MULTIPLE RISK FACTOR INTERVENTION TRIAL

FIFTH ANNUAL VISIT FORM

To be completed at fifth annual follow-up examination. The participant's name should be imprinted on the first page of each part of this form (before the appointment) using the addressograph plate. An ID label should be attached to each of the three parts. When completing the form, please print using a ball point pen.

CLINIC 23

DATE 17 - -

ID 6 16

NAME

ADDRESSOGRAPH PLATE

DAYS60

Year of Follow-up 24 **5**

Attach ID Label Here

MAXFEV60

1. Pulmonary Function Data:

Technician number 25 ☐☐ Room temperature 27 ☐☐ °C

	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5
$FEV_{1.0}$	29 ☐☐☐.☐ mm	33 ☐☐☐.☐ mm	37 ☐☐☐.☐ mm	41 ☐☐☐.☐ mm	45 ☐☐☐.☐ mm
FVC	49 ☐☐☐.☐ mm	53 ☐☐☐.☐ mm	57 ☐☐☐.☐ mm	61 ☐☐☐.☐ mm	65 ☐☐☐.☐ mm
$FEV_{1.0}$ + FVC	69 ☐☐☐.☐ mm	73 ☐☐☐.☐ mm	77 ☐☐☐.☐ mm	81 ☐☐☐.☐ mm	85 ☐☐☐.☐ mm
Exhalation Time	89 ☐☐.☐ sec.	93 ☐☐.☐ sec.	95 ☐☐.☐ sec.	99 ☐☐.☐ sec.	101 ☐☐.☐ sec.
$FEV_{1.0}/FVC$ x 100	_____ %	_____ %	_____ %	_____ %	_____ %

Measurements for MMEF from Maximum Curve (Curve with maximum $FEV_{1.0}$ + FVC)

104 ☐☐☐.☐ mm	108 ☐☐☐.☐ mm	112 ☐☐☐.☐ mm	☐☐☐.☐ mm
FVC From Max Curve	**1/4 FVC Max Curve**	**3/4 FVC Max Curve**	**1/4 to 3/4 Horiz. Dist.**

FOR COORDINATING CENTER USE ONLY

DO NOT USE

Curvature	120 ☐	121 ☐	122 ☐	☐	☐
Completeness	125 ☐	126 ☐	127 ☐	☐	☐
Smoothness	130 ☐	131 ☐	132 ☐	☐	☐
Fast Start	135 ☐	136 ☐	137 ☐	☐	☐

DO NOT USE

Coder's ID ☐☐☐

2 Pulse Beats in 10 seconds [ ][ ][ ] × 2 PULSE60 beats/minute

3 Sitting Blood Pressure Measurements

Blood Pressure Observer's Code [ ][ ] Random Zero Device Code: [ ][ ][ ]

The participant must be quiet and remain continuously in a seated position for 5 minutes before and during the 4 measurements. During the measurements of the blood pressure there should be no change in the position of the participant. Blood pressure measurement must precede venipuncture.

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	[ ][ ][ ]	35 [ ][ ][ ]
Reading 2 (R - Z)	[ ][ ][ ]	41 [ ][ ][ ]
Zero	44 [ ][ ]	46 [ ][ ]
STDSBP60 STDDBP60 Corrected	48 [ ][ ][ ]	51 [ ][ ][ ]
Reading 3 (Std)	54 [ ][ ][ ]	57 [ ][ ][ ]
Reading 4 (R - Z)	60 [ ][ ][ ]	63 [ ][ ][ ]
Zero	63 [ ][ ]	68 [ ][ ]
Corrected	70 [ ][ ][ ]	73 [ ][ ][ ]

The above blood pressure data using R-Z readings (Nos. 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 value):

	Systolic	Disappearance 5th Phase Diastolic
ACCHYP60 Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	SBP60	_____ Average DBP

4 Average diastolic blood pressure (DBP) as determined by zero muddler DBP60 [ ][ ][ ] mm Hg

Write average DBP on FORM 105

5. Standing Blood Pressure Measurements:

After having the participant remain in a standing position for two minutes, measure his blood pressure using a standard mercury sphygmomanometer.

	Systolic	Disappearance 5th Phase Diastolic
UPSBP48	79 [ ][ ][ ]	UPDBP48 82 [ ][ ][ ]

SKIP 85-END

6. a. To be completed by technician at the time of the resting ECG. The participant should be in a supine position. The resting ECG must precede venipuncture.

Room temperature	Permanent Cassette No.	Technician Code	Chest Square Reading O-E	O-V6	O-V4	Heart Rate
25 ☐☐ °F	27 ☐☐☐☐	31 ☐☐	33 ☐☐.☐	36 ☐☐.☐	39 ☐☐.☐	42 ☐☐☐

Comments on resting ECG: _____

_____

b. Is Left Ventricular Hypertrophy present on resting ECG? 46 1 ☐ yes 2 ☐ no
(See Table 3 for definition. Refer to MRFIT Version of Minnesota Code 3.1, 3.3)

c. Time participant last ate 49 ☐☐:☐☐ a.m. p.m. **Please circle a.m. or p.m.**

The fasting blood specimen must be obtained immediately following the resting ECG. If it has been less than 12 hours since the participant last ate, the fasting blood specimen should be postponed until at least 12 hours have passed. The participant must be in a sitting position for a minimum of 10 minutes prior to the drawing of the blood specimen. Also, the participant should avoid strenuous activity immediately prior to the 10 minute sitting period.

d. Time fasting blood specimen obtained 54 ☐☐:☐☐ a.m. p.m. **Please circle a.m. or p.m.**

7. Weight (nearest half-pound, disrobed) 58 ☐☐☐.☐ lbs. BMI60

PHYSICAL EXAMINATION

EYES

8. Is xanthelasma present? 60 1 ☐ yes 2 ☐ no
9. Is there an abnormality present in the undilated fundi?
   61 1 ☐ yes → 10. A-V compression? 62 1 ☐ yes 2 ☐ no
   2 ☐ no ↓
   11. Focal narrowing? 63 1 ☐ yes 2 ☐ no
   12. Exudates? 64 1 ☐ yes 2 ☐ no
   13. Hemorrhages? 65 1 ☐ yes 2 ☐ no
   14. Papilledema? 66 1 ☐ yes 2 ☐ no
   15. Other fundi abnormalities? Specify _____ 67 1 ☐ yes 2 ☐ no
16. Other eye abnormalities? Specify _____ 68 1 ☐ yes 2 ☐ no

NECK

17. Is there an abnormality present in the thyroid? 69 1 ☐ yes 2 ☐ no
18. Are carotid bruits present?
    70 1 ☐ yes → 19. Check appropriate box.
    71 1 ☐ right only 2 ☐ left only 3 ☐ bilateral
    2 ☐ no ↓
20. Are carotid pulses absent?
    72 1 ☐ yes → 21. Check appropriate box.
    73 1 ☐ right only 2 ☐ left only 3 ☐ bilateral
    2 ☐ no ↓
22. Is there an abnormality present in the jugular venous pulsations? 74 1 ☐ yes 2 ☐ no
23. Is the jugular venous pressure raised? 75 1 ☐ yes 2 ☐ no

LUNGS

24. Are breath sounds diminished/absent?

76 1 ☐ yes → 25. Check appropriate box. 77 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no

26. Are rales present?

78 1 ☐ yes → 27. Check appropriate box. 79 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no

28. Are rhonchi or wheezes present?

80 1 ☐ yes → 29. Check appropriate box. 81 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no

30. Other lung abnormality(s)? Specify _____ 82 1 ☐ yes 2 ☐ no

HEART

31. Is there a history of surgery for coronary artery disease? 83 1 ☐ yes 2 ☐ no

84 1 ☐ yes → 32. When was the surgery performed? 85 Month ☐☐ Year ☐☐

2 ☐ no

33. Is there an abnormality on precordial palpation? Specify _____ 86 1 ☐ yes 2 ☐ no

34. Is S_1 abnormal? Specify _____ 90 1 ☐ yes 2 ☐ no

35. Is A_2 abnormal? Specify _____ 91 1 ☐ yes 2 ☐ no

36. Is P_2 abnormal? Specify _____ 92 1 ☐ yes 2 ☐ no

37. Is there an S_3 gallop? 93 1 ☐ yes 2 ☐ no

38. Is there an S_4 gallop? 94 1 ☐ yes 2 ☐ no

39. Is there a systolic murmur?

95 1 ☐ yes → 2 ☐ no

Position	Grade* 1-6	Type of Murmur: Ejection	Holosystolic	Other
Apical	96 ☐	97 1 ☐ yes 2 ☐ no	98 1 ☐ yes 2 ☐ no	99 1 ☐ yes 2 ☐ no
Pulmonic	100 ☐	101 1 ☐ yes 2 ☐ no	102 1 ☐ yes 2 ☐ no	103 1 ☐ yes 2 ☐ no
Aortic	104 ☐	105 1 ☐ yes 2 ☐ no	106 1 ☐ yes 2 ☐ no	107 1 ☐ yes 2 ☐ no
Other	108 ☐	109 1 ☐ yes 2 ☐ no	110 1 ☐ yes 2 ☐ no	111 1 ☐ yes 2 ☐ no

40. Is there a diastolic murmur?

112 1 ☐ yes → 2 ☐ no

Position	Grade* 1-6	Indicate Time of Murmur: Early	Mid	Late	Other
Apical	113 ☐	114 1 ☐ yes 2 ☐ no	115 1 ☐ yes 2 ☐ no	116 1 ☐ yes 2 ☐ no	117 1 ☐ yes 2 ☐ no
Pulmonic	118 ☐	119 1 ☐ yes 2 ☐ no	120 1 ☐ yes 2 ☐ no	121 1 ☐ yes 2 ☐ no	122 1 ☐ yes 2 ☐ no
Aortic	123 ☐	124 1 ☐ yes 2 ☐ no	125 1 ☐ yes 2 ☐ no	126 1 ☐ yes 2 ☐ no	127 1 ☐ yes 2 ☐ no
Left sternal border	128 ☐	129 1 ☐ yes 2 ☐ no	130 1 ☐ yes 2 ☐ no	131 1 ☐ yes 2 ☐ no	132 1 ☐ yes 2 ☐ no

*Grade intensity as follows:
1 Barely Audible
2 Faint
3 Moderate
4 Loud
5 Very loud
6 Murmur heard off chest wall

NOTE: For each position where a murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

41. Is the liver enlarged? 133 1 ☐ yes 2 ☐ no

42. Is the spleen palpable? 134 1 ☐ yes 2 ☐ no

43. Are there other abdominal masses? Specify where: _____ 135 1 ☐ yes 2 ☐ no

44. Is there an aortic aneurysm present? 136 1 ☐ yes 2 ☐ no

SKIP 137-EN

09154
Dup 6-24

MULTIPLE RISK FACTOR INTERVENTION TRIAL

FIFTH ANNUAL VISIT FORM (Part 2)

CLINIC 23

DATE 17

ID 6 16

NAME

ADDRESSOGRAPH PLATE

Year of Follow-up 24 **5**

Attach ID Label Here

PHYSICAL EXAMINATION (Continued)

PERIPHERAL ARTERIES

45. In the right femoral artery,
PERART60
    a) is the pulse absent or diminished? 25 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 26 1 ☐ yes 2 ☐ no
46. In the left femoral artery,
    a) is the pulse absent or diminished? 27 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 28 1 ☐ yes 2 ☐ no
47. In the right dorsalis pedis artery, is the pulse absent or diminished? 29 1 ☐ yes 2 ☐ no
48. In the right posterior tibial artery, is the pulse absent or diminished? 30 1 ☐ yes 2 ☐ no
49. In the left dorsalis pedis artery, is the pulse absent or diminished? 31 1 ☐ yes 2 ☐ no
50. In the left posterior tibial artery, is the pulse absent or diminished? 32 1 ☐ yes 2 ☐ no
51. Is bilateral pitting edema of ankles or feet present? 33 1 ☐ yes 2 ☐ no
52. Are ischemic ulcers present over either leg? 34 1 ☐ yes 2 ☐ no
53. Is there a history of operation for peripheral arterial insufficiency: arterial graft, embolectomy, sympathectomy, or amputation during the past twelve months? 35 1 ☐ yes 2 ☐ no

NEUROPSYCHIATRIC

54. Is there evidence of either hemiplegia or hemiparesis? STROKE60 36 1 ☐ yes 2 ☐ no

Ask questions 55 and 56 and check the appropriate answer.

55. During the past year, have you experienced a decrease in sexual activity? 37 1 ☐ yes 2 ☐ no
56. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep? 38 1 ☐ yes 2 ☐ no

SKIN

57. Are xanthomata present? (Exclude xanthelasma which should be noted in question 8). 39 1 ☐ yes 2 ☐ no
58. Are ear tophi present? 40 1 ☐ yes 2 ☐ no

59. Based on the medical history over the past 12 months, the physical examination and the ECG, for each condition check if present, suspect or no evidence.

	A. Circulatory Diseases:		Present	Suspect	No Evidence
PHYAAa60	a. Congestive heart failure	41	1 ☐	2 ☐	3 ☐
	b. Angina pectoris PHYAAb60	42	1 ☐	2 ☐	3 ☐
PHYAAc60	c. Myocardial infarction	43	1 ☐	2 ☐	3 ☐
	d. Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours PHYAAd60	44	1 ☐	2 ☐	3 ☐
PHYAAe60	e. Stroke with neurological deficit lasting more than 24 hours	45	1 ☐	2 ☐	3 ☐
	f. Intermittent claudication PHYAAf60	46	1 ☐	2 ☐	3 ☐
PHYAAg60	g. Peripheral arterial occlusion	47	1 ☐	2 ☐	3 ☐
	h. Pulmonary embolism PHYAAh60	48	1 ☐	2 ☐	3 ☐
PHYAAi60	i. Thrombophlebitis	49	1 ☐	2 ☐	3 ☐
	j. Atrial fibrillation PHYAAj60	50	1 ☐	2 ☐	3 ☐
PHYAAk60	k. Arrhythmias other than atrial fibrillation	51	1 ☐	2 ☐	3 ☐
	l. Other circulatory diseases, specify _____	52	1 ☐	2 ☐	3 ☐
	B. Malignant Neoplasm:				
	a. Lung PHYABa60☐	53	1 ☐	2 ☐	3 ☐
	b. GI PHYABb60☐	54	1 ☐	2 ☐	3 ☐
	c. GU PHYABc60☐	55	1 ☐	2 ☐	3 ☐
	d. Skin PHYABd60☐	55	1 ☐	2 ☐	3 ☐
	e. Other, Specify: PHYABe60 _____	57	1 ☐	2 ☐	3 ☐
	C. Endocrine Metabolic Disease:				
	a. Diabetes PHYACa60☐	58	1 ☐	2 ☐	3 ☐
	b. Attack of gout PHYACb60☐	59	1 ☐	2 ☐	3 ☐
	c. Hyperthyroidism PHYACc60☐	60	1 ☐	2 ☐	3 ☐
	d. Hypothyroidism PHYACd60☐	61	1 ☐	2 ☐	3 ☐
	e. Cushing's syndrome PHYACe60☐	62	1 ☐	2 ☐	3 ☐
	f. Pheochromocytoma PHYACf60☐	63	1 ☐	2 ☐	3 ☐
	g. Primary aldosteronism PHYACg60	64	1 ☐	2 ☐	3 ☐
	h. Other, specify: _____	65	1 ☐	2 ☐	3 ☐
	D. Mental Disease:				
	a. Psychosis	66	1 ☐	2 ☐	3 ☐
	b. Psychoneurosis	67	1 ☐	2 ☐	3 ☐
	c. Alcoholism	68	1 ☐	2 ☐	3 ☐
	d. Drug addiction	69	1 ☐	2 ☐	3 ☐
	e. Depression	70	1 ☐	2 ☐	3 ☐
	f. Other, specify: _____	71	1 ☐	2 ☐	3 ☐
	E. Neurologic Disease:				
	a. Convulsive disorder PHYAEa60	72	1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	73	1 ☐	2 ☐	3 ☐
	F. Musculo-Skeletal Disease:				
	a. Arthritis or rheumatism PHYAFa60	74	1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	75	1 ☐	2 ☐	3 ☐
	G. Respiratory Disease:				
	a. Chronic obstructive lung disease PHYAGa60☐	76	1 ☐	2 ☐	3 ☐
	B. Asthma☐ PHYAGb60☐	77	1 ☐	2 ☐	3 ☐
	C. Tuberculosis☐ PHYAGc60	78	1 ☐	2 ☐	3 ☐
	D. Other _____	79	1 ☐	2 ☐	3 ☐

H. **Digestive Disease:**		Present	Suspect	No Evidence
a. Peptic ulcer	PHYAHa60	1 ☐	2 ☐	3 ☐
b. Gall bladder disease	PHYAHb60	1 ☐	2 ☐	3 ☐
c. Cirrhosis	PHYAHc60	1 ☐	2 ☐	3 ☐
d. Other liver disease	PHYAHd60	1 ☐	2 ☐	3 ☐
e. Other, specify: _____		1 ☐	2 ☐	3 ☐
I. **Genito-Urinary Conditions:**				
a. Prostatism	PHYAIa60	1 ☐	2 ☐	3 ☐
b. Nephritis/Nephrosis	PHYAIb60	1 ☐	2 ☐	3 ☐
c. Urinary tract infection	PHYAIc60	1 ☐	2 ☐	3 ☐
d. Nephrolithiasis	PHYAID60	1 ☐	2 ☐	3 ☐
e. Other, specify: _____		1 ☐	2 ☐	3 ☐
J. **Hematopoietic Diseases:**				
a. Anemia	PHYAJa60	1 ☐	2 ☐	3 ☐
b. Lymphadenopathy	PHYAJb60	1 ☐	2 ☐	3 ☐
c. Other hematopoietic diseases, specify: _____		1 ☐	2 ☐	3 ☐

60. Has the participant indicated that he is currently prescribed antihypertensive medications?

ONMEDS60

1 ☐ yes → 61. Did the participant bring his antihypertensive medications to the clinic?
1 ☐ yes 2 ☐ no

2 ☐ no

62. Complete the appropriate rows of the table below for the drug regimen currently prescribed for the participant. Only include drugs that are being taken primarily as antihypertensive agents.

	Current antihypertensive medication a.	Pill size (mg/pill) b.	Number of pills/dose c.	Number of doses/day d.	Number of pills/day = (c x d) e.
C60	Chlorthalidone (C)	1 ☐ 50 mg 2 ☐ 100 mg	☐	☐	_____
H60	Hydrochlorothiazide (H)	1 ☐ 25 mg 2 ☐ 50 mg	☐	☐	_____
S60	Spironolactone	25 mg	☐	☐	_____
T60	Triamterene	1 ☐ 50 mg 2 ☐ 100 mg	☐	☐	_____
R60	Reserpine (R)	1 ☐ 0.10 mg 2 ☐ 0.25 mg	☐	☐	_____
	Regroton®	50 mg C and 0.25 mg R	☐	☐	_____
	Hydropres-50®	50 mg H and 0.125 mg R	☐	☐	_____
M60	Methyldopa	1 ☐ 250 mg 2 ☐ 500 mg	☐	☐	_____
HY60	Hydralazine	1 ☐ 10 mg 2 ☐ 25 mg 3 ☐ 50 mg	☐	☐	_____
G60	Guanethidine	1 ☐ 10 mg 2 ☐ 25 mg	☐	☐	_____
P60	Propranolol	1 ☐ 10 mg 2 ☐ 20 mg 3 ☐ 40 mg 4 ☐ 80 mg	☐	☐	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Continue with item 63.

FOR COORDINATING CENTER USE ONLY

☐☐☐ ☐.☐ ☐.☐ ☐☐☐ ☐.☐ ☐.☐

63. For each of the medicines below, ask the participant if he is currently taking them, or has taken them in the past year.

		Current (last 2 weeks)	Within past year but not currently	Not within past year
a.	Digitalis	139 1 ☐ yes	2 ☐ yes	3 ☐ no
b.	Nitrates including nitroglycerine	140 1 ☐ yes	2 ☐ yes	3 ☐ no
c.	Propranolol for other than treatment of blood pressure	141 1 ☐ yes	2 ☐ yes	3 ☐ no
LLRX60 d.	Lipid-lowering drugs: Clofibrate, Cholestyramine and other sterol-binding resins such as Colestipol, β-sitosterol (Cytellin), Nicotinic Acid derivatives, Neomycin, Dextrothyroxine (Choloxin), Probucol (Biphenabid), Estrogens, Progestins, Heparin, Halofinate	142 1 ☐ yes	2 ☐ yes	3 ☐ no
e.	Probenecid, allopurinol or colchicine	143 1 ☐ yes	2 ☐ yes	3 ☐ no
INSUL60 f.	Insulin	144 1 ☐ yes	2 ☐ yes	3 ☐ no
OHYPO60 g.	Oral hypoglycemic agents	145 1 ☐ yes	2 ☐ yes	3 ☐ no
h.	Anticoagulants	146 1 ☐ yes	2 ☐ yes	3 ☐ no
i.	Antibiotics or anti-infection agents	147 1 ☐ yes	2 ☐ yes	3 ☐ no
j.	Steroids (including cortisone)	148 1 ☐ yes	2 ☐ yes	3 ☐ no
k.	Amphetamines or other stimulant	149 1 ☐ yes	2 ☐ yes	3 ☐ no
l.	Barbiturates or other sedative	150 1 ☐ yes	2 ☐ yes	3 ☐ no
m.	Librium, Valium or other anti-anxiety agents	151 1 ☐ yes	2 ☐ yes	3 ☐ no
n.	Potassium supplementation other than dietary recommendations	152 1 ☐ yes	2 ☐ yes	3 ☐ no
o.	Anturane®(Sulfinpyrazone), Persantine®(Dipyridamole)	153 1 ☐ yes	2 ☐ yes	3 ☐ no

List specific drugs participant is taking, has taken in the past year or has brought with him. Include drugs from above if yes is checked in columns 1 or 2, but omit antihypertensive drugs from the list.

_____

_____

_____

1☐ 154 CC USE

64. Have you ever had coronary arteriography (x-ray pictures of the coronary arteries done in the hospital during cardiac catheterization) performed?

155 1 ☐ yes → 65. When was the last time you had a coronary arteriogram? Month ☐☐ Year ☐☐ 156

Continue with Part 3.

2 ☐ no ↓

66. Has a physician ever advised you to have coronary arteriography? 130 1 ☐ yes 2 ☐ no

CLINICAL SUMMARY
PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

_____

_____

_____

_____

_____

_____

_____ 1☐ 161 CC USE

Signature of physician completing items 8-66: _____

Personnel Code of physician completing items 8-66: 162 ☐☐

SKIP 164-END

09155
Dup 6-24

CLINIC 23

DATE 17 - -

ID 6 16

NAME

ADDRESSOGRAPH PLATE

Year of Follow-up 24 **5**

Attach ID Label Here

LOCAL LABORATORY RESULTS

BLOOD

67. White Blood Cell Count 25 ☐☐.☐ no./mm^3 x 10^3 WBC60

68. Hematocrit 26 ☐☐.☐ (vol. %) HEMA60

OBSERVATION OF PLASMA AFTER 16 HOURS AT 4°C:

69. Cream layer present 31 1 ☐ yes 2 ☐ no

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

70. Blood UBLOOD60
32 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

71. Ketones UKETON60
33 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

72. Glucose UGLUC60
34 1 ☐ negative 2 ☐ trace 0.1 g/dl 3 ☐ + 0.25 g/dl 4 ☐ ++ 0.5 g/dl 5 ☐ +++ 1 g/dl 6 ☐ ++++ 2 g/dl

73. Protein UPROT60
35 1 ☐ negative 2 ☐ trace 3 ☐ + 30 mg/dl 4 ☐ ++ 100 5 ☐ +++ 300 6 ☐ ++++ 1000

74. pH UPH60
36 1 ☐ – 2 ☐ five (5) 3 ☐ six (6) 4 ☐ seven (7) 5 ☐ eight (8) 6 ☐ nine (9)

75. During the past 12 months did you smoke cigarettes daily for any period of time?

1 ☐ yes →
2 ☐ no ↓

SMKLYR60

Continue with question 96. (page 11)

76. Do you now smoke cigarettes daily?
38 1 ☐ yes →
2 ☐ no ↓

SMKNOW60

Continue with question 81. (page 10)

77. How long before you arrived at the clinic today did you last smoke a cigarette?
39
1 ☐ less than 30 minutes
2 ☐ 30-60 minutes (not including 60 minutes)
3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours)
5 ☐ 5-7 hours (not including 7 hours)
6 ☐ 7 or more hours

78. During the past 12 months did you stop smoking cigarettes for any period of time?
40
1 ☐ yes →
2 ☐ no ↓

STOPLYR60

Go to question 86.

79. How long ago was it that you most recently stopped smoking cigarettes?
41
1 ☐ less than 2 months 2 ☐ 2 to 4 months (not including 4 months)
3 ☐ 4 to 8 months (not including 8 months) 4 ☐ 8 to 12 months

80. How long did you stay off cigarettes at that time?
42
1 ☐ less than 24 hours 2 ☐ 1 or more days but less than 1 week
3 ☐ 1 or more weeks but less than 1 month 4 ☐ 1-2 months
5 ☐ more than 2 months

Go to question 86.

81. How long ago was it that you most recently stopped smoking cigarettes?

43
1 ☐ less than 2 months →

82. If less than 2 months, was it

44
1 ☐ less than 7 hours
2 ☐ 7 hours to 7 days (not including 7 days)
3 ☐ 7 days to 14 days (not including 14 days)
4 ☐ 14 days to 1 month (not including 1 month)
5 ☐ 1 month but less than 2 months

2 ☐ 2 to 4 months (not including 4 months)
3 ☐ 4 to 8 months (not including 8 months)
4 ☐ 8 to 12 months

83. At the time you stopped, was it:

45 1 ☐ extremely difficult 2 ☐ difficult 3 ☐ easy

84. Did you try sources of outside help, or techniques in an effort to stop smoking?

46
1 ☐ yes →
2 ☐ no ↓

Go to question 101.

85. Which sources of outside help or techniques did you try?
(The interventionist judges from the participant's reply and checks the appropriate box after each technique. The interventionist is not to ask the participant about techniques listed below.)

a. Commercial Filter	47	1 ☐ yes 2 ☐ no
b. Commercial Group Program	48	1 ☐ yes 2 ☐ no
c. Tapering	49	1 ☐ yes 2 ☐ no
d. Brand Change	50	1 ☐ yes 2 ☐ no
e. Nicotine Substitute	51	1 ☐ yes 2 ☐ no
f. Other, describe below	52	1 ☐ yes 2 ☐ no

_____

Go to question 101.

INHALE60 86. When you smoke cigarettes, **how deeply** do you usually draw in the smoke?

53 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

OFTEN60 87. How often do you usually inhale the smoke when you smoke cigarettes?

54 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

88. When you smoke a cigarette, do you usually . . .

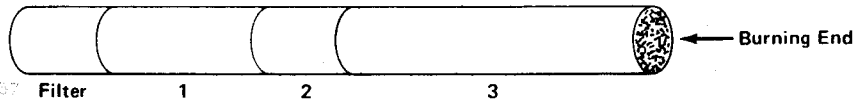
55
1 ☐ let more than half burn →

89. If "more than half", do you usually let your cigarette burn . . .

56 1 ☐ as far as possible 2 ☐ 3/4 or more 3 ☐ less than 3/4

2 ☐ let half or less burn ↓

90. Indicate on the diagram below with a check mark (✓) how far you let your cigarette burn when you smoke



BURN60 91. How much of your cigarette burns **without** your smoking it?

58 1 ☐ very little 2 ☐ some 3 ☐ a moderate amount 4 ☐ a great deal

CIGS60

92. On the average, about how many cigarettes do you now smoke a day? 59 ☐☐

93. What brand of cigarettes do you usually smoke? _____ 61 ☐☐☐

DO NOT USE

94. What type of cigarettes are they?

Are they . . . 62 1 ☐ filter tip or 2 ☐ non-filter tip
Are they . . . 63 1 ☐ plain or 2 ☐ menthol
Are they . . . 64 1 ☐ hard pack or 2 ☐ soft pack
Are they . . . 65 1 ☐ regular size or 2 ☐ king size or 3 ☐ 100 millimeter 4 ☐ 120 millimeter

95. Do you expect that one year from now you will be smoking:

66 1 ☐ more cigarettes 2 ☐ same number 3 ☐ fewer cigarettes 4 ☐ none at all

Go to question 101.

96. During the past 12 months did you smoke **any** cigarettes?

1 ☐ yes → 97. Do you currently smoke any cigarettes?

2 ☐ no ↓

1 ☐ yes → 98. How many days per month do you smoke? ☐☐

2 ☐ no ↓

99. How many cigarettes per week do you smoke? ☐☐
(if less than 1, record as 01)

Go to question 100.

100. How long before you arrived at the clinic did you smoke your last cigarette?

1 ☐ less than 7 hours
2 ☐ 7 hours to 7 days (not including 7 days)
3 ☐ 7 days to 14 days (not including 14 days)
4 ☐ 14 days to 1 month (not including 1 month)
5 ☐ 1 or more months

101. Do you smoke cigarillos?

CIGLO60

1 ☐ yes → 102. 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

2 ☐ no ↓

103. 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

104. For cigarillos, **how often** do you usually inhale?

1 ☐ inhale almost every puff of each cigarillo 2 ☐ inhale a few puffs of each cigarillo
3 ☐ inhale a few puffs of some cigarillos 4 ☐ I don't usually inhale the smoke

105. How long before you arrived at the clinic today did you last smoke a cigarillo?

1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes) 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 hours or more

106. Do you smoke pipes?

PIPE60

1 ☐ yes → 107. 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

2 ☐ no ↓

108. 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

109. 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

110. How long before you arrived at the clinic today did you last smoke a pipe?

1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes) 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 hours or more

111. Do you smoke cigars?

CIGAR60

1 ☐ yes → 112. 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

2 ☐ no ↓

113. 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

114. 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

CCP60

115. How long before you arrived at the clinic today did you last smoke a cigar?

1 ☐ less than 30 minutes 2 ☐ 30-60 minutes (not including 60 minutes 3 ☐ 1-3 hours (not including 3 hours)
4 ☐ 3-5 hours (not including 5 hours) 5 ☐ 5-7 hours (not including 7 hours) 6 ☐ 7 or more hours

Continue with question 116.

116. What is the participant's Study Group Assignment?

1 ☐ Special Intervention → 117.

2 ☐ Usual Care → FINISHED

117. Participant's schedule for hypertension management or treatment:

For participants who have started taking antihypertensive medications from an outside source since the last visit and who are not in a hypertension intervention schedule, transcribe items 2, 3, 4 and 7 to Form 42, complete the rest of Form 42 following the annual exam, and indicate below which revisit schedule was checked on Form 42. For participants whose annual exam and hypertension intervention visit are scheduled on the same day, the annual exam should be completed first; transcribe items 2, 3, 4 and 7 to Form 42 if that is the appropriate hypertension form, or transcribe items 2, 3, 4, 5 and 7 to Form 44 if that form is appropriate. Complete the remainder of the form following the annual exam, and indicate below which revisit schedule was checked. For participants whose annual exam and hypertension visit are not scheduled on the same day, Form 42 or 44 should not be completed, and the revisit schedule checked on the most recent hypertension form should be indicated below. If the participant is not presently in a hypertension management or treatment schedule, item n. below should be checked.

01 ☐ a. 4 week observation visit for participant with regular follow-up average DBP ≥ 105 mm Hg but average DBP < 90 mm Hg at last hypertension confirmation visit.

02 ☐ b. 8 week observation visit for obese participant with last average DBP 90-104 mm Hg and recommendation of weight reduction.

03 ☐ c. 8 week observation visit for obese participant with last average DBP 90-104 and emphasized weight reduction program.

04 ☐ d. Step-Up.

05 ☐ e. Maintenance A_g.

06 ☐ f. Maintenance B_g.

07 ☐ g. Maintenance C_g.

08 ☐ h. Maintenance A_{90}.

09 ☐ i. Maintenance B_{90}.

10 ☐ j. Maintenance C_{90}.

11 ☐ k. Step-Down.

12 ☐ l. Antihypertensive medication prescribed by an outside source.

13 ☐ m. Individualized Therapy.

14 ☐ n. Participant is not in a hypertension management or treatment schedule.

118. Is item m. checked in question 117 above?

1 ☐ yes → 119.

2 ☐ no → ↓

119. Indicate your reason(s) for placing the participant in Individualized Therapy by answering each item below.

a. Type of antihypertensive medication prescribed is not included in the Stepped Care Program. 1 ☐ yes 2 ☐ no

b. Dosage of antihypertensive medication prescribed is not permitted according to protocol. 1 ☐ yes 2 ☐ no

c. Length of time at current Step too long. 1 ☐ yes 2 ☐ no

d. Length of time at current Step too short. 1 ☐ yes 2 ☐ no

e. Second-line drug(s) prescribed when first-line drug(s) not contraindicated. 1 ☐ yes 2 ☐ no

f. Medication discontinued due to side effects or possible contraindications. 1 ☐ yes 2 ☐ no

g. Frequency of contacts desired does not correspond to Step-Up or Maintenance Schedule. 1 ☐ yes 2 ☐ no

h. Medications never initiated although goal DBP determined or all medications permanently discontinued. 1 ☐ yes 2 ☐ no

i. Other, specify _____ 1 ☐ yes 2 ☐ no

FINISHED

120. Is item n. checked in question 117 above?

1 ☐ yes → 121.

2 ☐ no → FINISHED

121. Is current average DBP (item 4) ≥ 90 mm Hg?

1 ☐ yes → Invite participant back within 4 weeks for blood pressure measurement. Complete FORM 42 at the 4 week visit. FINISHED

2 ☐ no → FINISHED

CC USE

SKIP 107-ENI