CLINIC 23

DAYS12

DATE 17

ID 6 16

NAME

ADDRESSOGRAPH PLATE

MULTIPLE RISK FACTOR INTERVENTION TRIAL

FIRST ANNUAL VISIT FORM

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

Year of Follow-up 24 [1]

Attach ID Label Here

Has the participant indicated that he has been hospitalized during the past year by completing item 49 of Form 94?

25
1 ☐ yes
2 ☐ no

For **each** different hospital in which the participant was hospitalized, complete a Consent for Release of Medical Information, Form 90. Summarize the results here.

	Signature for Release of Information Obtained
Name of Hospital Street No. and Name City, State	26 1 ☐ yes 2 ☐ no
Name of Hospital Street No. and Name City, State	27 1 ☐ yes 2 ☐ no
Name of Hospital Street No. and Name City, State	28 1 ☐ yes 2 ☐ no

Ask the participant the following question: During the past year, have you been hospitalized for any condition?

29
1 ☐ yes
2 ☐ no

Continue with item 1.

1. Pulse: Beats in 30 seconds 30 [ ][ ] x 2 = PULSE12 beats/minute

2. Sitting Blood Pressure Measurements:

Blood Pressure Observer's Code: 32 [ ][ ]

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.

	Systolic	Disappearance 5th Phase Diastolic
Reading 1 (Std)	34 [ ][ ][ ]	37 [ ][ ][ ]
Reading 2 (R - Z)	40 [ ][ ][ ]	43 [ ][ ][ ]
Zero	46 [ ][ ]	49 [ ][ ]
STDSBP12 STDDBP12 Corrected	50 [ ][ ][ ]	53 [ ][ ][ ]
Reading 3 (Std)	56 [ ][ ][ ]	59 [ ][ ][ ]
Reading 4 (R - Z)	62 [ ][ ][ ]	65 [ ][ ][ ]
Zero	68 [ ][ ]	70 [ ][ ]
Corrected	72 [ ][ ][ ]	75 [ ][ ][ ]

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
Reading 2	_____	_____
ACCHYP12 Reading 4	_____	_____
Sum	_____	_____
Average	SBP12	_____

Average DBP

3. Average diastolic blood pressure (DBP) as determined by zero muddler DBP12 78 [ ][ ][ ] mm Hg

Write average DBP on FORM 105

4. 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
UPSBP12 81 [ ][ ][ ]	UPDBP12 84 [ ][ ][ ]

5. Weight (nearest half-pound, disrobed) ☐☐☐.☐ lbs.

BMI12

6. a. To be completed by technician at the time of the resting ECG in the supine position.

Room temperature	Permanent Cassette No.	Technician Code	Chest Square Reading O-E	O-V6	O-V4	Heart Rate
☐☐ °F	☐☐☐☐	☐☐	☐☐.☐	☐☐.☐	☐☐.☐	☐☐☐

Comments on resting ECG: _____

_____

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

c. Time participant last ate ☐☐:☐☐ 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.

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

7. Do you now smoke cigarettes?

SMKNOW12

1 ☐ yes →

2 ☐ no ↓

8. During the past year did you stop smoking cigarettes for any period of time?

1 ☐ yes →

2 ☐ no ↓

STOPLYR12

9. How long ago was it that you stopped smoking cigarettes?
1 ☐ less than 4 months
2 ☐ 4 to 8 months (not including 8 months)
3 ☐ 8 to 12 months (not including 12 months)
4 ☐ 12 or more months

10. What was the longest period of time you stayed 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 ☐ over 2 months

11. At the time you stopped, was it:
1 ☐ extremely difficult 2 ☐ difficult 3 ☐ easy

Continue with question 12.

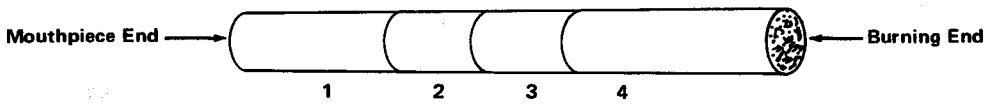
INHALE12

12. 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

OFTEN12

13. 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

14. When you smoke a cigarette, indicate on the diagram below with a checkmark (✓) how far you let it burn.



BURN12

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

Continue with question 16.

Continue with question 22.

CIGS12

16. On the average, about how many cigarettes do you now smoke a day? 131 ☐☐

17. What brand of cigarettes do you usually smoke? _____ 133 ☐☐☐ DO NOT USE

18. What type of cigarettes are they?

Are they . . . 136 1 ☐ filter tip or 2 ☐ non-filter tip
Are they . . . 137 1 ☐ plain or 2 ☐ menthol
Are they . . . 138 1 ☐ hard pack or 2 ☐ soft pack
Are they . . . 139 1 ☐ regular size or 2 ☐ king size or 3 ☐ 100 millimeter

19. Do you expect that one year from now you will be smoking:
140 1 ☐ more cigarettes 2 ☐ same number 3 ☐ fewer cigarettes 4 ☐ none at all

20. Have you tried sources of outside help, or techniques in an effort to stop smoking?
141 1 ☐ yes → 21. Which sources of outside help or techniques did you try?
_____
_____
_____
2 ☐ no → **Continue with question 22.**

22. Do you smoke cigars?
142 1 ☐ yes → 23. How often do you smoke cigars?
143 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

CIGAR12

2 ☐ no

24. With cigars, **how deeply** do you inhale the smoke?
144 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

25. For cigars **how often** do you usually inhale?
145 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

26. Do you smoke cigarillos?
146 1 ☐ yes → 27. How often do you smoke cigarillos?
147 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

CIGLO12

2 ☐ no

28. With cigarillos, **how deeply** do you inhale the smoke?
148 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

29. For cigarillos, **how often** do you usually inhale?
149 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

30. Do you smoke pipes?
150 1 ☐ yes → 31. How often do you smoke pipes?
151 1 ☐ once in a while 2 ☐ 1-2 daily 3 ☐ 3-4 daily 4 ☐ 5-7 daily 5 ☐ 8 or more daily

PIPE12

2 ☐ no

32. With pipes, **how deeply** do you inhale the smoke?
152 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

CCP12

33. For pipes, **how often** do you usually inhale?
153 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

Continue with question 34.

SKIP 154-E

CLINIC 23

DATE 17

ID 6 16

NAME

ADDRESSOGRAPH PLATE

MULTIPLE RISK FACTOR INTERVENTION TRIAL

FIRST ANNUAL VISIT FORM (Part 2)

Year of Follow-up 24 **1**

Attach ID Label Here

PHYSICAL EXAMINATION

EYES

34. Is xanthelasma present? 25 1 ☐ yes 2 ☐ no

35. Is there an abnormality present in the undilated fundi?

26 1 ☐ yes → 36. A-V compression? 27 1 ☐ yes 2 ☐ no
2 ☐ no ↓

37. Focal narrowing? 28 1 ☐ yes 2 ☐ no
38. Exudates? 29 1 ☐ yes 2 ☐ no
39. Hemorrhages? 30 1 ☐ yes 2 ☐ no
40. Papilledema? 31 1 ☐ yes 2 ☐ no
41. Other fundi abnormalities? Specify _____ 32 1 ☐ yes 2 ☐ no

42. Other eye abnormalities? Specify _____ 33 1 ☐ yes 2 ☐ no

NECK

43. Is there an abnormality present in the thyroid? 34 1 ☐ yes 2 ☐ no

44. Are carotid bruits present?

35 1 ☐ yes → 45. Check appropriate box.
2 ☐ no ↓
36 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

46. Are carotid pulses absent?

37 1 ☐ yes → 47. Check appropriate box.
2 ☐ no ↓
38 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

48. Is there an abnormality present in the jugular venous pulsations? 39 1 ☐ yes 2 ☐ no

49. Is the jugular venous pressure raised? 40 1 ☐ yes 2 ☐ no

LUNGS

50. Are breath sounds diminished/absent?

41 1 ☐ yes → 51. Check appropriate box.
2 ☐ no ↓
42 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

52. Are rales present?

43 1 ☐ yes → 53. Check appropriate box.
2 ☐ no ↓
44 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

54. Are rhonchi or wheezes present?

45 1 ☐ yes → 55. Check appropriate box.
2 ☐ no ↓
46 1 ☐ right only 2 ☐ left only 3 ☐ bilateral

56. Other lung abnormality(s)? Specify _____ 47 1 ☐ yes 2 ☐ no

HEART

57. Is there an abnormality on precordial palpation? Specify _____ 1 ☐ yes 2 ☐ no
58. Is S_1 abnormal? Specify _____ 1 ☐ yes 2 ☐ no
59. Is A_2 abnormal? Specify _____ 1 ☐ yes 2 ☐ no
60. Is P_2 abnormal? Specify _____ 1 ☐ yes 2 ☐ no
61. Is there an S_3 gallop? 1 ☐ yes 2 ☐ no
62. Is there an S_4 gallop? 1 ☐ yes 2 ☐ no

63. Is there a systolic murmur?

1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Type of Murmur: Ejection	Holosystolic	Other
Apical	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Pulmonic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Aortic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Other	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no

64. Is there a diastolic murmur?

1 ☐ yes → 2 ☐ no ↓

Position	Grade* 1-6	Indicate Time of Murmur: Early	Mid	Late	Other
Apical	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Pulmonic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Aortic	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no
Left sternal border	☐	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	1 ☐ yes 2 ☐ no	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 murmur is heard the murmur must be both graded and type or time indicated.

ABDOMEN

65. Is the liver enlarged? 1 ☐ yes 2 ☐ no
66. Is the spleen palpable? 1 ☐ yes 2 ☐ no
67. Are there other abdominal masses? Specify where: _____ 1 ☐ yes 2 ☐ no
68. Is there an aortic aneurysm present? 1 ☐ yes 2 ☐ no

PERIPHERAL ARTERIES

69. In the right femoral artery,
    a) is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 1 ☐ yes 2 ☐ no

PERART12

70. In the left femoral artery,
    a) is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
    b) is a bruit heard? 1 ☐ yes 2 ☐ no
71. In the right dorsalis pedis artery, is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
72. In the right posterior tibial artery, is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
73. In the left dorsalis pedis artery, is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
74. In the left posterior tibial artery, is the pulse absent or diminished? 1 ☐ yes 2 ☐ no
75. Is bilateral pitting edema of ankles or feet present? 1 ☐ yes 2 ☐ no
76. Is there a history of sudden pain or coldness of a foot or a leg during the past twelve months? 1 ☐ yes 2 ☐ no
77. Are ischemic ulcers present over either leg? 1 ☐ yes 2 ☐ no
78. 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

STROKE12 79. Is there evidence of either hemiplegia or hemiparesis? 108 1 ☐ yes 2 ☐ no

Ask questions 80 and 81 and check the appropriate answer.

80. During the past year, have you experienced a decrease in sexual activity? 1 ☐ yes 2 ☐ no

81. During the past year, have you felt so depressed (sad) that it interfered with your work, recreation, or sleep? 1 ☐ yes 2 ☐ no

SKIN

82. Are xanthomata present? (Exclude xanthelasma which should be noted in question 34.) 111 1 ☐ yes 2 ☐ no

83. Are ear tophi present? 112 1 ☐ yes 2 ☐ no

84. Based on the medical history, the physical examination and the ECG, for each condition check if present, suspect or no evidence.

A. Circulatory Diseases:		Present	Suspect	No Evidence
PHYAAa12	a. Congestive heart failure	113 1 ☐	2 ☐	3 ☐
	b. Angina pectoris PHYAAb12	114 1 ☐	2 ☐	3 ☐
PHYAAc12	c. Myocardial infarction	1 ☐	2 ☐	3 ☐
	d. Intermittent cerebral ischemic attacks with neurological deficit lasting less than 24 hours PHYAAd12	1 ☐	2 ☐	3 ☐
PHYAAe12	e. Stroke with neurological deficit lasting more than 24 hours	117 1 ☐	2 ☐	3 ☐
	f. Intermittent claudication PHYAAf12	118 1 ☐	2 ☐	3 ☐
PHYAAg12	g. Peripheral arterial occlusion	1 ☐	2 ☐	3 ☐
	h. Pulmonary embolism PHYAAh12	1 ☐	2 ☐	3 ☐
PHYAAi12	i. Thrombophlebitis	121 1 ☐	2 ☐	3 ☐
	j. Atrial fibrillation PHYAAj12	122 1 ☐	2 ☐	3 ☐
	k. Arrhythmias other than atrial fibrillation PHYAAk12	1 ☐	2 ☐	3 ☐
	l. Other circulatory diseases, specify _____	1 ☐	2 ☐	3 ☐

B. Malignant Neoplasm:				
a. Lung	PHYABa12☐	125 1 ☐	2 ☐	3 ☐
b. GI	PHYABb12☐	126 1 ☐	2 ☐	3 ☐
c. GU	PHYABc12☐	1 ☐	2 ☐	3 ☐
d. Skin	PHYABd12☐	1 ☐	2 ☐	3 ☐
e. Other, Specify:	PHYABe12 _____	129 1 ☐	2 ☐	3 ☐

C. Endocrine Metabolic Disease:				
a. Diabetes	PHYACa12☐	130 1 ☐	2 ☐	3 ☐
b. Gout	PHYACb12☐	131 1 ☐	2 ☐	3 ☐
c. Hyperthyroidism	PHYACc12☐	1 ☐	2 ☐	3 ☐
d. Hypothyroidism	PHYACd12☐	1 ☐	2 ☐	3 ☐
e. Cushing's syndrome	PHYACe12☐	134 1 ☐	2 ☐	3 ☐
f. Pheochromocytoma	PHYACf12☐	135 1 ☐	2 ☐	3 ☐
g. Primary aldosteronism	PHYACg12☐	1 ☐	2 ☐	3 ☐
h. Other, specify: _____		1 ☐	2 ☐	3 ☐

Question 84 continued.

D. Mental Disease:	Present	Suspect	No Evidence
a. Psychosis	1 ☐	2 ☐	3 ☐
b. Psychoneurosis	1 ☐	2 ☐	3 ☐
c. Alcoholism	1 ☐	2 ☐	3 ☐
d. Drug addiction	1 ☐	2 ☐	3 ☐
e. Depression	1 ☐	2 ☐	3 ☐
f. Other, specify: _____	1 ☐	2 ☐	3 ☐

E. Neurologic Disease:			
a. Convulsive disorder PHYAEa12	1 ☐	2 ☐	3 ☐
b. Other, specify: _____	1 ☐	2 ☐	3 ☐

F. Musculo-Skeletal Disease:			
a. Arthritis or rheumatism PHYAFa12	1 ☐	2 ☐	3 ☐
b. Other, specify: _____	1 ☐	2 ☐	3 ☐

G. Respiratory Disease:			
a. Chronic obstructive lung disease PHYAGa12☐	1 ☐	2 ☐	3 ☐
b. Asthma PHYAGb12☐	1 ☐	2 ☐	3 ☐
c. Tuberculosis PHYAGc12	1 ☐	2 ☐	3 ☐
d. Other, specify: _____	1 ☐	2 ☐	3 ☐

H. Digestive Disease:			
a. Peptic ulcer PHYAHa12☐	1 ☐	2 ☐	3 ☐
b. Gall bladder disease PHYAHb12☐	1 ☐	2 ☐	3 ☐
c. Cirrhosis PHYAHc12☐	1 ☐	2 ☐	3 ☐
d. Other liver disease PHYAHd12	1 ☐	2 ☐	3 ☐
e. Other, specify: _____	1 ☐	2 ☐	3 ☐

I. Genito-Urinary Conditions:			
a. Prostatism PHYAIa12☐	1 ☐	2 ☐	3 ☐
b. Nephritis/Nephrosis PHYAIb12☐	1 ☐	2 ☐	3 ☐
c. Urinary tract infection PHYAIc12☐	1 ☐	2 ☐	3 ☐
d. Nephrolithiasis PhYAId12	1 ☐	2 ☐	3 ☐
e. Other, specify: _____	1 ☐	2 ☐	3 ☐

J. Hematopoietic Diseases:			
a. Anemia PHYAJa12	1 ☐	2 ☐	3 ☐
b. Other Hematopoietic Diseases, Specify: _____	1 ☐	2 ☐	3 ☐

SKIP

CLINIC

DATE

ID

NAME

ADDRESSOGRAPH PLATE

MULTIPLE RISK FACTOR INTERVENTION TRIAL

FIRST ANNUAL VISIT FORM (Part 3)

Year of Follow-up 1

Attach ID Label Here

85. Has the participant brought along any antihypertensive medications or has he indicated that he is currently taking them? Include propranolol here if it is being taken primarily as an antihypertensive agent.

ONMEDS12

1 ☐ yes →

2 ☐ no ↓

86. Complete the appropriate rows of the table below for the current drug regimen of participant

	Current antihypertensive or related 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.
C12	Chlorthalidone (C)	1 ☐ 50 mg 2 ☐ 100 mg			
H12	Hydrochlorothiazide (H)	50 mg			
S12	Spironolactone	25 mg			
T12	Reserpine (R)	0.25 mg			
R12	Regroton®	50 mg C and 0.25 mg R			
M12	Hydropres-50®	50 mg H and 0.125 mg R			
HY12	Methyldopa	250 mg			
G12	Hydralazine	1 ☐ 10 mg 2 ☐ 25 mg 3 ☐ 50 mg			
P12	Guanethidine	1 ☐ 10 mg 2 ☐ 25 mg			
	Propranolol				

FOR COORDINATING CENTER USE ONLY

72

Continue with item 87.

87. 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	1 ☐ yes	2 ☐ yes	3 ☐ no
b. Nitrates including nitroglycerine	1 ☐ yes	2 ☐ yes	3 ☐ no
c. Propranolol for other than treatment of blood pressure	1 ☐ yes	2 ☐ yes	3 ☐ no
LLRX12 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	1 ☐ yes	2 ☐ yes	3 ☐ no
INSULO12 e. Insulin or oral hypoglycemic agents	1 ☐ yes	2 ☐ yes	3 ☐ no
f. Anticoagulants	1 ☐ yes	2 ☐ yes	3 ☐ no
g. Antibiotics or anti-infection agents	1 ☐ yes	2 ☐ yes	3 ☐ no
h. Steroids (including cortisone)	1 ☐ yes	2 ☐ yes	3 ☐ no
i. Amphetamines or other stimulant	1 ☐ yes	2 ☐ yes	3 ☐ no
j. Barbiturates or other sedative	1 ☐ yes	2 ☐ yes	3 ☐ no
k. Librium, Valium or other anti-anxiety agents	1 ☐ yes	2 ☐ yes	3 ☐ no

List specific drugs participant is taking or has brought in (omit antihypertensive drugs from list)

_____

_____

_____

1☐
CC USE

CLINICAL SUMMARY
PHYSICIAN'S COMMENTS ON CLINICAL FINDINGS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

1☐
CC USE

Signature of physician completing items 34–87: _____

Identification number of physician completing items 34–87: ☐☐

LOCAL LABORATORY RESULTS

BLOOD

WBC12 88. White Blood Cell Count ☐☐.☐ no./mm^3 x 10^3

HEMA12 89. Hematocrit ☐☐.☐ (vol. %)

URINALYSIS (LABSTIX)

Check the appropriate box for each determination

UBLOOD12 90. Blood
1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UKETON12 91. Ketones
1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UGLUC12 92. Glucose
1 ☐ negative 2 ☐ light 0.25g/dl 3 ☐ medium 4 ☐ dark 0.5g/dl or more

UPROT12 93. Protein
1 ☐ negative 2 ☐ trace 3 ☐ + 30 mg/dl 4 ☐ ++ 100 5 ☐ +++ 300 6 ☐ ++++ 1000

UPH12 94. pH
1 ☐ – 2 ☐ five (5) 3 ☐ six (6) 4 ☐ seven (7) 5 ☐ eight (8) 6 ☐ nine (9)

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

1 ☐ Special Intervention →

2 ☐ Usual Care ↓

FINISHED

96. What is the participant's schedule for hypertension management or treatment? (check one)

1 ☐ a. 8 week observation visit for participant with last average DBP 90-94 mm Hg.

2 ☐ b. 4 week observation visit for participant with last average DBP $\geq$ 95 mm Hg.

3 ☐ c. 8 week observation visit for non-obese participant with last average DBP 95-104 mm Hg.

4 ☐ d. 8 week observation visit for obese participant with last average DBP 95-104 mm Hg and recommendation of weight reduction.

5 ☐ e. 8 week observation visit for obese participant with last average DBP 95-104 mm Hg and emphasized weight reduction program.

6 ☐ f. Individualized Therapy Schedule for participant whose antihypertensive medication is prescribed or dispensed from an outside source.

7 ☐ g. Step-Up, Maintenance or Step-Down Schedule for participant currently receiving antihypertensive medication prescribed or dispensed by MRFIT.

8 ☐ h. Participant is not in a hypertension management or treatment schedule.

97. Is item 96 a-e checked in question 96 above?

1 ☐ yes →

2 ☐ no ↓

Transcribe items 1, 2, 3, 4 and 5 to FORM 42 and complete the remainder of FORM 42 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 42 should not be completed.

FINISHED.

98. Is the participant currently receiving antihypertensive medication?

1 ☐ yes →

2 ☐ no ↓

99. Is item 96f or 96g checked above?

1 ☐ yes →

Transcribe items 1, 2, 3, 4 and 5 to FORM 44 and complete the remainder of FORM 44 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 44 should not be completed. FINISHED.

2 ☐ no ↓

Transcribe items 1, 2, 3, 4 and 5 to FORM 42 and complete the remainder of FORM 42 if this visit coincides with a hypertension intervention visit. If this visit does not coincide with a hypertension intervention visit, FORM 42 should not be completed. FINISHED.

100. Is the current average DBP (item 3) $\geq$ 95 mm Hg?

1 ☐ yes →

2 ☐ no ↓

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

101. Is the current average DBP (item 3) 90-94 mm Hg?

1 ☐ yes →

2 ☐ no ↓

Invite participant back within 8 weeks for blood pressure measurement.
Complete FORM 42 at the 8 week visit.
FINISHED.

See participant at next four month visit for blood pressure measurement.
Complete FORM 40 at next four month visit.
FINISHED.

SKIP
112-END