TVHP

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

SV2

ID number ___ ___ ___ ___ ___ ___ ___ ___

Candidate's initials ___ ___ ___ ___ ___

Visit date ___ ___/___ ___/___ ___

TRIALS OF HYPERTENSION PREVENTION
VISIT CHECKLIST—SCREENING VISIT #2

1. Indicate candidate's eligibility status for each of the following items:

	ELIGIBLE (1)	INELIGIBLE (2)
a) Blood pressure (sum of 6 readings 459–567 mm Hg)	☐	☐
b) Medical history (items 11–12)	☐	☐
c) Use of benzodiazepines, hydroxyzines or meprobamates	☐	☐
d) Use in past 2 months of exclusionary drugs	☐	☐
e) Multiple vitamin use	☐	☐
f) Individual supplements use	☐	☐
g) Use of antacids	☐	☐
h) Use of over the counter diuretics	☐	☐
i) Other (Specify ______)	☐	☐

IF CANDIDATE IS *INELIGIBLE* FOR ANY REASON, GO TO ITEM 10.

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2. IF ELIGIBLE, IS candidate *WILLING* to schedule next visit? YES ☐ (1) NO ☐ (2)
   IF NO: Reason ______________________
   ____

3. Date of scheduled Screening Visit #3 ___ ___/___ ___/___ ___ (month / day / year)

   REMINDER: SV3 MUST BE SCHEDULED 10–30 DAYS AFTER SV2.

4. Has candidate completed Physical Activity Questionnaire? YES ☐ (1) NO ☐ (2)

5. Has candidate completed Hassles Scale? YES ☐ (1) NO ☐ (2)

6. Has candidate completed Well Being Scale? YES ☐ (1) NO ☐ (2)

7. Has candidate completed Health Locus of Control? YES ☐ (1) NO ☐ (2)

8. Has candidate been given a 24-hour urine kit? YES ☐ (1) NO ☐ (2)

9. Has candidate been given a food frequency questionnaire to complete for the next appointment? YES ☐ (1) NO ☐ (2)

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10. TOHP identification number of person responsible for completing this form ___ ___ ___ ___

11. TOHP identification number of person responsible for editing this form ___ ___ ___ ___

TOHP

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SV2

ID number ___ ___ ___ ___ ___ ___ ___ ___

Candidate's initials ___ ___ ___ ___ ___

Visit date ___ ___/___ ___/___ ___

TRIALS OF HYPERTENSION PREVENTION
SCREENING FORM #2

1. Date of SV1 .... ___ ___/___ ___/___ ___ (month / day / year)

2. Is this visit at least 10 and no more than 30 days after SV1 (item #1)? .... YES ☐ (1) NO ☐ (2)

3. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS
   a. Arm circumference .... ___ ___ cm
   b. Time of day .... ___ ___ : ___ ___ AM / PM

   WAIT FIVE MINUTES

   c. Time of day .... ___ ___ : ___ ___ AM / PM
   d. Room temperature .... ___ ___ °F
   e. Cuff size .... Small adult (<24 cm) ☐ (1) Adult (24–32 cm) ☐ (2) Large adult (33–41 cm) ☐ (3) Thigh (> 41 cm) ☐ (4)
   f. Resting 30-second pulse .... ___ ___/30 seconds
   g. Pulse obliteration pressure .... ___ ___ ___ mm Hg

      \+ 3 0

   h. Maximum zero .... + ___ ___ mm Hg
   i. Random zero peak inflation level .... ___ ___ ___ mm Hg
   j. TOHP certification number of random zero device .... ___ ___ ___

4. First random zero blood pressure — SBP/DBP
   a. Reading .... ___ ___ ___ /___ ___ ___ mm Hg
   b. Zero value .... ___ ___ ___ ___
   c. Corrected value (a − b) .... ___ ___ ___ /___ ___ ___ mm Hg

   WAIT 30 SECONDS

5. Second random zero blood pressure — SBP/DBP
   a. Reading .... ___ ___ ___ /___ ___ ___ mm Hg
   b. Zero value .... ___ ___ ___ ___
   c. Corrected value (a − b) .... ___ ___ ___ /___ ___ ___ mm Hg

   WAIT 30 SECONDS

6. Third random zero blood pressure — SBP/DBP
   a. Reading .... ___ ___ ___ /___ ___ ___ mm Hg
   b. Zero value .... ___ ___ ___ ___
   c. Corrected value (a − b) .... ___ ___ ___ /___ ___ ___ mm Hg

7. Sum of 3 DBPs, items 4c + 5c + 6c .... ___ ___ ___

8. Sum of 3 DBPs from SV1 (item #9) .... ___ ___ ___

9. Sum of 6 DBPs, items 7 + 8 .... ___ ___ ___

   IF THIS SUM IS OUTSIDE THE RANGE 459–567 mm Hg, the candidate is *INELIGIBLE*. TERMINATE THE INTERVIEW.

10. TOHP identification number of person taking BP .... ___ ___ ___ ___

SV2
ID number ___ ___ ___ ___ ___ ___ ___ ___
Candidate's initials ___ ___ ___ ___ ___
Visit date ___ ___/___ ___/___ ___

		STAFF REVIEW
11. Hospitalization within past five years	YES ☐ (1) NO ☐ (2)	
IF YES: Specify reason(s) ________________		
Reason for exclusion?	YES, CVD ☐ (1) YES, Other ☐ (2) NO ☐ (3)	☐
12. Surgery within past five years	YES ☐ (1) NO ☐ (2)	
IF YES: Specify reason(s) ________________		
Reason for exclusion?	YES, CVD ☐ (1) YES, Other ☐ (2) NO ☐ (3)	☐
13. Daily use of benzodiazepines, hydroxyzines, or meprobamates	YES* ☐ (1) NO ☐ (2)	
14. Prescription drugs used currently or within past 2 months:		
a. ________________ ___	NONE ☐	☐
b. ________________ ___		
c. ________________ ___		
d. ________________ ___		
e. ________________ ___		

15. Current use of multivitamin supplement	YES ☐ (1)	NO ☐ (2)
IF YES: Does it include calcium, magnesium or potassium?	YES ☐ (1)	NO ☐ (2)
IF YES: Willing to discontinue it?	YES ☐ (1)	NO* ☐ (2)
16. Current use of any of the following individual nutritional supplements:		
a. Calcium	YES ☐ (1)	NO ☐ (2)
b. Fish oil (omega-3 fatty acids)	YES ☐ (1)	NO ☐ (2)
c. Magnesium	YES ☐ (1)	NO ☐ (2)
d. Potassium	YES ☐ (1)	NO ☐ (2)
IF YES TO ANY OF 16a–d: Willing to discontinue them?	YES ☐ (1)	NO* ☐ (2)
17. Current use of antacids at least once per week, on average	YES ☐ (1)	NO ☐ (2)
IF YES: Willing to discontinue them?	YES ☐ (1)	NO* ☐ (2)
18. Current regular use of non-prescription diuretics	YES ☐ (1)	NO ☐ (2)
IF YES: Willing to discontinue them?	YES ☐ (1)	NO* ☐ (2)