

**Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 12**



General Health - Death

Affix ID Label Here

Date:

 / /

Month

 / /

Day

Year

INTRODUCTION

Hello, my name is [interviewer name], and I'm calling to speak with [proxy name]. Is [proxy name] available?

If no → When would it be convenient to call back? _____ Thank you. I will call again.

If yes → Hello, [proxy name], this is [interviewer name] with the [MESA/MESA Air] study. We understand that [decedent] had given us your name as someone close to [him/her]. I am sorry for your loss. [pause] In order to close out [decedent's] file, I need to ask you a few questions about [his/her] health from the last time our staff talked with [him/her] to [his/her] death. Would now be a good time to talk?

If no → When would it be convenient to call back?
Thank you. I will call again.

If Yes → We'd like to gather information about [his/her] general health and specific medical conditions that may have occurred since our telephone interview with [decedent] and before [his/her] death. That call occurred on [date of last follow up call].

Go to "Question 1" form.

1. Since our last telephone interview with [decedent] on [date of last follow up call], had a doctor or health care professional told [decedent] that [s/he] had any of the following:
(read each diagnosis):

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



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

2. Since our last telephone interview with [decedent], had [s/he] had any other condition that resulted in an ...

	Yes	No	Unsure
Overnight Hospital stay	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overnight Stay at a nursing home or rehabilitation center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complete "Other Admissions" form for each item with a Yes response.

3. Since our last telephone interview with [decedent], had [s/he] 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.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary angiography or heart catheterization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
An angioplasty procedure to open up arteries to the heart	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary bypass surgery	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
An angioplasty procedure to open up arteries in either of the legs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid ultrasound or carotid angiogram	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in the chest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other diagnostic procedure or surgery related to the heart or blood vessels	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(Optional:) May I ask you a few additional questions about [decedent's name] death?

(Interviewer may proceed to fill out Death Information form before ending the phone call.)

END: Thank you so much for answering these questions. Again, I am sorry for your loss. I really appreciate you spending time answering these questions.

We greatly appreciate your cooperation with the [MESA/MESA Air] Study. Should you have any questions, or additional information, please feel free to call us at the clinic at [telephone number].

For MESA Field Center Use Only:			Data Collection Method: <input type="radio"/> Computer <input type="radio"/> Paper		
Interviewer ID:	<input type="text"/>	<input type="text"/>	Reviewer ID:	<input type="text"/>	<input type="text"/>
			Data Entry	<input type="text"/>	<input type="text"/>