Multi-Ethnic Study of Atherosclerosis Follow-up Phone Call 12				
Mesa Mesa Air Pollution	Date:		Affix ID Labe	I Here
Specific Medical Conditions	Dale.	Month	/ 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 you that you had ______ (read and mark specific condition name reported previously below)

0	A myocardia	infarction	or heart attacl	ĸ
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- O Angina pectoris or chest pain due to heart disease
- O Heart failure or congestive heart failure
- O Peripheral vascular disease, intermittent claudication or
- pain in your legs from a blockage of the arteries O Atrial fibrillation
- O Atrial fibrillation
- O Deep vein thrombosis or blood clots in your legs
- O A transient ischemic attack (TIA) or mini-stroke
- O Stroke
- O Blockage in the carotid artery
- O Lung abnormality or nodule
- O Cancer, specify type:

Regarding symptoms that you had from your stroke, do you feel that you have made a complete recovery?

O Yes O No O Unsure

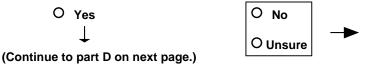
In the last two weeks, did you require help from another person for everyday activities?

O Yes O No O Unsure

A. What was the name and address of the doctor you saw?

B.	(Probe for	s the date of the r exact date. If e nt to estimate m	xact date canr	not be recalled	l, ask	Month] / [Day	/	Y	ear	
	Address :_											
	Name :_											

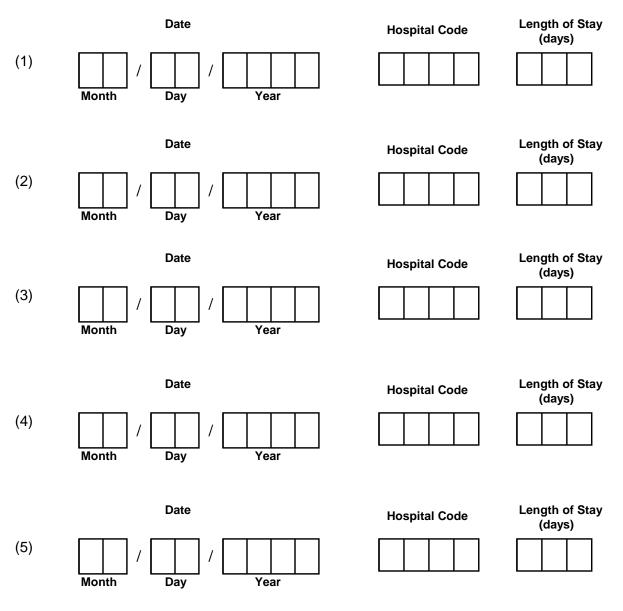
C. Were you in the hospital at least one night for this condition since our last contact with you on [*date of last follow up*]?



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

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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 B	Entry ID: