

SEVENTH ANNUAL VISIT FORM

ARCHIVE COPY

To be completed at the seventh 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.

DAYS84



Year of Follow-up

Attach ID Label Here

1. Time participant arrived at clinic. : 1 am 2 pm **Check 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, exhale half the breath into the air and slowly exhale the rest of the breath into an empty plastic bag.

Has the daily calibration been performed? 1 yes 2 no
(No measurements should be made until the calibration has been done.)

Technician Code Time Ecolyzer Test performed : 1 am 2 pm **Check am or pm**

Background CO ppm Trial 1 ppm Trial 2 ppm

3. Pulmonary Function Data:

Personnel Code of Technician Conducting the Test Room Temperature °C Personnel Code of Technician Recording the Measurements

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

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"/>	145 <input type="text"/>	146 <input type="text"/>	147 <input type="text"/>	148 <input type="text"/>	DO NOT USE
	Completeness	149 <input type="text"/>	150 <input type="text"/>	151 <input type="text"/>	152 <input type="text"/>	153 <input type="text"/>	
	Smoothness	154 <input type="text"/>	155 <input type="text"/>	156 <input type="text"/>	157 <input type="text"/>	158 <input type="text"/>	
	Fast Start	159 <input type="text"/>	160 <input type="text"/>	161 <input type="text"/>	162 <input type="text"/>	163 <input type="text"/>	

Coder's ID

AVGECO84



MAXFEV84



4. Pulse: Beats in 30 seconds x 2 = PULSE84 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" value=""/> <input type="text" value=""/> <input type="text" value=""/>	35 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Reading 2 (R - Z)	38 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	41 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Zero	44 <input type="text" value=""/> <input type="text" value=""/>	46 <input type="text" value=""/> <input type="text" value=""/>
STDSBP84 STDDBP84 Corrected	48 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	51 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Reading 3 (Std)	54 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	57 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Reading 4 (R - Z)	60 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	63 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Zero	66 <input type="text" value=""/> <input type="text" value=""/>	68 <input type="text" value=""/> <input type="text" value=""/>
Corrected	70 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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):

ACCHYP84

	Systolic	Disappearance 5th Phase Diastolic
Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	<u>SBP84</u>	<div style="text-align: center; margin-top: 5px;">Average DBP</div>

6. Average diastolic blood pressure (DBP) as determined by zero muddler DBP84 mm Hg

Write average DBP on FORM 105

7. Standing Blood Pressure Measurements:

Immediately following the sitting blood pressure measurements and 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
UPSBP84 <input type="text" value="79"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	UPDBP84 <input type="text" value="82"/> <input type="text" value=""/> <input type="text" value=""/>

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
25 °F

Permanent Cassette No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27	Technician Code <input type="text"/> <input type="text"/> 31
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Chest Square Reading		
O-E <input type="text"/> <input type="text"/> . <input type="text"/> 33	O-V6 <input type="text"/> <input type="text"/> . <input type="text"/> 36	O-V4 <input type="text"/> <input type="text"/> . <input type="text"/> 39

Heart Rate <input type="text"/> <input type="text"/> <input type="text"/> 42
--

Comments on resting ECG: _____

b. Is Left Ventricular Hypertrophy present on resting ECG? 45 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

46 . 1 am check
2 pm am or pm

d. Time fasting blood specimen obtained

51 . 1 am check
2 pm am or pm

9. Weight (nearest half-pound, disrobed)

56 . lbs.

BMI84



PHYSICAL EXAMINATION

EYES

10. Is xanthelasma present? 60 1 yes 2 no

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

61 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	12. A-V compression? 62 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	13. Focal narrowing? 63 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	14. Exudates? 64 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	15. Hemorrhages? 65 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	16. Papilledema? 66 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	17. Other fundi abnormalities? Specify _____ 67 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

18. Other eye abnormalities? Specify _____ 68 1 yes 2 no

NECK

19. Is there an abnormality present in the thyroid? 69 1 yes 2 no

20. Are carotid bruits present?

70 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	21. Check appropriate box. 71 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?

72 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	23. Check appropriate box. 73 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? 74 1 yes 2 no

25. Is the jugular venous pressure raised? 75 1 yes 2 no

LUNGS

26. Are breath sounds diminished/absent?

75 1 yes
2 no

27. Check appropriate box.

77 1 right only 2 left only 3 bilateral

28. Are rales present?

76 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. When was the surgery performed?

84

Month	Year
<input type="text"/>	<input type="text"/>

35. Is there an abnormality on precordial palpation? Specify _____ 85 1 yes 2 no

36. Is S₁ abnormal? Specify _____ 89 1 yes 2 no

37. Is A₂ abnormal? Specify _____ 90 1 yes 2 no

38. Is P₂ abnormal? Specify _____ 91 1 yes 2 no

39. Is there an S₃ gallop? 92 1 yes 2 no

40. Is there an S₄ gallop? 93 1 yes 2 no

41. Is there a systolic murmur?

94 1 yes
2 no

Position	Grade* 1-6	Type of Murmur			
		Ejection	Holosystolic	Other	
Apical	95 <input type="text"/>	96 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	97 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	98 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Pulmonic	99 <input type="text"/>	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	
Aortic	103 <input type="text"/>	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	
Other	107 <input type="text"/>	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	

42. Is there a diastolic murmur?

111 1 yes
2 no

Position	Grade* 1-6	Indicate Time of Murmur			
		Early	Mid	Late	Other
Apical	112 <input type="text"/>	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	116 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Pulmonic	117 <input type="text"/>	118 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	119 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	120 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	121 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Aortic	122 <input type="text"/>	123 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	124 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	125 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	126 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Left sternal border	127 <input type="text"/>	128 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	129 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	130 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	131 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

43. Is the liver enlarged? 132 1 yes 2 no

44. Is the spleen palpable? 133 1 yes 2 no

45. Are there other abdominal masses? Specify where: _____ 134 1 yes 2 no

46. Is there an aortic aneurysm present? 135 1 yes 2 no

MULTIPLE RISK FACTOR INTERVENTION TRIAL

SEVENTH ANNUAL VISIT FORM (Part 2)

CLIN 25

DATE

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Year of Follow-up 24 **7**

Attach ID Label Here

PHYSICAL EXAMINATION (Continued)

PERIPHERAL ARTERIES

PERART84



- 47. 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
- 48. 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
- 49. In the right dorsalis pedis artery, is the pulse absent or diminished? 29 1 yes 2 no
- 50. In the right posterior tibial artery, is the pulse absent or diminished? 30 1 yes 2 no
- 51. In the left dorsalis pedis artery, is the pulse absent or diminished? 31 1 yes 2 no
- 52. In the left posterior tibial artery, is the pulse absent or diminished? 32 1 yes 2 no
- 53. Is bilateral pitting edema of ankles or feet present? 33 1 yes 2 no
- 54. Are ischemic ulcers present over either leg? 34 1 yes 2 no
- 55. 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

56. Is there evidence of either hemiplegia or hemiparesis? STROKE84 1 yes 2 no

Ask questions 57 and 58 and check the appropriate answer.

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

SKIN

- 59. Are xanthomata present? (Exclude xanthelasma which should be noted in question 10) 1 yes 2 no
- 60. Are ear topi present? 1 yes 2 no

61. 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.

		Present	Suspect	No Evidence
A. Circulatory Diseases:				
PHYAAa84	a. Congestive heart failure	41 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Angina pectoris PHYAAb84	42 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAc84	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 PHYAAAd84	44 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAe84	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 PHYAAf84	46 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAg84	g. Peripheral arterial occlusion	47 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	h. Pulmonary embolism PHYAAh84	48 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAi84	i. Thrombophlebitis	49 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	j. Atrial fibrillation PHYAAj84	50 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAk84	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 PHYABa84 <input type="checkbox"/>	53 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. GI PHYABb84 <input type="checkbox"/>	54 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. GU PHYABc84 <input type="checkbox"/>	55 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Skin PHYABd84 <input type="checkbox"/>	56 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Other, Specify: PHYABe84 _____	57 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
C. Endocrine Metabolic Disease:				
	a. Diabetes PHYACa84 <input type="checkbox"/>	58 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Attack of gout PHYACb84 <input type="checkbox"/>	59 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Hyperthyroidism PHYACc84 <input type="checkbox"/>	60 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Hypothyroidism PHYACd84 <input type="checkbox"/>	61 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Cushing's syndrome PHYACe84 <input type="checkbox"/>	62 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	f. Pheochromocytoma PHYACf84 <input type="checkbox"/>	63 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	g. Primary aldosteronism PHYACg84 <input type="checkbox"/>	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 PHYAEa84	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 PHYAFa84	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 PHYAGa84 <input type="checkbox"/>	76 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Asthma PHYAGb84 <input type="checkbox"/>	77 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Tuberculosis PHYAGc84	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"/>

65. 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	139 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
b. Nitrates including nitroglycerine	140 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
c. Propranolol for other than treatment of blood pressure	141 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
LLRX84 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	142 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
e. Probenecid, allopurinol or colchicine	143 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
INSUL84 f. Insulin	144 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
OHYPO84 g. Oral hypoglycemic agents	145 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
h. Anticoagulants	146 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
i. Antibiotics or anti-infection agents	147 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
j. Steroids (including cortisone)	148 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
k. Amphetamines or other stimulant	149 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
l. Barbiturates or other sedative	150 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
m. Librium, Valium or other anti-anxiety agents	151 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
n. Potassium supplementation other than dietary recommendations	152 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
o. Anturane® (Sulfapyrazone), Persantine® (Dipyridamole)	153 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
p. Beta blockers other than propranolol	154 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
155
CC USE

66. Have you ever had coronary arteriography (x-ray pictures of the coronary arteries done in the hospital during cardiac catheterization) performed?

156 1 yes
2 no

67. When was the last time you had a coronary arteriogram? Month Year

157

Continue with Part 3.

68. Has a physician ever advised you to have coronary arteriography?

161 1 yes 2 no

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

1
162
CC USE

Signature and Personnel Code of physician completing items 10-65: _____ 158

Signature and Personnel Code of person delivering the message on continued participation in the trial through the planned termination: _____ 165

Year of Follow-up **7**

Attach ID Label Here

LOCAL LABORATORY RESULTS

BLOOD

69. White Blood Cell Count no./mm³ x 10³ **WBC84**

70. Hematocrit (vol. %) **HEMA84**

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

71. Blood **UBLOOD84**
1 negative 2 small 3 moderate 4 large

72. Ketones **UKETON84**
1 negative 2 small 3 moderate 4 large

73. Glucose **UGLUC84**
1 negative 2 trace 0.1 g/dl 3 + 0.25 g/dl 4 ++ 0.5 g/dl 5 +++ 1 g/dl 6 ++++ 2 g/dl

74. Protein **UPROT84**
1 negative 2 trace 3 + 30 mg/dl 4 ++ 100 5 +++ 300 6 ++++ 1000

75. pH **UPH84**
1 - 2 five (5) 3 six (6) 4 seven (7) 5 eight (8) 6 nine (9)

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

- 1 yes
- 2 no

SMKLYR84

Continue with question 97. (page 11)

77. Do you now smoke cigarettes daily?

- 1 yes
- 2 no

SMKNOW84

Continue with question 82. (page 10)

78. 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

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

- 1 yes
- 2 no

STOPLYR84

Go to question 87.

80. 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

81. 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

Go to question 87.

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

1 less than 2 months →

83. If less than 2 months, was it

1 less than 7 hours

2 7 hours to 7 days
(not including 7 days)

3 7 days to 14 days
(not including 14 days)

4 14 days to 1 month
(not including 1 month)

5 1 month but 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

84. At the time you stopped, was it:

1 extremely difficult 2 difficult 3 easy

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

1 yes →

2 no

Go to
question 103.

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

(The interviewer judges from the participant's reply and checks the appropriate box after each technique. The interviewer 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 103.

INH84 87. 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

OFT84 88. 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

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

1 let more than half burn

2 let half or less burn

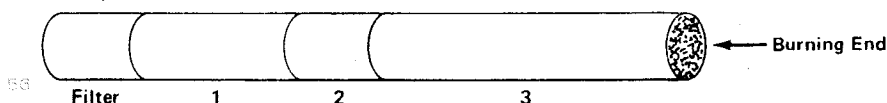
90. If "more than half", do you usually let your cigarette burn . . .

1 as far as possible

2 3/4 or more

3 less than 3/4

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



BURN84 92. How much of your cigarette burns without your smoking it?

1 very little

2 some

3 a moderate amount

4 a great deal

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

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

--	--	--	--

DO NOT USE

95. 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

96. 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 103.

CIGS84



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

- 1 yes
- 2 no

98. Do you currently smoke any cigarettes?

- 1 yes
- 2 no

99. How many days per month do you smoke?

100. How many cigarettes per week do you smoke?
(If less than 1, record as 01)

101. How many cigarettes have you smoked in the last 24 hours?

Go to question 102.

102. How long before you arrived at the clinic did you smoke your last cigarette?

- 1 less than 7 hours
- 2 7 hours to 7 days (not including 7 days)
- 3 7 days to 14 days (not including 14 days)
- 4 14 days to 1 month (not including 1 month)
- 5 1 month or more

103. Do you smoke cigarillos?

- 1 yes
- 2 no

104. How often do you smoke cigarillos?

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

105. With cigarillos, how deeply do you inhale 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

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

- 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

107. How long before you arrived at the clinic today did you last smoke a cigarillo?

- 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

CIGLO84

108. Do you smoke pipes?

- 1 yes
- 2 no

109. How often do you smoke pipes?

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

110. With pipes, how deeply do you inhale 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

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

- 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

112. How long before you arrived at the clinic today did you last smoke a pipe?

- 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

PIPE84

113. Do you smoke cigars?

- 1 yes
- 2 no

114. How often do you smoke cigars?

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

115. With cigars, how deeply do you inhale 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

116. For cigars how often do you usually inhale?

- 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

117. 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

CIGAR84

CCP84



Continue with question 118.

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

1 Special Intervention →

2 Usual Care

FINISHED

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

If the participant is not presently in a hypertension management or treatment schedule, item n. below should be checked.

For participants who have started taking antihypertensive medications from an outside source since the last visit and who are not in a hypertension intervention schedule, transcribe items 4, 5, 6 and 9 to Form 42, complete the rest of Form 42 following the annual exam, and indicate below which revisit schedule was checked on Form 42. For participants whose annual exam and hypertension intervention visit are scheduled on the same day, the annual exam should be completed first; transcribe items 4, 5, 6 and 9 to Form 42 if that is the appropriate hypertension form, or transcribe items 4, 5, 6, 7 and 9 to Form 44 if that form is appropriate. Complete the remainder of the form following the annual exam, and indicate below which revisit schedule was checked. For participants whose annual exam and hypertension visit are not scheduled on the same day, Form 42 or 44 should not be completed, and the revisit schedule checked on the most recent hypertension form should be indicated 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 A_{ij}.
- 06 f. Maintenance B_q.
- 07 g. Maintenance C_q.
- 08 h. Maintenance A₉₀.
- 09 i. Maintenance B₉₀.
- 10 j. Maintenance C₉₀.
- 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.

120. Is item m. checked in question 119 above?

1 yes →

2 no

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

FINISHED

122. Is item n. checked in question 119 above?

1 yes →

2 no

FINISHED

123. Is current average DBP (item 4) \geq 90 mm Hg?

1 yes →

2 no

FINISHED

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