



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

Visit \_\_\_\_\_  
ID number \_\_\_\_\_  
Initials \_\_\_\_\_  
Visit date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRIALS OF HYPERTENSION PREVENTION**  
**Follow-Up Visit**  
**Health Experience Form**

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

The date when you last provided health history information was \_\_\_\_\_  
(date of last visit)

1. Since your last visit, has a doctor told you that you had any of the following?  
(Please check Yes, No or Not Sure for each item)
- |   | Yes     | No      | Not Sure |
|---|---------|---------|----------|
| a) High blood pressure (hypertension) .....   | ___ (1) | ___ (2) | ___ (3)  |
| b) Serious heart condition, such as a heart attack, angina,<br>intermittent claudication or congestive heart failure? | ___ (1) | ___ (2) | ___ (3)  |

2. Have you seen a physician since your last visit? ..... Yes \_\_\_ (1) No \_\_\_ (2)  
If yes, reason \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

2a. Have you been hospitalized or had surgery since your last visit? Yes \_\_\_ (1) No \_\_\_ (2)  
If yes, reason \_\_\_\_\_

3. Are you scheduled to see a physician? ..... Yes \_\_\_ (1) No \_\_\_ (2)  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
What for? \_\_\_\_\_

4. Are you currently pregnant? ..... Male \_\_\_ (3) Female Yes \_\_\_ (1) No \_\_\_ (2)

5. Has anything changed regarding your health status? ..... Yes \_\_\_ (1) No \_\_\_ (2)  
If yes, describe \_\_\_\_\_

Clinical  
Reviewer ID \_\_\_\_\_

6. On average, how many 12-oz. cans or bottles of beer do you usually drink per week? .....  
\_\_\_ none  
\_\_\_ less than 1/week  
\_\_\_ \_\_\_ beers per week
- On average, how many 4-oz. glasses of wine do you usually drink per week? .....  
\_\_\_ none  
\_\_\_ less than 1/week  
\_\_\_ \_\_\_ glasses per week

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

7. Have you ever smoked cigarettes (more than 1 per day)? ..... Yes \_\_\_ (1) No \_\_\_ (2)  
If no, stop.  
If yes, at what age did you start? ..... \_\_\_ years  
Do you currently smoke cigarettes? ..... Yes \_\_\_ (1) No \_\_\_ (2)  
If no, at what age did you stop? ..... \_\_\_ years  
When you smoke or smoked, on average how many cigarettes per day do/did you smoke? ..... \_\_\_ cigarettes/day

Staff ID \_\_\_\_\_

Editor ID \_\_\_\_\_