



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

Visit SV2

ID Number _____

Initials _____

Date ____ / ____ / ____

TRIALS OF HYPERTENSION PREVENTION
Health Experience/Demographics Form (Page 1 of 3)

Please complete all questions to the best of your ability. If you have trouble answering any questions, a staff member will assist you.

1. Has a physician told you that you had any of the following?
(Please check Yes, No or Not Sure for each item)

a) High blood pressure (hypertension)

Yes (1) No (2) Not sure (3)

____ ____ ____

b) Serious heart condition such as heart attack, angina, intermittent
 claudication (poor circulation) or congestive heart failure

____ ____ ____

c) Stroke

____ ____ ____

d) Diabetes

____ ____ ____

e) Cancer

____ ____ ____

Eligibility

Yes No Not Sure

If Yes, was it skin cancer?

____ ____ ____

If skin cancer, was it melanoma?

____ ____ ____

2. Are you currently under the care of a physician for any
 medical problem?

Yes ____ (1) No ____ (2)

If yes, what is the problem _____

Eligibility _____

3. Are you scheduled to see a physician?

Yes ____ (1) No ____ (2)

If yes, when? ____ / ____ / ____

What for? _____

Eligibility _____

4. Are you currently actively following a supervised diet, such as a diet
 recommended by your doctor, a weight loss diet, a diet to
 reduce salt, or any other such program?

Yes ____ (1) No ____ (2)

If yes, specify _____

Eligibility _____

5. Is there any medical or other reason that you know of that might
 prevent you from participating in a program of regular moderate
 exercise such as walking?

Yes ____ (1) No ____ (2)

If yes, specify _____

Eligibility _____



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6. Are you currently participating in any other health research study?
If yes, specify _____ Yes ____ (1) No ____ (2)

Eligibility _____

7. Hospitalization or surgery within last five years?
If yes, specify reason _____ Yes ____ (1) No ____ (2)

Eligibility _____

Clinical Reviewer ID _____

8. Are you currently pregnant or do you intend to become pregnant in the next four years? Male ____ (3) Female Yes ____ (1) No ____ (2)

9. Do you have any plans to move your home or workplace more than 50 miles from this area during the next four years such that it would be difficult for you to come to this clinic? Yes ____ (1) No ____ (2)

10. On average, how many 12-oz. cans or bottles of beer do you usually drink per week?
____ none
____ less than 1 per week
____ beers/week

On average, how many 4-oz. glasses of wine do you usually drink per week?
____ none
____ less than 1 per week
____ glasses/week

On average, how many drinks (cocktails, hard liquor or liqueurs equal to 1½ oz. liquor) do you usually drink per week?
____ none
____ less than 1 per week
____ drinks/week

Staff use _____

11. Is any member of your household enrolled in, or working for TOHP? Yes ____ (1) No ____ (2)

12. Have you ever smoked cigarettes (more than 1 per day)?
If no, stop. Go to next question.
If yes, at what age did you start? _____ Years

Do you currently smoke cigarettes?
If no, at what age did you stop? _____ Years

When you smoke/smoked, on average how many cigarettes per day do/did you smoke? _____ cigarettes per day

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



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14. Highest level of education completed
(check *one* for yourself and one for your *current* partner)

	<i>Yourself</i>	<i>Partner</i>
Grade 11 or less	___ (1) ___	___
High school diploma	___ (2) ___	___
Some college	___ (3) ___	___
Degree from 2-year college	___ (4) ___	___
Degree from 4-year college	___ (5) ___	___
Some graduate school	___ (6) ___	___
Graduate degree	___ (7) ___	___

15. Employment Status

	<i>Yourself</i>	<i>Partner</i>
Full Time	___ (1) ___	___
Part Time	___ (2) ___	___
Retired	___ (3) ___	___
Not employed	___ (4) ___	___

16. Current occupation (or former occupation if retired)

Yourself Job Title: _____

Description _____

Current Partner Job Title: _____

Description _____

Staff Use _____
participant

Staff Use _____
partner

17. Is your natural father still alive?

Yes ___ (1) No ___ (2) Not Sure ___ (3)

If not, what was his age at death?

___ ___ Years Not Sure ___ (3)

Did he die of a heart attack or stroke?

Yes ___ (1) No ___ (2) Not Sure ___ (3)

18. Is your natural mother still alive?

Yes ___ (1) No ___ (2) Not Sure ___ (3)

If no, what was her age at death?

___ ___ Years Not Sure ___ (3)

Did she die of a heart attack or stroke?

Yes ___ (1) No ___ (2) Not Sure ___ (3)

19. Do/did either of your natural parents or siblings have diabetes?

Yes ___ (1) No ___ (2) Not Sure ___ (3)

If Yes
(Check any
that apply)

- ___ Mother
- ___ Father
- ___ Brother
- ___ Sister

Staff ID _____

Editor ID _____