## ELIGIBILITY VISIT FORM

VERSION C / 12-28-1987 E F VERSION: VISIT: 1 FORM: TEMP ID: This form is to be used only at Visit 1, the SOLVD Eligibility Visit. INSTRUCTIONS: Print clearly when entering a response in the appropriate boxes. For multiple choice questions, circle the one appropriate letter corresponding to the response chosen. Specific instructions for various questions are enclosed in boxes directly below the question. See the SOLVD General Instructions for Completing Forms for details. SOLVD ELIGIBILITY VISIT FORM (screen 1 of 12) (SEF page 1 of 8 ) A. IDENTIFYING INFORMATION 3.2. City: Today's Date: Year 2.1. Last Name: 3.3. State/Province..... 3.4. Country: 2.2. First Name: 3.5. Zip Code/Canadian or European Postal Code: Telephone Number (Home): 2.3. Middle Name: 2.4. Third Name: (maiden, Hospital Information initial, etc.) 5.1. Hospital Name: 3.1. Street Address:

5.2. Hospital Street Address:	Private Physician
	6.1. Last Name:
	6.2. First Name:
5.3. City:	
	6.3. Street Address:
5.4. State/Province	
5.5. Country:	
5.6. Zip Code/Canadian or	
European Postal Code:	6.4. City:
<del></del>	
5.7. Patient Hospital ID Number:	6.5. State/Province
	6.6. Country:
	6.7. Zip Code/Canadian or European Postal Code:

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Nearest relative or friend not residing with the participant	7.7. Country:  7.8. Zip Code/Canadian or European Postal Code:
7.1. Last Name:	7.9. Telephone Number:
7.2. First Name:	Participant's Employer
7.3. Relationship:	8.1. Name or Status: (company, self-employed, disabled, retired, etc.)
7.4. Street Address:	8.2. Participant's Job Title:
7.5. City:	
7.6. State/Province	

C. EXCLUSION CRITERIA (Circle the approp	riate r	esponse 1	or each item. All items <u>must</u> be indicated.)		
	Yes	No		Yes	No
15.1. History of intolerance to enalapril	<b>'</b>	N	15.6. Complex congenital heart disease	Y	N
15.2. Currently taking ACE inhibitor and unable to discontinue	Y	N	15.7. Syncopal episodes presumed to be due to life threatening arrhythmias	Y	N
15.3. Myocardial Infarction within 30 days of expected date of randomization	Y	N	15.8. Any major cardiac surgery likely.	Y	N
			15.9. Unstable angina pectoris	<b>Y</b> ,	N
15.4. Hemodynamically significant valvular or outflow tract obstruction	Y	N	15.10. Uncontrolled hypertension	Y	N
15.5. Constrictive Pericarditis	Y	N	15.11. Cor Pulmonale	Y	N
			15.12. Advanced pulmonary disease	Y	N
SOLVD FLIGIBILIT	Y VISIT	FORM (	creen 7 of 12 ) (SEF page 5 of 8 )		
SOLVD ELIGIBILIT  C. EXCLUSION CRITERIA (Circle the approp	riate r	esponse fo	ccreen 7 of 12 ) (SEF page 5 of 8 ) or each item. All items <u>must</u> be indicated.)	Vac	Vo
				Yes	No
	riate r	esponse fo		Yes Y	No N
C. EXCLUSION CRITERIA (Circle the approp	oriate r	esponse fo	15.21. Significant primary liver disease	Y	N
C. EXCLUSION CRITERIA (Circle the appropriate of th	Yes	esponse fo	15.21. Significant primary liver disease		
C. EXCLUSION CRITERIA (Circle the appropriate of th	Yes Y	esponse fo No N	15.21. Significant primary liver disease	Y	N
C. EXCLUSION CRITERIA (Circle the appropriate of th	Yes Y	esponse fo	15.21. Significant primary liver disease  15.22. Likely to be nonadherent (alcoholism, drug addiction, lack of a fixed address, etc.)  15.23. Other life-threatening disease or not realistically	Y Y	n n
C. EXCLUSION CRITERIA (Circle the appropriate of the appropriate of the control o	Yes Y Y	esponse fo	15.21. Significant primary liver disease  15.22. Likely to be nonadherent (alcoholism, drug addiction, lack of a fixed address, etc.)  15.23. Other life-threatening disease or not realistically expected to be discharged alive.  15.24. Woman likely to bear children  15.25. Other investigational drug protocols	Y Y	N N
C. EXCLUSION CRITERIA (Circle the appropriate of th	Yes Y Y Y	esponse fo	15.21. Significant primary liver disease  15.22. Likely to be nonadherent (alcoholism, drug addiction, lack of a fixed address, etc.)  15.23. Other life-threatening disease or not realistically expected to be discharged alive.  15.24. Woman likely to bear children	Y Y Y	N N

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D. INITIALS OF PERSON COMPLETING THIS FORM  16. Initials	If Yes (the participant is suitable for SOLVD), continue with F. PHYSICAL EXAMINATION, Question 18.1.  If No, EXIT THE FORM			
E. STUDY SUITABILITY				
17. Is the participant suitable for participation in SOLVD?Yes Y	F. PHYSICAL EXAMINATION			
No N	Blood Pressure (supine)			
NOTE: The participant is suitable for SOLVD only if all of the responses to questions 15.1. thru 15.26. (C. EXCLUSION CRITERION)	18.1. Systolic mm Hg			
are N (No).	18.2. Diastolic mm Hg			
	Blood Pressure (sitting)			
	19.1. Systolic mm Hg			
	19.2. Diastolic mm Hg			
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Heart rate (beats per minute)	23. Sodium (Na) meq/1			
20.1. Supine	į.			
20.1. Sitting	24. Potassium (K) meq/1			
G. LABORATORY DATA	25. Blood Urea Nitrogen (BUN) mg/dl			
21. Hematocrit (HCT) %	26. Creatinine mg/dl			
22.1. Total White Blood Count (WBC x1000)	27a. Proteinurianegative 0  trace or + 1			
22.2. Percent Neutrophils	++ 2 +++ 3			
22.3. Percent Lymphocytes	++++ 4			

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28aa.	ICATION TOLERANCE MONITORING  Is the participant taking vasodilators?Yes	Y	The following drugs are classified as VASODILATORS: Nitrates, Calcium Channel Blockers, Prazosin, Minoxidil, Clonidine, Hydralazine
	No If No, go to Question 31.	N	28c. Is the participant discontinuing the use of long acting nitrateYes  No N
28a.	Is the participant taking long acting nitrate?Yes	Y	If Yes, go to Question 29.2  28d. If No, specify the indication:
	If No, go to Question 29.2  Is the participant taking isosorbide medication?Yes	Y	

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Circle: Y (Yes) or N (No) for each medication.

If Yes, circle Y (Yes) or N (No) if this medication will be discontinued, and if N (No), specify the indication.

Indicate which of the following medications the participant is taking:		If Yes this me be disc	(Y), will dication ontinued?	If No (N), specify the indication:
29.2. Prazosin	a)	y bb)	Y N	c)
29.3. Hydralazine	a)	Y bb)	Y N	c)
29.4. Calcium Channel Blocker	<b>a</b> )	Y bb)	Y N	c)
29.5. Other Vasodilator (other than long acting nitrate)	a)	Y bb)	Y	c)

31. New York Heart Association CHF Classification	NOTE: If the participant is taking a vasodilator for heart failure (other than oral nitrate) or is NYHA Class 4 or has known Sodium (Na) less than 130 meq/l, then the participant is to be hospitalized for 24 hrs. for blood pressure monitoring. Complete the SOLVD Medication Monitoring Form.
32. Is the participant's known Sodium (Na) level less than 130 meq/1 ?	33.la. Is the participant presently taking hydralazine or isosorbide medication?Yes Y  NO N  If Yes, go to OPTIONAL DATA FOR LOCAL CLINIC USE ONLY below.
	33.2a. If No (not taking hydralazine or isosorbide), what is the likelihood that these drugs would be used if the participant's condition worsens?  Likely A  Unlikely B
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	OPTIONAL DATA FOR LOCAL CLINIC USE ONLY  a) Number of pills dispensed at this visit  1st attempt 2nd attempt
	b) Scheduled date of Visit 2: