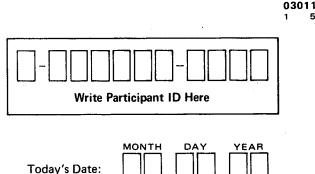
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HEART ATTACK PREVENTION PROGRAM - THIRD SCREENING VISIT

Affix identification labels in the upper left-hand corners of the original copy of each of the three parts of this form and write the ID code in the spaces provided in the upper right-hand corner of each part. The values of the serum creatinine and T₄ from the blood sample from the second screen should be entered before items 41 and 42, respectively, on page 6. Also the results of the reading of the x-ray for the presence of life-limiting abnormalities should be available and entered in item 43 on page 6. Affix a label containing the participant's ID code and age to the upper left-hand corner of Form 32 and write the ID code in the space provided in the upper right-hand corner. Please use ballpoint pen and press firmly.

NAME					1 🗆
	First	Middle	Last		
					CC USE

CONSENT FORM FOR THIRD SCREENING PROCEDURES (EXCLUDING EXERCISE TESTING)

I volunteer for the third screening examination of the Heart Attack Prevention Program. I understand that this screening procedure involves further measurements of my blood pressure and some questions concerning my dietary and smoking habits.

The information which is obtained will be treated as a confidential medical record and will be seen only by members of the staff of the Heart Attack Prevention Program and my doctor, if I so indicate. The information may be used only for purposes of medical management and scientific study.

I have read the orientation material and the foregoing statements, understand them, and any questions which have occurred to me have been answered to my satisfaction. I understand that I may ask additional questions, and that I am free to discontinue my participation in the program at any time.

Date Signed

Signature of Participant

The above participant has been given the opportunity to have his questions about these screening procedures answered.



1 🔲

CC USE

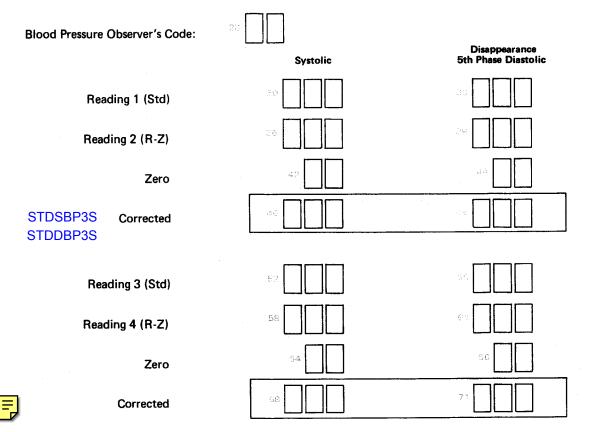
Signature of Auditor/Witness

1. Pulse: Beats in 30 seconds 26 x 2 = PULSE3S

beats/minutes

2. Blood Pressure Measurements:

Before performing any procedure of this screen ask the participant to sign the consent form on page 1. Print clearly all responses. Use ball point pen. The participant must be quiet and remain continuously in a seated position for 5 minutes before and during the four measurements. During the measurements of the blood pressure there should be no change in the position of the participant.

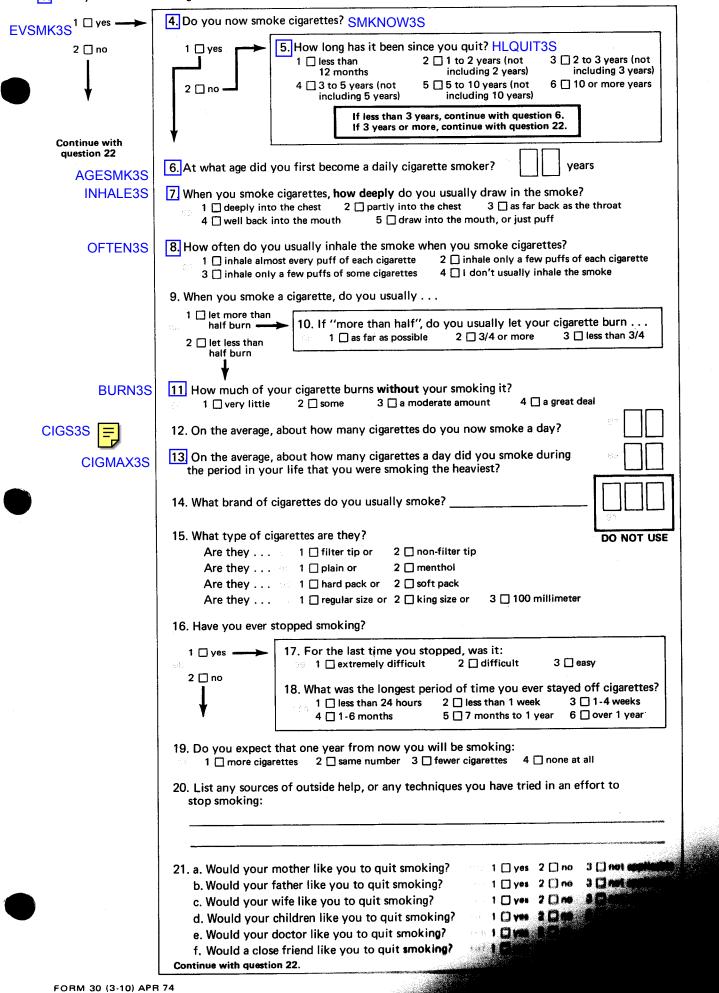


The blood pressure data using the RZ readings (numbers 2 and 4) must be transcribed here for the computation of the average blood pressure. The computation of the averages using the standard mercury sphygmomanometer is optional.

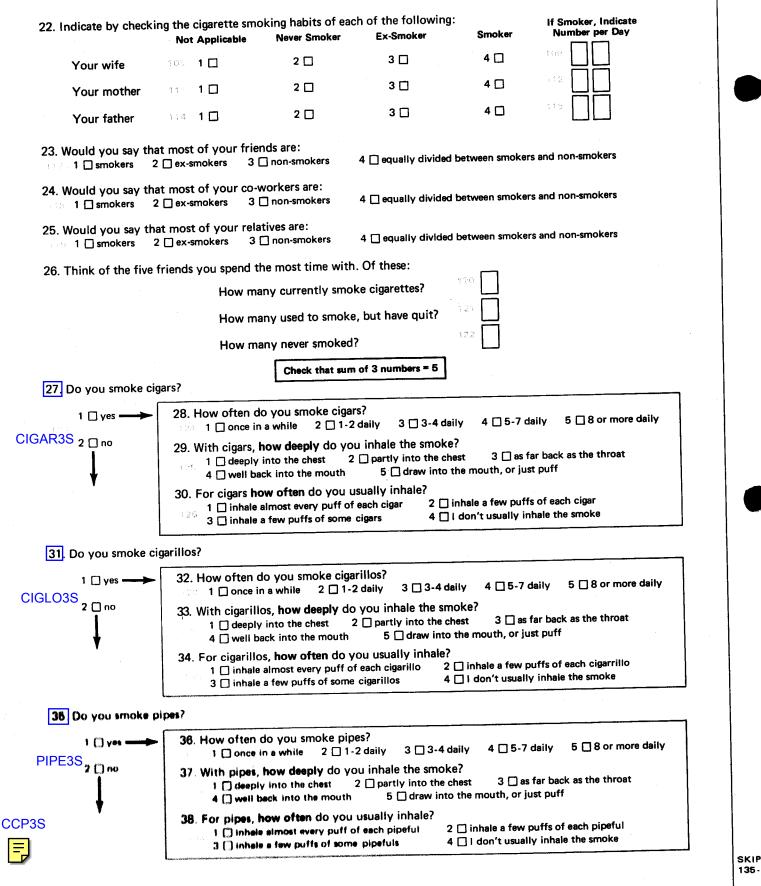
Zero muddler mercury sphygmomanometer readings (corrected values):

	Systolic	Disappearance 5th Phase Diastolic
Reading 2		<u>.</u>
Reading 4	<u>.</u>	
Sum		
Average	SBP3S	
		Average DBP
		DBP3S

3. Have you ever smoked cigarettes?



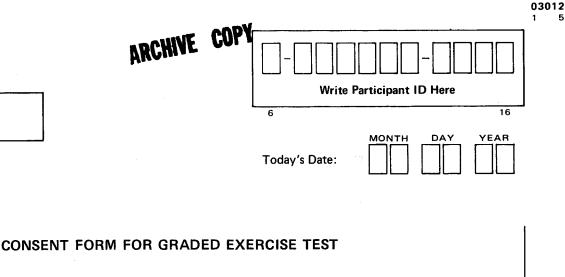
1.00



Continue with screening procedures.

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135-EN(



I volunteer for the exercise test which is being done in an effort to detect the possible presence of heart disease and to help predict future occurrence of such disease. This test is performed on a treadmill and is designed to increase gradually the heart's workload. Should symptoms such as chest discomfort, unusual shortness of breath or fatigue develop or a certain heart rate be reached, the doctor conducting the exercise test will terminate the test immediately. Also, if at any time during the test I feel I would like to stop, I can terminate the test.

Before I take the test, I will have an interview and will be examined by a physician to determine if I have a condition which would indicate that I should not take this test. As a check on the quality of the performance of the technicians when recording the ECG, a photograph may be taken of just my chest with the electrodes in place. During the performance of the test, a trained observer will keep under observation my pulse, blood pressure and electrocardiogram.

Certain changes in body function take place when any person exercises. Some of these changes are normal and others are abnormal. Abnormal changes may occur in blood pressure. A very rapid or very slow heart rate may occur. Very rare instances of heart attack have occurred, as in any other moderately strenuous exercise activity. Every effort will be made to minimize possible problems by the preliminary examination and constant surveillance during testing. Equipment and trained personnel are available to deal with unusual situations should they arise.

The information which is obtained will be treated as a confidential medical record and will be seen only by members of the Heart Attack Prevention Program staff and my doctor, if I so indicate. The information may be used only for the purposes of medical management and scientific study.

I have read the orientation material and the foregoing, understand it, and any questions which have occurred to me have been answered to my satisfaction. I understand that I may ask additional questions at any time and that I am free to discontinue my participation in the program at any time.

Date Signed	Signature of Participant	CC USE
The above participant has been examined by me today testing. He has been given the opportunity to have his quee		exercise
		24 10
	Signature of Physician/Auditor	CC USE
39. Is this the first visit for the exercise ECG test?	28 1 🗋 yes 2 🗐 no	
40. How long has it been since you took anything other than	water by mouth? 26 Hours	
If less than 2 hours, reschedule the participant for the exercise	test within 30 days.	

Attach ID Label Here

				decision t	is checked, inc by placing a ch appropriate fig	eck (🖌) in
Serum creatinine from	second screen FORM 53 28 . mg/c	ll.		Exclude from Trial	Exclude from Exercise	Reschedule*
41. Is serum creatinine	\geq 2.0 mg/dl?	20 2 🗋 no	1 🗌 yes	$ \triangle $		
T4 from second screen	FORM 53	1				
42. Is the value of T4 a hypothyroidism?	abnormal and is there clinical evidence of	ଞ୍ 2 🗌 no	1 🔲 yes	\triangle		
43. Is there evidence o	n the x-ray of a life-limiting condition?	୍ତି 2 🔲 no	1 🗌 yes	$ \Delta $		
INTERVAL HISTORY	(
44. Since your last visi	t have you begun taking or been prescribed any	medications	?			
1 🗌 yes	a. ganglionic blocking agents	57 2 🗖 no	1 🗖 yes			
36 2 🔲 no	b. nitroglycerine or other coronary dilatator		1 🛛 yes			
	c. digitalis preparations		1 🗌 yes			
L ·	d. medicine for arrhythmias		1 🗌 yes			
Y	e. propranolol f. other (specify)		1 🗌 yes			
	1. Other (specify)	∠ Z ∐ no	1 🗌 yes			
	Is a, b, c, d or e checked?	3 2 🔲 no	1 🗌 yes		0	
		· · · · · · · · · · · · · · · · · · ·				4
45. Since your last visi	t have you had any pain or discomfort in your c	hest?				
1 🗆 yes	47. Do you get this pain or discomfort when you walk uphill or hurry?	് 2 🗌 no	1 🗋 yes			
2 🗋 no	48. Do you get it when you walk at an ordinary pace on the level?	472 2 🗌 no	1 🗌 yes			
46. Since your last visit have you	49. When you get any pain or discomfort in your chest, what do you do? 4⊗ 1 ☐ stop 2 ☐ slow down 3 ☐ continue	e at same pace				
had any pressure or heaviness in your chest?	50. Does it go away when you stand still?	49 2 🗌 no	1 🗋 yes			
1 ges	51. How soon? 50 1 1 10 min. or less 2 1 more than 10 min).				
2 🗌 no	52. Where do you get this pain or discomfort? 51 1 I sternum (upper, 2 I left anterior che middle or lower and left arm		er place(s)			
Y	53. Since your last visit have you had a severe pain across the front of your chest lasting for half an hour or more?	52 2 🗋 no	1 🗆 yes			
	ц					
54. Physician's diagnos	sis of interval suspect myocardial infarction?	53 2 🗌 no	1 🗌 yes		Ο	
	r felt faint within the last hour?	64 2 🛄 no	1 🗌 yes		-	
	t have you fainted while exercising?	53 2 🗋 no			\bigcirc	
·	llness or injury which would make exercise	53 2 🗋 no		,	\tilde{O}	
-					-	
		-		If the probl	exercise test w em requires ov the exclusion s ermanent.	er 30 days for

1

If "YES" is checked, indicate your decision by placing a check (✔) in the appropriate figure. Exclude Exclude from from Trial Exercise Reschedule*

INTERVAL PHYSICAL EXAMINATION			from Trial	Exercise	Reschedule*
		1 🗌 yes			
		, <u> </u>			
59. Standing systolic blood pressure mm Hg					
Enter systolic blood pressure at (A) under "BP" on Form 32.					
60. Standing diastolic blood pressure (5th phase)					
Enter diastolic blood pressure at (B) under "BP" on Form 32.					
61. Is Systolic BP pre-exercise standing > 200 mm Hg? 2	? 🗌 no	1 🗌 yes		\bigcirc	
62. Is Diastolic BP pre-exercise standing > 120 mm Hg?	2 🔲 no	1 🗌 yes		\bigcirc	
If either 61 or 62 is checked YES, reschedule once. If either 61 or 62 is check YES on rescheduled visit, exclude the participant from exercise test.	ked				
63. Other medical problem or disability which would prevent exercise testing; Specify2 2	? 🗌 no	1 🗍 yes		0	
RESTING ECG FINDINGS					
Q, ST and T wave abnormalities (See Table 1 for Definitions)					
· · · · · · · · · · · · · · · · · · ·	no 🗌	1 🗌 yes			
65. Prominent Q or QS plus negative T wave (Refer to Minnesota Code 1.2 plus 5.1 or 5.2 negative T waves) 2002	no 🗌	1 🗌 yes	\bigtriangleup		
66. New rest ST findings since last visit. (Refer to Minnesota Code 4.1, 2, 3 or 9.2)30 20	no	1 🗌 yes		\bigcirc	
If rest ST findings are present on second screen ECG and new ST findings on thir exclude from exercise test. If rest ST findings are present on third screen ECG only, reschedule once and if n are present on rescheduled visit, exclude participant from exercise test.					
67. New rest negative T waves since last visit. (Refer to Minnesota Code 5.1, 2)	🗌 no	1 🗌 yes		\bigcirc	
If rest negative T findings are present on second screen ECG and new negative T third screen ECG, exclude from exercise test. If rest negative T findings are present on third screen ECG only, reschedule once negative T findings are present on rescheduled visit, exclude participant from exercise	and if n	ew			
68. A-V conduction defects (Complete third degree or second degree) 2	no 🗋	1 🗌 yes		\bigcirc	
VENTRICULAR CONDUCTION DEFECTS (See Table 2 for Definitions)					
69. W-P-W (Refer to Minnesota Code 6.4)	0 no	1 🗌 yes		\bigcirc	
70. Complete Left Bundle Branch Block (Refer to Minnesota Code 7.1) π_{0} 2	no 🗌	1 🗌 yes		\bigcirc	
71. Complete Right Bundle Branch Block (Refer to Minnesota Code 7.2) \approx 2	no 🗌	1 🗋 yes		\bigcirc	
72. Prolonged QRS plus abnormal repolarization. (Negative T waves, refer to Minnesota Code 7.4 plus 5.1,2)	no 🗌	1 🗌 yes		0	
73. Left Ventricular Hypertrophy (See Table 3 for Definition. Refer to Minnesota Code 3.1, 3.3) 23 2	no	1 🗌 yes			
ARRHYTHMIAS (Refers to beats recorded at rest on strip chart)					
74. Atrial fibrillation or flutter	no 🗌	1 🗋 yes		\bigcirc	
75. Idioventricular rhythm	🗌 no	1 🗌 yes		0	
76. Any paroxysmal tachyarrhythmia	🗌 no	1 🗌 yes		\bigcirc	
			*Reschedule e	xercise test v	within 30 days.

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*Reschedule exercise test within 30 days. If the problem requires over 30 days for resolution, the exclusion should be considered as permanent.

test within 30 days. es over 30 days for sion should be con-

Indicate eligibility status of participant.

1 INELIGIBLE (at least one YES checked for reasons 1 - 8 above)

2 ELIGIBLE (only NOs checked for reasons 1-8 above)

2.5



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If "YES" is checked, indicate your decision by placing a check (1/2) in the appropriate figure.

Reschedule*

Exclude Exclude from from Trial Exercise

									03
ARC	HIVE	COPY]-[][
Attach ID Label Here					Nrite Pa	articipant	ID Here	16	J
						MONTH	DAY	YEAR	
		AGE	3S	Today's Da	ate:				
			ļ						
CONSENT FOR PA	RTICIF	PATION I	N ST	TUDY					
I understand that the tests I have had thus far s average.	uggest th	hat my risk	for a	a heart attac	k is co	onsiderabl	y above		
I understand that the program is planned to be o will be expected to attend the clinic for a free perio ments, electrocardiograms, an exercise test, blood to smoking habits. I understand the program will not be	odic phy ests relat	sical examined to heart	natio disea	n including ase, and que	blood (p <mark>ressure</mark> r	neasure-		
I understand that all men in the Program will be ca to participate in the Program will be allocated rando cipants will be referred to their regular source of med place them at a higher than average risk of a heart atta without charge, a physical examination and laborator	mly into ical care ick; but a	one of two for treatme	grou nt and	ips. Approxi dadvice relat	mately ting to	half of the factor	he parti- rs which		
The remaining half of the participants will be offer intensive efforts to modify behavior with respect to d using standard counseling techniques in both individ vated, a Program physician may decide that it is imp occasionally experience side effects from these med will watch closely for these side effects and when new	iet and si lual and g ortant to licines, su	moking. The group settin o treat it wit uch as rashe	ese in gs. If th me s or u	tervention e a participar edicine; I une upset stomac	fforts v nt's blo derstan	will be pe od pressu d that ind	rformed re is ele- dividuals		
I understand to my satisfaction the program of s an adequate chance to ask questions and I may ask fu									
I understand that I am free to withdraw my conse I also understand my continuing participation is impo								[]	
This is to certify that I,					, agree	to partic	cipate in 🗈	ି 1 □	
the Heart Attack Prevention Program.								CC USE	
Date			Signa	ature of Partic	ipant			CC USE	
	<u></u>	SI	gnatu	re of Auditor/	/Witness		<i>i</i>	CC USE	1
									SK 26

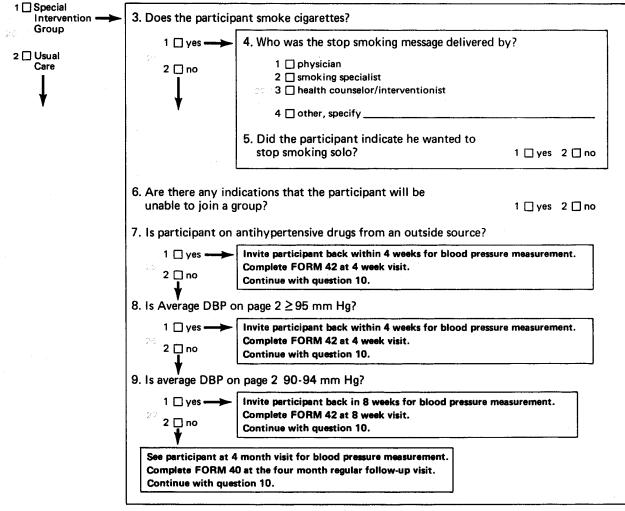
ND

TO BE COMPLETED FOR RANDOMIZED PARTICIPANTS ONLY

1. Participant Accession Number from Randomization Envelope:

1	1	Г
H		ľ
		ŀ

2. Study Group Assignment:



10. What materials were given to the participant at the third screening visit?

a. Pocket Date Book	28 1 🗖 yes	2 🗌 no
b. Guide	_{ः २} 1 🗖 yes	2 🗋 no
c. Quit Smoking Book	_{େ ତ} ୍ର 1 🗖 yes	2 🗌 no

SKIP 31-END

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