

**Multi-Ethnic Study of Atherosclerosis  
Follow-Up Phone Call 9**



**MESA Air Triggers**

**Participant ID#:**

**Acrostic:**

**Date:**   /   /      
Month Day Year

**Instructions:** Answer questions 1-3 below by referring to the Participant Tracking and General Health Forms. Then ask the participant question 4. After completing Questions 1-4, administer the corresponding sections of the Home Information Questionnaire.

1. **Did the participant report a secondary residence address on the Participant Tracking Form?**  **Yes**  **No skip to Q2**

1a. How many weeks per season do you spend at your secondary residence during:

Winter (Dec. - Feb.):

Spring (Mar-May):

Summer (Jun-Aug):

Fall (Sep-Nov):

2. **Did the participant report a new primary street address on the Participant Tracking Form?**  **Yes**  **No skip to Q3**

2a. Do you currently live in the [Field Center city] area about half of the year or more?

**Yes**  **No**  
**Complete sections 1 and 2**

↓  
**Go to END on General Health Form**

3. **Did the participant report a change in employment status in question 8 of the General Health Form?**  **Yes**  **No**  
**Complete section 2**

4. Since your last follow up call, have your daily activities changed because:

a. you have become a primary caretaker for a friend or relative?

**Yes**  **No**  
**Complete section 2**

b. you have stopped acting as a primary caretaker for a friend or relative?

**Yes**  **No**  
**Complete section 2**

c. someone has moved into or out of your home?

**Yes**  **No**  
**Complete section 2**

**If 'NO' for all of Questions 3-4:**

**Go to End on General Health Form**

**If 'YES' for any of Questions 2a-4:**

At one of your previous exams, you enrolled in MESA Air, which studies how the structure and location of your home are related to your exposure to air pollution. Because you have had some changes in your daily activities or home characteristics since your last follow up call, I would like to re-administer some of the questions from the MESA Air Home Information Questionnaire. This may take up to 20 minutes to complete. Would you like to complete the questions now, or would you rather make an appointment to answer the questions at another time?

- Now**                       **Later**

**If 'Now': Administer the required sections of the MESA Air Questionnaire**

**If 'Later':**

What day do you think it might be most convenient for us to call you? **(Wait for response.)**

**Date:**   /   /

**Month                      Day                      Year**

OK. Could we call you at [time] on that day?

**Time:**   :    **M**

Very good. We'll call you on [repeat date and time]. We appreciate your participation in the MESA Air study. We will be sending you an appointment reminder with some cue cards and a copy of the questions we will be asking before we call you. Please feel free to call me if you have any questions or concerns. My phone number is [clinic number]. If I am not available, leave a message for me and I'll get back to you as soon as I can.

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