



Trials of Hypertension Prevention (TOHP), supported by the National Heart, Lung, and Blood Institute, National Institutes of Health

SV1

ID number _____

Candidate's initials _____

Visit date ____/____/____

TRIALS OF HYPERTENSION PREVENTION Demographic Information Form

1. Current marital status Never married (1) Divorced (2) Married (3) Widowed (4) Unmarried, living with partner (5) Separated (6)

2. Do you own your own home? YES (1) NO (2)

3. Highest level of education completed (check one response for yourself and one for your partner):

Table with columns: YOURSELF, PARTNER and rows for education levels: Grade 11 or less, High school diploma, Some college, Degree from 2-year college, Degree from 4-year college, Some graduate school, Graduate degree.

4. Employment status (check one response for yourself and one for your partner):

Table with columns: YOURSELF, PARTNER and rows for employment status: Full-time, Part-time, Retired, Not employed.

5. Current occupation (or former occupation if retired):

Yourself _____ Partner _____

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6. Have you ever smoked cigarettes regularly? YES (1) NO (2)

IF YES: a) At what age did you start smoking? years

b) Do you smoke currently? YES (1) NO (2)

IF NO: At what age did you stop? years

c) When you smoke (or smoked), on average how many cigarettes do/did you smoke?

- Less than 20 cigs/day, 20 cigs/day, 21-40 cigs/day, 40+ cigs/day

7. Is your father still alive? YES (1) NO (2)

IF NO: What was his age at death? years Not sure

Did he die of a heart attack or stroke? YES (1) NO (2) Not sure

8. Is your mother still alive? YES (1) NO (2)

IF NO: What was her age at death? years Not sure

Did she die of a heart attack or stroke? YES (1) NO (2) Not sure

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TOHP identification number of person responsible for completing this form with candidate

TOHP identification number of person responsible for editing this form