

MULTIPLE RISK FACTOR INTERVENTION TRIAL

SECOND ANNUAL VISIT FORM

To be completed at second 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. **Note: A PA chest film is required at the second annual examination.**

CLIN 23

DAYS24

DATE 17



Year of Follow-up 24 **2**

Attach ID Label Here

1. Pulse: Beats in 30 seconds 25 x 2 = PULSE24 beats/minute

2. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 27

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.

STDSBP24
STDDBP24

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	29 <input type="text"/> <input type="text"/> <input type="text"/>	32 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 2 (R - Z)	35 <input type="text"/> <input type="text"/> <input type="text"/>	38 <input type="text"/> <input type="text"/> <input type="text"/>
Zero	41 <input type="text"/> <input type="text"/>	43 <input type="text"/> <input type="text"/>
Corrected	45 <input type="text"/> <input type="text"/> <input type="text"/>	48 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 3 (Std)	51 <input type="text"/> <input type="text"/> <input type="text"/>	54 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 4 (R - Z)	57 <input type="text"/> <input type="text"/> <input type="text"/>	60 <input type="text"/> <input type="text"/> <input type="text"/>
Zero	63 <input type="text"/> <input type="text"/>	65 <input type="text"/> <input type="text"/>
Corrected	67 <input type="text"/> <input type="text"/> <input type="text"/>	70 <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):

ACCHYP24



	Systolic	Disappearance 5th Phase Diastolic
Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	<u>SBP24</u>	<input type="text"/>

Average DBP

3. Average diastolic blood pressure (DBP) as determined by zero muddler

DBP24 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
UPSBP24 ⁷⁶

Disappearance
5th Phase Diastolic
UPDBP24 ⁷⁹

5. Weight (nearest half-pound, disrobed)

⁸² lbs.

BMI24



6. 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
⁸⁶ °F

Permanent Cassette No.
⁸⁹

Technician Code
⁹²

Chest Square Reading

O-E
⁹⁴

O-V6
⁹⁷

O-V4
¹⁰⁰

Heart Rate
¹⁰³

Comments on resting ECG: _____

b. Is Left Ventricular Hypertrophy present on resting ECG? ¹⁰⁶ 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

¹⁰⁷ 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. 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

¹¹² a.m. p.m. Please circle a.m. or p.m.

7. Pulmonary Function Data:

Technician number

¹¹⁷

Room temperature

¹¹⁹ °C

Trial 1 Trial 2 Trial 3

FEV_{1.0} ¹²¹ cc ¹²⁵ cc ¹²⁹ cc

Vital Capacity ¹³³ cc ¹³⁷ cc ¹⁴¹ cc

FEV_{1.0}/Vital Capacity x 100 _____ % _____ % _____ %

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

SMKLYR24 145
1 yes
2 no

9. Do you now smoke cigarettes daily?

146
1 yes
2 no
SMKKNOW24

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

147
1 yes
2 no
STOPLYR24

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

- 148
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

12. What was the longest period of time you stayed off cigarettes at that time?

- 149
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

Go to question 15

Go to question 14.

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

- 1 less than 2 months Go to question 14 and ask questions 15 through 23 in the past tense.
2 2 to 4 months (not including 4 months) Go to question 27.
150 3 4 to 8 months (not including 8 months) Go to question 27.
4 8 to 12 months Go to question 27.

14. At the time you stopped, was it:

- 151 1 extremely difficult 2 difficult 3 easy

INHALE24

15. When you smoke cigarettes, how deeply do you usually draw in 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

OFTEN24

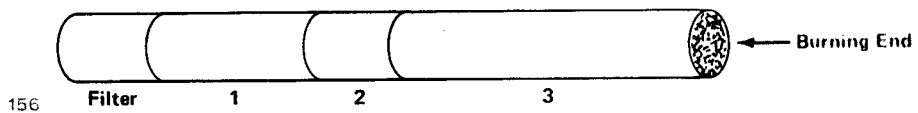
16. How often do you usually inhale the smoke when you smoke cigarettes?

- 153 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

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

- 154 1 let more than half burn
2 let half or less burn
18. If "more than half", do you usually let your cigarette burn . . .
155 1 as far as possible 2 3/4 or more 3 less than 3/4

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



BURN24

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

- 157 1 very little 2 some 3 a moderate amount 4 a great deal

Continue with question 27.

Continue with question 21.

CIGS24



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

158

160

DO NOT USE

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

23. What type of cigarettes are they?

- Are they . . . 163 filter tip or non-filter tip
- Are they . . . 164 plain or menthol
- Are they . . . 165 hard pack or soft pack
- Are they . . . 166 regular size or king size or 100 millimeter 120 millimeter

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

- 167 more cigarettes same number fewer cigarettes none at all

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

- 1 yes →
- 168 2 no
- ↓
- Continue with question 27.**

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

27 Do you smoke cigars?

- 1 yes →
- 169 2 no

CIGAR24

28. How often do you smoke cigars?

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

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

- 171 deeply into the chest partly into the chest as far back as the throat
- well back into the mouth draw into the mouth, or just puff

30. For cigars how often do you usually inhale?

- 172 inhale almost every puff of each cigar inhale a few puffs of each cigar
- inhale a few puffs of some cigars I don't usually inhale the smoke

31 Do you smoke cigarillos?

- 1 yes →
- 173 2 no

CIGLO24

32. How often do you smoke cigarillos?

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

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

- 175 deeply into the chest partly into the chest as far back as the throat
- well back into the mouth draw into the mouth, or just puff

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

- 176 inhale almost every puff of each cigarillo inhale a few puffs of each cigarillo
- inhale a few puffs of some cigarillos I don't usually inhale the smoke

35 Do you smoke pipes?

- 1 yes →
- 177 2 no

PIPE24

36. How often do you smoke pipes?

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

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

- 179 deeply into the chest partly into the chest as far back as the throat
- well back into the mouth draw into the mouth, or just puff

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

- 180 inhale almost every puff of each pipeful inhale a few puffs of each pipeful
- inhale a few puffs of some pipefuls I don't usually inhale the smoke

Continue with question 39.

CCP24



MULTIPLE RISK FACTOR INTERVENTION TRIAL

SECOND ANNUAL VISIT FORM (Part 2)

CLIN 23

DATE 17

16
6
NAME
ADDRESS

Year of Follow-up 24 **2**

Attach ID Label Here

PHYSICAL EXAMINATION

EYES

39. Is xanthelasma present? 25 1 yes 2 no

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

26
1 yes →
2 no ↓

41. A-V compression?	27 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
42. Focal narrowing?	28 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
43. Exudates?	29 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
44. Hemorrhages?	30 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
45. Papilledema?	31 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
46. Other fundi abnormalities? Specify _____	32 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

47. Other eye abnormalities? Specify _____ 33 1 yes 2 no

NECK

48. Is there an abnormality present in the thyroid? 34 1 yes 2 no

49. Are carotid bruits present?

35
1 yes →
2 no ↓

50. Check appropriate box.
36 1 right only 2 left only 3 bilateral

51. Are carotid pulses absent?

37
1 yes →
2 no ↓

52. Check appropriate box.
38 1 right only 2 left only 3 bilateral

53. Is there an abnormality present in the jugular venous pulsations? 39 1 yes 2 no

54. Is the jugular venous pressure raised? 40 1 yes 2 no

LUNGS

55. Are breath sounds diminished/absent?

41
1 yes →
2 no ↓

56. Check appropriate box.
42 1 right only 2 left only 3 bilateral

57. Are rales present?

43
1 yes →
2 no ↓

58. Check appropriate box.
44 1 right only 2 left only 3 bilateral

59. Are rhonchi or wheezes present?

45
1 yes →
2 no ↓

60. Check appropriate box.
46 1 right only 2 left only 3 bilateral

61. Other lung abnormality(s)? Specify _____ 47 1 yes 2 no

HEART

62. Is there a history of surgery for coronary artery disease? 48 1 yes 2 no
63. Is there an abnormality on precordial palpation? Specify _____ 49 1 yes 2 no
64. Is S₁ abnormal? Specify _____ 50 1 yes 2 no
65. Is A₂ abnormal? Specify _____ 51 1 yes 2 no
66. Is P₂ abnormal? Specify _____ 52 1 yes 2 no
67. Is there an S₃ gallop? 53 1 yes 2 no
68. Is there an S₄ gallop? 54 1 yes 2 no

69. Is there a systolic murmur?

	Position	Grade* 1-6	Type of Murmur			
			Ejection	Holosystolic	Other	
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	Apical	<input type="checkbox"/>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	21 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	55 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
	Pulmonic	<input type="checkbox"/>	3 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	22 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	56 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
	Aortic	<input type="checkbox"/>	60 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	23 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	57 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
	Other	<input type="checkbox"/>	69 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	24 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	

70. Is there a diastolic murmur?

	Position	Grade* 1-6	Indicate Time of Murmur			
			Early	Mid	Late	Other
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	Apical	<input type="checkbox"/>	74 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	75 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	76 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	Pulmonic	<input type="checkbox"/>	80 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	81 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	82 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	83 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	Aortic	<input type="checkbox"/>	84 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	85 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	86 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	87 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	Left sternal border	<input type="checkbox"/>	88 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	89 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	91 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	92 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 murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

71. Is the liver enlarged? 93 1 yes 2 no
72. Is the spleen palpable? 94 1 yes 2 no
73. Are there other abdominal masses? Specify where: _____ 95 1 yes 2 no
74. Is there an aortic aneurysm present? 96 1 yes 2 no

PERIPHERAL ARTERIES

75. In the right femoral artery,
- a) is the pulse absent or diminished? 97 1 yes 2 no
- b) is a bruit heard? 98 1 yes 2 no
76. In the left femoral artery,
- a) is the pulse absent or diminished? 99 1 yes 2 no
- b) is a bruit heard? 100 1 yes 2 no
77. In the right dorsalis pedis artery, is the pulse absent or diminished? 101 1 yes 2 no
78. In the right posterior tibial artery, is the pulse absent or diminished? 102 1 yes 2 no
79. In the left dorsalis pedis artery, is the pulse absent or diminished? 103 1 yes 2 no
80. In the left posterior tibial artery, is the pulse absent or diminished? 104 1 yes 2 no
81. Is bilateral pitting edema of ankles or feet present? 105 1 yes 2 no
82. Are ischemic ulcers present over either leg? 106 1 yes 2 no
83. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months? 107 1 yes 2 no

NEUROPSYCHIATRIC

84. Is there evidence of either hemiplegia or hemiparesis? **STROKE24** 108 1 yes 2 no

Ask questions 85 and 86 and check the appropriate answer.

85. During the past year, have you experienced a decrease in sexual activity? 109 1 yes 2 no

86. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep? 110 1 yes 2 no

SKIN

87. Are xanthomata present? (Exclude xanthelasma which should be noted in question 39.) 111 1 yes 2 no

88. Are ear tophi present? 112 1 yes 2 no

89. 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
PHYAAa24 <input type="checkbox"/> a. Congestive heart failure	113 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAb24 <input type="checkbox"/> b. Angina pectoris	114 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAc24 <input type="checkbox"/> c. Myocardial infarction	115 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAd24 <input type="checkbox"/> d. Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours	116 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAe24 <input type="checkbox"/> e. Stroke with neurological deficit lasting more than 24 hours	117 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAf24 <input type="checkbox"/> f. Intermittent claudication	118 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAg24 <input type="checkbox"/> g. Peripheral arterial occlusion	119 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAh24 <input type="checkbox"/> h. Pulmonary embolism	120 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAi24 <input type="checkbox"/> i. Thrombophlebitis	121 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAj24 <input type="checkbox"/> j. Atrial fibrillation	122 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAk24 <input type="checkbox"/> k. Arrhythmias other than atrial fibrillation	123 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Other circulatory diseases, specify _____	124 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B. Malignant Neoplasm:

<input type="checkbox"/> a. Lung	PHYABa24 <input type="checkbox"/>	125 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> b. GI	PHYABb24 <input type="checkbox"/>	126 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> c. GU	PHYABc24 <input type="checkbox"/>	127 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> d. Skin	PHYABd24 <input type="checkbox"/>	128 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> e. Other, Specify: _____	PHYABe24 <input type="checkbox"/>	129 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

C. Endocrine Metabolic Disease:

<input type="checkbox"/> a. Diabetes	PHYACa24 <input type="checkbox"/>	130 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> b. Attack of gout	PHYACb24 <input type="checkbox"/>	131 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> c. Hyperthyroidism	PHYACc24 <input type="checkbox"/>	132 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> d. Hypothyroidism	PHYACd24 <input type="checkbox"/>	133 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> e. Cushing's syndrome	PHYACe24 <input type="checkbox"/>	134 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> f. Pheochromocytoma	PHYACf24 <input type="checkbox"/>	135 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/> g. Primary aldosteronism	PHYACg24 <input type="checkbox"/>	136 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other, specify: _____		137 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

D. Mental Disease:	Present	Suspect	No Evidence
a. Psychosis	138 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Psychoneurosis	139 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Alcoholism	140 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Drug addiction	141 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Depression	142 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Other, specify: _____	143 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E. Neurologic Disease:			
a. Convulsive disorder PHYAEa24	144 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Other, specify: _____	145 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

F. Musculo-Skeletal Disease:			
a. Arthritis or rheumatism PHYAFa24	146 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Other, specify: _____	147 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

G. Respiratory Disease:			
a. Chronic obstructive lung disease PHYAGa24 <input type="checkbox"/>	148 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Asthma PHYAGb24 <input type="checkbox"/>	149 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Tuberculosis PHYAGc24	150 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Other, specify: _____	151 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

H. Digestive Disease:			
a. Peptic ulcer PHYAHa24 <input type="checkbox"/>	152 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Gall bladder disease PHYAHb24 <input type="checkbox"/>	153 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Cirrhosis PHYAHc24 <input type="checkbox"/>	154 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Other liver disease PHYAHd24	155 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other, specify: _____	156 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

I. Genito-Urinary Conditions:			
a. Prostatism PHYAIa24 <input type="checkbox"/>	157 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Nephritis/Nephrosis PHYAIb24 <input type="checkbox"/>	158 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Urinary tract infection PHYAIc24 <input type="checkbox"/>	159 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Nephrolithiasis PHYAIId24 <input type="checkbox"/>	160 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other, specify: _____	161 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

J. Hematopoietic Diseases:			
a. Anemia PHYAJa24 <input type="checkbox"/>	162 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Lymphadenopathy PHYAJb24	163 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Other hematopoietic diseases, specify: _____	164 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

92. 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
LLRX24 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
e. Probenecid, allopurinol or colchicine	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
INSULO24 f. Insulin or oral hypoglycemic agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
g. Anticoagulants	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
h. Antibiotics or anti-infection agents	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
i. Steroids (including cortisone)	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
j. Amphetamines or other stimulant	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
k. Barbiturates or other sedative	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
l. 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, 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
 77

CC USE

CLINICAL SUMMARY PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

1
 77

CC USE

Signature of physician completing items 39-92: _____

Personnel Code of physician completing items 39-92:

LOCAL LABORATORY RESULTS

BLOOD

WBC24 93. White Blood Cell Count no./mm³ x 10³

HEMA24 94. Hematocrit (vol. %)

95. Observation of Plasma after 16 hours at 4°C:

Cream layer present 1 yes 2 no

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

UBLOOD24 96. Blood
 1 negative 2 small 3 moderate 4 large

UKETON24 97. Ketones
 1 negative 2 small 3 moderate 4 large

UGLUC24 98. Glucose
 1 negative 2 light 0.25g/dl 3 medium 4 dark 0.5g/dl or more

UPROT24 99. Protein
 1 negative 2 trace 3 + 30 mg/dl 4 ++ 100 5 +++ 300 6 ++++ 1000

100. pH
UPH24 1 - 2 five (5) 3 six (6) 4 seven (7) 5 eight (8) 6 nine (9)

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

- 1 Special Intervention →
- 2 Usual Care ↓

FINISHED

102. 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.

- 94 1 a. 4 week observation visit for participant with third screen or regular follow-up average DBP ≥ 105 mm Hg but average DBP < 90 mm Hg at last hypertension confirmation visit.
- 2 b. Antihypertensive medication prescribed by an outside source.
- 3 c. Step-Up, Maintenance, Step-Down or Individualized Therapy.
- 4 d. Participant is not in a hypertension management or treatment schedule.

103. Is item 102a checked in question 102 above?

- 95 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.

104. Is item 102b-c checked in question 102 above?

- 96 1 yes →
- 2 no ↓

If this visit coincides with a hypertension intervention visit, transcribe items 2, 3, 4 and 5 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 was taking antihypertensive medication from an outside source, transcribe items 2, 3, 4 and 5 to FORM 42 and complete the remainder of FORM 42 at this visit.
FINISHED.

105. Is the current average DBP (item 3) ≥ 90 mm Hg?

- 97 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.