



Trials of Hypertension Prevention  
 (TOHP), supported by the National  
 Heart, Lung, and Blood Institute  
 National Institutes of Health

SV1

ID number \_\_\_\_\_

Candidate's initials \_\_\_\_\_

Visit date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRIALS OF HYPERTENSION PREVENTION  
 Demographic Information Form**

1. Current marital status ..... Never married  (1) Divorced  (2)  
 Married  (3) Widowed  (4)  
 Unmarried, living with partner  (5) Separated  (6)

2. Do you own your own home? ..... YES  (1) NO  (2)

3. Highest level of education completed (check one  
 response for yourself and one for your partner):

	YOURSELF		PARTNER
Grade 11 or less	<input type="checkbox"/>	(1)	<input type="checkbox"/>
High school diploma	<input type="checkbox"/>	(2)	<input type="checkbox"/>
Some college	<input type="checkbox"/>	(3)	<input type="checkbox"/>
Degree from 2-year college	<input type="checkbox"/>	(4)	<input type="checkbox"/>
Degree from 4-year college	<input type="checkbox"/>	(5)	<input type="checkbox"/>
Some graduate school	<input type="checkbox"/>	(6)	<input type="checkbox"/>
Graduate degree	<input type="checkbox"/>	(7)	<input type="checkbox"/>

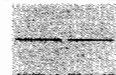
4. Employment status (check one response for  
 yourself and one for your partner):

	YOURSELF		PARTNER
Full-time	<input type="checkbox"/>	(1)	<input type="checkbox"/>
Part-time	<input type="checkbox"/>	(2)	<input type="checkbox"/>
Retired	<input type="checkbox"/>	(3)	<input type="checkbox"/>
Not employed	<input type="checkbox"/>	(4)	<input type="checkbox"/>

5. Current occupation (or former occupation if retired):

Yourself \_\_\_\_\_  
 Partner \_\_\_\_\_

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6. Have you ever smoked cigarettes regularly? ..... YES  (1) NO  (2)

IF YES: a) At what age did you start smoking? ..... \_\_\_\_\_ years

b) Do you smoke currently? ..... YES  (1) NO  (2)

IF NO: At what age did you stop? ..... \_\_\_\_\_ years

c) When you smoke (or smoked), on average  
 how many cigarettes do/did you smoke? .....

- Less than 20 cigs/day
- 20 cigs/day
- 21-40 cigs/day
- 40+ cigs/day

7. Is your father still alive? ..... YES  (1) NO  (2)

IF NO: What was his age at death? ..... \_\_\_\_\_ years Not sure

Did he die of a heart attack or stroke? ..... YES  (1) NO  (2) Not sure

8. Is your mother still alive? ..... YES  (1) NO  (2)

IF NO: What was her age at death? ..... \_\_\_\_\_ years Not sure

Did she die of a heart attack or stroke? ..... YES  (1) NO  (2) Not sure

**STAFF USE ONLY**

TOHP identification number of person responsible for  
 completing this form with candidate .....

TOHP identification number of person responsible for  
 editing this form .....