SH03: Baseline Demographic Information and Medical History Form

Purpose

The *Baseline Demographic Information and Medical History Form (SH03)*, along with the SH02 and SH04 forms, was given to a screenee who was eligible for the Baseline Visit 1 (BV1) or Drug Evaluation Visit 1 (DEV1). It was completed at home by the screenee before coming to the BV1 or DEV1 clinic visit. The form recorded basic demographic and medical history information about the potential participant.

Blood pressure (BP) eligibility at the initial contact visit depended on the screenee's antihypertensive medication status – treated or not. For a BP-eligible screenee, the antihypertensive medication status also determined whether he or she proceeded directly to the Baseline Visit 1 (SH06) or first attended Drug Evaluation Visit 1 and Visit 2. Screenees who were taking antihypertensive medication had to be evaluated at the two drug evaluation visits before being eligible for the Baseline Visit 1. The SH03 and SH04 forms aided in this evaluation. (See **Section 2.2** of *SHEP MOO*.)

SHEP BASELINE DEMOGRAPHIC INFORMATION AND MEDICATION HISTORY

② VERSION
33

This Space for Clinic Use Only

NAME: _____

③ ④ 💬 ⑤
SHEP ID: |22|23| - |24|25|26|27| - |28|29| ⑥ 41-46   ACROSTIC: | | | | | | |

⑦ 💬
DATE OF CLINIC VISIT: |36|37| |38|39| |34|35| AT ⑧ |47|48| : ⑨ |49|50| ☐ a.m. ⑩
                      Month   Day   Year   Hour   Minute   ☐ p.m. 51

DEAR PARTICIPANT:

PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE AND BRING IT WITH YOU
TO THE CLINIC VISIT SCHEDULED ABOVE. IF YOU DO NOT UNDERSTAND SOME OF
THE QUESTIONS, LEAVE THEM BLANK UNTIL YOUR CLINIC VISIT. WE WILL REVIEW
THE WHOLE FORM WITH YOU AT THAT TIME.

PERSONAL INFORMATION:

1. SEX: 52 ⑪ MALE   ☐ 1
                                                     FEMALE   ☐ 2

2. RACE: 💬 WHITE   ☐ 1
                                                 53 BLACK   ☐ 2
                                                    ⑫ ASIAN   ☐ 3
                                                        HISPANIC ☐ 4
                                                        OTHER (SPECIFY): ☐ 5
                                                        _____

3. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOL   54-55
   THAT YOU COMPLETED?   ⑬ | | |

4. WHICH OF THE FOLLOWING MOST CLOSELY   EMPLOYED FULL TIME   ☐ 1
   DESCRIBES YOUR EMPLOYMENT STATUS?   ⑭ EMPLOYED PART TIME   ☐ 2
                                             56 RETIRED
                                                 OR NOT EMPLOYED   ☐ 3

SH03/1

5.   WHAT IS YOUR CURRENT MARITAL STATUS?

MARRIED □ 1
WIDOWED □ 2
(15) SEPARATED □ 3
57 DIVORCED □ 4
NEVER MARRIED □ 5

6.   a.   DO YOU CURRENTLY SMOKE CIGARETTES?
(IF NO, SKIP TO QUESTION 7.)

58 (16) YES □ 1
NO □ 2

b.   HOW MANY CIGARETTES DO YOU NOW SMOKE PER DAY?

59-61 (17) ☐☐☐

c.   HOW OLD WERE YOU WHEN YOU STARTED SMOKING?
(SKIP TO QUESTION 8.)

62-63 (18) ☐☐

7.   a.   DID YOU EVER SMOKE CIGARETTES?
(IF NO, SKIP TO QUESTION 8.)

64 (19) YES □ 1
NO □ 2

b.   HOW MANY CIGARETTES A DAY DID YOU USUALLY
SMOKE BEFORE YOU QUIT SMOKING?

65-67 (20) ☐☐☐

c.   HOW OLD WERE YOU WHEN YOU STARTED SMOKING CIGARETTES?   ☐☐ (21)

68-69

d.   HOW OLD WERE YOU WHEN YOU FINALLY STOPPED
SMOKING CIGARETTES?

(22) ☐☐

70-71

8.   a.   WHICH ANSWER BEST DESCRIBES
HOW OFTEN YOU DRINK WINE, BEER,
WHISKEY OR LIQUOR?   (CHECK ONE.)

NEVER DRANK □ 1

I USED TO DRINK,
BUT DON'T DRINK NOW □ 2

1 OR 2 TIMES A YEAR
OR VERY OCCASIONALLY □ 3

(23) LESS THAN ONE PER WEEK
OR ONLY AT PARTIES □ 4

72

1 TO 2 TIMES A WEEK □ 5

3 TO 4 TIMES A WEEK □ 6

NEARLY EVERY DAY □ 7

EVERY DAY □ 8

b.   WHEN YOU DRINK ALCOHOLIC BEVERAGES,
HOW MANY DO YOU USUALLY DRINK IN A DAY?
(ONE DRINK = 1 CAN OF BEER, OR 1 GLASS OF WINE
OR 1 SHOT OF WHISKEY OR LIQUOR)

(24) ☐☐

73-74

SH03/2

9. a. ARE YOU TAKING ANY MEDICINES THAT REQUIRE
        A PRESCRIPTION FROM A DOCTOR?

(25) YES □ 1
       NO   □ 2
75
            ↓
      (CONTINUE TO
       QUESTION 10)

NAME ALL OF THE MEDICINES THAT ARE BEING
PRESCRIBED FOR YOU BY A DOCTOR OR CLINIC.

MEDICINE NAME	WHAT ILLNESS IS MEDICINE FOR?
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

76-77

b. TOTAL NO. OF PRESCRIPTION MEDICINES BEING TAKEN ☐☐ (26)

SH03/3

10. HAVE YOU STOPPED TAKING ANY PRESCRIPTION
MEDICATIONS IN THE PAST TWO WEEKS?

(27) YES ☐ 1

NO ☐ 2

↓

(CONTINUE TO
QUESTION 11)

PLEASE LIST THEM BELOW

MEDICINE NAME	WHAT ILLNESS IS MEDICINE FOR?
1. _____	
2. _____	
3. _____	

WHY DID YOU STOP TAKING THE MEDICINE(S)?

CHECK
IF YES

MEDICINE NO. 1

1.	THE DOCTOR ADVISED ME TO STOP	☐ 1
2.	THE PRESCRIPTION RAN OUT	☐ 1
3.	I FELT BETTER	☐ 1
4.	I COULDN'T REMEMBER TO TAKE THEM	☐ 1
5.	I COULDN'T BE BOTHERED	☐ 1
6.	THEY MADE ME FEEL SICK	☐ 1
7.	I DIDN'T THINK THEY WERE WORKING	☐ 1
8.	A FRIEND TOLD ME TO STOP	☐ 1
9.	DON'T KNOW	☐ 1
10.	OTHER:	☐ 1

_____

_____

MEDICINE NO. 2   CHECK
                                                  IF YES
   1. THE DOCTOR ADVISED ME TO STOP ☐ 1
   2. THE PRESCRIPTION RAN OUT ☐ 1
   3. I FELT BETTER ☐ 1
   4. I COULDN'T REMEMBER TO TAKE THEM ☐ 1
   5. I COULDN'T BE BOTHERED ☐ 1
   6. THEY MADE ME FEEL SICK ☐ 1
   7. I DIDN'T THINK THEY WERE WORKING ☐ 1
   8. A FRIEND TOLD ME TO STOP ☐ 1
   9. DON'T KNOW ☐ 1
  10. OTHER: ☐ 1

      _____

      _____

MEDICINE NO. 3   CHECK
                                                  IF YES
   1. THE DOCTOR ADVISED ME TO STOP ☐ 1
   2. THE PRESCRIPTION RAN OUT ☐ 1
   3. I FELT BETTER ☐ 1
   4. I COULDN'T REMEMBER TO TAKE THEM ☐ 1
   5. I COULDN'T BE BOTHERED ☐ 1
   6. THEY MADE ME FEEL SICK ☐ 1
   7. I DIDN'T THINK THEY WERE WORKING ☐ 1
   8. A FRIEND TOLD ME TO STOP ☐ 1
   9. DON'T KNOW ☐ 1
  10. OTHER: ☐ 1

      _____

      _____

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11. a. ARE YOU PRESENTLY TAKING ANY MEDICINES OR DIET
       SUPPLEMENTS THAT YOU BUY IN A DRUGSTORE,
       SUPERMARKET OR HEALTH FOOD STORE
       WITHOUT A PRESCRIPTION? FOR EXAMPLE,   79
       ASPIRIN, LAXATIVES, VITAMINS, ANTACIDS.   (28) YES   □ 1
                                                        NO   □ 2
                                                         |
                                                         ↓
                                                   (CONTINUE TO
                                                    QUESTION 12)

WHAT KIND?

                          WHAT ILLNESS DO
       BRAND NAME   YOU TAKE IT FOR?

1. _____

2. _____

3. _____

4. _____

5. _____

(IF MORE THAN 5, LIST ON A BLANK SHEET OF PAPER.)

b. TOTAL NO. OF NON-PRESCRIPTION MEDICINES   80-81
   BEING TAKEN   (29) [|]

SH03/6

12. a. WOULD YOU OBJECT TO US SENDING
YOUR BLOOD PRESSURE RESULTS
TO THE PERSON OR CLINIC THAT
USUALLY SUPPLIES YOUR HEALTH CARE? YES   □ 1

NO   □ 2

DON'T KNOW   □ 3

(3D)
82
I DO NOT HAVE A
PERSONAL PHYSICIAN
OR CLINIC THAT
SUPPLIES HEALTH CARE   □ 4

b.
| CLINIC NAME OR DOCTOR: _(31) ∅ %₁ 83_____ |
| ADDRESS: _____ |
| _____ |
| TELEPHONE: _____ |

THANK YOU FOR COMPLETING THIS FORM. PLEASE REMEMBER TO BRING THIS FORM
AND ANY PRESCRIPTION MEDICATIONS THAT YOU ARE NOW TAKING WITH YOU FOR
YOUR CLINIC VISIT WHICH IS SCHEDULED ON THE DATE SHOWN ON THE FRONT
PAGE.

(32) RECORD TYPE   84

(33) DATE RECEIVED   85-90   MMDDYY

(34) UPDATE NUMBER   91-93

(35) DATE LAST PROCESSED   94-99   MMDDYY

(36) PAPER COPY   100

(514) BATCH DATE   3-8

(515) DATE MODIFIED   11-16   YYMMDD

(516) TIME MODIFIED   17-20   HHMM

(517) EDIT STATUS   21

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