



Pre-randomization  
ID: \_\_\_\_\_

### Patient History Questionnaire

This form asks you a variety of questions about your background and habits that may affect or relate to your health. It should take about 10 minutes to complete. Please fill in the information requested, or place a check in the appropriate space. A few questions may be similar to ones you have answered before, but please do not skip any questions. If you are not sure about an answer, please estimate.

If you have questions or would like help filling it out, please call \_\_\_\_\_ at \_\_\_\_\_. Please return this questionnaire by \_\_\_\_\_. We thank you for your time and your contribution to this research.

#### PERSONAL INFORMATION AND HABITS

- 1. How much formal or academic education have you had?.....  1  
*(Check the highest level completed)*
  - Grade school  1
  - Some High School  2
  - Completed High School  3
  - Some College (including community or technical college)  4
  - Completed college degree (BA, BS)  5
  - Post graduate work  6
  
- 2. What is your marital status? .....  1
  - Single  1
  - Married  2
  - Widowed  3
  - Divorced/Separated  4
  
- 3. What is your current employment status? .....  1  
*(Check the one that applies to the greatest percentage of your time)*
  - Employed full-time  1
  - Employed part-time  2
  - Homemaker  3
  - Retired  4
  - Disabled, unable to work  5
  - Unemployed  6
  - Student  7

4. What is your total annual household income? ..... Less than \$29,999  1  
(Please give the best approximation of the total income from  2  
all sources within your household in the past year) \$30,000 to \$44,999  3  
\$45,000 to \$59,999  4  
\$60,000 to \$74,999  5  
\$75,000 to \$89,999  6  
\$90,000 or more  6

5. Have you smoked at least 100 cigarettes in your entire life? ..... Yes  1  
No  2

<p><b>If Yes,</b></p> <p>a. How old were you when you first started smoking? ..... _____ years</p> <p>b. Do you smoke cigarettes now? ..... Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p><b>If Yes,</b> how many cigarettes do you smoke per day now?..... _____ cigarettes</p> <p><b>If No,</b> how old were you when you stopped? ..... _____ years</p> <p>c. On the average of the entire time you smoked, how many cigarettes did you smoke per day? ..... _____ cigarettes</p>
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6. Have you ever smoked a pipe or cigars regularly?..... Yes  1  
No  2

<p><b>If Yes,</b> Do you currently smoke a pipe or cigars? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>
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7. Has a doctor ever told you that you might have high blood pressure?..... Yes  1  
No  2

<p><b>If Yes,</b> Have you ever taken medication in order to control your blood pressure? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>
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- | <b>Family Medical History</b>                                     | <b>Yes</b>                 | <b>No</b>                  | <b>Don't Know</b>          |
|---|----------------------------|----------------------------|----------------------------|
| 8. Has your biological father ever had high blood pressure?.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 9. Has your biological father ever had kidney failure? .....      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 10. Has your biological father ever had diabetes? .....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 11. Has your biological mother ever had high blood pressure?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 12. Has your biological mother ever had kidney failure? .....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 13. Has your biological mother ever had diabetes? .....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 14. Do you have any biological brothers or sisters? .....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

<b>If yes,</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Have any of your brothers or sisters ever had high blood pressure? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have any of your brothers or sisters ever had kidney failure? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have any of your brothers or sisters ever had diabetes? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

- |  | <b>Yes</b>                 | <b>No</b>                  |
|--|----------------------------|----------------------------|
| 15. Do you have any biological children? ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

<b>If yes,</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Have any of your children ever had high blood pressure?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have any of your children ever had kidney failure?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have any of your children ever had diabetes? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

- |   | <b>Yes</b>                 | <b>No</b>                  | <b>Don't Know</b>          |
|---|----------------------------|----------------------------|----------------------------|
| 16. Have any of your biological relatives (parents, brothers, sisters, children) suffered a stroke or heart attack before age 60? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

ID# \_\_\_\_\_

- |   | <b>Yes</b>                 | <b>No</b>                  |
|---|----------------------------|----------------------------|
| 17. Have you ever tried to reduce your sodium (e.g., salt) intake? .....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 18. Have you ever tried to lose weight? .....                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 19. Have you ever tried the DASH diet? .....                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 20. Have you ever tried any other special diet? .....                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 21. Have you ever tried to increase your physical activity (or exercise)? ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 22. Have you ever tried to reduce your alcohol intake? .....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Reviewed by (staff ID) _____ Entered by (staff ID) _____
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## Overview

This self-administered questionnaire is designed to capture demographic and medical history data. It can be administered at any time prior to randomization.

### Administration Instructions

Place ID labels on pages 1-4.

Instruct participant to fill out the form in blue or black pen. Participants should be encouraged to answer every question, but this is not required.

<u>Page</u>	<u>Question</u>	<u>Special administration instructions</u>
1	1-3	Only one item in each question should be checked.
2	4	Only one item should be checked.
	5	This skip pattern is complex. Go over it with the participant before they fill out the questionnaire. Highlighting the skips may be helpful to participants.
	6-7	Each question has a skip pattern. Highlighting the skips may be helpful to participants.
3	8-13	Self explanatory
	14	Include half-brothers and half-sisters as biological relatives.
	15	Self explanatory
	16	Include half-brothers and half-sisters as biological relatives.
4	17	Self explanatory
	18	Include weight loss via diet or exercise.
	19-22	Self explanatory

### Coding Instructions

No coding is required.

### Review Instructions

Check to be sure all items were completed. If any items were not completed, confirm with participant that they meant to skip the item. Participants are allowed to decline to answer any of the questions.

Check the skip pattern on question 5.

Check the skip pattern on questions 6-7.