PHYSICIAN'S QUESTIONNAIRE

1.	What was the reason was placed on drug Check as many as apply.		was placed on drug therapy?
	•		chemic heart disease (e.g., angina) her (please specify)
2.		Vhat was the blood pressure in your office prior to the beginning of drug herapy? Dates and systolic and diastolic blood pressure readings.	
	b) SB	$BP = /DBP = on_$	
3.	What was the patient's weight in your office prior to the beginning of ditherapy?		office prior to the beginning of drug
	Weigh	ht =	
4.	What	What drugs were prescribed? Please indicate dose.	
5.	a.	a. Did the participant have any other health problems at the time the antihypertensive drug was started Yes No	
	b.	If Yes could you specify?	
6.	a.	Was the participant taking any other medications: Yes No	
	b.	If Yes, what were the drugs?	
7.	a. When you initiated drug therapy, were you aware of the individual intervention assignment in the Trials of Hypertension Prevention (we loss alone, sodium restriction alone, combined weight loss and sodium restriction, neither weight loss nor sodium restriction):		ials of Hypertension Prevention (weight one, combined weight loss and sodium
		Yes No Unsu	re
	b. If Yes, please indicate which of the following apply:		
	 Knowledge of the intervention assignment 1. had no effect on my management of the patient. 2. delayed my initiation of drug therapy. 3. promoted me to start medication early. 		