TOHP

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
VISIT CHECKLIST—SCREENING VISIT #1

1. Was candidate prescreened for blood pressure?	YES ☐ (1)	NO ☐ (2)
2. Has candidate completed Screening Informed Consent Form?	YES ☐ (1)	NO ☐ (2)

3. Indicate candidate's eligibility status for each of the following items:	ELIGIBLE (1)	INELIGIBLE (2)
a) Age (within range 30–54 years)	☐	☐
b) Blood pressure (sum of 3 readings 224–291 mm Hg)	☐	☐
c) Weight (below limits on chart)	☐	☐

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4. Did candidate complete Part II of this form?	YES ☐ (1)	NO ☐ (2)
IF NO: GO TO ITEM 9 BELOW.		
IF YES: How was this form administered?	Self-administered ☐ (1)	
	Staff-administered ☐ (2)	

Indicate candidate's eligibility status for each of the following:	ELIGIBLE (1)	INELIGIBLE (2)
a) Medical history (items 1–3)	☐	☐
b) Alcohol consumption (more than 21 drinks per week)	☐	☐
c) Plans to move	☐	☐
d) Special diet	☐	☐
e) Pregnant or intends to become pregnant	☐	☐
f) Unable to exercise	☐	☐
g) Household member in TOHP or TOHP employee	☐	☐
h) Participant in HPT or other clinical trial	☐	☐
i) Other	☐	☐
(Specify _____)	___ ___	

5. Has candidate completed Demographic Information Form?	YES ☐ (1)	NO ☐ (2)
IF CANDIDATE IS *INELIGIBLE* FOR ANY REASON, GO TO ITEM 9.		

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6. Is candidate *WILLING* to schedule next visit?	YES ☐ (1)	NO ☐ (2)
IF NO: Reason _____	___ ___	
7. Date of scheduled Screening Visit #2	___ ___/___ ___/___ ___ (month / day / year)	

REMINDER: SV2 MUST BE SCHEDULED 10–30 DAYS AFTER SV1.

8. Has candidate been instructed to bring all medications and vitamin supplements to SV2?	YES ☐ (1)	NO ☐ (2)

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9. TOHP identification number of person responsible for reviewing this form with candidate ___ ___ ___ ___

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

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SV1

ID number ___ ___ ___ ___ ___ ___ ___ ___ ___

Candidate's initials ___ ___ ___ ___ ___

Visit date ___ ___/___ ___/___ ___

SCREENING FORM #1

1. Date of birth ..... ___ ___ / ___ ___ / ___ ___ (month / day / year)

2. Age at last birthday ..... ___ ___ years

3. Sex ..... Male ☐ (1) Female ☐ (2)

4. Race ..... White ☐ (1) Hispanic ☐ (2); Black ☐ (3) Asian ☐ (4); Other ☐ (5) (specify _____)

5. PREPARATION FOR BLOOD PRESSURE MEASUREMENTS
   a. Arm circumference ..... ___ ___ cm
   b. Time of day ..... ___ ___ : ___ ___ AM / PM

   WAIT FIVE MINUTES

   c. Time of day ..... ___ ___ : ___ ___ AM / PM
   d. Room temperature ..... ___ ___ °F
   e. Cuff size ..... Small adult (<24 cm) ☐ (1); Adult (24–32 cm) ☐ (2); Large adult (33–41 cm) ☐ (3); Thigh (> 41 cm) ☐ (4)
   f. Resting 30-second pulse ..... ___ ___/30 seconds
   g. Pulse obliteration pressure ..... ___ ___ ___ mm Hg
   + 3 0
   h. Maximum zero ..... + ___ ___ mm Hg
   i. Random zero peak inflation level ..... ___ ___ ___ mm Hg
   j. TOHP certification number of random zero device ..... ___ ___ ___ ___

6. First random zero blood pressure — SBP/DBP
   a. Reading ..... ___ ___ ___ / ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ / ___ ___
   c. Corrected value (a − b) ..... ___ ___ ___ / [redacted] mm Hg

   WAIT 30 SECONDS

7. Second random zero blood pressure — SBP/DBP
   a. Reading ..... ___ ___ ___ / ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ / ___ ___
   c. Corrected value (a − b) ..... ___ ___ ___ / [redacted] mm Hg

   WAIT 30 SECONDS

8. Third random zero blood pressure — SBP/DBP
   a. Reading ..... ___ ___ ___ / ___ ___ ___ mm Hg
   b. Zero value ..... ___ ___ / ___ ___
   c. Corrected value (a − b) ..... ___ ___ ___ / [redacted] mm Hg

9. Sum of 3 DBPs, items 6c + 7c + 8c ..... ___ ___ ___

   IF THIS SUM IS OUTSIDE THE RANGE 224–291 mm Hg,
   THE CANDIDATE IS *INELIGIBLE*. TERMINATE THE INTERVIEW.

10. TOHP identification number of person taking blood pressure ..... ___ ___ ___ ___

11. Height ..... ___ ___ inches

12. Weight ..... ___ ___ ___ pounds

13. TOHP identification number of person taking height/weight ..... ___ ___ ___ ___