Multi-Ethnic Study of Atherosclerosis Follow-up Phone Call 8	Participant Id#:					
Mesa	Acrostic:					
General Health	Date: / / Year					
INTRODUCTION Hello, my name is <i>interviewer name</i> , and I'm calling to foll s/he is currently enrolled. Is s/he available?	ow up with participant name about MESA, a medical study in which					
If no \rightarrow When would it be convenient to call back? _	Thank you. I will call again.					
	<i>me</i> with the MESA study.I'm calling to see how you have been ad update our MESA records. Do you have a few minutes to speak					
If no When would it be convenient Thank you. I will call again.	to call back?					
If Yes → We'd like to gather information about your general health and specific medical conditions that you may have had since our last telephone interview with you. I will ask you some questions about your health since the last time we had a telephone interview with you on						
Go to Qu	uestion 1.					
1. Would you say, in general, your health is (read all response categories except Unsure)						
O Excellent O Good	O Poor					
O Very Good O Fair	O 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? [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)

Yes	No
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Since our last telephone interview with you, have you had an overnight stay in a hospital or nursing home? (Circle answer)

Yes

No

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

O Yes ↓ O No O Unsure Go to Question 4. ↓

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)
- Yes If Yes to Diabetes :

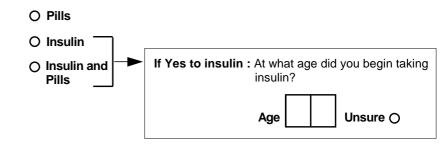
Is this a new diagnosis since our last telephone interview with you?

- 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?

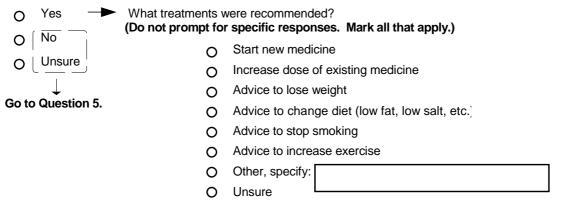


4b. Has your doctor or health care professional told you that you had one of the following since our last telephone interview with you? (Read each diagnosis.)

	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 any item in Questions 4a or 4b - Go to Question 4c. If No or Unsure to all items in Questions 4a or 4b - Go to Question 5.

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	Q	Q
Cancer	0	0	0
	1		

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
	•		
Complete "Other Admissions" form fo	r <u>each</u> i	tem with a Ye	s 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
	\downarrow		

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

8 a. Has your employment status or employment location changed since your last MESA clinic exam on [DATE]?

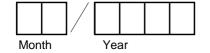
0	No 🔶	Skip to Question 9
0	Yes	

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 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 or employment location change?



- 9 Which of the following best describes your current smoking status?
 - O Never smoked → Skip to question 12
 - O Former smoker, quit more than 1 year ago
 - 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)?

	12a. On average, how often did someone smoke in your residence in the past 12 months?
0	O Less than once a month
O Don't know	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 b people your own age?	reathless than	Yes O	No O	Don't Know
14	When walking up hills or stairs, do you get more b people your own age?	reathless than	0	0	0
15	Do you ever have to stop walking because of brea	athlessness?	0	0	0
16	Since your last MESA clinic visit have you had sw or ankles?	elling of your feet	0	0	0
	If Yes Did it tend to come on during the down overnight?	e day and go	0	0	0
17	Since your last MESA clinic visit have you had to more pillows to help you breathe?	sleep on two or	0	0	0
18	Are you taking aspirin on a regular basis?		0	0	0
19	Are you taking a medication for cholesterol on a re	egular basis?	0	0	0

	-	ctive History NLY MEN are finished	with this question	naire.			
C	heck here	if participant has	previously report	ed removal	of both ovarie	es and skip to quest	tion 24
20	Have you	had surgery to remove	your ovaries?	Yes O	No O	Don't Know O	
	a.	Yes: At what age?	re removed?	O 1		If both ovaries remote to question 24	oved, Skip
С	heck here	if participant has pr	eviously reported	-	my and skip t	o question 24	
21		had a hysterectomy (su is/womb)?	rgery to remove	Yes O ↓	No O	Don't Know O	
			At what ag	e?	Skip to	o question 24	
Ch	neck here	If participant previo	ously reported goi	ing through	menopause g	go to question 24	
22	Have you h	nad a menstrual period i	n the past 12 mor	nths?	Yes O	No O ⊥	Don't Know O ⊥
	If Yes _	How many periods last 12 months?	have you had in t	the		Skip to qu	estion 24
23			the total number			Don't Know O birth control pills sir nd stopped several	
			L				

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24 Since your last MESA clinic visit, have you taken hormone replacement therapy? 0 No -> **Questionnaire Completed** 0 Yes 🔶 a. Are you currently using hormone replacement therapy? O Yes → At what age did you begin? Age Age O No → At what ages did you take hormones? started stopped b. Which type of therapy were you on? Estrogen alone (like Premarin or Estratab) 0 Estrogen with progestin (like Provera) 0 0 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. Should you have any questions, please feel free to call us at the clinic at telephone number.

