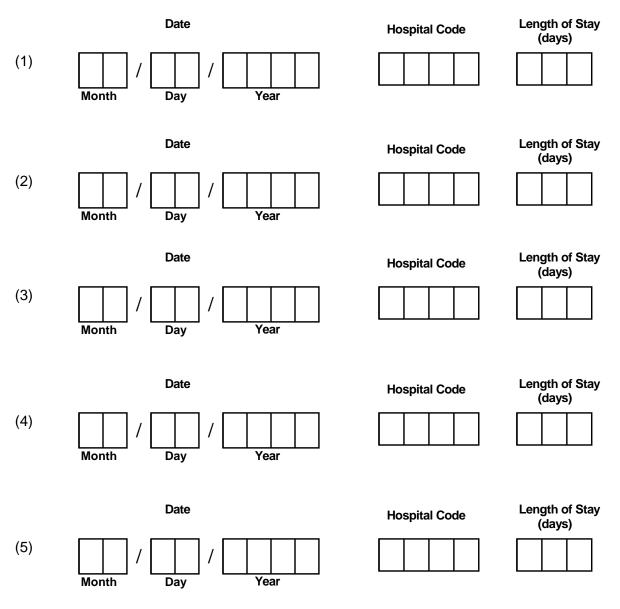
Multi-Ethnic Study of Atherosclerosis Follow-up Phone Call 10		Affix ID Label Here									
Specific Medical Conditions	Date:	Mo	/		Day	/		Year			
Complete form for each condition reported as 'Yes' on "General Health" or "General Health-Death" form. If the participant has died, change 'you' or 'your' to decedent's name for all questions below.											
You said that a doctor or other health care professional told yo name reported previously below)	ou that you had			(re	ad a	nd n	nark sp	ecific	cond	lition	
 A myocardial infarction or heart attack Angina pectoris or chest pain due to heart dis Heart failure or congestive heart failure Peripheral vascular disease, intermittent clau pain in your legs from a blockage of the arter 	dication or						ns that y				
 Atrial fibrillation Deep vein thrombosis or blood clots in your loop A transient ischemic attack (TIA) or mini-strol 		your stroke, do you feel that you have made a complete recovery? O Yes O No O Unsure									
 Stroke Blockage in the carotid artery Lung abnormality or nodule Cancer, specify type: 				 In the last two weeks, did you require help from another person for everyday activities? Yes No Unsure 							
A. What was the name and address of the doctor you s Name :											
Address : B. What was the date of the diagnosis or hospitalization (Probe for exact date. If exact date cannot be recalled, participant to estimate month and year. Record day as	n? ask	Mo		/ Da	l l	/	Yea	ar			
	O No O Unsure	ast co	As "G He de are	k abou eneral alth-D tails o e no ac	l Heal eath' n an dditio	lth" ' for add onal	ondition or "Gen m, and itional conditi "Gener	neral recor form. ions, g	d If the go to		
00/03/2008 Page 1	of 2						5	52254	0566	55	

Follow-up Phone Call 10 -- Specific Medical Conditions Page 2

 D. Would you please tell me the dates of each hospitalization and where you were hospitalized? (Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)



Ask about the next condition reported as 'Yes' on "General Health" or "General Health-Death" form and record details on an additional form. If no additional conditions are reported as 'Yes', go to next question on the form.

For MESA Field Center Use Only:	Data Collection Method:	O Computer	O Paper
Interviewer ID:	Reviewer ID:		Data Entry