ARCHIVE COPY

Attach ID Label Here

6 - - 16
Write Participant ID Here

Today's Date: MONTH DAY YEAR
17

HEART ATTACK PREVENTION PROGRAM – SECOND SCREENING VISIT

DAYS2S

Affix an identification label from the first screen form in the upper left-hand corner of this form. The participant's name and address and first screen examination date should be entered on this page at the time he is declared eligible for the second screen. Also, the serum cholesterol level should be entered on page 3, number 8.

NAME: _____
First Middle Last

ADDRESS: _____
Street Apartment No.

23 1☐
CC USE

_____
City State Zip Code

Date of First Screen Examination _____

CONSENT FORM FOR SECOND SCREENING PROCEDURES

I understand that the initial measurements of blood pressure and blood cholesterol, together with my cigarette consumption, place me at a risk for heart disease which is above average. I hereby agree to participate in the following additional procedures considered by the Program staff to be appropriate. The procedures will help to determine my eligibility for long-term participation in the Heart Attack Prevention Program and will provide important medical information. These procedures include 1) measurement of blood pressure, 2) resting electrocardiogram (ECG), 3) blood drawing, 4) physical examination by a physician, 5) pulmonary function test, and 6) measurement of height and weight. A chest x-ray may also be taken. In these standard clinical procedures there is no known significant risk.

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 obtained may be used by the Heart Attack Prevention Program for medical management and scientific study.

24 1☐
CC USE

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 at any time, 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.

_____
Signature of Auditor/Witness

[illegible] HEART PREVENTION TRIAL
[illegible] HEART AND LUNG INSTITUTE
[illegible] NO. 68-NIH-06. APPROVAL EXPIRES SEPT. 1, 1981

Before performing any procedure of this screen ask the participant to sign the consent form on page 1. Also, ask the participant to verify his address and the spelling of his name which appear on the same page. Print clearly all responses. Use ball point pen.

1. Date of birth — 25 MONTH ☐☐ – DAY ☐☐ – YEAR ☐☐

2. Pulse — Beats in 30 seconds 31 ☐☐ x 2 = PULSE2S beats/minute

3. Blood Pressure Measurements:

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 Observer's Code: 33 ☐☐

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	35 ☐☐☐	38 ☐☐☐
Reading 2 (R-Z)	41 ☐☐☐	44 ☐☐☐
Zero	47 ☐☐	49 ☐☐
Corrected	51 ☐☐☐	54 ☐☐☐
Reading 3 (Std)	57 ☐☐☐	60 ☐☐☐
Reading 4 (R-Z)	63 ☐☐☐	66 ☐☐☐
Zero	69 ☐☐	71 ☐☐
Corrected	73 ☐☐☐	76 ☐☐☐

STDSBP2S☐
STDDBP2S☐

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	SBP2S	DBP2S Average DBP

Is Average DBP greater than or equal to 120 mm Hg?

79 1 ☐ yes → **The participant is ineligible for the Trial and this fact is recorded as YES for item 5d-on page 8.**

2 ☐ no

↓

Continue with question 4.

HEIGHT2S 5. Height (nearest half-inch, without shoes) □□.□ ins. 32

BMI2S

6. Weight (nearest half-pound, disrobed) □□□.□ lbs. 35

HEIGHT	≤62	63	64	65	66	67	68	69	70	71	72	73	≥74
1.5 STANDARD WEIGHT	223	228	234	240	246	252	257	263	269	273	279	285	291

a. Enter 1.5 standard weight from above table □□□ lbs. 39

b. Is the body weight recorded in item 6 on this page ≥ 1.5 standard weight? 42

1 ☐ yes → **The participant is ineligible for the Trial and this fact is recorded as YES for item 7 on page 8.**

2 ☐ no

7. Pulmonary Function Data:

Technician number □□ 43

Room temperature □□ °C 45

	Trial 1	Trial 2	Trial 3
$FEV_{1.0}$	□□□□ cc	□□□□ cc	□□□□ cc
Vital Capacity	□□□□ cc	□□□□ cc	□□□□ cc
$FEV_{1.0}$/Vital Capacity x 100	_____ %	_____ %	_____ %

47,51,5

59,63,6

8. Serum cholesterol level from FORM 10 □□□ mg/dl 71

02004
Dup 6-1

17

If more than 300 mg/dl
1 ☐ → 18

If less than or equal to 300 mg/dl
2 ☐

9. How many days each week do you eat the largest meal of the day away from home? ☐

If more than 5 →

If less than or equal to 5

10. In the Heart Attack Prevention Program, you may be asked to change some of your food selections when you eat away from home. Would you be willing to consider doing this? 19

1 ☐ yes

2 ☐ no → **The participant is ineligible for the Trial and this fact is recorded as YES in item 1a on page 8.**

Continue with question 11.

Continue with question 11.

Continue with question 11.

11. Are you following any type of special diet?

145 1 ☐ yes → 2 ☐ no ↓

To Be Completed by a Nutritionist

12. Was this diet prescribed by your doctor?

146 1 ☐ yes → 2 ☐ no ↓

13. Does your doctor still expect you to follow this diet?
147 1 ☐ yes 2 ☐ no

14. Is the prescribed diet for (check the major reason)

148 1 ☐ diabetes 2 ☐ ulcer 3 ☐ overweight 4 ☐ food allergy
5 ☐ other, specify reason _____
6 ☐ 2 or more reasons, specify reasons _____
_____
Describe food content _____

This question is not asked of the participant. The nutritionist judges the compatibility of the participant's diet with that of MRFIT and answers the question.

15. Is the prescribed diet compatible with MRFIT diet pattern?

149 1 ☐ yes
2 ☐ no → **The participant is ineligible for the Trial and this fact is recorded as YES in item 1b on page 8.**

Continue with question 16. (Should be Q 17)

16. Do you watch what you eat because of (check the major reason)

150 1 ☐ general health 2 ☐ food allergy 3 ☐ overweight 4 ☐ other, specify reason _____
5 ☐ 2 or more reasons, specify reasons _____
Describe food content _____

Continue with question 17.

17. If this project offered you help, would you be willing to try to modify your eating habits?

151 1 ☐ yes
2 ☐ no → **The participant is ineligible for the Trial and this fact is recorded as YES in item 1c on page 8.**

18. Do you ever drink wine, beer, whiskey or liquor (cocktails, gin, vodka, scotch, bourbon, rum, etc.)?

DRKALC2S 152 1 ☐ yes → 2 ☐ no ↓

19. How often do you drink wine, beer, whiskey, or liquor (cocktails, gin, vodka, scotch, bourbon, rum, etc.)? OFTALC2S ☐

153 1 ☐ less often than once per week 2 ☐ one - four times a week 3 ☐ nearly every day 4 ☐ every day

20. When you drink alcoholic beverages, how many do you usually drink in a day?

DRINKS2S

ALCD2S 154 ☐☐ Number of drinks per day

If the participant consumes an excessive amount of alcohol the participant is not eligible for the Trial. This fact is to be recorded by checking YES for item 1d on page 8.

Continue with question 21.

21. Do you currently smoke cigarettes?

SMKNOW2S 156 1 ☐ yes → 2 ☐ no ↓

22. If this project offered you help, would you be willing to try to quit smoking?

157 1 ☐ yes
2 ☐ no → **The participant is ineligible for the Trial and this fact is recorded as YES in item 2 on page 8.**

Continue with the screening procedures.

Continue with the screening procedures

S
150-END

Print Participant's Last Name Here

Write Participant ID Here

PHYSICAL EXAMINATION

EYES

23. Is xanthelasma present? 1 ☐ yes 2 ☐ no — 17

24. Is there an abnormality present in the undilated fundi? — 18

1 ☐ yes → 25. A-V compression? 1 ☐ yes 2 ☐ no — 19
2 ☐ no ↓ 26. Focal narrowing? 1 ☐ yes 2 ☐ no — 20
27. Exudates? 1 ☐ yes 2 ☐ no — 21
28. Hemorrhages? 1 ☐ yes 2 ☐ no — 22
29. Papilledema? 1 ☐ yes 2 ☐ no — 23
30. Other fundi abnormalities? Specify _____ 1 ☐ yes 2 ☐ no — 24

31. Other eye abnormalities? Specify _____ 1 ☐ yes 2 ☐ no — 25

NECK

32. Is there an abnormality present in the thyroid? 1 ☐ yes 2 ☐ no — 26

33. Are carotid bruits present? — 27

1 ☐ yes → 34. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral — 28
2 ☐ no ↓

35. Are carotid pulses absent? — 29

1 ☐ yes → 36. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral — 30
2 ☐ no ↓

37. Is there an abnormality present in the jugular venous pulsations? 1 ☐ yes 2 ☐ no — 31

LUNGS

38. Are breath sounds diminished/absent? — 32

1 ☐ yes → 39. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral — 33
2 ☐ no ↓

40. Are rales present? — 34

1 ☐ yes → 41. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral — 35
2 ☐ no ↓

42. Are ronchi or wheezes present? — 36

1 ☐ yes → 43. Check appropriate box. 1 ☐ right only 2 ☐ left only 3 ☐ bilateral — 37
2 ☐ no ↓

44. Other lung abnormality(s)? Specify _____ 1 ☐ yes 2 ☐ no — 38

HEART

45. Is there an abnormality on precordial palpation? Specify _____ 1 ☐ yes 2 ☐ no — 39

46. Is S_1 abnormal? Specify _____ 1 ☐ yes 2 ☐ no — 40

47. Is A_2 abnormal? Specify _____ 1 ☐ yes 2 ☐ no — 41

48. Is P_2 abnormal? Specify _____ 1 ☐ yes 2 ☐ no — 42

49. Is there an S_3 gallop? 1 ☐ yes 2 ☐ no — 43

50. Is there an S_4 gallop? 1 ☐ yes 2 ☐ no — 44

51. Is there a systolic murmur?

1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Type of Murmur: Ejection	Holosystolic	Other
Apical	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Pulmonic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Aortic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Other	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no

45 | 46,47 | 50,51,52,53 | 54,55,56,57 | 58,59,60,61 SKIP 62-END

02016 Dup 6-16 17

52. Is there a diastolic murmur?

1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Indicate Time of Murmur: Early	Mid	Late	Other
Apical	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Pulmonic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Aortic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Left sternal border	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no

18,19,20,21,2 | 23,24,25,26,2 | 28,29,30,31,3 | 33,34,35,36,3

*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

53. Is the liver enlarged? 1 ☐ yes 2 ☐ no — 38

54. Is the spleen palpable? 1 ☐ yes 2 ☐ no — 39

55. Are there other abdominal masses? Specify where: _____ 1 ☐ yes 2 ☐ no — 40

56. Is there an aortic aneurysm present? 1 ☐ yes 2 ☐ no — 41

57. Is the right femoral pulse abnormal? — 42

1 ☐ yes → 2 ☐ no ↓

58. Check the appropriate box which describes the right femoral pulse. — 43
1 ☐ bruit 2 ☐ absent or diminished

59. Is the left femoral pulse abnormal? — 44

1 ☐ yes → 2 ☐ no ↓

60. Check the appropriate box which describes the left femoral pulse — 45
1 ☐ bruit 2 ☐ absent or diminished

NEUROLOGICAL

STROKE2S 61. Is there evidence of either hemiplegia or hemiparesis? 1 ☐ yes 2 ☐ no — 46

Ask questions 62 and 63 and check the appropriate answer.

62. During the past year, have you experienced a decrease in sexual activity? 1 ☐ yes 2 ☐ no — 47

63. During the past year have you felt so depressed (sad) that it interfered with your work, recreation or sleep? 1 ☐ yes 2 ☐ no — 48

SKIN

64. Are xanthomata present? (exclude xanthelasma which should be noted in question 23) 1 ☐ yes 2 ☐ no — 49

Text of question to be asked of participant by physician

65. For each of the medicines below, ask the participant if he is currently taking them, or has taken them in the past but is not presently taking them, or has never taken them.

		Current (last 2 weeks)	Remote Past	Never	
	a. Cardiovascular drugs: Digitalis, Nitroglycerine or other coronary dilatator, propanolol	1 ☐ yes*	2 ☐ yes	3 ☐ no	50
DIUR2S	b. Diuretics	1 ☐ yes	2 ☐ yes	3 ☐ no	51
GANG2S	c. Ganglionic Blocking Agents or Guanethidine (Ismelin)	1 ☐ yes*	2 ☐ yes	3 ☐ no	52
METH2S	d. Alpha-methyldopa (Aldomet), Hydralazine (Apresoline)	1 ☐ yes	2 ☐ yes	3 ☐ no	53
LLRX2S	e. 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 ☐ yes*	2 ☐ yes	3 ☐ no	54
INSULO2S	f. Insulin or oral hypoglycemic agents	1 ☐ yes*	2 ☐ yes	3 ☐ no	55
	g. Anticoagulants	1 ☐ yes	2 ☐ yes	3 ☐ no	56
	h. Antibiotics or anti-infection agents	1 ☐ yes	2 ☐ yes	3 ☐ no	57
	i. Steroids (including cortisone)	1 ☐ yes	2 ☐ yes	3 ☐ no	58
	j. Amphetamines or other stimulant	1 ☐ yes	2 ☐ yes	3 ☐ no	59
	k. Barbiturates or other sedative	1 ☐ yes	2 ☐ yes	3 ☐ no	60
	l. Librium, Valium or other anti-anxiety agents	1 ☐ yes	2 ☐ yes	3 ☐ no	61

ONMEDS2S

List specific drugs participant is taking or has brought in

_____

_____

_____

***Check appropriate exclusion on page 8.**

1 ☐ 62
CC USE

PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

_____

_____

_____

_____

_____ 1 ☐ 63
CC USE

_____

_____

_____

_____

_____

Signature of physician completing this form: _____

Identification number of physician completing items 23 – 65 ☐☐ 64

SKIP 66-END

REASONS FOR EXCLUSION TO BE COMPLETED BY NUTRITIONIST

1. Food pattern restrictions
   a. Serum Cholesterol > 300 mg/dl and participant eats more than 5 major meals away from home — 1 ☐ yes 2 ☐ no — 17
   b. Prescribed food pattern incompatible with MRFIT diet pattern — 1 ☐ yes 2 ☐ no — 18
   c. Unwillingness to modify a self selected diet which is incompatible with the MRFIT eating pattern — 1 ☐ yes 2 ☐ no — 19
   d. Excessive alcohol intake — 1 ☐ yes 2 ☐ no — 20
2. Refuses to try to give up smoking cigarettes (check NO if non-smoker) — 1 ☐ yes 2 ☐ no — 21

REASONS FOR EXCLUSION TO BE COMPLETED BY PHYSICIAN

3. ECG abnormalities:
   a. Major A-V conduction defects
      i. Type II A-V block (6.2.1, 6.2.2) — 1 ☐ yes 2 ☐ no — 22
      ii. Third degree A-V block (6.1) — 1 ☐ yes 2 ☐ no — 23
   b. Complete bundle branch blocks
      i. Complete left-bundle branch block (LBBB) (7.1) — 1 ☐ yes 2 ☐ no — 24
      ii. Complete right-bundle branch block (RBBB) (7.2) — 1 ☐ yes 2 ☐ no — 25
      iii. W-P-W (6.4) — 1 ☐ yes 2 ☐ no — 26
      iv. Prolonged QRS plus abnormal repolarization (7.4 plus 5.1, 2) — 1 ☐ yes 2 ☐ no — 27
   c. Arrhythmias requiring therapy
      i. Atrial flutter (8.3.2, 8.3.4) — 1 ☐ yes 2 ☐ no — 28
      ii. Atrial fibrillation (8.3.1, 8.3.3) — 1 ☐ yes 2 ☐ no — 29
      iii. Idioventricular rhythm — 1 ☐ yes 2 ☐ no — 30
      iv. Any paroxysmal tachyarrhythmia — 1 ☐ yes 2 ☐ no — 31
   d. Resting 12 lead ECG evidence of myocardial infarction
      i. Minnesota Code 1.1 Q waves alone — 1 ☐ yes 2 ☐ no — 32
      ii. Minnesota Code 1.2 Q waves plus 5.1 or 5.2 negative T waves — 1 ☐ yes 2 ☐ no — 33
4. Cardiovascular disease
   a. Coronary heart disease
      i. History compatible with myocardial infarction with hospitalization, with or without documentation — 1 ☐ yes 2 ☐ no — 34
      ii. Angina pectoris diagnosed by Rose Questionnaire — 1 ☐ yes 2 ☐ no — 35
      iii. Angina pectoris diagnosed by clinical evidence only — 1 ☐ yes 2 ☐ no — 36
   b. Congenital or valvular heart disease requiring further evaluation or treatment — 1 ☐ yes 2 ☐ no — 37
   c. History or findings of congestive heart failure — 1 ☐ yes 2 ☐ no — 38
   d. History or findings of completed stroke or cerebrovascular accident (hemorrhage, stroke) — 1 ☐ yes 2 ☐ no — 39
   e. Intermittent claudication diagnosed by Rose Questionnaire — 1 ☐ yes 2 ☐ no — 40
   f. Presumptive secondary hypertension — 1 ☐ yes 2 ☐ no — 41
   g. Grade III or IV hypertensive retinopathy — 1 ☐ yes 2 ☐ no — 42
5. Other conditions or diseases
   a. Untreated diabetes with symptomatic hyperglycemia such as polydyspsia, pólyuria or frequent infections — 1 ☐ yes 2 ☐ no — 43
   b. Severe limitations in activity — 1 ☐ yes 2 ☐ no — 44
   c. Illness which would require hospitalization or frequent medical attention — 1 ☐ yes 2 ☐ no — 45
   d. Other major life limiting conditions — 1 ☐ yes 2 ☐ no — 46
6. Specific medication
   a. Cardiovascular drugs: Digitalis, Nitroglycerine or other coronary dilatator, propanolol — 1 ☐ yes 2 ☐ no — 47
   b. Antihypertensive drugs: Ganglionic Blocking Agents or Guanethidine (Ismelin) — 1 ☐ yes 2 ☐ no — 48
   c. Lipid-lowering medications: Clofibrate, Cholestyramine and other sterol-binding resins such as Colestipol, β-sitosterol (Cytellin), Nicotinic Acid and Nicotinic Acid derivatives, Neomycin, Dextrothyroxine (Choloxin), Probucol (Biphenabid), Estrogens, Progestins, Heparin, and Halofinate — 1 ☐ yes 2 ☐ no — 49
   d. Insulin or any other hypoglycemic agent — 1 ☐ yes 2 ☐ no — 50
7. Body weight ≥ 1.5 standard weight — 1 ☐ yes 2 ☐ no — 51
8. Refusal to participate in program — 1 ☐ yes 2 ☐ no — 52

Indicate eligibility status of participant. — 53

1 ☐ **INELIGIBLE** (at least one YES checked for questions 1-8 above)
2 ☐ **ELIGIBLE** FOR THIRD SCREENING VISIT (only NOs checked for questions 1-8 above)
3 ☐ **ELIGIBLE** (Principal Investigator override)

Principal Investigator's Signature _____ Exclusion Numbers Overridden _____