MULTIPLE RISK FACTOR INTERVENTION TRIAL

SEVENTH ANNUAL VISIT FORM

ARCHIVE COPY

To be completed at the seventh 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.

DAYS84

Year of Follow-up 7

Attach ID Label Here

1. Time participant arrived at clinic. ☐☐:☐☐ 1 ☐ am 2 ☐ pm **Check am or pm**

AVGECO84

2. Ecolyzer Test Data:

The 0-100 ppm scale should be used to obtain the measurements for both trials. For each trial the participant should be asked to take a deep breath, hold it for 15 seconds, exhale half the breath into the air and slowly exhale the rest of the breath into an empty plastic bag.

Has the daily calibration been performed? 1 ☐ yes 2 ☐ no

(No measurements should be made until the calibration has been done.)

Technician Code ☐☐ Time Ecolyzer Test performed ☐☐:☐☐ 1 ☐ am 2 ☐ pm **Check am or pm**

Background CO ☐☐☐ ppm Trial 1 ☐☐☐ ppm Trial 2 ☐☐☐ ppm

MAXFEV84

3. Pulmonary Function Data:

Personnel Code of Technician Conducting the Test ☐☐ Room Temperature ☐☐ °C Personnel Code of Technician Recording the Measurements ☐☐

	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5
$FEV_{1.0}$	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm
FVC	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm
$FEV_{1.0}$ + FVC	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm	☐☐☐.☐ mm
Exhalation Time	☐☐.☐ sec.	☐☐.☐ sec.	☐☐.☐ sec.	☐☐.☐ sec.	☐☐.☐ sec.
$FEV_{1.0}$/FVC x 100	____ %	____ %	____ %	____ %	____ %

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

☐☐☐.☐ mm FVC From Max Curve ☐☐☐.☐ mm 1/4 FVC Max Curve ☐☐☐.☐ mm 3/4 FVC Max Curve ☐☐☐.☐ mm 1/4 to 3/4 Horiz. Dist.

FOR COORDINATING CENTER USE ONLY

DO NOT USE

Curvature	144 ☐	145 ☐	146 ☐	147 ☐	148 ☐
Completeness	149 ☐	150 ☐	151 ☐	152 ☐	153 ☐
Smoothness	154 ☐	155 ☐	156 ☐	157 ☐	158 ☐
Fast Start	159 ☐	160 ☐	161 ☐	162 ☐	163 ☐

DO NOT USE

Coder's ID ☐☐

SKIP 166-END

4. Pulse: Beats in 30 seconds 25 [ ][ ] x 2 = PULSE84 beats/minute

5. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 27 [ ][ ] Random Zero Device Code: 29 [ ][ ][ ]

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)	32 [ ][ ][ ]	35 [ ][ ][ ]
Reading 2 (R - Z)	38 [ ][ ][ ]	41 [ ][ ][ ]
Zero	44 [ ][ ]	46 [ ][ ]
STDSBP84 STDDBP84 Corrected	48 [ ][ ][ ]	51 [ ][ ][ ]
Reading 3 (Std)	54 [ ][ ][ ]	57 [ ][ ][ ]
Reading 4 (R - Z)	60 [ ][ ][ ]	63 [ ][ ][ ]
Zero	66 [ ][ ]	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
ACCHYP84 Reading 2	_____	_____
Reading 4	_____	_____
Sum	_____	_____
Average	SBP84	_____

Average DBP

6. Average diastolic blood pressure (DBP) as determined by zero muddler DBP84 76 [ ][ ][ ] mm Hg

Write average DBP on FORM 105

7. Standing Blood Pressure Measurements:

Immediately following the sitting blood pressure measurements and after having the participant remain in a standing position for two minutes, measure his blood pressure using a standard mercury sphygomomanmeter.

Systolic	Disappearance 5th Phase Diastolic
UPSBP84 79 [ ][ ][ ]	UPDBP84 82 [ ][ ][ ]

SKIP
85-END

8. 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
26 ☐☐ °F	27 ☐☐☐☐	31 ☐☐	33 ☐☐.☐	36 ☐☐.☐	39 ☐☐.☐	42 ☐☐☐

Comments on resting ECG: _____

_____

b. Is Left Ventricular Hypertrophy present on resting ECG? 45 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 46 ☐☐:☐☐ 1 ☐ am 2 ☐ pm check am or pm

d. Time fasting blood specimen obtained 51 ☐☐:☐☐ 1 ☐ am 2 ☐ pm check am or pm

9. Weight (nearest half-pound, disrobed) 56 ☐☐☐.☐ lbs. BMI84

PHYSICAL EXAMINATION

EYES

10. Is xanthelasma present? 60 1 ☐ yes 2 ☐ no

11. Is there an abnormality present in the undilated fundi?
61 1 ☐ yes → 2 ☐ no ↓

12. A-V compression? 62 1 ☐ yes 2 ☐ no
13. Focal narrowing? 63 1 ☐ yes 2 ☐ no
14. Exudates? 64 1 ☐ yes 2 ☐ no
15. Hemorrhages? 65 1 ☐ yes 2 ☐ no
16. Papilledema? 66 1 ☐ yes 2 ☐ no
17. Other fundi abnormalities? Specify _____ 67 1 ☐ yes 2 ☐ no

18. Other eye abnormalities? Specify _____ 68 1 ☐ yes 2 ☐ no

NECK

19. Is there an abnormality present in the thyroid? 69 1 ☐ yes 2 ☐ no

20. Are carotid bruits present?
70 1 ☐ yes → 2 ☐ no ↓

21. Check appropriate box.
71 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

22. Are carotid pulses absent?
72 1 ☐ yes → 2 ☐ no ↓

23. Check appropriate box.
73 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

24. Is there an abnormality present in the jugular venous pulsations? 74 1 ☐ yes 2 ☐ no

25. Is the jugular venous pressure raised? 75 1 ☐ yes 2 ☐ no

LUNGS

26. Are breath sounds diminished/absent?

75 1 ☐ yes → 27. Check appropriate box. 77 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no ↓

28. Are rales present?

78 1 ☐ yes → 29. Check appropriate box. 79 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no ↓

30. Are rhonchi or wheezes present?

80 1 ☐ yes → 31. Check appropriate box. 81 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

2 ☐ no ↓

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

HEART

33. Is there a history of surgery for coronary artery disease?

83 1 ☐ yes → 34. When was the surgery performed? 84 Month ☐☐ Year ☐☐

2 ☐ no ↓

35. Is there an abnormality on precordial palpation? Specify _____ 88 1 ☐ yes 2 ☐ no

36. Is S_1 abnormal? Specify _____ 89 1 ☐ yes 2 ☐ no

37. Is A_2 abnormal? Specify _____ 90 1 ☐ yes 2 ☐ no

38. Is P_2 abnormal? Specify _____ 91 1 ☐ yes 2 ☐ no

39. Is there an S_3 gallop? 92 1 ☐ yes 2 ☐ no

40. Is there an S_4 gallop? 93 1 ☐ yes 2 ☐ no

41. Is there a systolic murmur?

94 1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Type of Murmur: Ejection	Holosystolic	Other
Apical	95 ☐	96 1 ☐ yes 2 ☐ no	97 1 ☐ yes 2 ☐ no	98 1 ☐ yes 2 ☐ no
Pulmonic	99 ☐	100 1 ☐ yes 2 ☐ no	101 1 ☐ yes 2 ☐ no	102 1 ☐ yes 2 ☐ no
Aortic	103 ☐	104 1 ☐ yes 2 ☐ no	105 1 ☐ yes 2 ☐ no	106 1 ☐ yes 2 ☐ no
Other	107 ☐	108 1 ☐ yes 2 ☐ no	109 1 ☐ yes 2 ☐ no	110 1 ☐ yes 2 ☐ no

42. Is there a diastolic murmur?

111 1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Indicate Time of Murmur: Early	Mid	Late	Other
Apical	112 ☐	113 1 ☐ yes 2 ☐ no	114 1 ☐ yes 2 ☐ no	115 1 ☐ yes 2 ☐ no	116 1 ☐ yes 2 ☐ no
Pulmonic	117 ☐	118 1 ☐ yes 2 ☐ no	119 1 ☐ yes 2 ☐ no	120 1 ☐ yes 2 ☐ no	121 1 ☐ yes 2 ☐ no
Aortic	122 ☐	123 1 ☐ yes 2 ☐ no	124 1 ☐ yes 2 ☐ no	125 1 ☐ yes 2 ☐ no	126 1 ☐ yes 2 ☐ no
Left sternal border	127 ☐	128 1 ☐ yes 2 ☐ no	129 1 ☐ yes 2 ☐ no	130 1 ☐ yes 2 ☐ no	131 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

43. Is the liver enlarged? 132 1 ☐ yes 2 ☐ no

44. Is the spleen palpable? 133 1 ☐ yes 2 ☐ no

45. Are there other abdominal masses? Specify where: _____ 134 1 ☐ yes 2 ☐ no

46. Is there an aortic aneurysm present? 135 1 ☐ yes 2 ☐ no

SKIP 136-ENI

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MULTIPLE RISK FACTOR INTERVENTION TRIAL

SEVENTH ANNUAL VISIT FORM (Part 2)

Year of Follow-up 24 **7**

Attach ID Label Here

PHYSICAL EXAMINATION (Continued)

PERIPHERAL ARTERIES

PERART84

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

NEUROPSYCHIATRIC

56. Is there evidence of either hemiplegia or hemiparesis? STROKE84 1 ☐ yes 2 ☐ no

Ask questions 57 and 58 and check the appropriate answer.

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

SKIN

59. Are xanthomata present? (Exclude xanthelasma which should be noted in question 10) 1 ☐ yes 2 ☐ no
60. Are ear tophi present? 1 ☐ yes 2 ☐ no

61. 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.

		Present	Suspect	No Evidence
	A. Circulatory Diseases:			
PHYAAa84	a. Congestive heart failure	41 1 ☐	2 ☐	3 ☐
	b. Angina pectoris PHYAAb84	42 1 ☐	2 ☐	3 ☐
PHYAAc84	c. Myocardial infarction	43 1 ☐	2 ☐	3 ☐
	d. Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours PHYAAd84	44 1 ☐	2 ☐	3 ☐
PHYAAe84	e. Stroke with neurological deficit lasting more than 24 hours	45 1 ☐	2 ☐	3 ☐
	f. Intermittent claudication PHYAAf84	46 1 ☐	2 ☐	3 ☐
PHYAAg84	g. Peripheral arterial occlusion	47 1 ☐	2 ☐	3 ☐
	h. Pulmonary embolism PHYAAh84	48 1 ☐	2 ☐	3 ☐
PHYAAi84	i. Thrombophlebitis	49 1 ☐	2 ☐	3 ☐
	j. Atrial fibrillation PHYAAj84	50 1 ☐	2 ☐	3 ☐
PHYAAk84	k. Arrhythmias other than atrial fibrillation	51 1 ☐	2 ☐	3 ☐
	l. Other circulatory diseases, specify _____	52 1 ☐	2 ☐	3 ☐
	B. Malignant Neoplasm:			
	a. Lung PHYABa84☐	53 1 ☐	2 ☐	3 ☐
	b. GI PHYABb84☐	54 1 ☐	2 ☐	3 ☐
	c. GU PHYABc84☐	55 1 ☐	2 ☐	3 ☐
	d. Skin PHYABd84☐	56 1 ☐	2 ☐	3 ☐
	e. Other, Specify: PHYABe84 _____	57 1 ☐	2 ☐	3 ☐
	C. Endocrine Metabolic Disease:			
	a. Diabetes PHYACa84☐	58 1 ☐	2 ☐	3 ☐
	b. Attack of gout PHYACb84☐	59 1 ☐	2 ☐	3 ☐
	c. Hyperthyroidism PHYACc84☐	60 1 ☐	2 ☐	3 ☐
	d. Hypothyroidism PHYACd84☐	61 1 ☐	2 ☐	3 ☐
	e. Cushing's syndrome PHYACe84☐	62 1 ☐	2 ☐	3 ☐
	f. Pheochromocytoma PHYACf84☐	63 1 ☐	2 ☐	3 ☐
	g. Primary aldosteronism PHYACg84	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 PHYAEa84	72 1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	73 1 ☐	2 ☐	3 ☐
	F. Musculo-Skeletal Disease:			
	a. Arthritis or rheumatism PHYAFa84	74 1 ☐	2 ☐	3 ☐
	b. Other, specify: _____	75 1 ☐	2 ☐	3 ☐
	G. Respiratory Disease:			
	a. Chronic obstructive lung disease PHYAGa84☐	76 1 ☐	2 ☐	3 ☐
	b. Asthma PHYAGb84☐	77 1 ☐	2 ☐	3 ☐
	c. Tuberculosis PHYAGc84	78 1 ☐	2 ☐	3 ☐
	d. Other, specify: _____	79 1 ☐	2 ☐	3 ☐

H. Digestive Disease:		Present	Suspect	No Evidence
a. Peptic ulcer	PHYAHa84	80 1 ☐	2 ☐	3 ☐
b. Gall bladder disease	PHYAHb84	81 1 ☐	2 ☐	3 ☐
c. Cirrhosis	PHYAHc84	82 1 ☐	2 ☐	3 ☐
d. Other liver disease	PHYAHd84	83 1 ☐	2 ☐	3 ☐
e. Other, specify: _____		84 1 ☐	2 ☐	3 ☐
I. Genito-Urinary Conditions:				
a. Prostatism	PHYAIa84	85 1 ☐	2 ☐	3 ☐
b. Nephritis/Nephrosis	PHYAIb84	86 1 ☐	2 ☐	3 ☐
c. Urinary tract infection	PHYAIc84	87 1 ☐	2 ☐	3 ☐
d. Nephrolithiasis	PHYAId84	88 1 ☐	2 ☐	3 ☐
e. Other, specify: _____		89 1 ☐	2 ☐	3 ☐
J. Hematopoietic Diseases:				
a. Anemia	PHYAJa84	90 1 ☐	2 ☐	3 ☐
b. Lymphadenopathy	PHYAJb84	91 1 ☐	2 ☐	3 ☐
c. Other hematopoietic diseases, specify: _____		92 1 ☐	2 ☐	3 ☐

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

93 1 ☐ yes → 63. Did the participant bring his antihypertensive medications to the clinic?

94 1 ☐ yes 2 ☐ no

ONMEDS84

93 2 ☐ no

64. 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.
C84	Chlorthalidone (C)	95 1 ☐ 50 mg 2 ☐ 100 mg	96 ☐	97 ☐	_____
H84	Hydrochlorothiazide (H)	98 1 ☐ 25 mg 2 ☐ 50 mg	99 ☐	100 ☐	_____
S84	Spironolactone	25 mg	101 ☐	102 ☐	_____
T84	Triamterene	103 1 ☐ 50 mg 2 ☐ 100 mg	104 ☐	105 ☐	_____
R84	Reserpine (R)	106 1 ☐ 0.10 mg 2 ☐ 0.25 mg	107 ☐	108 ☐	_____
	Regroton®	50 mg C and 0.25 mg R	109 ☐	110 ☐	_____
	Hydropres-50®	50 mg H and 0.125 mg R	111 ☐	112 ☐	_____
M84	Methyldopa	113 1 ☐ 250 mg 2 ☐ 500 mg	114 ☐	115 ☐	_____
HY84	Hydralazine	116 1 ☐ 10 mg 2 ☐ 25 mg 3 ☐ 50 mg	117 ☐	118 ☐	_____
G84	Guanethidine	119 1 ☐ 10 mg 2 ☐ 25 mg	120 ☐	121 ☐	_____
P84	Propranolol	122 1 ☐ 10 mg 2 ☐ 20 mg 3 ☐ 40 mg 4 ☐ 80 mg	123 ☐	124 ☐	_____
	_____	_____	___	___	_____
	_____	_____	___	___	_____

Continue with item 65.

FOR COORDINATING CENTER USE ONLY

125 ☐☐☐ ☐.☐ ☐.☐ 132 ☐☐☐ ☐.☐ ☐.☐

65. 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
LLRX84 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
INSUL84 f. Insulin	144 1 ☐ yes	2 ☐ yes	3 ☐ no
OHYPO84 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
p. Beta blockers other than propranolol	154 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 ☐ 155
CC USE

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

156 1 ☐ yes → 67. When was the last time you had a coronary arteriogram? Month Year 157 ☐☐ ☐☐
Continue with Part 3.

156 2 ☐ no ↓

68. Has a physician ever advised you to have coronary arteriography? 161 1 ☐ yes 2 ☐ no

CLINICAL SUMMARY
PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

_____

_____

_____ 1 ☐ 162
CC USE

_____

_____

Signature and Personnel Code of physician completing items 10-65: _____ 163 ☐☐

Signature and Personnel Code of person delivering the message on continued participation in the trial through the planned termination: _____ 165 ☐☐

SKIP 167 END

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MULTIPLE RISK FACTOR INTERVENTION TRIAL
SEVENTH ANNUAL VISIT FORM (Part 3)

Year of Follow-up 7

Attach ID Label Here

LOCAL LABORATORY RESULTS

BLOOD

69. White Blood Cell Count ☐☐.☐ no./mm^3 x 10^3 WBC84

70. Hematocrit ☐☐.☐ (vol. %) HEMA84

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

71. Blood UBLOOD84
1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

72. Ketones UKETON84
1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

73. Glucose UGLUC84
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

74. Protein UPROT84
1 ☐ negative 2 ☐ trace 3 ☐ + 30 mg/dl 4 ☐ ++ 100 5 ☐ +++ 300 6 ☐ ++++ 1000

75. pH UPH84
1 ☐ – 2 ☐ five (5) 3 ☐ six (6) 4 ☐ seven (7) 5 ☐ eight (8) 6 ☐ nine (9)

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

1 ☐ yes → 77. Do you now smoke cigarettes daily?

2 ☐ no → SMKLYR84

Continue with question 97. (page 11)

77. Do you now smoke cigarettes daily?

1 ☐ yes → 78. How long before you arrived at the clinic today did you last smoke a cigarette?
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

2 ☐ no → SMKNOW84

Continue with question 82. (page 10)

79. During the past 12 months did you stop smoking cigarettes for any period of time?

1 ☐ yes → 80. How long ago was it that you most recently stopped smoking cigarettes?
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

81. How long did you stay off cigarettes at that time?
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 87.

2 ☐ no → STOPLYR84

Go to question 87.

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

1 ☐ less than 2 months →

83. If less than 2 months, was it

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

84. At the time you stopped, was it:

1 ☐ extremely difficult 2 ☐ difficult 3 ☐ easy

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

1 ☐ yes →

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

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

_____

Go to question 103.

2 ☐ no

Go to question 103.

INHALE84 87. 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

OFTEN84 88. 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

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

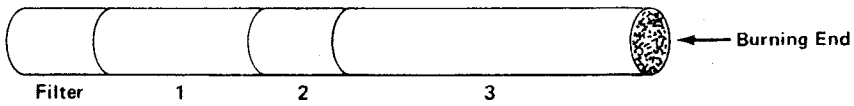
1 ☐ let more than half burn →

90. 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 half or less burn

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



BURN84 92. How much of your cigarette burns **without** your smoking it?

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

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

CIGS84

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

95. 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 4 ☐ 120 millimeter

96. 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

Go to question 103.

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

1 ☐ yes → 98. Do you currently smoke any cigarettes?

2 ☐ no ↓

98. Do you currently smoke any cigarettes?

1 ☐ yes → 99. How many days per month do you smoke? ☐☐

2 ☐ no ↓

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

101. How many cigarettes have you smoked in the last 24 hours? ☐☐

Go to question 102.

102. 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 month or more

103. Do you smoke cigarillos?

1 ☐ yes → 104. How often do you smoke cigarillos?

2 ☐ no ↓

CIGLO84

104. 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

105. 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

106. 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

107. 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

108. Do you smoke pipes?

1 ☐ yes → 109. How often do you smoke pipes?

2 ☐ no ↓

PIPE84

109. 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

110. 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

111. 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

112. 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

113. Do you smoke cigars?

1 ☐ yes → 114. How often do you smoke cigars?

2 ☐ no ↓

CIGAR84

114. 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

115. 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

116. 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

CCP84

117. 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 118.

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

1 ☐ Special Intervention → 119.

2 ☐ Usual Care → FINISHED

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

If the participant is not presently in a hypertension management or treatment schedule, item n. below should be checked.

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 4, 5, 6 and 9 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 4, 5, 6 and 9 to Form 42 if that is the appropriate hypertension form, or transcribe items 4, 5, 6, 7 and 9 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.

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.

120. Is item m. checked in question 119 above?

1 ☐ yes → 121.

2 ☐ no → FINISHED

121. 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

122. Is item n. checked in question 119 above?

1 ☐ yes → 123.

2 ☐ no → FINISHED

123. 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