

MULTIPLE RISK FACTOR INTERVENTION TRIAL

THIRD ANNUAL VISIT FORM

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

16

CLINI

23

DAYS36



DATE

17

Year of Follow-up

24

Attach ID Label Here

1. Time participant arrived at clinic.

25

:

am
pm

Circle
am or pm

2. Ecolyzer test data:

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

Technician Code

30

Time Ecolyzer test performed

32

:

am
pm

Circle
am or pm

Trial 1

37

ppm

Trial 2

40

ppm



AVGECO36

3. Pulmonary Function Data:

Technician number

43

Room temperature

45

°C



MAXFEV36

FEV_{1.0}

47

Trial 1

cc

51

Trial 2

cc

55

Trial 3

cc

Vital Capacity

59

cc

63

cc

67

cc

FEV_{1.0}/Vital Capacity x 100

_____ %

_____ %

_____ %

4. Pulse: Beats in 30 seconds 71 x 2 = PULSE36 beats/minute

5. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 73 Random Zero Device Code: 75

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.

STDSBP36
STDDBP36

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	78 <input type="text"/> <input type="text"/> <input type="text"/>	81 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 2 (R - Z)	84 <input type="text"/> <input type="text"/> <input type="text"/>	87 <input type="text"/> <input type="text"/> <input type="text"/>
Zero	90 <input type="text"/> <input type="text"/>	92 <input type="text"/> <input type="text"/>
Corrected	94 <input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 3 (Std)	100 <input type="text"/> <input type="text"/> <input type="text"/>	103 <input type="text"/> <input type="text"/> <input type="text"/>
Reading 4 (R - Z)	106 <input type="text"/> <input type="text"/> <input type="text"/>	109 <input type="text"/> <input type="text"/> <input type="text"/>
Zero	112 <input type="text"/> <input type="text"/>	114 <input type="text"/> <input type="text"/>
Corrected	116 <input type="text"/> <input type="text"/> <input type="text"/>	119 <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):

ACCHYP36



	Systolic	Disappearance 5th Phase Diastolic
Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	<u>SBP36</u>	<input type="text"/> Average DBP

6. Average diastolic blood pressure (DBP) as determined by zero muddler DBP36 122 mm Hg

Write average DBP on FORM 105

7. Standing Blood Pressure Measurements:

After having the participant remain in a standing position for two minutes, measure his blood pressure using a standard mercury sphygmomanometer.

	Systolic	Disappearance 5th Phase Diastolic
<u>UPSBP36</u> 125	<input type="text"/> <input type="text"/> <input type="text"/>	<u>UPDBP36</u> 128 <input type="text"/> <input type="text"/> <input type="text"/>

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

Room temperature 131 <input type="text"/> <input type="text"/> °F	Permanent Cassette No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 133	Technician Code <input type="text"/> <input type="text"/> 137	Chest Square Reading O-E <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 139	O-V6 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 142	O-V4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145	Heart Rate <input type="text"/> <input type="text"/> <input type="text"/> 148
--	--	---	--	---	---	---

Comments on resting ECG: _____

- b. Is Left Ventricular Hypertrophy present on resting ECG? 151 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 152 : a.m. Please circle a.m. or p.m.
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 157 : a.m. Please circle a.m. or p.m.
p.m.

9. Weight (nearest half-pound, disrobed) 162 lbs.

BMI36



SKIP
166-END

09132
Dup 6-24

PHYSICAL EXAMINATION

EYES

10. Is xanthelasma present? 25 1 yes 2 no
11. Is there an abnormality present in the undilated fundi? 26 1 yes 2 no

26 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	12. A-V compression? 27 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	13. Focal narrowing? 28 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	14. Exudates? 29 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	15. Hemorrhages? 30 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	16. Papilledema? 31 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
	17. Other fundi abnormalities? Specify _____ 32 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

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

NECK

19. Is there an abnormality present in the thyroid? 34 1 yes 2 no
20. Are carotid bruits present? 35 1 yes 2 no

35 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	21. Check appropriate box. 36 1 <input type="checkbox"/> right only 2 <input type="checkbox"/> left only 3 <input type="checkbox"/> bilateral
--	--

22. Are carotid pulses absent? 37 1 yes 2 no

37 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no ↓	23. Check appropriate box. 38 1 <input type="checkbox"/> right only 2 <input type="checkbox"/> left only 3 <input type="checkbox"/> bilateral
--	--

24. Is there an abnormality present in the jugular venous pulsations? 39 1 yes 2 no
25. Is the jugular venous pressure raised? 40 1 yes 2 no

LUNGS

26. Are breath sounds diminished/absent?

- 41 1 yes
2 no

27. Check appropriate box.

- 42 1 right only 2 left only 3 bilateral

28. Are rales present?

- 43 1 yes
2 no

29. Check appropriate box.

- 44 1 right only 2 left only 3 bilateral

30. Are rhonchi or wheezes present?

- 45 1 yes
2 no

31. Check appropriate box.

- 46 1 right only 2 left only 3 bilateral

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

HEART

33. Is there a history of surgery for coronary artery disease? 48 1 yes 2 no

34. Is there an abnormality on precordial palpation? Specify _____ 49 1 yes 2 no

35. Is S₁ abnormal? Specify _____ 50 1 yes 2 no

36. Is A₂ abnormal? Specify _____ 51 1 yes 2 no

37. Is P₂ abnormal? Specify _____ 52 1 yes 2 no

38. Is there an S₃ gallop? 53 1 yes 2 no

39. Is there an S₄ gallop? 54 1 yes 2 no

40. Is there a systolic murmur?

- 55 1 yes
2 no

Position	Grade* 1-6	Type of Murmur			
		Ejection	Holosystolic	Other	
Apical	56 <input type="checkbox"/>	57 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	58 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Pulmonic	60 <input type="checkbox"/>	61 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Aortic	64 <input type="checkbox"/>	65 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Other	68 <input type="checkbox"/>	69 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	

41. Is there a diastolic murmur?

- 72 1 yes
2 no

Position	Grade* 1-6	Indicate Time of Murmur			
		Early	Mid	Late	Other
Apical	73 <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	78 <input type="checkbox"/>	79 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	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
Aortic	83 <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	88 <input type="checkbox"/>	89 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	90 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 a murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

42. Is the liver enlarged? 93 1 yes 2 no

43. Is the spleen palpable? 94 1 yes 2 no

44. Are there other abdominal masses? Specify where: _____ 95 1 yes 2 no

45. Is there an aortic aneurysm present? 96 1 yes 2 no

MULTIPLE RISK FACTOR INTERVENTION TRIAL

THIRD ANNUAL VISIT FORM (Part 2)

16

CLINI 23

DATE - - 17

Year of Follow-up

24 **3**

Attach ID Label Here

PHYSICAL EXAMINATION (Continued)

PERIPHERAL ARTERIES

46. In the right femoral artery,

- a) is the pulse absent or diminished?
- b) is a bruit heard?

25 1 yes 2 no
26 1 yes 2 no

47. In the left femoral artery,

- a) is the pulse absent or diminished?
- b) is a bruit heard?

27 1 yes 2 no
28 1 yes 2 no

48. In the right dorsalis pedis artery, is the pulse absent or diminished?

29 1 yes 2 no

49. In the right posterior tibial artery, is the pulse absent or diminished?

30 1 yes 2 no

50. In the left dorsalis pedis artery, is the pulse absent or diminished?

31 1 yes 2 no

51. In the left posterior tibial artery, is the pulse absent or diminished?

32 1 yes 2 no

52. Is bilateral pitting edema of ankles or feet present?

33 1 yes 2 no

53. Are ischemic ulcers present over either leg?

34 1 yes 2 no

54. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months?

35 1 yes 2 no

PERART36



NEUROPSYCHIATRIC

55. Is there evidence of either hemiplegia or hemiparesis? **STROKE36**

36 1 yes 2 no

Ask questions 56 and 57 and check the appropriate answer.

56. During the past year, have you experienced a decrease in sexual activity?

37 1 yes 2 no

57. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep?

38 1 yes 2 no

SKIN

58. Are xanthomata present? (Exclude xanthelasma which should be noted in question 10).

39 1 yes 2 no

59. Are ear tophi present?

40 1 yes 2 no

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

A. Circulatory Diseases:		Present	Suspect	No Evidence
PHYAAa36	a. Congestive heart failure	41 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Angina pectoris PHYAAAb36	42 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAc36	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 PHYAAAd36	44 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAe36	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 PHYAAAf36	46 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAg36	g. Peripheral arterial occlusion	47 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	h. Pulmonary embolism PHYAAAh36	48 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAi36	i. Thrombophlebitis	49 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	j. Atrial fibrillation PHYAAAj36	50 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHYAAk36	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 PHYABa36 <input type="checkbox"/>	53 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. GI PHYABb36 <input type="checkbox"/>	54 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. GU PHYABc36 <input type="checkbox"/>	55 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Skin PHYABd36 <input type="checkbox"/>	56 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Other, Specify: PHYABe36 _____	57 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
C. Endocrine Metabolic Disease:				
	a. Diabetes PHYACa36 <input type="checkbox"/>	58 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Attack of gout PHYACb36 <input type="checkbox"/>	59 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Hyperthyroidism PHYACc36 <input type="checkbox"/>	60 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Hypothyroidism PHYACd36 <input type="checkbox"/>	61 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Cushing's syndrome PHYACe36 <input type="checkbox"/>	62 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	f. Pheochromocytoma PHYACf36 <input type="checkbox"/>	63 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	g. Primary aldosteronism PHYACg36 <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 PHYAEa36	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 PHYAFa36	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 PHYAGa36 <input type="checkbox"/>	76 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Asthma PHYAGb36 <input type="checkbox"/>	77 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Tuberculosis PHYAGc36	78 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Other, specify: _____	79 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

H. Digestive Disease:

		Present	Suspect	No Evidence	
a.	Peptic ulcer	PHYAHa36	80 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	Gall bladder disease	PHYAHb36	81 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	Cirrhosis	PHYAHc36	82 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d.	Other liver disease	PHYAHd36	83 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e.	Other, specify: _____	84 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

I. Genito-Urinary Conditions:

a.	Prostatism	PHYAIa36	85 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	Nephritis/Nephrosis	PHYAIb36	86 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	Urinary tract infection	PHYAIc36	87 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d.	Nephrolithiasis	PHYAI d36	88 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e.	Other, specify: _____	89 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

J. Hematopoietic Diseases:

a.	Anemia	PHYAJa36	90 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	Lymphadenopathy	PHYAJb36	91 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	Other hematopoietic diseases, specify: _____	92 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

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

1 yes
2 no

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

94 1 yes 2 no

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

ONMEDS36



	Current antihypertensive medication a.	Pill size (mg/pill) b.	Number of pills/dose c.	Number of doses/day d.	Number of pills/day = (c x d) e.
C36	Chlorthalidone (C)	1 <input type="checkbox"/> 50 mg 2 <input type="checkbox"/> 100 mg	95 <input type="checkbox"/>	96 <input type="checkbox"/>	97 <input type="checkbox"/>
H36	Hydrochlorothiazide (H)	1 <input type="checkbox"/> 25 mg 2 <input type="checkbox"/> 50 mg	98 <input type="checkbox"/>	99 <input type="checkbox"/>	100 <input type="checkbox"/>
S36	Spiroinolactone	25 mg	101 <input type="checkbox"/>	102 <input type="checkbox"/>	103 <input type="checkbox"/>
T36	Triamterene	1 <input type="checkbox"/> 50 mg 2 <input type="checkbox"/> 100 mg	104 <input type="checkbox"/>	105 <input type="checkbox"/>	106 <input type="checkbox"/>
R36	Reserpine (R)	0.25 mg	107 <input type="checkbox"/>	108 <input type="checkbox"/>	109 <input type="checkbox"/>
	Regroton®	50 mg C and 0.25 mg R	110 <input type="checkbox"/>	111 <input type="checkbox"/>	112 <input type="checkbox"/>
	Hydropres-50®	50 mg H and 0.125 mg R	113 <input type="checkbox"/>	114 <input type="checkbox"/>	115 <input type="checkbox"/>
M36	Methyldopa	1 <input type="checkbox"/> 250 mg 2 <input type="checkbox"/> 500 mg	116 <input type="checkbox"/>	117 <input type="checkbox"/>	118 <input type="checkbox"/>
HY36	Hydralazine	1 <input type="checkbox"/> 10 mg 2 <input type="checkbox"/> 25 mg 3 <input type="checkbox"/> 50 mg	119 <input type="checkbox"/>	120 <input type="checkbox"/>	121 <input type="checkbox"/>
G36	Guanethidine	1 <input type="checkbox"/> 10 mg 2 <input type="checkbox"/> 25 mg	122 <input type="checkbox"/>	123 <input type="checkbox"/>	124 <input type="checkbox"/>
P36	Propranolol	1 <input type="checkbox"/> 10 mg 2 <input type="checkbox"/> 40 mg 3 <input type="checkbox"/> 80 mg	125 <input type="checkbox"/>	126 <input type="checkbox"/>	127 <input type="checkbox"/>

Continue with item 64. R36



FOR COORDINATING CENTER USE ONLY

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64. For each of the medicines below, ask the participant if he is currently taking them, or has taken them in the past year.

	Current (last 2 weeks)	Within past year but not currently	Not within past year
a. Digitalis	137 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
b. Nitrates including nitroglycerine	138 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
c. Propranolol for other than treatment of blood pressure	140 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
LLRX36 d. Lipid-lowering drugs: Clofibrate, Cholestyramine and other sterol-binding resins such as Colestipol, β -sitosterol (Cytellin), Nicotinic Acid derivatives, Neomycin, Dextrothyroxine (Choloxin), Probucof (Biphenabid), Estrogens, Progestins, Heparin, Halofinate	141 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
e. Probenecid, allopurinol or colchicine	142 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
INSULO36 f. Insulin or oral hypoglycemic agents	143 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
g. Anticoagulants	144 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
h. Antibiotics or anti-infection agents	145 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
i. Steroids (including cortisone)	146 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
j. Amphetamines or other stimulant	147 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
k. Barbiturates or other sedative	148 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
l. Librium, Valium or other anti-anxiety agents	149 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> yes	3 <input type="checkbox"/> no
m. Potassium supplementation other than dietary recommendations	150 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
151
CC USE

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

1
152
CC USE

Signature of physician completing items 10-64: _____

Personnel Code of physician completing items 10-64:

MULTIPLE RISK FACTOR INTERVENTION TRIAL

THIRD ANNUAL VISIT FORM (Part 3)

CLINIC

[]

DATE

[]-[]-[]

Year of Follow-up 24 **3**

Attach ID Label Here

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

- 1 yes
- 2 no

25

SMKLYR36

Continue with question 85.

66. Do you now smoke cigarettes daily?

- 1 yes
- 2 no

26

SMKKNOW36

67. 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

27

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

- 1 yes
- 2 no

28

STOPLYR36

69. 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

29

70. 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

30

Go to question 73.

Go to question 72.

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

- 1 less than 2 months **Go to question 72 and ask questions 73 through 81 in the past tense.**
- 2 2 to 4 months (not including 4 months) **Go to question 85.**
- 3 4 to 8 months (not including 8 months) **Go to question 85.**
- 4 8 to 12 months **Go to question 85.**

31

72. At the time you stopped, was it:

- 1 extremely difficult
- 2 difficult
- 3 easy

Continue with question 73.

INHALE36

73. When you smoke cigarettes, how deeply do you usually draw in the smoke?

- 33 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

OFTEN36

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

- 34 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

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

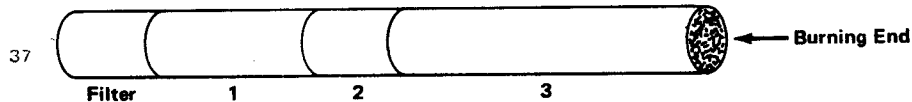
- 1 let more than half burn

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

- 36 1 as far as possible 2 3/4 or more 3 less than 3/4

- 2 let half or less burn

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



BURN36

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

- 38 1 very little 2 some 3 a moderate amount 4 a great deal

CIGS36



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

39.

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

41.

DO NOT USE

81. What type of cigarettes are they?

- Are they . . . 44 1 filter tip or 2 non-filter tip
 Are they . . . 45 1 plain or 2 menthol
 Are they . . . 46 1 hard pack or 2 soft pack
 Are they . . . 47 1 regular size or 2 king size or 3 100 millimeter 4 120 millimeter

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

- 48 1 more cigarettes 2 same number 3 fewer cigarettes 4 none at all

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

- 1 yes
 2 no

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

Continue with question 85.

85. Do you smoke cigars?

- 1 yes
 2 no

86. How often do you smoke cigars?

- 51 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

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

- 52 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

88. For cigars how often do you usually inhale?

- 53 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

89. How long before you arrived at the clinic today did you last smoke a cigar?

- 54 1 less than 30 minutes 2 30-60 minutes 3 1-3 hours
 (not including 60 minutes) (not including 3 hours)
 4 3-5 hours 5 5-7 hours 6 7 or more hours
 (not including 5 hours) (not including 7 hours)

Continue with question 90.

90. Do you smoke cigarillos?

CIGLO36 55

1 yes

2 no

91. How often do you smoke cigarillos?

56 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

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

57 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

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

58 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

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

59 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

95. Do you smoke pipes?

PIPE36 60

1 yes

2 no

96. How often do you smoke pipes?

61 1 once in a while 2 1-2 daily 3 3-4 daily 4 5-7 daily 5 8 or more daily

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

62 1 deeply into the chest 2 partly into the chest 3 as far back as the throat
4 well back into the mouth 5 draw into the mouth, or just puff

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

63 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

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

64 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

CCP36



LOCAL LABORATORY RESULTS

BLOOD

WBC36 100. White Blood Cell Count 65 no./mm³ x 10³

HEMA36 101. Hematocrit 68 (vol. %)

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

102. Blood UBLOOD36

71 1 negative 2 small 3 moderate 4 large

103. Ketones UKETON36

72 1 negative 2 small 3 moderate 4 large

104. Glucose UGLUC36

73 1 negative 2 light 0.25g/dl 3 medium 4 dark 0.5g/dl or more

105. Protein UPROT36

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

106. pH UPH36

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

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

1 Special Intervention

76

2 Usual Care

FINISHED

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

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

- 01 a. 4 week observation visit for participant with third screen or regular follow-up average DBP ≥ 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.
- 77 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_g.
- 06 f. Maintenance B_g.
- 07 g. Maintenance C_g.
- 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.

109. Is item a-c checked in question 108 above?

- 79 1 yes
- 2 no

Transcribe items 4, 5, 6 and 9 to FORM 42 and complete the remainder of FORM 42 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 42 should not be completed. **FINISHED.**

110. Is item m checked in question 108 above?

- 80 1 yes
- 2 no

111. 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. 81 1 yes 2 no
- b. Dosage of antihypertensive medication prescribed is not permitted according to protocol. 82 1 yes 2 no
- c. Length of time at current Step too long (review FORM 140 for maximum duration at each Step). 83 1 yes 2 no
- d. Length of time at current Step too short (review FORM 140 for minimum duration at each Step). 84 1 yes 2 no
- e. Second-line drug(s) prescribed when first-line drug(s) not contraindicated. 85 1 yes 2 no
- f. Medication discontinued due to side effects or possible contraindications. 86 1 yes 2 no
- g. Frequency of contacts desired does not correspond to Step-Up or Maintenance Schedule. 87 1 yes 2 no
- h. Medications never initiated although goal DBP determined or all medications permanently discontinued. 88 1 yes 2 no
- i. Other, specify _____ 89 1 yes 2 no

Continue with question 112.

112. Is item d-m checked in question 108 above?

- 90 1 yes
- 2 no

If this visit coincides with a hypertension intervention visit, transcribe items 4, 5, 6, 7 and 9 to FORM 44 and complete the remainder of FORM 44. If this visit does not coincide with a hypertension intervention visit, FORM 44 should not be completed. If it was determined at this visit that the participant is taking antihypertensive medication from an outside source, transcribe items 4, 5, 6 and 9 to FORM 42 and complete the remainder of FORM 42 at this visit. Complete FORM 59 if the participant is prescribed chlorthalidone or FORM 58 if the participant is prescribed hydrochlorothiazide. Send the appropriate form with a urine sample to GIB Laboratories. **FINISHED.**

113. Is the current average DBP (item 6) ≥ 90 mm Hg?

- 91 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.**