ARCHIVE COPY

Write Participant ID Here

Attach ID Label Here

Today's Date: MONTH DAY YEAR

HEART ATTACK PREVENTION PROGRAM – THIRD SCREENING VISIT

Affix identification labels in the upper left-hand corners of the original copy of each of the three parts of this form and write the ID code in the spaces provided in the upper right-hand corner of each part. The values of the serum creatinine and T_4 from the blood sample from the second screen should be entered before items 41 and 42, respectively, on page 6. Also the results of the reading of the x-ray for the presence of life-limiting abnormalities should be available and entered in item 43 on page 6. Affix a label containing the participant's ID code and age to the upper left-hand corner of Form 32 and write the ID code in the space provided in the upper right-hand corner. Please use ballpoint pen and press firmly.

NAME _____
First Middle Last

1 ☐
CC USE

CONSENT FORM FOR THIRD SCREENING PROCEDURES (EXCLUDING EXERCISE TESTING)

I volunteer for the third screening examination of the Heart Attack Prevention Program. I understand that this screening procedure involves further measurements of my blood pressure and some questions concerning my dietary and smoking habits.

The information which is obtained will be treated as a confidential medical record and will be seen only by members of the staff of the Heart Attack Prevention Program and my doctor, if I so indicate. The information may be used only for purposes of medical management and scientific study.

I have read the orientation material and the foregoing statements, understand them, and any questions which have occurred to me have been answered to my satisfaction. I understand that I may ask additional questions, and that I am free to discontinue my participation in the program at any time.

_____ Date Signed

_____ Signature of Participant

1 ☐
CC USE

The above participant has been given the opportunity to have his questions about these screening procedures answered.

_____ Signature of Auditor/Witness

1 ☐
CC USE

1. Pulse: Beats in 30 seconds 26 [ ][ ] x 2 = PULSE3S beats/minutes

2. Blood Pressure Measurements:

Before performing any procedure of this screen ask the participant to sign the consent form on page 1. Print clearly all responses. Use ball point pen. The participant must be quiet and remain continuously in a seated position for 5 minutes before and during the four measurements. During the measurements of the blood pressure there should be no change in the position of the participant.

Blood Pressure Observer's Code: 28 [ ][ ]

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	30 [ ][ ][ ]	35 [ ][ ][ ]
Reading 2 (R-Z)	33 [ ][ ][ ]	34 [ ][ ][ ]
Zero	42 [ ][ ]	44 [ ][ ]
STDSBP3S STDDBP3S Corrected	46 [ ][ ][ ]	52 [ ][ ][ ]
Reading 3 (Std)	52 [ ][ ][ ]	56 [ ][ ][ ]
Reading 4 (R-Z)	58 [ ][ ][ ]	63 [ ][ ][ ]
Zero	54 [ ][ ]	56 [ ][ ]
Corrected	58 [ ][ ][ ]	71 [ ][ ][ ]

The blood pressure data using the RZ readings (numbers 2 and 4) must be transcribed here for the computation of the average blood pressure. The computation of the averages using the standard mercury sphygmomanometer is optional.

Zero muddler mercury sphygmomanometer readings (corrected values):

	Systolic	Disappearance 5th Phase Diastolic
Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	SBP3S	74 [ ][ ][ ]

Average DBP

DBP3S

3. Have you ever smoked cigarettes?

EVSMK3S 1 ☐ yes → 4. Do you now smoke cigarettes? SMKNOW3S

2 ☐ no ↓

1 ☐ yes → 5. How long has it been since you quit? HLQUIT3S

2 ☐ no

1 ☐ less than 12 months
2 ☐ 1 to 2 years (not including 2 years)
3 ☐ 2 to 3 years (not including 3 years)
4 ☐ 3 to 5 years (not including 5 years)
5 ☐ 5 to 10 years (not including 10 years)
6 ☐ 10 or more years

If less than 3 years, continue with question 6.
If 3 years or more, continue with question 22.

Continue with question 22

AGESMK3S 6. At what age did you first become a daily cigarette smoker? ☐☐ years

INHALE3S 7. When you smoke cigarettes, **how deeply** do you usually draw in the smoke?
1 ☐ deeply into the chest
2 ☐ partly into the chest
3 ☐ as far back as the throat
4 ☐ well back into the mouth
5 ☐ draw into the mouth, or just puff

OFTEN3S 8. How often do you usually inhale the smoke when you smoke cigarettes?
1 ☐ inhale almost every puff of each cigarette
2 ☐ inhale only a few puffs of each cigarette
3 ☐ inhale only a few puffs of some cigarettes
4 ☐ I don't usually inhale the smoke

9. When you smoke a cigarette, do you usually . . .
1 ☐ let more than half burn → 10. If "more than half", do you usually let your cigarette burn . . .
1 ☐ as far as possible
2 ☐ 3/4 or more
3 ☐ less than 3/4
2 ☐ let less than half burn ↓

BURN3S 11. How much of your cigarette burns **without** your smoking it?
1 ☐ very little
2 ☐ some
3 ☐ a moderate amount
4 ☐ a great deal

CIGS3S 12. On the average, about how many cigarettes do you now smoke a day? ☐☐

CIGMAX3S 13. On the average, about how many cigarettes a day did you smoke during the period in your life that you were smoking the heaviest? ☐☐

14. What brand of cigarettes do you usually smoke? _____ ☐☐☐ **DO NOT USE**

15. What type of cigarettes are they?
Are they . . . 1 ☐ filter tip or 2 ☐ non-filter tip
Are they . . . 1 ☐ plain or 2 ☐ menthol
Are they . . . 1 ☐ hard pack or 2 ☐ soft pack
Are they . . . 1 ☐ regular size or 2 ☐ king size or 3 ☐ 100 millimeter

16. Have you ever stopped smoking?
1 ☐ yes → 17. For the last time you stopped, was it:
1 ☐ extremely difficult
2 ☐ difficult
3 ☐ easy

18. What was the longest period of time you ever stayed off cigarettes?
1 ☐ less than 24 hours
2 ☐ less than 1 week
3 ☐ 1-4 weeks
4 ☐ 1-6 months
5 ☐ 7 months to 1 year
6 ☐ over 1 year

2 ☐ no ↓

19. Do you expect that one year from now you will be smoking:
1 ☐ more cigarettes
2 ☐ same number
3 ☐ fewer cigarettes
4 ☐ none at all

20. List any sources of outside help, or any techniques you have tried in an effort to stop smoking:

_____

_____

21. a. Would your mother like you to quit smoking? 1 ☐ yes 2 ☐ no 3 ☐ not applicable
b. Would your father like you to quit smoking? 1 ☐ yes 2 ☐ no 3 ☐ not applicable
c. Would your wife like you to quit smoking? 1 ☐ yes 2 ☐ no 3 ☐ not applicable
d. Would your children like you to quit smoking? 1 ☐ yes 2 ☐ no 3 ☐ not applicable
e. Would your doctor like you to quit smoking? 1 ☐ yes 2 ☐ no 3 ☐ not applicable
f. Would a close friend like you to quit smoking? 1 ☐ yes 2 ☐ no 3 ☐ not applicable

Continue with question 22.

22. Indicate by checking the cigarette smoking habits of each of the following:

	Not Applicable	Never Smoker	Ex-Smoker	Smoker	If Smoker, Indicate Number per Day
Your wife	1 ☐	2 ☐	3 ☐	4 ☐	☐☐
Your mother	1 ☐	2 ☐	3 ☐	4 ☐	☐☐
Your father	1 ☐	2 ☐	3 ☐	4 ☐	☐☐

23. Would you say that most of your friends are:
1 ☐ smokers 2 ☐ ex-smokers 3 ☐ non-smokers 4 ☐ equally divided between smokers and non-smokers

24. Would you say that most of your co-workers are:
1 ☐ smokers 2 ☐ ex-smokers 3 ☐ non-smokers 4 ☐ equally divided between smokers and non-smokers

25. Would you say that most of your relatives are:
1 ☐ smokers 2 ☐ ex-smokers 3 ☐ non-smokers 4 ☐ equally divided between smokers and non-smokers

26. Think of the five friends you spend the most time with. Of these:

How many currently smoke cigarettes? ☐

How many used to smoke, but have quit? ☐

How many never smoked? ☐

Check that sum of 3 numbers = 5

27. Do you smoke cigars?

CIGAR3S
1 ☐ yes →
2 ☐ no ↓

28. How often do you smoke cigars?
1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

29. With cigars, **how deeply** do you inhale the smoke?
1 ☐ deeply into the chest 2 ☐ partly into the chest 3 ☐ as far back as the throat
4 ☐ well back into the mouth 5 ☐ draw into the mouth, or just puff

30. For cigars **how often** do you usually inhale?
1 ☐ inhale almost every puff of each cigar 2 ☐ inhale a few puffs of each cigar
3 ☐ inhale a few puffs of some cigars 4 ☐ I don't usually inhale the smoke

31. Do you smoke cigarillos?

CIGLO3S
1 ☐ yes →
2 ☐ no ↓

32. How often do you smoke cigarillos?
1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

33. With cigarillos, **how deeply** do you inhale the smoke?
1 ☐ deeply into the chest 2 ☐ partly into the chest 3 ☐ as far back as the throat
4 ☐ well back into the mouth 5 ☐ draw into the mouth, or just puff

34. For cigarillos, **how often** do you usually inhale?
1 ☐ inhale almost every puff of each cigarillo 2 ☐ inhale a few puffs of each cigarrillo
3 ☐ inhale a few puffs of some cigarillos 4 ☐ I don't usually inhale the smoke

35. Do you smoke pipes?

PIPE3S
1 ☐ yes →
2 ☐ no ↓

36. How often do you smoke pipes?
1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

37. With pipes, **how deeply** do you inhale the smoke?
1 ☐ deeply into the chest 2 ☐ partly into the chest 3 ☐ as far back as the throat
4 ☐ well back into the mouth 5 ☐ draw into the mouth, or just puff

38. For pipes, **how often** do you usually inhale?
1 ☐ inhale almost every puff of each pipeful 2 ☐ inhale a few puffs of each pipeful
3 ☐ inhale a few puffs of some pipefuls 4 ☐ I don't usually inhale the smoke

CCP3S

SKIP 135-END

Continue with screening procedures.

ARCHIVE COPY

Write Participant ID Here

6 16

Attach ID Label Here

Today's Date: MONTH DAY YEAR

CONSENT FORM FOR GRADED EXERCISE TEST

I volunteer for the exercise test which is being done in an effort to detect the possible presence of heart disease and to help predict future occurrence of such disease. This test is performed on a treadmill and is designed to increase gradually the heart's workload. Should symptoms such as chest discomfort, unusual shortness of breath or fatigue develop or a certain heart rate be reached, the doctor conducting the exercise test will terminate the test immediately. Also, if at any time during the test I feel I would like to stop, I can terminate the test.

Before I take the test, I will have an interview and will be examined by a physician to determine if I have a condition which would indicate that I should not take this test. As a check on the quality of the performance of the technicians when recording the ECG, a photograph may be taken of just my chest with the electrodes in place. During the performance of the test, a trained observer will keep under observation my pulse, blood pressure and electrocardiogram.

Certain changes in body function take place when any person exercises. Some of these changes are normal and others are abnormal. Abnormal changes may occur in blood pressure. A very rapid or very slow heart rate may occur. Very rare instances of heart attack have occurred, as in any other moderately strenuous exercise activity. Every effort will be made to minimize possible problems by the preliminary examination and constant surveillance during testing. Equipment and trained personnel are available to deal with unusual situations should they arise.

The information which is obtained will be treated as a confidential medical record and will be seen only by members of the Heart Attack Prevention Program staff and my doctor, if I so indicate. The information may be used only for the purposes of medical management and scientific study.

I have read the orientation material and the foregoing, understand it, and any questions which have occurred to me have been answered to my satisfaction. I understand that I may ask additional questions at any time and that I am free to discontinue my participation in the program at any time.

Date Signed _____ Signature of Participant _____ 23 1 ☐ CC USE

The above participant has been examined by me today and I found no contraindication to graded exercise testing. He has been given the opportunity to have his questions about the test answered.

Signature of Physician/Auditor _____ 24 1 ☐ CC USE

39. Is this the first visit for the exercise ECG test? 25 1 ☐ yes 2 ☐ no

40. How long has it been since you took anything other than water by mouth? 26 ☐☐ Hours

If less than 2 hours, reschedule the participant for the exercise test within 30 days.

If "YES" is checked, indicate your decision by placing a check (✓) in the appropriate figure.

		Exclude from Trial	Exclude from Exercise	Reschedule*
Serum creatinine from second screen FORM 53	28 ☐.☐ mg/dl			
41. Is serum creatinine ≥ 2.0 mg/dl?	2 ☐ no 1 ☐ yes	△		
T_4 from second screen FORM 53	31 ☐☐.☐ ug/dl			
42. Is the value of T_4 abnormal and is there clinical evidence of hypothyroidism?	34 2 ☐ no 1 ☐ yes	△		
43. Is there evidence on the x-ray of a life-limiting condition?	35 2 ☐ no 1 ☐ yes	△		

INTERVAL HISTORY

44. Since your last visit have you begun taking or been prescribed any medications?

36 1 ☐ yes → 2 ☐ no ↓

a. ganglionic blocking agents	37	2 ☐ no	1 ☐ yes
b. nitroglycerine or other coronary dilatator	38	2 ☐ no	1 ☐ yes
c. digitalis preparations	39	2 ☐ no	1 ☐ yes
d. medicine for arrhythmias	40	2 ☐ no	1 ☐ yes
e. propranolol	41	2 ☐ no	1 ☐ yes
f. other (specify)_____	42	2 ☐ no	1 ☐ yes
_____	43		
Is a, b, c, d or e checked?		2 ☐ no	1 ☐ yes

○

45. Since your last visit have you had any pain or discomfort in your chest?

44 1 ☐ yes → 2 ☐ no ↓

47. Do you get this pain or discomfort when you walk uphill or hurry? 46 2 ☐ no 1 ☐ yes

48. Do you get it when you walk at an ordinary pace on the level? 47 2 ☐ no 1 ☐ yes

49. When you get any pain or discomfort in your chest, what do you do?
48 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

50. Does it go away when you stand still? 49 2 ☐ no 1 ☐ yes

51. How soon?
50 1 ☐ 10 min. or less 2 ☐ more than 10 min.

52. Where do you get this pain or discomfort?
51 1 ☐ sternum (upper, middle or lower 2 ☐ left anterior chest and left arm 3 ☐ other place(s)

53. Since your last visit have you had a severe pain across the front of your chest lasting for half an hour or more? 52 2 ☐ no 1 ☐ yes

46. Since your last visit have you had any pressure or heaviness in your chest?
1 ☐ yes → 47, 48
45 2 ☐ no ↓

		Exclude from Trial	Exclude from Exercise	Reschedule*
54. Physician's diagnosis of interval suspect myocardial infarction?	53 2 ☐ no 1 ☐ yes		○	
55. Have you fainted or felt faint within the last hour?	54 2 ☐ no 1 ☐ yes			☐
56. Since your last visit have you fainted while exercising?	55 2 ☐ no 1 ☐ yes		○	☐
57. Is there a current illness or injury which would make exercise testing difficult?	56 2 ☐ no 1 ☐ yes		○	☐

Specify _____

_____

_____

*Reschedule exercise test within 30 days. If the problem requires over 30 days for resolution, the exclusion should be considered as permanent.

If "YES" is checked, indicate your decision by placing a check (✓) in the appropriate figure.

		Exclude from Trial	Exclude from Exercise	Reschedule*
INTERVAL PHYSICAL EXAMINATION				
58. Evidence of congestive heart failure?	2 ☐ no 1 ☐ yes	△		
59. Standing systolic blood pressure ☐☐☐ mm Hg				
Enter systolic blood pressure at Ⓐ under "BP" on Form 32.				
60. Standing diastolic blood pressure (5th phase) ☐☐☐ mm Hg				
Enter diastolic blood pressure at Ⓑ under "BP" on Form 32.				
61. Is Systolic BP pre-exercise standing > 200 mm Hg?	2 ☐ no 1 ☐ yes		○	☐
62. Is Diastolic BP pre-exercise standing > 120 mm Hg?	2 ☐ no 1 ☐ yes		○	☐
If either 61 or 62 is checked YES, reschedule once. If either 61 or 62 is checked YES on rescheduled visit, exclude the participant from exercise test.				
63. Other medical problem or disability which would prevent exercise testing; Specify_____	2 ☐ no 1 ☐ yes		○	☐
RESTING ECG FINDINGS				
Q, ST and T wave abnormalities (See Table 1 for Definitions)				
64. Pathological Q or QS (Refer to Minnesota Code 1.1)	2 ☐ no 1 ☐ yes	△		
65. Prominent Q or QS plus negative T wave (Refer to Minnesota Code 1.2 plus 5.1 or 5.2 negative T waves)	2 ☐ no 1 ☐ yes	△		
66. New rest ST findings since last visit. (Refer to Minnesota Code 4.1, 2, 3 or 9.2)	2 ☐ no 1 ☐ yes		○	☐
If rest ST findings are present on second screen ECG and new ST findings on third screen ECG, exclude from exercise test. If rest ST findings are present on third screen ECG only, reschedule once and if new ST findings are present on rescheduled visit, exclude participant from exercise test.				
67. New rest negative T waves since last visit. (Refer to Minnesota Code 5.1, 2)	2 ☐ no 1 ☐ yes		○	☐
If rest negative T findings are present on second screen ECG and new negative T findings on third screen ECG, exclude from exercise test. If rest negative T findings are present on third screen ECG only, reschedule once and if new negative T findings are present on rescheduled visit, exclude participant from exercise test.				
68. A-V conduction defects (Complete third degree or second degree)	2 ☐ no 1 ☐ yes		○	
VENTRICULAR CONDUCTION DEFECTS (See Table 2 for Definitions)				
69. W-P-W (Refer to Minnesota Code 6.4)	2 ☐ no 1 ☐ yes		○	
70. Complete Left Bundle Branch Block (Refer to Minnesota Code 7.1)	2 ☐ no 1 ☐ yes		○	
71. Complete Right Bundle Branch Block (Refer to Minnesota Code 7.2)	2 ☐ no 1 ☐ yes		○	
72. Prolonged QRS plus abnormal repolarization. (Negative T waves, refer to Minnesota Code 7.4 plus 5.1,2)	2 ☐ no 1 ☐ yes		○	
73. Left Ventricular Hypertrophy (See Table 3 for Definition. Refer to Minnesota Code 3.1, 3.3)	2 ☐ no 1 ☐ yes			
ARRHYTHMIAS (Refers to beats recorded at rest on strip chart)				
74. Atrial fibrillation or flutter	2 ☐ no 1 ☐ yes		○	
75. Idioventricular rhythm	2 ☐ no 1 ☐ yes		○	
76. Any paroxysmal tachyarrhythmia	2 ☐ no 1 ☐ yes		○	

***Reschedule exercise test within 30 days. If the problem requires over 30 days for resolution, the exclusion should be considered as permanent.**

If "YES" is checked, indicate your decision by placing a check (✓) in the appropriate figure.

		Exclude from Trial	Exclude from Exercise	Reschedule*
77. PVCs ≥ 25% of all recorded beats	2 ☐ no 1 ☐ yes		○	☐
78. PVCs in pairs or runs	2 ☐ no 1 ☐ yes		○	☐
79. Any distinct "R on T" PVC	2 ☐ no 1 ☐ yes		○	☐

If one or more items 77-79 are present on second screen ECG and are present on the third screen ECG, exclude from exercise test.
If one or more items 77-79 are present on only the third screen ECG, reschedule once and if one or more items 77-79 are present on rescheduled visit, exclude participant from exercise test.

OTHER REASONS FOR NO EXERCISE TEST

80. Physician's diagnosis of definite myocardial infarction

1 ☐ yes → Basis for diagnosis (check each item)

a. typical symptoms	2 ☐ no 1 ☐ yes	
b. hospitalization record	2 ☐ no 1 ☐ yes	
c. ECG findings	2 ☐ no 1 ☐ yes	

2 ☐ no ↓

81. Physician's diagnosis of clinical angina pectoris	2 ☐ no 1 ☐ yes	△		
82. Refusal to sign consent form	2 ☐ no 1 ☐ yes		○	
83. Refusal or inability to walk on mill	2 ☐ no 1 ☐ yes		○	☐
84. Equipment or technical malfunction	2 ☐ no 1 ☐ yes			☐
85. Other. Specify _____			○	

*Reschedule exercise test within 30 days. If the problem requires over 30 days for resolution, the exclusion should be considered as permanent.

86. Disposition of participant (check one)

Exclude from MRFIT study (at least one (1) triangle checked)	1 ☐
Exclude from exercise test (at least one (1) circle checked)	2 ☐
Reschedule (at least one (1) square checked)	3 ☐
Exercise permitted (no figures checked)	4 ☐

Identification Number of Physician completing items 39—86 ☐☐

SKIP 94-END

03013
Dup 6-16

REASONS FOR EXCLUSIONS FROM STUDY

1. Serum creatinine ≥ 2.0 mg/dl	2 ☐ no 1 ☐ yes
2. Hypothyroidism	2 ☐ no 1 ☐ yes
3. Life-limiting condition on x-ray	2 ☐ no 1 ☐ yes
4. Physician's diagnosis of definite MI or clinical angina	2 ☐ no 1 ☐ yes
5. Abnormal Q or QS waves	2 ☐ no 1 ☐ yes
6. Congestive heart failure	2 ☐ no 1 ☐ yes
7. Refusal to sign consent for participation in study	2 ☐ no 1 ☐ yes
8. Other: a) new cardiovascular disease which could require hospitalization or frequent medical attention	2 ☐ no 1 ☐ yes
b) other new findings of a disability, disease or condition indicating MRFIT participation inappropriate or difficult	2 ☐ no 1 ☐ yes

If either 8 a or b is checked YES specify in detail: _____

Indicate eligibility status of participant.

1 ☐ **INELIGIBLE** (at least one YES checked for reasons 1-8 above)
2 ☐ **ELIGIBLE** (only NOs checked for reasons 1-8 above)

SKIP 27-END

ARCHIVE COPY

Write Participant ID Here

6 16

Attach ID Label Here

AGE3S Today's Date: MONTH DAY YEAR

CONSENT FOR PARTICIPATION IN STUDY

I understand that the tests I have had thus far suggest that my risk for a heart attack is considerably above average.

I understand that the program is planned to be of six years' duration and that all participants in the program will be expected to attend the clinic for a free periodic physical examination including blood pressure measurements, electrocardiograms, an exercise test, blood tests related to heart disease, and questions regarding diet and smoking habits. I understand the program will not be a substitute for usual medical care.

I understand that all men in the Program will be carefully studied and observed for six years. The men who agree to participate in the Program will be allocated randomly into one of two groups. Approximately half of the participants will be referred to their regular source of medical care for treatment and advice relating to the factors which place them at a higher than average risk of a heart attack; but also they will be invited to return periodically to have without charge, a physical examination and laboratory tests.

The remaining half of the participants will be offered an ongoing series of specific preventive measures including intensive efforts to modify behavior with respect to diet and smoking. These intervention efforts will be performed using standard counseling techniques in both individual and group settings. If a participant's blood pressure is elevated, a Program physician may decide that it is important to treat it with medicine; I understand that individuals occasionally experience side effects from these medicines, such as rashes or upset stomach. Physicians and nurses will watch closely for these side effects and when necessary, stop the medicine.

I understand to my satisfaction the program of study and the procedures which will be performed. I have had an adequate chance to ask questions and I may ask further questions at any time while the study is in progress.

I understand that I am free to withdraw my consent and discontinue my participation in the study at any time. I also understand my continuing participation is important to the success of this national prevention program.

This is to certify that I, _____, agree to participate in the Heart Attack Prevention Program. 1 ☐ CC USE

_____ Date

_____ Signature of Participant 1 ☐ CC USE

_____ Signature of Auditor/Witness 1 ☐ CC USE

SKIP 26-END

TO BE COMPLETED FOR RANDOMIZED PARTICIPANTS ONLY

1. Participant Accession Number from Randomization Envelope: ☐☐☐

2. Study Group Assignment:

1 ☐ Special Intervention Group →

2 ☐ Usual Care ↓

3. Does the participant smoke cigarettes?

1 ☐ yes →

2 ☐ no ↓

4. Who was the stop smoking message delivered by?

1 ☐ physician
2 ☐ smoking specialist
3 ☐ health counselor/interventionist
4 ☐ other, specify _____

5. Did the participant indicate he wanted to stop smoking solo? 1 ☐ yes 2 ☐ no

6. Are there any indications that the participant will be unable to join a group? 1 ☐ yes 2 ☐ no

7. Is participant on antihypertensive drugs from an outside source?

1 ☐ yes → **Invite participant back within 4 weeks for blood pressure measurement. Complete FORM 42 at 4 week visit. Continue with question 10.**

2 ☐ no ↓

8. Is Average DBP on page 2 ≥95 mm Hg?

1 ☐ yes → **Invite participant back within 4 weeks for blood pressure measurement. Complete FORM 42 at 4 week visit. Continue with question 10.**

2 ☐ no ↓

9. Is average DBP on page 2 90-94 mm Hg?

1 ☐ yes → **Invite participant back in 8 weeks for blood pressure measurement. Complete FORM 42 at 8 week visit. Continue with question 10.**

2 ☐ no ↓

See participant at 4 month visit for blood pressure measurement. Complete FORM 40 at the four month regular follow-up visit. Continue with question 10.

10. What materials were given to the participant at the third screening visit?

a. Pocket Date Book 1 ☐ yes 2 ☐ no
b. Guide 1 ☐ yes 2 ☐ no
c. Quit Smoking Book 1 ☐ yes 2 ☐ no

SKIP 31-END