

SH06: Baseline Visit 1 Form**Purpose**

The *Baseline Visit 1 Form* (SH06) was completed at the first of two baseline evaluation visits attended by potential participants. Eligibility for the trial was based on study inclusion and exclusion criteria given in **Section 2.3** of the *SHEP MOO*. The SH02, SH03, and SH04 forms were reviewed at this visit to aid in determining eligibility. Form SH06 is described in detail in **Section 2.3.5** of the *MOO*.

30-32 (1) FORM NUMBER

(518) SEQUENCE

BASELINE VISIT 1

40

33 (2) VERSION

Name: (3) 22-23

(4) 24-27

1. SHEP ID:

[] [] - [] [] [] [] - [] [] (5)

2. Acrostic:

[] [] [] [] [] []

3. Today's Date:

(7) (36) (37) (38) (39) (34) (35) 28-29

Month Day Year

(6) 41-46

4. Copy from Initial Contact Form SH01, Participant Information Sheet SH02 and, if applicable, Drug Evaluation Visit Summary SH05:

a. Date of birth:

[] [] [] [] [] [] [] [] (8) (9) 51-54

Month Day Year

b. Was participant on antihypertensive medications at Initial Contact?

105 (10) Yes 1 No 2 Don't know 3

c. Three blood pressure readings, from Initial Contact for those not on meds at Initial Contact, or from last Drug Evaluation Visit for those taken off of meds:

Systolic Diastolic

d. Date of blood pressures in 4c.

56-58

Reading 1: (11) [] [] [] [] (12) 59-61 (76) (77) (78) (79) (74) (75) (17)

Month Day Year

62-64

Reading 2: (13) [] [] [] [] (14) 65-67 e. Social Security Number: (18) 80-88

68-70

Reading 3: (15) [] [] [] [] (16) 71-73 [] [] - [] [] - [] [] [] []

f. Medicare Number:

[] [] [] - [] [] - [] [] [] [] - [] [] (20) 98-99

5. Collect, review and complete the following items:

(19) 89-97

- Consent for Baseline Visit 1 (and Baseline Visit 2, if allowed)
- Participant Information Sheet, SH02
- Demographic Information and Medication History, SH03
- Baseline Medical History, SH04

COMPLETE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES.

- SHEP ID and Acrostic correct.
- All required items are complete and legible.

100 (21) a. Procedures completed: 1 None, participant not BP eligible.

(22) 101

Yes No Reason

102 (23) (1) ECG 1 2 → _____

(2) Physical exam 1 2 → _____

103 (24) (3) Dipstick urinalysis 1 2 → _____

(4) Blood sample drawn for local determination of serum creatinine: 1 2

104 (25)

b. Result of this visit:

- 105 (26) 1 Participant is not eligible for Baseline Visit 2.
- 2 Participant is eligible but currently refuses Baseline Visit 2.
- 3 Participant is eligible and Baseline Visit 2 scheduled:

c. (27) [] [] [] [] at [] [] : [] [] a.m. p.m. (29) 116

Month Day Year Hour Minute

106-111

(28) 112-115

30 117-119

6. a. Pulse: Beats in 30 seconds _____ x 2 = _____ beats per minute.

b. Blood pressure:

Cuff Size:

Pulse Obliteration Pressure:

120 (31)

- 1 Regular
- 2 Large arm
- 3 Thigh
- 4 Pediatric

Observed Value: _____

Subtract Zero Level: - _____

Corrected Value: _____

Add Maximum Zero Level Plus 10: + _____

Peak Inflation Level: _____

-		
+		

Seated Readings:

Standing Readings:

	121-123	Systolic		Diastolic
First	(32)		(33)	124-126
Zero level	127-128	(34)	(35)	129-130
Corrected	131-133	(36)	(37)	134-136
Second	137-139	(38)	(39)	140-142
Zero level	143-144	(40)	(41)	145-146
Corrected		(42)	(43)	
	147-149		150-152	
Sum of two corrected readings	(44)		(45)	
	153-155		156-158	
Average of two corrected readings	(46)		(47)	
	159-161		162-164	

One minute		
Pulse: Beats in 15 seconds _____		
x 4 = _____ beats per minute.	(48)	165-167
Blood Pressure: Systolic		Diastolic
Reading	168-170 (49)	(50) 171-173
Zero	174-175 (51)	(52) 176-177
Corrected	(53)	(54)
	178-180	181-183
Three minutes		
Pulse: Beats in 15 seconds _____		
(55) x 4 = _____ beats per minute.		
Blood Pressure: Systolic		Diastolic
Reading	184-186 (56)	(57) 190-192
Zero	193-194 (58)	(59) 195-196
Corrected	(60)	(61)
	197-199	200-202

c. Did the participant volunteer any symptoms on standing?

(1) Dizziness? Yes 1 (204) (63) No 2

(2) Other (specify)? Yes 1 (64) No 2

(62) Yes 1 No 2

203

SKIP to 6d.

d. Eligibility check (use average of two corrected readings):

- 206 (65) 1 SBP 150-219 and DBP <95 mm Hg → Eligible
- 2 Other → Not eligible

(66) 207-208

 Code

e. Observer: _____

Ineligible persons should proceed to scheduling area for termination of their participation in the SHEP screening process. Only eligible participants should proceed with the remaining items in Baseline Visit 1.

PARTICIPANT SHOULD NOW BE SENT FOR ECG AND URINE SAMPLE.

7. CLINICIAN REVIEW OF MEDICATION HISTORY (To be completed by clinician using information from the Baseline Demographic Information and Medication History Form, SH03.)

Is the participant taking any of the drugs listed below? Drugs marked with an * may be involved in various exclusion criteria.

		Current (last 2 weeks)	Not Current or Not Sure
* a.	Any medication for blood pressure, or drugs with antihypertensive action	209 (67) <input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Digitalis	210 (68) <input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Nitrates including nitroglycerine	211 (69) <input type="checkbox"/> 1	<input type="checkbox"/> 2
* d.	Propranolol or other beta blockers for other than treatment of blood pressure	(70) 212 <input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Anti-arrhythmic drugs	213 (71) <input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Lipid-lowering drugs, including clofibrate, cholestyramine, colestipol, nicotinic acid, etc.	214 (72) <input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	Agents for gout, including probenecid, allopurinol or colchicine	215 (73) <input type="checkbox"/> 1	<input type="checkbox"/> 2
* h.	Insulin	216 (74) <input type="checkbox"/> 1	<input type="checkbox"/> 2
i.	Oral hypoglycemic agents	217 (75) <input type="checkbox"/> 1	<input type="checkbox"/> 2
* j.	Anticoagulants	218 (76) <input type="checkbox"/> 1	<input type="checkbox"/> 2
k.	Antibiotics or anti-infection agents	219 (77) <input type="checkbox"/> 1	<input type="checkbox"/> 2
l.	Cortisone or other gluco corticoids	220 (78) <input type="checkbox"/> 1	<input type="checkbox"/> 2
m.	Amphetamines or other stimulant	221 (79) <input type="checkbox"/> 1	<input type="checkbox"/> 2
n.	Flurazepam or other sedative	222 (80) <input type="checkbox"/> 1	<input type="checkbox"/> 2
o.	Anti-depressants	223 (81) <input type="checkbox"/> 1	<input type="checkbox"/> 2
p.	Librium, valium or other antianxiety agents	(82) <input type="checkbox"/> 1	<input type="checkbox"/> 2

8. PHYSICAL EXAMINATION (continued)

Area Examined	Comments
<p>f. NECK</p> <p>Raised jugular venous pressure? 241 (96) (1) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Carotid bruits? 242 (97) (2) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="margin-left: 100px;">243 (98) (3) ↓</p> <p style="margin-left: 150px;">Right only <input type="checkbox"/> 1</p> <p style="margin-left: 150px;">Left only <input type="checkbox"/> 2</p> <p style="margin-left: 150px;">Bilateral <input type="checkbox"/> 3</p> <p>Carotid pulses absent or markedly diminished? 244 (99) (4) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="margin-left: 100px;">245 (100) (5) ↓</p> <p style="margin-left: 150px;">Right only <input type="checkbox"/> 1</p> <p style="margin-left: 150px;">Left only <input type="checkbox"/> 2</p> <p style="margin-left: 150px;">Bilateral <input type="checkbox"/> 3</p> <p>Thyroid abnormality? 246 (101) (6) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Other (Specify)? 247 (102) (7) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	
<p>g. LYMPH NODES 248 (103) Abnormal <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2</p>	
<p>h. CHEST, LUNGS</p> <p>Bilateral rales that do not clear with coughing? 249 (104) (1) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Respiratory rate 20+? 250 (105) (2) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Wheezing? 251 (106) (3) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Other (Specify)? 252 (107) (4) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	

8. PHYSICAL EXAMINATION (continued)

Area Examined	Comments
<p>i. HEART</p> <p>PMI more than 2 centimeters lateral to midclavicular line? (1) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 108 253</p> <p>Any murmur? (2) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 109 254</p> <p>Third heart sound? (3) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 110 255</p> <p>Fourth heart sound? (4) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 111 256</p> <p>Pulse irregular? (5) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 112 257</p> <p>Other (Specify)? (6) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 113 258</p>	
<p>j. BREASTS 259 114 Abnormal <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2</p>	
<p>k. ABDOMEN</p> <p>Liver span 10 cm or more? 115 260 (1) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Abnormal abdominal pulse? 261 116 (2) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Any masses? 117 (3) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Bruit? 262 118 (4) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 263</p> <p>Other (Specify)? 119 (5) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 264</p>	
<p>l. EXTREMITIES</p> <p>Pitting ankle edema? (1) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 120 265</p> <p>Femoral bruit? 121 (2) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Any peripheral pulses absent or markedly diminished (specify location)? 267 122 (3) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Other (Specify)? (4) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 123 268</p>	

8. PHYSICAL EXAMINATION (continued)

Area Examined	Comments
m. NEUROLOGICAL (UA = unable to assess)	
<u>Gait</u>	
Left hemiparetic? (1) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (124) 269	
Right hemiparetic? (2) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (125) 270	
<u>Walking on toes</u>	
Left weakness? (3) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (126) 271	
Right weakness? (4) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (127) 272	
<u>Walking on heels</u> (128) 273	
Left weakness? (5) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
Right weakness? (6) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (129)	
<u>Stationary 30 seconds</u> 274	
Eyes closed? (7) Can do <input type="checkbox"/> 1 Cannot do <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (130)	
Eyes open (only) 275	
if unable to do with eyes closed (8) Can do <input type="checkbox"/> 1 Cannot do <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (131)	
<u>Cranial nerves</u> 276	
Facial weakness left? 277 (132) (9) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
Facial weakness right? 278 (133) (10) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
<u>Visual field deficit</u>	
Left side? 279 (134) (11) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
Right side? (12) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (135) 280	
<u>Motor wrist extensors</u> 280	
Weakness left? (136) (13) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
Weakness right? (14) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (137) 283	
<u>Coordination</u> (138) 282	
Left hand patting? (15) Slowed <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
Right hand patting? (16) Slowed <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (139) 284	
<u>Reflexes</u>	
Assymetry (140) 285	
of Patellar tendon (17) L>R <input type="checkbox"/> 1 Equal <input type="checkbox"/> 3	
R>L <input type="checkbox"/> 2 UA <input type="checkbox"/> 4 (141) 286	
Babinski sign left? (18) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
Babinski sign right? (19) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (142) 287	
<u>Other</u>	
Any speech or language problems (specify)? (20) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (143) 288	

8. PHYSICAL EXAMINATION (continued)


n. OTHER PHYSICAL FINDINGS (SPECIFY):

①④④ 289 P 1/0



o. Clinician's signature: _____

①④⑤ 290-291
Code


9. CLINICIAN'S JUDGMENT AND EXCLUSION CRITERIA REVIEW

To be completed by the clinician using information from the participant's history and from the physical examination. These are clinical data for study eligibility determination as well as analysis at the Coordinating Center and they should reflect the clinician's interpretation of the findings. The study eligibility questions are identified with . These questions must all be covered prior to scheduling the participant to return for Baseline Visit 2. Pertinent items on the Baseline Medical History (SH04) are listed with the section headings.

Hypertension - SH04 Items 2, 55

a. On the basis of your history and physical exam, do you believe that the participant has ever had malignant hypertension? ²⁹²  Yes 1 No 2 

Angina Pectoris - SH04 Items 4, 42

b. On the basis of your history and physical exam, do you believe that the participant has angina pectoris? ²⁹³  Yes 1 No 2

Note: The Rose Questionnaire for angina (from SH04) is positive if:

Either 42a or 42b is "Yes,"
and either 42c or 42d is "Yes,"
and 42e is "Stop or slow down,"
and 42f is "Yes,"
and 42g is "10 minutes or less,"
and either 42h(1) is "Yes," (X placed in Sternum upper, middle or lower) or both 42h(2) and 42h(3) are "Yes"
(X in both left anterior chest and in left arm).

9. CLINICIAN'S JUDGMENT (continued)

Myocardial Infarction (MI) - SH04 Items 3, 43, 44, 54

c. On the basis of the ECG and your history and physical examination, do you believe the participant has ever had a myocardial infarction?

294 (148) Yes 1 No 2
↓

SKIP to e.

d. Was it in the past 6 months?

295 (149) Yes 1 No 2



e. Is there a history of coronary bypass?

(150) Yes 1 No 2
↓

296

SKIP to g.

f. Was it in the past six months?

297 (151) Yes 1 No 2



Congestive Heart Failure - SH04 Item 47

g. On the basis of your history and physical examination, do you believe that the participant has had congestive heart failure during the past year?

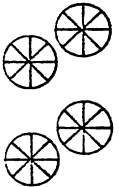
298 (152) 1 Yes, controlled
 2 Yes, not controlled
 3 No



ECG

h. Are any of the following present?

- (1) Atrial fibrillation or flutter? (153) 299 Yes 1 No 2
- (2) Second or third degree A-V block? (154) Yes 1 No 2
- (3) VPBs--multifocal, pairs or runs, or more than 10% of beats? 300 (155) 301 Yes 1 No 2
- (4) Bradycardia (<50 beats/min.)? 302 (156) Yes 1 No 2



i. Does the participant currently have a pacemaker?

303 (157) Yes 1 No 2



Vascular System - SH04 Items 45, 48, 54

j. Is there a history of vascular surgery?

(158) Yes 1 No 2
304
↓

SKIP to k.

(1) Aortic, iliac, popliteal or femoral bypass or graft?

(159) 305 Yes 1 No 2

(2) Other (Specify) _____

306 (160) Yes 1 No 2

k. On the basis of your history and physical examination, does the participant have arterial disease with tissue necrosis or related loss of an extremity?

(161) 307 Yes 1 No 2



9. CLINICIAN'S JUDGMENT (continued)

Pulmonary - SH04 Items 18, 46, 47

l. On the basis of the history and physical examination, does the participant have:

- (1) Chronic bronchitis? **308** 162 Yes 1 No 2
(2) Emphysema? **309** 162 Yes 1 No 2

Stroke/TIA - SH04 Items 8, 48-55

m. On the basis of your history and physical examination, and keeping the SHEP criteria in mind, do you believe the participant has ever had a stroke?

- 310** 164 Yes 1 No 2
↓

SKIP to n.

(1) When was the most recent episode of probable stroke (not TIA)?

- 311-314**
 165
Month Year

(2) Are any residual effects still present?

- 315** 166 Yes 1 No 2

n. On the basis of your history and physical examination, do you believe that the participant has had transient cerebral ischemic attacks within the past 12 months?

- 316** 167 1 Yes, based on history and presence of carotid bruit 2 Yes, based on history of two or more TIA in same location 3 Yes, based on other combinations of evidence 4 No

o. Is there a history of carotid endarterectomy?

- 317** 168 Yes 1 No 2

Contraindications to Study Drugs

p. On the basis of your history and physical examination, does this participant have any contraindication to chlorthalidone?

- 318** 169 Yes 1 No 2

q. On the basis of your history and physical examination, does this participant have any contraindication to atenolol?

- 319** 170 Yes 1 No 2

r. On the basis of your history and physical examination, does this participant have any contraindication to reserpine?





- 320** 171 Yes 1 No 2

s. Are both Question q and Question r answered "Yes?"

- 321** 172 Yes 1 No 2

9. CLINICIAN'S JUDGMENT (continued)

Other Exclusion Criteria

- t. Alcohol--on the basis of your history and physical examination, do you believe the participant currently drinks 6 or more drinks/day, or that alcoholism or alcoholic liver disease have been present in the past? 322
 173 Yes 1 No 2 
- u. Dementia--on the basis of your history and physical examination, do you believe the participant definitely has any form of dementia? 323
 174 Yes 1 No 2 
- v. Allergy--on the basis of your history and physical examination, do you believe the participant is allergic to one of the SHEP medications? 324
 175 Yes 1 No 2 
- w. On the basis of your history and physical examination is there any life-threatening disease, or other reason which might seriously impair the individual's participation in the SHEP over the next five years? 325
 176 Yes 1 No 2 
- If "yes," specify what conditions or diseases are present: _____

Falls and Fractures

- x. Do you believe that the participant has ever had a fracture of:
- (1) Hip? 326 177 Yes 1 No 2
- (2) Spine? 327 178 Yes 1 No 2
- (3) Forearm? 328 179 Yes 1 No 2
- y. Do you believe that the participant has had a problem with frequent falls? 329
 180 Yes 1 No 2
-

9. CLINICIAN'S JUDGMENT (continued)

Result

Items marked with ⊗ are exclusions if answer is "Yes," or, in the case of CHF (Question 9g), answered "Yes, not controlled," or, in the case of TIA (Question 9n), answered "Yes, based on history and presence of carotid bruit" or "Yes, based on history of two or more TIAs in same location."

z. Based on the information contained in this review:

- 1 The participant remains eligible for the SHEP.
- 2 The participant is not eligible for the SHEP.

330

331-332

aa. Clinician's Signature: _____

182

Code

Ineligible persons should proceed to scheduling area for termination of their participation in the SHEP screening process. Only eligible persons should proceed with serum sample, if required. Baseline Visit 2 may then be scheduled.

10. Does the participant have a history of kidney disease, or protein (at least trace) or blood (at least non-hemolyzed trace) in urine?

Yes 1 No 2

↓ 183 333

A blood sample may be drawn at local option for local determination of serum creatinine. Document blood draw on front of this form.

334

- 184 RECORD TYPE
- 185 DATE RECEIVED 335-340
- 186 UPDATE NUMBER 341-343
- 187 DATE LAST PROCESSED 344-349
- 188 PAPER COPY 350

- 514 BATCH DATE 3-8
- 515 DATE MODIFIED 11-16
- 516 TIME MODIFIED 17-20
- 517 EDIT STATUS 21

Keypuncher code 1-2
Verifier code 9-10

189 CROSS FORM EDIT

351

1 FORM NUMBER
30-32

518 SEQUENCE
40

BASELINE VISIT 1

2 VERSION NUMBER

33 Name:

3 4

1. SHEP ID: 22-23 - 24-27 - 28-29 5

2. Acrostic: 6

3. Today's Date: 36 37 38 39 34 35 7
Month Day Year

41-46

PRIOR TO INITIATING PROCEDURES FOR THIS VISIT, COLLECT, REVIEW AND COMPLETE THE FOLLOWING ITEMS.

- Consent for Baseline Visit 1 (and Baseline Visit 2, if allowed)
- SH02, Participant Information Sheet
- SH03, Demographic Information and Medication History
- Item 5 (page 2 of this form), Summary of Initial Contact and Drug Evaluation Visits

COMPLETE SECTION BELOW AT TERMINATION OF VISIT BEFORE PARTICIPANT LEAVES. CHECK TO BE SURE THAT THE ACROSTIC (ITEM 2) IS CORRECT. BE SURE THAT EVERY ITEM ON EACH PAGE IS COMPLETE (IF REQUIRED) AND LEGIBLE. CHECK YELLOW COPY FOR LEGIBILITY, ALSO. ANY ITEMS OR PROCEDURES REQUIRED BUT NOT COMPLETED SHOULD BE EXPLAINED IN COMMENTS, ITEM 4d.

4. a. Procedures completed: 1 None, participant not BP eligible (skip to 4b).

352	(190)	Yes	No	101	(21)	100
	(1)	<input type="checkbox"/> 1	<input type="checkbox"/> 2			Baseline Medical History (SH04)
103	(24)	(2) <input type="checkbox"/> 1	(2) <input type="checkbox"/> 2	(22)		ECG and two-minute rhythm strip
		(3) <input type="checkbox"/> 1	(2) <input type="checkbox"/> 2			Dipstick urinalysis (SH11)
104	(25)	(4) <input type="checkbox"/> 1	(2) <input type="checkbox"/> 2	(23)		Physical examination
		(5) <input type="checkbox"/> 1	(2) <input type="checkbox"/> 2			Local determination of serum creatinine (SH11)
				102		--not required

b. Result of this visit--please check entire form carefully for eligibility:

105 (26)

- 1 Participant is not eligible for Baseline Visit 2 (skip to 4d).
- 2 Participant is eligible but currently refuses Baseline Visit 2 (skip to 4d)
- 3 Participant is eligible and Baseline Visit 2 scheduled.
- 4 Participant was eligible and scheduled for BV2 but became ineligible or died or refused prior to BV2 (explain in Comments, Item 4d).

c. Baseline Visit 2 scheduled:

106-111 (27) [] [] [] at (28) []: [] a.m. 1 } (29) 116
 Month Day Year Hour Minute p.m. 2 }

d. Comments:

e. Signature of person completing this section:

(191) 353-354
 [] Code

SUMMARY OF INITIAL CONTACT AND DRUG EVALUATION VISITS--

Copy from Initial Contact Form SH01, Participant Information Sheet SH02 and, if applicable, Drug Evaluation Visit Summary SH05:

5. a. Date of birth: **8** **9** 51-54
47-50 Month Day Year

b. Social Security Number (leave blank if no number):

80-88 **18** - -

c. Medicare Number (leave blank if no number):

19 89-91 - 92-93 - 94-97 - 98-99 **20**

d. Initial Contact Visit date: **192** - -
355-360 Month Day Year

e. Initial Contact Visit blood pressure readings:

	Systolic	Diastolic
Reading 1:	193 <input type="text"/> 361-363	194 <input type="text"/> 364-366
Reading 2:	195 <input type="text"/> 367-369	196 <input type="text"/> 370-372
Reading 3:	197 <input type="text"/> 373-375	198 <input type="text"/> 376-378

f. Using most up-to-date information available, was participant on antihypertensive medications at the Initial Contact Visit?

55 **10** Yes 1 No 2 → (Skip to Item 6.)

g. Date antihypertensive medications completely withdrawn:

379-384 **199** - -
Month Day Year

h. Blood pressure readings on day medications completely withdrawn:

	Systolic	Diastolic
Reading 1:	200 <input type="text"/> 385-387	201 <input type="text"/> 388-390
Reading 2:	202 <input type="text"/> 391-393	203 <input type="text"/> 394-396
Reading 3:	204 <input type="text"/> 397-399	205 <input type="text"/> 400-402

i. Date of most recent Drug Evaluation Visit:

403-408 **206** - -
Month Day Year

j. Blood pressure readings at most recent Drug Evaluation Visit:

	Systolic	Diastolic
Reading 1:	207 <input type="text"/> 409-411	208 <input type="text"/> 412-414
Reading 2:	209 <input type="text"/> 415-419	210 <input type="text"/> 418-420
Reading 3:	211 <input type="text"/> 421-423	212 <input type="text"/> 424-426

PULSE AND BLOOD PRESSURE--If any pulse or blood pressure is not obtained, enter all 9s in the appropriate spaces.

6. a. Pulse: Beats in 30 seconds 30 x 2 = 117-119 beats per minute.

b. Cuff Size: 120 31 Regular Large arm Thigh Pediatric

Pulse Obliteration Pressure:
 Observed Value: 213 427-429
 Subtract Zero Level: 214 430-431
 Corrected Value: 215 432-434
 Add Maximum Zero Level Plus 20: 216 435-436
 Peak Inflation Level: 217 437-439

Seated Readings:

Standing Readings:

	Systolic	Diastolic
First	<u>32</u> <u>121-123</u>	<u>33</u> <u>124-126</u>
Zero level	<u>34</u> <u>127-128</u>	<u>35</u> <u>129-130</u>
Corrected	<u>36</u> <u>131-133</u>	<u>37</u> <u>134-136</u>
Second	<u>38</u> <u>137-139</u>	<u>39</u> <u>140-142</u>
Zero level	<u>40</u> <u>143-144</u>	<u>41</u> <u>145-146</u>
Corrected	<u>42</u> <u>147-149</u>	<u>43</u> <u>150-152</u>
Sum of two corrected readings	<u>44</u> <u>153-155</u>	<u>45</u> <u>156-158</u>
Average of two corrected readings	<u>46</u> <u>159-161</u>	<u>47</u> <u>162-164</u>

One minute

Pulse: Beats in 15 seconds 48 x 4 = 165-167 beats per minute.

Blood Pressure:	Systolic	Diastolic
Reading	<u>49</u> <u>168-170</u>	<u>50</u> <u>171-173</u>
Zero	<u>51</u> <u>174-175</u>	<u>52</u> <u>176-177</u>
Corrected	<u>53</u> <u>178-180</u>	<u>54</u> <u>181-183</u>

Three minutes

Pulse: Beats in 15 seconds 55 x 4 = 184-186 beats per minute.

Blood Pressure:	Systolic	Diastolic
Reading	<u>56</u> <u>187-189</u>	<u>57</u> <u>190-192</u>
Zero	<u>58</u> <u>193-194</u>	<u>59</u> <u>195-196</u>
Corrected	<u>60</u> <u>197-199</u>	<u>61</u> <u>200-202</u>

(If standing blood pressure not done, skip to 6d.)

c. Did the participant volunteer any symptoms on standing? 203 62 Yes 1 No 2

204 63 (1) Dizziness? Yes 1 No 2

(2) Other (specify)? Yes 1 No 2 205 64 SKIP to 6d.

d. Eligibility check (use average of two corrected seated readings):

- 206 (65) { 1 SBP 150-219 and DBP <95 mm Hg → Eligible
 2 SBP < 150 or SBP ≥ 220 or DBP ≥ 95 mm Hg → Not blood pressure eligible

207-208 (66) Code

e. Observer: _____

Ineligible persons should proceed to scheduling area for termination of their participation in the SHEP screening process.

Only blood pressure eligible participants should proceed with the remaining items in Baseline Visit 1. If the Baseline Medical History (SH04) has not been completed, it must be completed at this time.

PARTICIPANT SHOULD NOW BE SENT FOR ECG, TWO-MINUTE RHYTHM STRIP AND DIPSTICK URINALYSIS.

7. a. Does the participant have a history of kidney disease, or protein (at least trace) or blood (at least non-hemolyzed trace) in urine?

333 (183) Yes 1 No 2

A blood sample may be drawn at local option for local determination of serum creatinine. Document result on Local Laboratory Results, SH11, with dipstick urinalysis results. If a blood sample is drawn, hold this form and final determination of eligibility until local creatinine result is obtained.

b. Was a blood sample drawn for local determination of serum creatinine?

440 (218) Yes 1 No 2 → SKIP to 8.

c. Local creatinine result:

441 (219) 1 Creatinine >2.0 mg/dl → Ineligible
 2 Creatinine ≤ 2.0 mg/dl → Eligible

CLINICIAN REVIEW OF MEDICATION HISTORY--To be completed by clinician using information from the Baseline Demographic Information and Medication History Form, SH03. Do not count drugs that the participant discontinued in order to participate in the SHEP.

8. Is the participant taking any of the drugs listed below? Drugs marked with an * are exclusions if checked "Current."

		Current (last 2 weeks)	Not Current or Not Sure
* a.	Any medication for blood pressure, or any drugs with antihypertensive action (including Neptazene and Diamox)	209 (67) <input type="checkbox"/> 1 <input type="checkbox"/> 1	210 (68) <input type="checkbox"/> 2 <input type="checkbox"/> 2
b.	Digitalis		
c.	Nitrates, including nitroglycerine, or other coronary vasodilator	211 (69) <input type="checkbox"/> 1	<input type="checkbox"/> 2

(Continued on next page)

CLINICIAN REVIEW OF MEDICATION HISTORY (Continued)

		Current (last 2 weeks)	Not Current or Not Sure
* d.	Propranolol or other beta blockers for other than treatment of blood pressure (excluding Timoptic eye drops)	212 (70) <input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	Timoptic eye drops	213 (71) <input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	Anti-arrhythmic drugs	(220) 442	<input type="checkbox"/> 2
g.	Lipid-lowering drugs, including clofibrate, cholestyramine, colestipol, nicotinic acid, etc.	214 (72) <input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	Agents for gout, including probenecid, allopurinol or colchicine	216 (73) <input type="checkbox"/> 1	<input type="checkbox"/> 2
* i.	Insulin	(74) <input type="checkbox"/> 1	<input type="checkbox"/> 2
j.	Oral hypoglycemic agents	(75) 217	<input type="checkbox"/> 2
* k.	Anticoagulants	218 (76) <input type="checkbox"/> 1	<input type="checkbox"/> 2
l.	Antibiotics or anti-infection agents	(77) 219	<input type="checkbox"/> 2
m.	Cortisone or other gluco corticoids	220 (78) <input type="checkbox"/> 1	<input type="checkbox"/> 2
n.	Amphetamines or other stimulant	(79) 221	<input type="checkbox"/> 2
o.	Flurazepam or other sedative	222 (80) <input type="checkbox"/> 1	<input type="checkbox"/> 2
p.	Anti-depressants	(81) 223	<input type="checkbox"/> 2
q.	Librium, valium or other antianxiety agents	224 (82) <input type="checkbox"/> 1	<input type="checkbox"/> 2
r.	Other psychotropic agents	(83) 225	<input type="checkbox"/> 2
s.	Potassium supplementation other than dietary recommendations	226 (84) <input type="checkbox"/> 1	<input type="checkbox"/> 2
t.	Estrogen	(85) 227	<input type="checkbox"/> 2
u.	Anturane® (Sulfinpyrazone) at least 4 weeks	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (86) 228
v.	Persantine® (Dipyridamole) at least 4 weeks	(87) <input type="checkbox"/> 1	<input type="checkbox"/> 2
w.	Aspirin at least 4 weeks	229 (88) <input type="checkbox"/> 1	<input type="checkbox"/> 2 (89) 231
* x.	Non-steroidal anti-inflammatory drugs	(88) <input type="checkbox"/> 1	<input type="checkbox"/> 2
* y.	Any experimental drug	230 (89) <input type="checkbox"/> 1	<input type="checkbox"/> 2 (221) 443

If any of 8a, 8d, 8i, 8k, or 8y are marked "Current," the participant is not eligible for participation in the SHEP. Ineligible persons should proceed to the scheduling area for termination of their participation in the SHEP screening process. Only eligible participants should proceed with the physical examination.

PHYSICAL EXAMINATION--The clinician should perform a general physical examination, paying particular attention to the specific items listed below, entering comments for each indicated abnormality.

9. a. Weight in pounds: 232-234 (90) b. Height in inches: (91) 235-236

Area Examined	Comments
10. SKIN 237 (92) Abnormal <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2	
11. HEAD, EARS, NOSE, THROAT 238 (93) Abnormal <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2	
12. EYES	
Fundi:	a. Abnormal <input type="checkbox"/> 1 (94) 239
	Normal <input type="checkbox"/> 2
	Not Visualized <input type="checkbox"/> 3
Other (Specify)? 240 (95)	b. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

(Physical examination continued on the next page)

PHYSICAL EXAMINATION (Continued)

Area Examined	Comments
13. NECK	
Raised jugular venous pressure? 241 (96) a. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Carotid bruits? b. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (97) 242	
c. (98) 243 <ul style="list-style-type: none"> Right only <input type="checkbox"/> 1 Left only <input type="checkbox"/> 2 Bilateral <input type="checkbox"/> 3 	
Carotid pulses absent or markedly diminished? d. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (99) 244	
e. (100) 245 <ul style="list-style-type: none"> Right only <input type="checkbox"/> 1 Left only <input type="checkbox"/> 2 Bilateral <input type="checkbox"/> 3 	
Thyroid abnormality? f. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (101) 246	
Other (Specify)? g. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (102) 247	
14. LYMPH NODES Abnormal <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2 (103) 248	
15. CHEST, LUNGS	
Bilateral rales that do not clear with coughing? a. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (104) 249	
Respiratory rate 20+? (105) 250 b. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Wheezing? (106) 251 c. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Other (Specify)? (107) 252 d. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
16. HEART	
PMI more than 2 centimeters lateral to midclavicular line? (108) 253 a. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Any murmur? (109) 255 b. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Third heart sound? (110) 256 c. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Fourth heart sound? (111) 257 d. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Pulse irregular? (112) 258 e. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Other (Specify)? (113) 259 f. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
17. BREASTS (114) 259 Abnormal <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2	
18. ABDOMEN	
Liver span 10 cm or more? (115) 260 a. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Abnormal abdominal pulse? (116) 261 b. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Any masses? (117) 262 c. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Bruit? (118) 263 d. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
Other (Specify)? (119) 264 e. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	

PHYSICAL EXAMINATION (Continued)

Area Examined	Comments
<p>19. EXTREMITIES</p> <p>Pitting ankle edema? 265 (120) a. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Femoral bruit? 267 (122) b. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (121) 266</p> <p>Any peripheral pulses absent or markedly diminished? (specify location) 268 (123) c. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p>Other (Specify)? 268 (123) d. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	
<p>20. NEUROLOGICAL (UA = unable to assess)</p> <p><u>Gait</u></p> <p>Left hemiparetic? 269 (124) a. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (125) 270</p> <p>Right hemiparetic? 269 (124) b. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (125) 270</p> <p><u>Walking on toes</u></p> <p>Left weakness? 271 (126) c. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (127) 272</p> <p>Right weakness? 271 (126) d. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (127) 272</p> <p><u>Walking on heels</u></p> <p>Left weakness? 273 (128) e. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (129) 274</p> <p>Right weakness? 273 (128) f. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (129) 274</p> <p><u>Stationary 30 seconds</u></p> <p>Eyes closed? (130) g. Can do <input type="checkbox"/> 1 Cannot do <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (131) 276</p> <p>Eyes open (only if unable to do with eyes closed) 275 h. Can do <input type="checkbox"/> 1 Cannot do <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (131) 276</p> <p><u>Cranial nerves</u></p> <p>Facial weakness left? 277 (132) i. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3</p> <p>Facial weakness right? 278 (133) j. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3</p> <p><u>Visual field deficit</u></p> <p>Left side? 279 (134) k. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (135) 280</p> <p>Right side? 279 (134) l. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (135) 280</p> <p><u>Motor wrist extensors</u></p> <p>Weakness left? 281 (136) m. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (137) 282</p> <p>Weakness right? 281 (136) n. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3 (137) 282</p> <p><u>Coordination</u></p> <p>Left hand patting? (138) 283 o. Slowed <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2 UA <input type="checkbox"/> 3</p> <p>Right hand patting? (139) 284 p. Slowed <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2 UA <input type="checkbox"/> 3</p>	

PHYSICAL EXAMINATION (Continued)

Area Examined	Comments
Neurological (Continued) (UA = unable to assess)	
<u>Reflexes</u> 285 (140)	
Assymetry 286 (140) q. L>R <input type="checkbox"/> 1 Equal <input type="checkbox"/> 3 of Patellar tendon R>L <input type="checkbox"/> 2 UA <input type="checkbox"/> 4	
Babinski sign left? (141) r. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
Babinski sign right? (142) s. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 UA <input type="checkbox"/> 3	
<u>Other</u> 287 (142)	
Any speech or language problems (specify)? t. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (143) 288	

21. OTHER PHYSICAL FINDINGS (SPECIFY):

22. Clinician's signature: _____

(145) **290-291**
Code

CLINICIAN'S JUDGMENT AND EXCLUSION CRITERIA REVIEW--To be completed by the clinician using information from the participant's history and from the physical examination. These are clinical data for study eligibility determination as well as analysis at the Coordinating Center and they should reflect the clinician's interpretation of the findings. The study eligibility questions are identified with ⊗. These questions must all be covered prior to scheduling the participant to return for Baseline Visit 2. Pertinent items on the Baseline Medical History (SH04) are listed with the section headings.

Hypertension - SH04 Items 2, 55

23. On the basis of your history and physical exam, do you believe that the participant has ever had malignant hypertension? **292** (146) Yes 1 No 2 ⊗



Angina Pectoris - SH04 Items 4, 42

24. On the basis of your history and physical exam, do you believe that the participant has angina pectoris? **293** (147) Yes 1 No 2


Note: The Rose Questionnaire for angina (from SH04) is positive if:
 Either 42a or 42b is "Yes,"
 and either 42c or 42d is "Yes,"
 and 42e is "Stop or slow down,"
 and 42f is "Yes,"
 and 42g is "10 minutes or less,"
 and either 42h(1) is "Yes," (X placed in sternum upper, middle or lower) or both 42h(2) and 42h(3) are "Yes"
 (X in both left anterior chest and in left arm).

CLINICIAN'S JUDGMENT (Continued)






Myocardial Infarction (MI) - SH04 Items 3, 43, 44, 54

25. a. On the basis of the ECG and your history and physical examination, do you believe the participant has ever had a myocardial infarction? 294 (148) Yes 1 No 2
↓
SKIP to 26.
- b. Was it in the past 6 months? 295 (149) Yes 1 No 2 
26. a. Is there a history of coronary bypass? 296 (150) Yes 1 No 2
↓
SKIP to 27.
- b. Was it in the past six months? 297 (151) Yes 1 No 2 

Congestive Heart Failure - SH04 Item 47

27. On the basis of your history and physical examination, do you believe that the participant has had congestive heart failure during the past year? 298 (152) 1 Yes, controlled 2 Yes, not controlled 3 No 

ECG

28. Are any of the following present? 299 (153) Yes 1 No 2
- a. Atrial fibrillation or flutter? (154) 300  
- b. Second or third degree A-V block? Yes 1 No 2
- c. VPBs--multifocal, pairs or runs, or more than 10% of beats? 301 (155) Yes 1 No 2 (156) 302  
- d. Bradycardia (<50 beats/min.)? Yes 1 No 2
29. Does the participant currently have a pacemaker? Yes 1 No 2 (157) 303 

Vascular System - SH04 Items 45, 48, 54

30. a. Is there a history of vascular surgery? 304 (158) Yes 1 No 2
↓
SKIP to 31.
- b. Aortic, iliac, popliteal or femoral bypass or graft? 305 (159) Yes 1 No 2
- c. Angioplasty? Which vessel(s)? _____ 306 (160) Yes 1 No 2 (222) 444
- d. Other (Specify) _____

CLINICIAN'S JUDGMENT (Continued)

31. On the basis of your history and physical examination, does the participant have arterial disease with tissue necrosis or related loss of an extremity? **307** (161) Yes 1 No 2



Note: The Rose Questionnaire for intermittent claudication (from SH04) is positive if:

- Item 45a is "Yes"
- and 45b is "No"
- and 45c is "Yes"
- and 45d or 45e is "Yes"
- and 45f is "No"
- and 45g is "Stop or slow down"
- and 45h is "Yes"
- and 45i is "10 minutes or less."

Pulmonary - SH04 Items 18, 46, 47

32. On the basis of the history and physical examination, does the participant have: **308** (162) Yes 1 No 2
a. Chronic bronchitis? Yes 1 No 2
b. Emphysema? Yes 1 No 2 **(163) 309**



Stroke/TIA - SH04 Items 8, 48-55

33. a. On the basis of your history and physical examination, and keeping the SHEP criteria in mind, do you believe the participant has ever had a stroke? **310** (164) Yes 1 No 2

↓
SKIP to 34.

b. When was the most recent episode of probable stroke (not TIA)? **311-314**
(165)
Month Year



c. Are any residual effects still present? **(166)** Yes 1 No 2

34. On the basis of your history and physical examination, do you believe that the participant has had transient cerebral ischemic attacks within the past 12 months? **315**
(167) **316** 1 Yes, based on history and presence of carotid bruit 
 2 Yes, based on history of two or more TIA in same location 
 3 Yes, based on other combinations of evidence
 4 No




35. Is there a history of carotid endarterectomy? **(168)** Yes 1 No 2
317

CLINICIAN'S JUDGMENT (Continued)

Contraindications and Allergies to Study Drugs

36. On the basis of your history and physical examination, does this participant have any contraindication or allergy to chlorthalidone? **318**
(169) Yes 1 No 2 
37. On the basis of your history and physical examination, does this participant have any contraindication or allergy to atenolol? **319**
(170) Yes 1 No 2
38. On the basis of your history and physical examination, does this participant have any contraindication or allergy to reserpine? **320**
(171) Yes 1 No 2
39. Are both Question 37 and Question 38 answered "Yes?" **321**
(172) Yes 1 No 2 

Other Exclusion Criteria

40. Alcohol--on the basis of your history and physical examination, do you believe the participant currently drinks 6 or more drinks/day, or that alcoholism has been a problem in the past year, or alcoholic liver disease is currently present? **322**
(173) Yes 1 No 2 
41. Dementia--on the basis of your history and physical examination, do you believe the participant definitely has any form of dementia? **323**
(174) Yes 1 No 2 
42. On the basis of your history and physical examination is there any life-threatening disease, or any other reason which might seriously impair the individual's participation in the SHEP over the next five years? **325**
(176) Yes 1 No 2 
- Specify: _____

Falls and Fractures

43. Do you believe that the participant has ever had a fracture of:
- a. Hip? **326**
(177) Yes 1 No 2
 - b. Spine? **327**
(178) Yes 1 No 2
 - c. Forearm? **328**
(179) Yes 1 No 2
44. Do you believe that the participant has had a problem with frequent falls? **329**
(180) Yes 1 No 2

Result

Items 23 through 44 that are marked with ⊗ are exclusions if answer is "Yes," or, in the case of CHF (Question 27), answered "Yes, not controlled," or, in the case of TIA (Question 34), answered "Yes, based on history and presence of carotid bruit" or "Yes, based on history of two or more TIAs in same location." Please review these criteria very carefully before answering Item 45.

45. Based on the information contained in this review:

- 330 (181) { 1 The participant remains eligible for the SHEP.
 2 The participant is not eligible for the SHEP.

46. Clinician's signature: _____

(182) 331-332
Code

Ineligible persons should proceed to scheduling area for termination of their participation in the SHEP screening process. Baseline Visit 2 may then be scheduled for eligible persons.

PLEASE REVIEW PAGE 1

334 (184) RECORD TYPE

335-340 (185) DATE RECEIVED

341-343 (186) UPDATE NUMBER

344-349 (187) DATE LAST PROCESSED

350 (188) PAPER COPY

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