BASELINE VISIT FORM

VERSION C / 12-28-1987 TEMP ID: FORM: VERSION: VISIT: INSTRUCTIONS: This form is to be used only at Visit 3, the SOLVD Baseline Visit (Randomization). Print clearly when entering a response in the appropriate boxes. For multiple choice questions, circle the one appropriate letter corresponding to the response chosen. Specific instructions for various questions are enclosed in boxes directly below the question. See the SOLVD General Instructions for Completing Forms for details. SOLVD BASELINE VISIT FORM (screen 1 of 12) (SBF page 1 of 7) A. IDENTIFYING INFORMATION OPTIONAL DATA FOR LOCAL CLINIC USE ONLY Today's Date: a) Date of Visit 2: Day Year Month Year Month Day 2.1. Last Name: b) Number of days since Visit 2...... 2.2. First Name: c) Number of pills dispensed at Visit 2... 2.3. Middle Name: d) Number of pills returned today..... e) Adherence..... B. EVALUATION OF ELIGIBILITY 3.1. Did the participant take 80% (c) - (d)or more tablets x 100 in the run-in period?.....Yes Adherence = 2 x (b) No N

n, drug idress, etc.)
5
Yes Y
.Yes Y

If No, EXIT THE FORM.

SOLVD BASELINE VISIT FORM (scre	en 3 of 12) (SBF page 3 of 7)					
9.1. Has the participant ever smoked cigarettes?Yes Y	11.1. Previous myocardial infarction?Yes Y No N					
If No, go to Question 10.	If No go to Question 12.					
9.2. Does the participant currently smoke?Yes	11.2. If Yes, enter date of most recent myocardial infarction:					
No N If Yes, go to Question 10.	Month Day Year					
9.3. If No (stopped smoking), how many months ago did you stop smoking?	12. Permanent pacemaker?Yes Y					
10. Average number of alcoholic drinks consumed per week in the past two years						
SOLVD BASELINE VISIT FORM (screen 4 of 12) (SBF page 3 of 7)						
13a. Previous cardiac surgery or percutaneous transluminal coronary angioplasty (PCTA) ?Yes Y	Past History of the following? Yes No					
No N	14.1. Hypertension Y N					
If No, go to Question 14.1.	14.2. Diabetes mellitus Y N					
cardiac surgery or PCTA:	14.3. Chronic obstructive pulmonary disease Y N					
Month Day Year	14.4. Cerebrovascular accident Y N					
13c. If Yes, type of procedure:	14.5. Angina pectoris Y N					
coronary artery bypass graft C valve replacement V	14.6. Orthopnea Y N					
PCITA A	14.7. Edema Y N					
Other 0	14.8. Breathlessness on exertion Y N					

14.9. Atrial fibrillation, supraventricular tachyarrhythmia, or atrial flutter? Y

N

		*	
F. NON-STUDY MEDICATIONS CURRENTLY USE	D		OPTIONAL DATA FOR LOCAL CLINIC USE ONLY
	Yes	No	Name/Dosage/Frequency
\15. Digitalis	Y	N	
	v	17	
16. Other inotropic agent	Y	N	
17.1. Diuretic	Y	N	
If No (diuretics), go to Quest	ion 19	1	
if No (diuretics), go to quest	1011 18.	ļ	
17.2. Thiazide	Y	N	
17.3. Loop	Y	N	
17.4. Metolazone	Y	N	
	••		
17.5. Potassium sparing	Y	·N	
SOLVD BASELIN	E VISIT	FORM (scre	en 6 of 12) (SBF page 4 of 7)
NON-STUDY MEDICATIONS CURRENTLY USE	D		OPTIONAL DATA FOR LOCAL CLINIC USE ONLY
	Yes	No	Name/Dosage/Frequency
18. Antiarrhythmic	Y	N	
19. Regular use of antiplatelet	Y	N	
20. Beta Blocker	Y	N	
21.1. Vasodilator / ACE-inhibitor	Y .	N	
	-		11
If No (vasodilators), go to Que	estion 2	3.	
			11
21.2. Long acting nitrate	Y	N	
	-		
01.0.0			
21.3. Captopril	Y	N	
[IF YES, EXIT FORM]			
21.4. Enalapril	Y	N	

	! j
NON-STUDY MEDICATIONS CURRENTLY USED	OPTIONAL DATA FOR LOCAL CLINIC USE ONLY
Yes No	Name/Dosage/Frequency
21.5. Other ACE inhibitor Y	
[IF YES, EXIT FORM]	
22. Calcium channel blocker Y N	
22.1. Other vasodilator Y	
23. Anti-hypertensive	
(other than above) Y	
24. Anticoagulant Y N	
24. Microagurane 1 N	
25. Potassium supplementation Y N	
SOLVD BASELINE VISIT FORM (scre	en 8 of 12) (SBF page 5 of 7)
26. Is the participant	
using non-ACE vasodilators?Yes Y	
	<u>1</u> 1
If No, go to Question 27.1 No N	
If No, go to Question 27.1 No N	
NOTE: If the participant is continuing the use of a non-ACE vasodilator, please consider	The following drugs are classified as other ANTIHYPERTENSIVES: Beta Blockers, Guanabenz
NOTE: If the participant is continuing the use	ANTIHYPERTENSIVES: Beta Blockers, Guanabenz Acetate, Rescinnamine, Guanethidine, Reserpine,
NOTE: If the participant is continuing the use of a non-ACE vasodilator, please consider discontinuing use unless the indication is clear.	ANTIHYPERTENSIVES: Beta Blockers, Guanabenz
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NOTE: If the participant is continuing the use of a non-ACE vasodilator, please consider discontinuing use unless the indication is clear.	ANTIHYPERTENSIVES: Beta Blockers, Guanabenz Acetate, Rescinnamine, Guanethidine, Reserpine, Alpha Methyl Dopa The following drugs are classified as VASODILATORS: Nitrates, Calcium Channel Blockers, Prazosin,
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H. LAST AVAILABLE ECG	
28a. Atrial fibrillationYes Y	Physician's Guidelines for Determining Presence of LVH
No N	
28c. ORS delay <= 120 ms?Yes Y	 a. Is the R wave voltage equal or greater than 2.6 mV (26mm) in any lead, or is the peak to peak QRS voltage
	equal to or greater than 2.0 mV (20mm) in any limb lead
No N 28j. Is Left Ventricular Hypertrophy	b. Is characteristic repolarization abnormality present (downsloping ST segment with T wave inversion)?
present (see Guidelines in right column)?	c. If questions a and b are answered yes, consider LVH
No N	to be present.
no n	
28k. Q-wave MI present?Yes	
[If No, go to Q. 32.1] No N	I. CHEST X-RAY
281. If Yes, location of Myocardial InfarctionAnterior	32.1. Cardiac-thoracic ratio
Inferior/Posterior P	
Both B	32.2. Are there any
	signs of pulmonary
Unknown U	,
	No N
SOLVD BASELINE VISIT FORM (scre	een 10 of 12) (SBF page 6 of 7)
J. PHYSICAL EXAMINATION	Yes No
Weight (without shoes or	36.2. Edema Y N
outdoor garments)	
Enter <u>one</u> weight - lbs or kgs	36.3. Elevated jugular venous pressure Y N
33.1. Weight (to nearest lb.)	36.4. S3 Y N
	
33.2. Weight (to nearest kg.)	
	K. PHYSICIAN'S JUDGMENT OF PRIMARY CAUSE OF LEFT VENTRICLE DYSFUNCTION
34. Heart rate (sitting)	37.1. Primary cause of Left
(beats per minute)	Ventricle Dysfunction Ischemic I
Blood Pressure (sitting)	Other 0
35.1. Systolic	Unknown U
man rig	If Ischemic (I) or Unknown (U)
75 9 Disease its	go to Question 38.
35.2. Diastolic mm Hg	
	37.2. If Other, specify:
Any of the following present?	

Yes

Y

36.1. Rales.....

No

N