

**TRIALS OF HYPERTENSION PREVENTION
 VISIT CHECKLIST—SCREENING VISIT #1**

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| 1. Was candidate prescreened for blood pressure? | YES <input type="checkbox"/> (1) | NO <input type="checkbox"/> (2) |
| 2. Has candidate completed Screening Informed Consent Form? | YES <input type="checkbox"/> (1) | NO <input type="checkbox"/> (2) |
| 3. Indicate candidate's eligibility status for each of the following items: | ELIGIBLE | INELIGIBLE |
| | (1) | (2) |
| a) Age (within range 30–54 years) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Blood pressure (sum of 3 readings 224–291 mm Hg) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Weight (below limits on chart) | <input type="checkbox"/> | <input type="checkbox"/> |

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| 4. Did candidate complete Part II of this form? | YES <input type="checkbox"/> (1) | NO <input type="checkbox"/> (2) |
| IF NO: GO TO ITEM 9 BELOW. | | |
| IF YES: How was this form administered? | | Self-administered <input type="checkbox"/> (1) |
| | | Staff-administered <input type="checkbox"/> (2) |

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| Indicate candidate's eligibility status for each of the following: | ELIGIBLE | INELIGIBLE |
| | (1) | (2) |
| a) Medical history (items 1–3) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Alcohol consumption (more than 21 drinks per week) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Plans to move | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Special diet | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Pregnant or intends to become pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Unable to exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Household member in TOHP or TOHP employee | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Participant in HPT or other clinical trial | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Other | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify _____) | | |

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| 5. Has candidate completed Demographic Information Form? | YES <input type="checkbox"/> (1) | NO <input type="checkbox"/> (2) |
| IF CANDIDATE IS <u>INELIGIBLE</u> FOR ANY REASON, GO TO ITEM 9. | | |

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| 6. Is candidate <u>WILLING</u> to schedule next visit? | YES <input type="checkbox"/> (1) | NO <input type="checkbox"/> (2) |
| IF NO: Reason _____ | | |
| 7. Date of scheduled Screening Visit #2 | ____/____/____ | |
| | month | day / year |

REMINDER: SV2 MUST BE SCHEDULED 10–30 DAYS AFTER SV1.

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| 8. Has candidate been instructed to bring all medications and vitamin supplements to SV2? | YES <input type="checkbox"/> (1) | NO <input type="checkbox"/> (2) |
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| 9. TOHP identification number of person responsible for reviewing this form with candidate | _____ |
| 10. TOHP identification number of person responsible for editing this form | _____ |

