

FORM NUMBER ① 30-32

VERSION NUMBER ② 33

SEQUENCE NUMBER ⑤⑧ 40

SHEP CLOSE-OUT/TRANSITION FORM

1. SHEP ID: ③ 22-23 - ④ 24-27 - ⑤ 28-29

2. Acrostic: ⑥ 41-46

3. ⑦ a. Date of visit: 36 | 37 | 38 | 39 | 34 | 35
Month Day Year

47 ⑧ b. Place of visit: Clinic 1
Home 2
Telephone 3
No Visit 4

PRIOR TO INITIATING PROCEDURES FOR THIS VISIT

Interviewer only: Complete items 6-8, Clinician's Assessment of Participant's Drug Assignment.

With participant:

Explain close-out/transition visit to participant.

Complete SH02 - Participant Transition Contact Sheet.

4. Comments _____

5. Interviewer: _____
Signature

⑨ 48-49
Code

CLINICIAN'S ASSESSMENT OF PARTICIPANT'S DRUG ASSIGNMENT - May be completed prior to the beginning of the visit. Should be completed by the clinician who knows the participant the best. **DO NOT** review the participant's record for purposes of completing this section.

6. Assessor's ID code:

50-51 10 |
Code

7. 11 Without scrutiny of the medical records, which of the following would you guess the participant was assigned to?

52

Active 1
Placebo 2

8. On which of the following do you base your guess?
Check as many as apply:

- a. Stroke 12 53 1
- b. Other morbid event 13 54 1
- c. Serum potassium 14 55 1
- d. Serum uric acid 15 56 1
- e. Blood glucose 16 57 1
- f. Other laboratory findings 17 58 1
- g. Side effects (or lack of them) 18 59
(excluding laboratory) 1
- h. Blood pressure readings 19 60 1
- i. Heart rate 20 61 1
- j. Diabetes 21 62 1
- k. Gout 22 63 1
- l. Asthma 23 64 1
- m. Peripheral vascular disease 24 65 1
- n. Mental status 25 66 1
- o. Other (specify) 26 67 1
- p. None/no reason 27 68 1

PARTICIPANT'S ASSESSMENT OF DRUG ASSIGNMENT

9. ⁽²⁸⁾ Were there any reasons that kept you from taking your SHEP medications as directed?

69

- Yes 1
- No 2
- Don't remember 3
- Refused/not asked 4

(If not Yes, skip to Item #11)

10. What reasons? (Do not read responses to participant - let them respond. If they give one response, you may ask "Is there any other reason?".)

- a. Size of pills ⁽²⁹⁾ 70 1
- b. Taste ⁽³⁰⁾ 71 1
- c. Keep forgetting ⁽³¹⁾ 72 1
- d. Don't think medicine is necessary ⁽³²⁾ 73 1
- e. Travel/away from home too much ⁽³³⁾ 74 1
- f. Instructions too difficult ⁽³⁴⁾ 75 to understand 1
- g. Medicine made me feel bad ⁽³⁵⁾ 76 1
- h. Family member objects ⁽³⁶⁾ 77 1
- i. My doctor told me to stop ⁽³⁷⁾ 78 1
- j. Other (please list) ⁽³⁸⁾ 79 1
- k. No reason given ⁽³⁹⁾ 80 1

11. For participants on SHEP medication: What type of SHEP medicine would you guess you have been taking?

⁽⁴⁰⁾

81 For participants not on SHEP medication: Think back to when you were on our medications. What type of SHEP medicine would you guess that you were taking?

(Data entry: Code 9 if blank.)

- Active (real medicine) 1
- Placebo (inactive/sugar pill) 2

(If Item #11 is left blank, skip to Item #13.)

12. Why do you think you know which type of pill you were taking? (Do not read responses to participant - let them respond. If they give one response, you may ask "Is there any other reason?".)

- a. Because I felt better ⁽⁴¹⁾ 82 1
- b. Because I felt worse ⁽⁴²⁾ 83 1
- c. Because of my blood pressure ⁽⁴³⁾ 84 readings 1
- d. Because of the way the SHEP staff ⁽⁴⁴⁾ 85 treated me 1
- e. Don't know/no reason ⁽⁴⁵⁾ 86 1
- f. Other (please list) ⁽⁴⁶⁾ 87 1

After opening the participant's drug assignment envelope:

13. Actual drug assignment disclosed:

(47) 88

Active
Placebo

1
 2

DRUG INSTRUCTIONS

For placebo participants: If currently on SHEP medications, discontinue. Refer to private physician.

For active participants: If currently on SHEP medications, continue SHEP medications. Discuss implications of discontinuing A1 or A2, if appropriate. Refer to private physician.

Participants may remain on potassium supplementation and/or uric acid lowering agents at the discretion of the SHEP clinician.

PARTICIPANT'S PRIVATE PHYSICIAN - Have the participant read and sign the following statement. This is not required, but provides additional protection to the clinic. It is also a good closing for the visit.

I have had the opportunity to have a summary of my records sent to my physician or clinic. If I indicated no physician or clinic, I have been offered assistance in obtaining one.

Signature of Participant

Date

Signature of Interviewer

89 (48) RECORD TYPE
90-95 (49) DATE RECEIVED
96-98 (50) UPDATE NUMBER
99-104 (51) DATE LAST PROCESSED
105 (52) PAPER COPY
3-8 (54) BATCH DATE
11-16 (55) DATE MODIFIED
17-20 (56) TIME MODIFIED
21 (57) EDIT STATUS