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-		SV3					
•	ΓΥΙΗΡ						
	s of Hypertension Prevention	1					
(TC H	OHP), supported by the National Jean, Lung, and Blood Institute. National Institutes of Health	Date Proces	ss Initiated	/	_/	-	
	TRIALS OF HYP Elig	ERTENSION		N			
1.	a. Is total of 9 DBP's (747-809) mm Hg?				Yes (1)	No* _	(2)
	b. Is total of 9 SBPs <				Yes (1)	No* _	(2)
	Were SV3 blood pressures measured within window	(SV2 + 7 t	o 45 days)?		Yes (1)	No* _	(2)
3.	 a. Did candidate bring in an adequate 24-hour urine before randomization completed? (Send 24-hr urine sample to Minneapolis lab ONLY candidate is randomized) 		Yes-1st try	(1) Yes-2nd tr	y (8)	No* _	(2)
	Did candidate bring in an adequate overnight urine before randomization completed?	e collection	Yes-1st try _	(1) Yes-2nd	try(8)	No* _	(2)
4.	Has candidate brought in a completed 3 day food rec	ord?	Yes-1st try _	(1) Yes-2nd	try(8)	No* _	(2)
5.	Did candidate sign an Informed Consent Form for this	s trial?			Yes (1)	No* _	(2)
	Were SV2 serum creatinine and serum glucose levels eligibility range for TOHP as determined by a local lat (Creatinine: < 1.7 mg/dl men, < 1.5 mg/dl women: G	b?	00 mg/dl)		Yes (1)	No* _	(2)
	Is candidate eligible and willing to be randomized (inc medication/medical history changes since SV2)? If No: Reason				Yes (1)	No* _	(2)
				Staff Use			<u></u>
	If NO is answered to any of the above questions, 1-7, INELIGIBLE AND MUST NOT BE RANDOMIZED.	the candidat	e is	Staff ID _			
_					domization (-	
Ra	ndomization				//		
Tir	ne of allocation : a.m./p.m.	Eastern(1)	Central(2	?) Mou	untain(3) Recall Blind Rec		ucific(4)
Ra	Indomization sequence number (Fake I	D)	3-day reco		
Ra	ndomization assignment (Circle ONE)				Xtra lab s	ample	
We	eight Loss Weight Loss and Sodium Reduction	Sodium	Reduction		Control		
Wa	as allocation obtained directly from the CC?				Yes (1)) No_	(2)
	If YES: From whom			Randomizer II	D		
1.	Schedule Recall if participant is included in sample.						
2.	Instruct on completion of 3-day food record if included	d in sample.					
3.	Send extra lab vial under "fake" ID if participant is in	ncluded in sa	mple.				
4.	Send copies of both original and re-copied recalls to sample.						
	Start intervention Contact Form for Case Manager if a intervention.	assigned to a	ctive	Editor ID			-
