



5.1. Is the participant's private physician (name, address and telephone number) the same as before?.....Yes Y  
 No N

If Yes (the same as before), go to Question 6.1.

5.2. Last Name:

5.3. First Name:

5.4. Street Address:

5.5. City:

5.6. State/Province.....

5.7. Country:

5.8. Zip Code/Canadian or European Postal Code:

5.9. Private physician's telephone number:  -  -

6.1. Is the participant's employment (name, title, address and telephone number) the same as before?.....Yes Y  
 No N

If Yes (the same as before), go to Question 7.1. on page 3.

6.2. Name or Status: (company, self-employed, disabled, retired, etc.)

Employment Information

6.3. Participant's Job title:

6.4. Street Address:

6.5. City:

6.6. State/Province.....

6.7. Country:

6.8. Zip Code/Canadian or European Postal code:

6.9. Employer's Telephone Number:  -  -

6.10. Is the patient's nearest relative or friend's address and phone number the same as before?..... Yes No

If NO, record change in optional data for Local Clinic use. Y N

**B. INTERIM SYMPTOMS AND SIDE EFFECTS**

7.1. Since the last SOLVD visit, has the participant had angina?.....Yes Y

No N

**If No, go to Question 8.1.**

7.2. If Yes, enter the average number of attacks per week.....

8.1. Has the participant Had dizzy spells?.....Yes Y

No N

8.2. Has the participant fainted (syncope)?.....Yes Y

No N

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

Since your most recent SOLVD interview have you had:

a) Dyspnea on exertion (define in lay terms).....Yes Y

No N

If Yes, rate severity on a scale of 1-4.....   
(4 = most severe)

Yes No

b) Orthopnea..... Y N

c) PND..... Y N

d) Extreme, inappropriate fatigue. Y N

e) Edema..... Y N

9. Since the last SOLVD visit, was the participant hospitalized?.....Yes Y

No N

**If Yes, complete the SOLVD HOSPITALIZATION FORM.**

10. Since the last SOLVD visit, has the participant been ill requiring a visit to the physician but not hospitalization?.....Yes Y

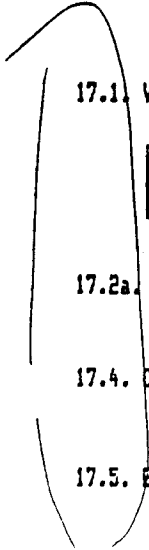
No N

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

If Yes to Question 9, diagnosis:

C. NON-STUDY MEDICATIONS CURRENTLY USED			OPTIONAL DATA FOR LOCAL CLINIC USE ONLY	
	Yes	No	Name/Dosage/Frequency	
11. Digitalis.....	Y	N	_____	
12. Other inotropic agent.....	Y	N	_____	
13.1. Diuretic.....	Y	N	_____	
If No (diuretics), go to Question 14.				
13.2. Thiazide.....	Y	N	_____	
13.3. Loop.....	Y	N	_____	
13.4. Metolazone.....	Y	N	_____	
13.5. Potassium sparing.....	Y	N	_____	

NON-STUDY MEDICATIONS CURRENTLY USED			OPTIONAL DATA FOR LOCAL CLINIC USE ONLY			
	Yes	No	Name/Dosage/Frequency			
14. Antiarrhythmic.....	Y	N	_____			
15. Regular use of antiplatelet.....	Y	N	_____			
16. Beta blocker.....	Y	N	_____			
17.1. Vasodilator/ACE-inhibitor.....	Y	N	_____			
If No (vasodilator/ACE), go to Question 19. on page 5.			The following drugs are classified as <b>VASODILATORS:</b> Nitrates, Calcium Channel Blockers, Prazosin, Minoxidil, Clonidine, Hydralazine			
17.2a. Long acting nitrate.....	Y	N			_____	
17.4. Captopril.....	Y	N			_____	
17.5. Enalapril.....	Y	N			_____	
					_____	



*do D.D. ...*

NON-STUDY MEDICATIONS CURRENTLY USED

Yes No

17.6. Other ACE-inhibitor..... Y N

18. Calcium channel blocker..... Y N

18.1. Other vasodilator..... Y N

19. Anti-hypertensive  
(other than above)..... Y N

20. Anticoagulant..... Y N

21. Potassium supplementation..... Y N

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

Name/Dosage/Frequency

The following drugs are classified as other ANTIHYPERTENSIVES:  
Beta Blockers, Guanabenz  
Acetate, Rescinnamine, Guanethidine, Reserpine,  
Alpha Methyl Dopa

D. STUDY MEDICATION

22. Pills dispensed/returned:

Instructions: Enter the following information for each pill type dispensed either at the last SOLVD visit or last use of this form:  
# pills dispensed, dose (Q=QD=once daily, B=BID=twice daily),  
# pills returned and # days since the last visit

Pill type	# Pills previously dispensed	Dose (Circle: Q=QD or B=BID)	# Pills returned today	# days since last visit
2.5 mg	a) <input type="text"/>	b) <input type="text"/> Q <input type="text"/> B	c) <input type="text"/>	d) <input type="text"/>
5.0 mg	e) <input type="text"/>	f) <input type="text"/> Q <input type="text"/> B	g) <input type="text"/>	h) <input type="text"/>
10.0 mg	i) <input type="text"/>	j) <input type="text"/> Q <input type="text"/> B	k) <input type="text"/>	l) <input type="text"/>

Have the following symptoms been present since the last visit?.....

Yes No

23.1. Skin rash..... Y N

OPTIONAL DATA FOR LOCAL CLINIC USE

- |                                 | Yes | No |
|---------------------------------|-----|----|
| 23.2. Dizziness/fainting.....   | Y   | N  |
| 23.3. Altered Taste.....        | Y   | N  |
| 23.4 Blurred Vision.....        | Y   | N  |
| 23.5. Fatigue.....              | Y   | N  |
| 23.6. Nausea.....               | Y   | N  |
| 23.6a. Angioneurotic edema..... | Y   | N  |
| 23.6b. Cough.....               | Y   | N  |
| 23.7. Forgetfulness.....        | Y   | N  |
| 23.8. Other.....                | Y   | N  |

If No (Other), go to section E. PHYSICAL EXAMINATION, Question 24.1.

If Yes (Other), specify:


OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

- a) JVP (cm above angle of Louis at 30 degrees): \_\_\_\_\_
- b) Rales.....Yes      Y  
                                          No      N  
If Yes, are rales:
- i) Unilateral.....Yes      Y  
                                          No      N
- ii) Bilateral.....Yes      Y  
                                          No      N
- Extent of lung fields (bases(s) only):
- ≤ 1/2 lung field      L  
        > 1/2 lung field      G
- c) S3 gallop.....Yes      Y  
                                          No      N
- d) Liver span (cm): \_\_\_\_\_
- e) Edema.....Yes      Y  
                                          No      N

E. PHYSICAL EXAMINATION

Weight (without shoes or outdoor garments)

Enter one weight - lbs or kgs

24.1. Weight (to nearest lb.)...         lbs

24.2. Weight (to nearest kg.)...         kgs

25. Heart rate (sitting).....          
    (beats per minute)

Blood Pressure (sitting)

26.1. Systolic.....         mm Hg

26.2. Diastolic.....         mm Hg

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

F. PHYSICIAN'S ASSESSMENT

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

27. New York Heart Association  
CHF classification..... 1  
2  
3  
4

28. Which of the following best  
describes the participant?.....

Circle one number.

A previously asymptomatic participant  
(Prevention trial participant who had  
never previously developed symptoms)..... 1

A previously symptomatic participant  
(treatment trial or Prevention trial  
participant who was found to be  
symptomatic at a previous visit)..... 2

If previously symptomatic (2),  
go to Question 31. on page 8.

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

29.1. Is there evidence that  
CHF has developed  
since the previous visit?.....Yes Y  
No N

If No (CHF has not developed), go to section  
6. LABORATORY DATA, Question 32. on page 8.

If Yes (CHF has developed),  
indicate the symptoms of CHF:

	Yes	No
--	-----	----

29.2. Shortness of breath  
at rest/minimal exertion... Y N

29.3. Orthopnea/Paroxysmal  
Nocturnal Dyspnea... Y N

29.4. Acute pulmonary edema..... Y N

29.5. Fatigue at rest or  
with minimal exertion.... Y N

If Yes (CHF has developed), indicate the signs of CHF:

	Yes	No
30.1. Rales.....	Y	N
30.2. Edema.....	Y	N
30.3. Elevated jugular venous pressure.....	Y	N
30.4. S3 .....	Y	N
30.5. Radiologic evidence of pulmonary venous congestion or pulmonary edema or pleural effusions.....	Y	N

Go to section 6. LABORATORY DATA, Question 32.

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

31. If previously symptomatic, the participant's CHF severity since last visit is.....

Improved	I
Unchanged	U
Worsened	W

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

6. LABORATORY DATA

32. Hematocrit (HCT).....   %

33.1. Total White Blood Count (WBC x1000).....

33.2. Percent Neutrophils.....

33.3. Percent Lymphocytes.....

Serum digoxin level: \_\_\_\_\_



34. Sodium (Na).....    eq/l
35. Potassium (K).....  .  eq/l
36. Blood Urea Nitrogen (BUN)..   mg/dl
37. Creatinine.....  .  mg/dl
- 38a. Proteinuria.....negative 0  
 trace or + 1  
 ++ 2  
 +++ 3  
 ++++ 4

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

H. STUDY MEDICATION DISPENSING INFORMATION

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

39. Pills dispensed:

Pill type	# Pills dispensed at this visit	Dose (Circle one: Q=QD=once daily or B=BID=twice daily)
2.5 mg	a) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b) <input type="radio"/> Q <input type="radio"/> B
5.0 mg	c) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	d) <input type="radio"/> Q <input type="radio"/> B
10.0 mg	e) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	f) <input type="radio"/> Q <input type="radio"/> B

40. Has the dosage of study drug been changed since:  
 1) the last SOLVD visit or  
 2) use of a SOLVD Alteration in Study Drug Dosage Form?.....

Yes Y  
 No N

If NO (no change), go to section L. SCHEDULING INFORMATION, Question 52, on page 10.  
 If YES complete an ALTERATION in STUDY DRUG DOSAGE form (SDC).

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

L. SCHEDULING INFORMATION

52. Date of next visit:

<input type="text"/>	<input type="text"/>	/	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Month				Day		Year		

M. ORIGIN OF FORM

53. This form was completed.....

At the clinic      C

By telephone      T

At hospital      H

N. INITIALS OF PERSON  
COMPLETING THIS FORM

54. Initials.....

<input type="text"/>	<input type="text"/>
----------------------	----------------------