-60 minutes (not including 60 minutes) 3 1-3 hours (not including 3 hours)
 4 3-5 hours (not including 5 hours) 5 5-7 hours (not including 7 hours) 6 7 hours or more

100. Do you smoke pipes?

- 1 yes
- 2 no

PIPE48 75

101. How often do you smoke pipes?
 76 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

102. With pipes, how deeply do you inhale the smoke?
 77 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

103. For pipes, how often do you usually inhale?
 78 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

104. How long before you arrived at the clinic today did you last smoke a pipe?
 79 1 less than 30 minutes 2 30-60 minutes (not including 60 minutes) 3 1-3 hours (not including 3 hours)
 4 3-5 hours (not including 5 hours) 5 5-7 hours (not including 7 hours) 6 7 hours or more

105. Do you smoke cigars?

- 1 yes
- 2 no

CIGAR48 80

106. How often do you smoke cigars?
 81 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

107. With cigars, how deeply do you inhale the smoke?
 82 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

108. For cigars how often do you usually inhale?
 83 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

109. How long before you arrived at the clinic today did you last smoke a cigar?
 1 less than 30 minutes 2 30-60 minutes (not including 60 minutes) 3 1-3 hours (not including 3 hours)
 4 3-5 hours (not including 5 hours) 5 5-7 hours (not including 7 hours) 6 7 or more hours

CCP48



Continue with question 110.

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

1 Special Intervention →

2 Usual Care

FINISHED

111. Participant's schedule for hypertension management or treatment:

Review the most recent FORM 42 or FORM 44 to determine the participant's schedule of hypertension management or treatment. If it was determined at this visit that the participant is taking antihypertensive medication from an outside source, check item l. below.

- 01 a. 4 week observation visit for participant with regular follow-up average DBP \geq 105 mm Hg but average DBP $<$ 90 mm Hg at last hypertension confirmation visit.
- 02 b. 8 week observation visit for obese participant with last average DBP 90-104 mm Hg and recommendation of weight reduction.
- 03 c. 8 week observation visit for obese participant with last average DBP 90-104 and emphasized weight reduction program.
- 04 d. Step-Up.
- 05 e. Maintenance Ag.
- 06 f. Maintenance Bg.
- 07 g. Maintenance Cg.
- 08 h. Maintenance Ag0.
- 09 i. Maintenance Bg0.
- 10 j. Maintenance Cg0.
- 11 k. Step-Down.
- 12 l. Antihypertensive medication prescribed by an outside source.
- 13 m. Individualized Therapy.
- 14 n. Participant is not in a hypertension management or treatment schedule.

112. Is item a. - c. checked in question 111 above?

- 1 yes →
- 2 no

Transcribe items 4, 5, 6 and 9 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.**

113. Is item m. checked in question 111 above?

- 1 yes →
- 2 no

114. Indicate your reason(s) for placing the participant in Individualized Therapy by answering each item below.

a. Type of antihypertensive medication prescribed is not included in the Stepped Care Program.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
b. Dosage of antihypertensive medication prescribed is not permitted according to protocol.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
c. Length of time at current Step too long.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
d. Length of time at current Step too short.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
e. Second-line drug(s) prescribed when first-line drug(s) not contraindicated.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
f. Medication discontinued due to side effects or possible contraindications.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
g. Frequency of contacts desired does not correspond to Step-Up or Maintenance Schedule.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
h. Medications never initiated although goal DBP determined or all medications permanently discontinued.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
i. Other, specify _____	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no

Continue with question 115.

115. Is item d. - m. checked in question 111 above?

- 1 yes →
- 2 no

If this visit coincides with a hypertension intervention visit, transcribe items 4, 5, 6, 7 and 9 to FORM 44 and complete the remainder of FORM 44. If this visit does not coincide with a hypertension intervention visit, FORM 44 should not be completed. If it was determined at this visit that the participant is taking antihypertensive medication from an outside source, transcribe items 4, 5, 6 and 9 to FORM 42 and complete the remainder of FORM 42 at this visit. **FINISHED.**

116. Is the current average DBP (item 6) \geq 90 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.**

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