Multi-Ethnic Study of Atherosclerosis Follow-up Phone Call 12	Participant Id#:		
Mesa Mesa Air Pollution			
General Health	Date: / / Month Day Year		
INTRODUCTION Hello, my name is [<i>interviewer name</i>], and I'm calling to sp	peak with [participant name]. Is [participant name] available?		
If no → When would it be convenient to call back?_	Thank you. I will call again.		
	<i>name</i>] with the [<i>MESA/MESA Air</i>] Study. I'm calling to see how you with you and update our [<i>MESA/MESA Air</i>] records. Do you have a		
If no	t to call back?		
If Yes → We'd like to ask you some questions about your general health and specific medical conditions since our last telephone interview with you on I realize that we have asked you some of these questions several times, but learning about changes in your health is very important in helping us understand more about the causes of heart disease and stroke and how these diseases may be related to other things in your life. Go to Question 1.			
1. Would you say, in general, your health is (read all r	esponse categories except Unsure)		

0	Excellent	0	Good	0	Poor
0	Very Good	0	Fair	0	Unsure

2. Since our last telephone interview with you on [*date*], have you had any of the following symptoms? (read each symptom)

	Yes	No	Unsure
Discomfort or pain in your chest	0	0	0
Shortness of breath	0	0	0
Pain in your legs	0	0	0

3. Since our last telephone interview with you, have you at any time seen a doctor or other health care professional? **Optional:** A 'health care professional' is a doctor, nurse, nurse practioner, or other certified specialist working in a clinic, hospital, or ambulance. This person may also be a practioner of non-Western medicine (e.g. An acupuncturist or Asian herbalist) but should not include chiropractors, exercise instructors, or diet coaches.

(Circle answer)

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U U	res

O No

Since our last telephone interview with you, have you had an overnight stay in a hospital or nursing home? (Circle answer)

O No

O Yes

Did the participant answer 'Yes' to either part of Question 3 (seen a health professional or overnight stay)?

O _{Yes}	O No O Unsure
\downarrow	O Unsure
Go to Question 4.	\downarrow

Skip to Question 8

4a. Has your doctor or health care professional told you that you had diabetes?

- O Unsure (Go to question 4b)
- O No (Go to question 4b)
- O Yes ──► If Yes to Diabetes :

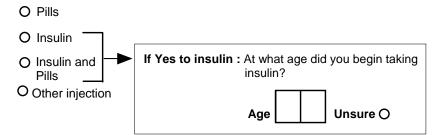
Is this a new diagnosis since our last telephone interview with you?

- O Unsure
- O No
- O Yes

Are you currently taking medicine for your diabetes?

- O Unsure (Go to question 4b)
- O No (Go to question 4b)
- O Yes ► If Yes to medicine :

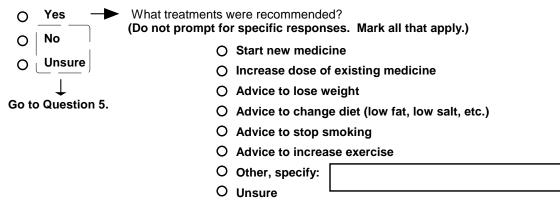
What kind of medicine are you taking for your diabetes?



4b. Has your doctor or health care professional told you that you had one of the following since our last telephone interview with you? (Read each diagnosis.)

	Yes	No	Unsure
High Blood Pressure	0	0	0
If Yes: Was this a new diagnosis since our last contact with you?	0	0	0
High Cholesterol Level	0	0	0
If Yes: Was this a new diagnosis since our last contact with you?	0	0	0
If Yes to <i>any</i> item in Questions 4a or 4b → Go to If No or Unsure to <i>all</i> items in Questions 4a or 4b → Go to			

4c. Did the doctor recommend any new or different treatments?



5. Since our last telephone interview with you, has a doctor or health care professional told you that you had any of the following?

	Yes	No	Unsure
A myocardial infarction or heart attack	0	0	0
Angina pectoris or chest pain due to heart disease	0	0	0
Heart failure or congestive heart failure	0	0	0
Peripheral vascular disease, intermittent claudication or pain in your legs from a blockage of the arteries	0	0	0
Atrial fibrillation	0	0	0
Deep vein thrombosis or blood clots in your legs	0	0	0
A transient ischemic attack (TIA) or mini-stroke	0	0	0
A stroke	0	0	0
Blockage in the carotid artery	0	0	0
Lung abnormality or nodule	0	0	0
Cancer	0	0	0
	\downarrow		

Complete "Specific Medical Conditions" form for each item with a Yes response.

6. Since our last telephone interview with you, have you had any other condition that resulted in an

	Yes	No	Unsure
Overnight Hospital stay	0	0	0
Overnight Stay at a nursing home or rehabilitation center	0	0	0
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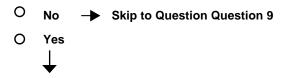
Complete "Other Admissions" form for <u>each</u> item with a Yes response.

7. Since our last telephone interview with you, have you had any of the following tests or procedures in or out of the hospital? (read each procedure):

	Yes	No	Unsure
Stress Test (ETT, bicycle, chemical, etc.)	0	0	0
Coronary angiography or heart catheterization	0	0	0
Echocardiogram	0	0	0
An angioplasty procedure to open up arteries to your heart	0	0	0
Coronary bypass surgery	0	0	0
An angioplasty procedure to open up arteries in either of your legs -	0	0	0
Carotid ultrasound or carotid angiogram	0	0	0
Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in your chest	0	0	0
Other diagnostic procedure or surgery related to your heart or blood vessels	0	0	0
	↓ ↓		

Complete "Specific Medical Procedures" form for each item with a Yes response

8 a. Has your employment status, location or the number of hours you work per week changed since your last follow up call?



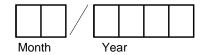
b. Choose one of the following which best describes your current situation:

- O Started working after retiring or other time off
- O Changed job
- O Changed job location only
- O Retired Skip to Question 8d
- O Unemployed Skip to Question 8d
- O Changed hours per week at work Skip to Question 8d
- O Refused/No response → Skip to Question 9

c. What is the street address of your new job or job location?

Street			
City	State	ZIP	Country

d. When did your employment status, location, or hours worked per week change?



- 9 Which of the following best describes your current smoking status?
 - Never smoked → Skip to Question 12
 - Former smoker, quit more than 1 year ago → Skip to Question 12
 - O Former smoker, quit less than 1 year ago
 - O Current smoker
 - O Don't know
- 10 Have you smoked cigarettes during the last 30 days?
 - O Yes
 - O No → Skip to question 12

11 On average, about how many cigarettes a day do you smoke?

12 Did anyone smoke in your residence in the past 12 months (this includes you)?

O Yes →	12a. On average, how often did someone smoke in your residence in the past 12 months?
O Don't know	O Less than once a month O A few days each month
	O More than half of the days of the month, but less than daily O Every day or almost every day

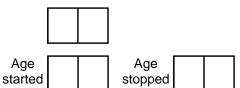
13	When walking on level ground, do you get more breathless than people your own age?	Yes O	No O	Don't Know		
14	When walking up hills or stairs, do you get more breathless than people your own age?	0	0	0		
15	Do you ever have to stop walking because of breathlessness?	0	0	0		
16	Since your last follow up phone call have you had swelling of your feet or ankles?	0	0	0		
	If Yes	0	0	0		
17	Since your last follow up phone call have you had to sleep on two or more pillows to help you breathe?	0	0	0		
18	Are you taking aspirin on a regular basis?	0	0	0		
	If Yes → How many days a week?					
19	Are you taking a medication for cholesterol on a regular basis?	0	0	0		

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Check he	ere		if partic	ipant ha	s previ	ously rej	ported	removal	of both o	ovarie	s and skip to que	stion 24	
D Have	you	had	surgery	to remov	ve your	[,] ovaries	?	Yes		No	Don't Know	,	
								0		0	0		
		Yes: At	what age	?									
	b.	Ho	w many o	ovaries v	vere re	moved?)	O 1	O 2	-	If both ovaries Skip to Questie		
Check he	ere		if particip	ant has	previou	usly repo	orted hy	sterecto	omy and	skip to	o question 24		
Have	you	had	a hyster	ectomy (surger	y to rem	iove	Yes		No	Don't Know		
your u					U			0		0	0		
						r – – – – – –		+					
						At wh	at age	>		Skip	to Question 24		
heck here	e		lf particip	ant prev	iously	reported	l going	through	menopa	use g	o to question 24		
Have y	'ou h	nad a	a menstr	ual perio	d in the	e past 12	2 mont	hs?		Yes	No	Don't Kn	ov
										0	0	C)
If Yes			How ma	ny nericy	te hav		ad in th	, r			\downarrow	4	
1162	• _	•	last 12 n								Skip to	o Question	24
			n birth co		since			Yes		No	Don't Know		
your las	st fo	ollow	up phon	e call?				0		0	0		
lf Y	(es	-									birth control pills ed and stopped s		

24 Since your last follow up call, have you taken hormone replacement therapy?
 ○ No → Questionnaire Completed
 ○ Yes → a. Are you currently using hormone replacement therapy?

- O **Yes** → At what age did you begin?
- O No → At what ages did you take hormones?
- b. Which type of therapy were you on?
- O Estrogen alone (like Premarin or Estratab)
- O Estrogen with progestin (like Provera)
- O Other types of hormone replacement therapy

Specify:



I'd next like to make sure our records are up to date. Could you please tell me if the following information I have is still correct?

Go to "Participant Tracking" form and verify the tracking information that appears in the left-hand column.

This particpant is enrolled in MESA Air:

After completing the Participant Tracking Form, administer the "MESA Air Triggers" and then continue to End on General Health.

This particpant is not enrolled in MESA Air: Continue to End

END:

Thank you so much for talking with me today. We greatly appreciate your participation in [MESA/MESAAir]. Should you have any questions, please feel free to call us at the clinic at [clinic phone number].

