

**ENDPOINTS SUBCOMMITTEE REVIEW**  
 Effective 2/26/93

Participant ID No. \_\_\_\_\_

Participant initials \_\_\_\_\_

Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_

Visit Designation \_\_\_\_\_ Type of Event \_\_\_\_\_

**TOHP BP at time of event:**

Visit Desig	Date	Mean BP (3 readings)		Sum of 9 readings
		DBP	SBP	
_____	____/____/____	____/____	____/____	_____
_____	____/____/____	____/____	____/____	_____
_____	____/____/____	____/____	____/____	_____

**Personal Physician  
 BP Readings**

BP	Date	Antihypertensive/Meds Affecting BP Drugs Prescribed	Date
____/____	____/____/____	_____	____/____/____
____/____	____/____/____	_____	____/____/____
____/____	____/____/____	_____	____/____/____

**Concurrent Medication(s)  
 Drug**

Date Started / Stopped

**Concurrent Illness(es)  
 Describe**

_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reviewer's Decision:**

Provide Code \_\_\_\_\_ 1-4 if Confirmed Endpoint  
 A or B if NOT a hypertensive endpoint

LAST valid official TOHP BP  
 prior to start of meds

- 1 = Hypertensive endpoint confirmed (not induced by concurrent drug or illness).
- 2 = Hypertensive endpoint confirmed, possibly drug induced.
- 3 = Hypertensive endpoint confirmed, possibly induced by concurrent illness.
- 4 = Hypertensive endpoint confirmed, possibly induced by concurrent drug and illness.

Visit Desig	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____

- A = Medication affecting BP but prescribed for reasons other than BP control. Not a hypertensive endpoint.
- B = Disconfirmed. Not a hypertensive endpoint.

Reviewer \_\_\_\_\_ Date of Review \_\_\_\_/\_\_\_\_/\_\_\_\_