



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



ID number _____

Initials _____

Visit date ____/____/____

FO8 FORM

1. Date of last visit ____/____/____

2. Is this visit within 30 days of the FO7 visit? YES (1) NO (2)

3. Is participant to be randomized? YES (1) NO (2)

IF NO: Specify Reason _____

4. Time of allocation ____:____ AM/PM

Eastern (1)

Central (2)

Pacific (3)

5. Randomization stratum Normal (1)

High (2)

Low (3)

Special (4)

6. Randomization sequence number _____

7. Randomization assignment Silver (1)

Brown (2)

Green (3)

Gold (4)

8. Was allocation obtained directly from the CC? YES (1) NO (2)

IF YES: From Whom? _____

9. TOHP identification number of person responsible for obtaining allocation _____

10. TOHP identification number of person responsible for editing this form _____

75