

Multi-Ethnic Study of Atherosclerosis

Follow-up Phone Call 9



General Health

Participant Id#:

Acrostic:

Date:

Month

Day

Year

INTRODUCTION

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

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

If yes → Hello, [participant name], this is [interviewer name] with the [MESA/MESA Air] Study. I'm calling to see how you have been since our last telephone interview with you and update our [MESA/MESA Air] records. Do you have a few minutes to speak on the phone?

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 your general health and specific medical conditions since our last telephone interview with you. I want to focus on what happened from [date of last follow-up call] until today.

Go to Question 1.

1. Would you say, in general, your health is (read all response categories except Unsure)

- Excellent
- Very Good
- Good
- Fair
- Poor
- 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain in your legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 practitioner, or other certified specialist working in a clinic, hospital, or ambulance. This person may also be a practitioner 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

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)?

Yes



Go to Question 4.

No
 Unsure



Skip to Question 8

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

- Unsure (Go to question 4b)
- No (Go to question 4b)
- Yes → If Yes to Diabetes :

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

- Unsure
- No
- Yes

Are you currently taking medicine for your diabetes?

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

What kind of medicine are you taking for your diabetes?

- Pills
- Insulin
- Insulin and Pills

If Yes to insulin : At what age did you begin taking insulin?

Age Unsure

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes: Was this a new diagnosis since our last contact with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Cholesterol Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes: Was this a new diagnosis since our last contact with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- Yes → What treatments were recommended?
(Do not prompt for specific responses. Mark all that apply.)
- No
- Unsure

Go to Question 5.

- Start new medicine
- Increase dose of existing medicine
- Advice to lose weight
- Advice to change diet (low fat, low salt, etc.)
- Advice to stop smoking
- Advice to increase exercise
- Other, specify:
- Unsure

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 -----	<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.

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

	Yes	No	Unsure
Overnight Hospital stay	<input 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.

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.) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary angiography or heart catheterization -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An angioplasty procedure to open up arteries to your heart -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary bypass surgery -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An angioplasty procedure to open up arteries in either of your legs -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid ultrasound or carotid angiogram -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in your chest -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other diagnostic procedure or surgery related to your heart or blood vessels -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- No → Skip to Question Question 9
- Yes
↓

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

- Started working after retiring or other time off
- Changed job
- Changed job location only
- Retired → Skip to Question 8d
- Unemployed → Skip to Question 8d
- Changed hours per week at work → Skip to Question 8d
- 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?

		/					
Month			Year				

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
- Former smoker, quit less than 1 year ago
- Current smoker
- Don't know

10 Have you smoked cigarettes during the last 30 days?

- Yes
- No → Skip to question 12

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

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

- Yes
- No
- Don't know



12a. On average, how often did someone smoke in your residence in the past 12 months?

- Less than once a month
- A few days each month
- More than half of the days of the month, but less than daily
- Every day or almost every day

	Yes	No	Don't Know
13 When walking on level ground, do you get more breathless than people your own age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 When walking up hills or stairs, do you get more breathless than people your own age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Do you ever have to stop walking because of breathlessness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Since your last follow up phone call have you had swelling of your feet or ankles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes → Did it tend to come on during the day and go down overnight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Since your last follow up phone call have you had to sleep on two or more pillows to help you breathe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Are you taking aspirin on a regular basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes → How many days a week? <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>			
19 Are you taking a medication for cholesterol on a regular basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reproductive History

WOMEN ONLY -- MEN are finished with this questionnaire.

Check here if participant has previously reported removal of both ovaries and skip to question 24

20 Have you had surgery to remove your ovaries? **Yes** **No** **Don't Know**

If Yes:

a. At what age?

b. How many ovaries were removed? 1 2 → **If both ovaries removed, Skip to Question 24**

Check here if participant has previously reported hysterectomy and skip to question 24

21 Have you had a hysterectomy (surgery to remove your uterus/womb)? **Yes** **No** **Don't Know**

↓

At what age? **Skip to Question 24**

Check here If participant previously reported going through menopause go to question 24

22 Have you had a menstrual period in the past 12 months? **Yes** **No** **Don't Know**

If Yes → How many periods have you had in the last 12 months?

↓ ↓
Skip to Question 24

23 Have you taken birth control pills since your last follow up phone call? **Yes** **No** **Don't Know**

If Yes → Please estimate the total number of months that you took birth control pills since your last follow up phone call (keeping in mind you may have started and stopped several times)

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?

Yes → At what age did you begin?

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No → At what ages did you take hormones?

Age started

--	--

Age stopped

--	--

b. Which type of therapy were you on?

Estrogen alone (like Premarin or Estratab)

Estrogen with progestin (like Provera)

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 participant 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 participant 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].

For MESA Field Center Use Only:		Data Collection Method: <input type="radio"/> Computer		<input type="radio"/> Paper										
Interviewer ID:	<table border="1" style="width: 60px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>				Reviewer ID:	<table border="1" style="width: 60px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>				Data Entry	<table border="1" style="width: 60px; height: 20px;"><tr><td></td><td></td><td></td></tr></table>			