TOHP
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 ___ ___/___ ___/___ ___

Screening Form #1—Part II

Please fill out all questions on this form to the best of your ability. If you have trouble understanding something, a member of the clinic staff will be available to review the form with you when you have finished.

1. Has a doctor ever told you that you had any of the following? (Please check YES, NO or NOT SURE for *EACH* of the following items.)

	YES (1)	NO (2)	NOT SURE	STAFF REVIEW
a) High blood pressure (hypertension)	☐*	☐	☐	☐
b) Serious heart condition, such as a heart attack, angina or congestive heart failure	☐*	☐	☐	☐
c) Stroke	☐*	☐	☐	☐
d) Diabetes	☐*	☐	☐	☐
e) Kidney disease (including kidney stones)	☐*	☐	☐	☐
f) Recurrent stomach or digestive problems	☐	☐	☐	☐
IF YES: What type? _____				
			FOR STAFF USE ONLY:	___

	YES (1)	NO (2)	NOT SURE	
2. Have you had cancer during the past 5 years?	☐	☐	☐	☐
IF YES: Was it skin cancer?	☐	☐*	☐	☐
IF YES: Was it melanoma?	☐*	☐	☐	☐

3. Are you currently under the care of a doctor for any medical problem? ..... YES ☐ (1) / NO ☐ (2) ☐

IF YES: What is the problem? _____

FOR STAFF USE ONLY: ___

4. On *average,* how many 12-oz. cans or bottles of beer do you *usually* drink per week? .....
☐ don't drink beer
☐ less than 1/week
___ ___ beers/week

5. On *average,* how many 4-oz. glases of wine do you *usually* drink per week? .....
☐ don't drink wine
☐ less than 1/week
___ ___ glasses/week

6. On *average,* how many drinks (cocktails, hard liquor or liqueurs equal to 1½ oz. liquor) do you *usually* drink per week? .....
☐ don't drink liquor
☐ less than 1/week
___ ___ drinks/week

FOR STAFF USE ONLY: ___ ___

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			STAFF REVIEW
7. Do you have any plans to move your home or workplace more than 50 miles from this area during the next three years such that it would be difficult for you to come to this clinic?	YES*	☐ (1)	☐
	NO	☐ (2)	
8. Are you currently actively following a supervised diet, such as a diet recommended by your doctor, a weight loss diet, a diet to reduce salt or fat, or any other such program?	YES	☐ (1)	☐
	NO	☐ (2)	
IF YES: Specify _____	FOR STAFF USE ONLY:		___
Would you be willing to change this if you were enrolled in this study?	YES	☐ (1)	☐
	NO*	☐ (2)	
9. Are you currently pregnant or do you intend to become pregnant during the next three years?	MALE	☐ (3)	
	YES*	☐ (1)	
	NO	☐ (2)	
10. Is there any medical or other reason that you know of that might prevent you from participating in a program of regular exercise?	YES	☐ (1)	☐
	NO	☐ (2)	
IF YES: Specify _____	FOR STAFF USE ONLY:		___
11. Is any other member of your household already enrolled in TOHP?	YES*	☐ (1)	
	NO	☐ (2)	
12. Does any member of your household work for this study?	YES*	☐ (1)	
	NO	☐ (2)	
13. Did you participate in the federally-funded blood pressure study called the Hypertension Prevention Trial (HPT)?	YES*	☐ (1)	
	NO	☐ (2)	
14. Are you currently participating in any other health research study?	YES	☐ (1)	
	NO	☐ (2)	
IF YES: Specify _____	FOR STAFF USE ONLY:		___

THANK YOU!

A member of the TOHP staff will be reviewing this with you shortly.

SV1-II, 2/2