



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

SV3

ID number \_\_\_\_\_

Candidate's initials \_\_\_\_\_

Visit date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRIALS OF HYPERTENSION PREVENTION  
VISIT CHECKLIST—SCREENING VISIT #3**

- 1. Did candidate bring in adequate 24-hour urine? ..... YES  (1) NO  (2)
- 2. Did candidate bring in food frequency questionnaire? ..... YES  (1) NO  (2)
- 3. Is screening being extended for this candidate? ..... YES  (1) NO  (2)
- 4. Is the candidate ELIGIBLE to continue in TOHP? ..... YES  (1) NO  (2)  
IF NO: Reason \_\_\_\_\_
- 5. Is candidate WILLING to continue in TOHP? ..... YES  (1) NO  (2)  
IF NO: Reason \_\_\_\_\_
- 6. Has candidate completed 24-Hour Food Recall? ..... YES  (1) NO  (2)
- 7. Has candidate signed Informed Consent Form for trial? ..... YES  (1) NO  (2)
- 8. Has preliminary allocation been made? ..... YES  (1) NO  (2) N/A  (3)
- 9. Has candidate's blood been drawn? ..... YES  (1) NO  (2)
- 10. Has candidate been given a 24-hour urine kit? ..... YES  (1) NO  (2)
- 11. Date of next scheduled visit ..... \_\_\_\_\_  
month / day / year
- 12. TOHP identification number of person responsible for  
completing this form ..... \_\_\_\_\_

**LABORATORY RESULTS**

Please complete the following items when blood test results are received from local lab before sending this form to the Coordinating Center for final eligibility determination.

- a. Serum cholesterol  $\geq$  260 mg/dl ..... YES  (1) NO  (2)
- b. Serum creatinine  $\geq$  1.7 mg/dl (men) or 1.5 (women) ..... YES  (1) NO  (2)
- c. Serum glucose  $\geq$  200 mg/dl ..... YES  (1) NO  (2)
- d. Unexplained hyperkalemia (local lab standards) ..... YES  (1) NO  (2)
- e. Hypercalcemia (local lab standards) ..... YES  (1) NO  (2)

A YES response to ANY of the 5 items above indicates that the candidate is INELIGIBLE to continue in TOHP.

TOHP identification number of person responsible for filling in laboratory results ..... \_\_\_\_\_

TOHP identification number of person responsible for final edit of SV3 form ..... \_\_\_\_\_

SV3  
 ID number \_\_\_\_\_  
 Candidate's initials \_\_\_\_\_  
 Visit date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRIALS OF HYPERTENSION PREVENTION  
 SCREENING FORM #3**

1. Date of SV2 ..... month / day / year
  2. Is this visit at least 10 and no more than 30 days after date of SV2 (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 6 DBPs from SV2 (item #9) .....
  9. Sum of 9 DBPs, items 7 + 8 .....
- IF THIS SUM IS OUTSIDE THE RANGE 720–809 mm Hg, the candidate is INELIGIBLE. TERMINATE THE INTERVIEW.
10. TOHP identification number of person taking BP .....
  11. Weight ..... pounds
  12. TOHP identification number of person taking weight .....