Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 17

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 ask you some questions about your general health and specific medical conditions since our last telephone interview with you on _____. I realize that we have asked you some of these questions several times, but learning about changes in your health is very important in helping us understand more about the causes of heart disease and stroke and how these diseases may be related to other things in your life.

First, 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)

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

○ Excellent	○ Good	○ Poor
○ Very Good	○ Fair	○ **Unsure**

2 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 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**

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 2 (seen a health professional or overnight stay)?

○ **Yes** → **Go to Question 3a**

○ **No**
○ **Unsure** → **Skip to Question 7**

3a Has your doctor or health care professional told you that you had diabetes?

- ○ **Unsure (Go to question 3b)**
- ○ **No (Go to question 3b)**
- ○ **Yes** → **If Yes to Diabetes :**

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

  - ○ **Unsure**
  - ○ **No**
  - ○ **Yes**

3b 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	○	○	○
If Yes: Was this a new diagnosis since our last contact with you?	○	○	○
High Cholesterol Level	○	○	○
If Yes: Was this a new diagnosis since our last contact with you?	○	○	○

4 Since our last telephone interview with you, has a doctor or health care professional told you that you had any of the following? **(read each diagnosis):**

	Yes	No	Unsure
A myocardial infarction or heart attack	○	○	○
Angina pectoris or chest pain due to heart disease	○	○	○
Heart failure or congestive heart failure	○	○	○
Peripheral arterial disease, intermittent claudication or pain in your legs from a blockage of the arteries	○	○	○
Atrial fibrillation	○	○	○
Deep vein thrombosis or blood clots in your legs	○	○	○
A transient ischemic attack (TIA) or mini-stroke	○	○	○
A stroke	○	○	○
Blockage in the carotid artery	○	○	○
Cancer	○	○	○

Complete "Specific Medical Conditions" form for <u>each</u> item with a Yes response.

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

	Yes	No	Unsure
Overnight Hospital stay	O	O	O
Overnight Stay at a nursing home or rehabilitation center	O	O	O

↓

Complete "Other Admissions" form for <u>each</u> item with a Yes response.

6a 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
An angioplasty procedure or stent to open up arteries to your heart	O	O	O
Coronary bypass surgery	O	O	O
An angioplasty procedure or stent to open up arteries in either of your legs	O	O	O

6b Have you **ever** had any of the following tests or procedures in or out of the hospital? **(read each procedure):**

	Yes	No	Unsure
A cardioversion where electricity is applied to your chest to convert your heart rhythm from atrial fibrillation or atrial flutter to a normal rhythm?"	O	O	O
An ablation procedure, where a long flexible tube, or catheter, is inserted into the heart, and energy is applied to destroy tiny areas of tissue to block atrial fibrillation or atrial flutter?	O	O	O

↓

Complete "Specific Medical Procedures" form for <u>each</u> item with a Yes response from 6a and 6b.

7 Which of the following best describes your current smoking status?

- O Never smoked → **Skip to Question 10**
- O Former smoker, quit more than 1 year ago → **Skip to Question 10**
- O Former smoker, quit less than 1 year ago
- O Current smoker
- O Don't know

8 Have you smoked cigarettes during the last 30 days?

- O **Yes**
- O **No** → **Skip to question 10**

9 On average, about how many cigarettes a day do you smoke? [ ][ ][ ]

10 During the past year about how many hours per week were you in close contact with people when they were smoking? (e.g. in your home, in a car, at work or other close quarters) [ ][ ][ ]

11 Did anyone smoke in your residence in the past 12 months? (This includes you.)

- ○ **Yes** →
- ○ **No**
- ○ **Don't Know**

11a 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

12 Have you ever used an electronic cigarette or e-cigarette?

- ○ **Yes** →
- ○ **No**
- ○ **Don't Know**

12a When did you start using e-cigarettes?

Month	**Year**

12b Do you still use e-cigarettes? ○ **Yes** ○ **No** ○ **Don't Know**

If yes, skip to 12d

12c When did you stop using e-cigarettes?

Month	**Year**

12d How often do/did you use e-cigarettes?

- ○ Every day
- ○ Most days (4 or more days per week)
- ○ Some days (1-3 days per week)
- ○ Less than once a week
- ○ Less than once a month

12e How many times a day do/did you use an e-cigarette? ☐☐

12f In one week, how many e-cigarettes cartridges do/did you use? ☐☐

12g What brand of e-cigarettes do/did you use?

- ○ blu
- ○ Henley
- ○ Joye
- ○ NJOY
- ○ V2
- ○ Other, please specify: ☐

	Yes	No	Don't Know
13 When walking on level ground, do you get more breathless than people your own age?	○	○	○
14 When walking up hills or stairs, do you get more breathless than people your own age?	○	○	○
15 Do you ever have to stop walking because of breathlessness?	○	○	○
16 Are you taking aspirin on a regular basis?	○	○	○

If Yes → How many days a week? ☐

17 Since [Date of last Medications Form] have you taken any non-aspirin blood thinners or anticoagulants?

○ **Yes** →
○ **No**
○ **Don't Know**
○ **Refused**

17a Which blood thinner or anticoagulant have you taken since [Date of last Medications Form]? (check all that apply)

- ○ Coumadin [warfarin]
- ○ Plavix [clopidogrel]
- ○ Pradaxa [dabigatran]
- ○ Xarelto [rivaroxaban]
- ○ Equilis [apixiban]
- ○ Brilinta [ticagrelor]
- ○ Effient [prasugrel]
- ○ Persantine [dipyridamole]
- ○ Savaysa [edoxaban]
- ○ Other, please specify: ☐
- ○ Don't Know

17b What month and year did you start taking [insert drug name]?

Start date:

☐☐ **Month** ☐☐☐☐ **Year** ○ **Don't Know**

17c What month and year did you stop taking [insert drug name]?

Stop date:

☐☐ **Month** ☐☐☐☐ **Year** ○ **Don't Know**

If still taking drug, enter 99/9999

17d Did you start and stop [insert drug name] more than once since your last Medications Questionniare? ○ **Yes** ○ **No** ○ **Don't Know**

If yes, go to Q17e
If no, ask Q17b-f for next drug or if no other drugs reported in 17a, go to Q18

17e What is the next month and year that you started taking [insert drug name]?

Start date:

Month ☐☐ Year ☐☐☐☐ ○ Don't Know

17f What is the next month and year that you stopped taking [insert drug name]?

Stop date:

Month ☐☐ Year ☐☐☐☐ ○ Don't Know

Collect multiple start and stop dates for each drug, as necessary. If still taking drug, enter 99/9999
Repeat 17b-f for each drug identified in 17a.

	Yes	No	Don't know
18 Has a doctor or healthcare professional ever told you that you have weak or failing kidneys?	○	○	○
19 Have you ever seen a nephrologist or a kidney doctor?	○	○	○

If "Yes" to Q18 or Q19

19a Have you even been evaluated to receive a kidney transplant?

○ **Yes** ○ **No** ○ **Don't Know**

19b Have you ever undergone surgery to create a dialysis shunt (also called a fistula or a graft) or had a peritoneal dialysis catheter placed?

○ **Yes** ○ **No** ○ **Don't Know**

Questions 20-23 are skipped if they were answered during Follow-up 16.

The next two questions ask about food security, which will help MESA researchers understand how access to healthy food is related to cardiovascular health. Please tell me whether the following statements are often true, sometimes true, or never true.

	Often True	Sometimes True	Never True
20 Within the past 12 months, you worried whether food would run out before you got money to buy more.	○	○	○
21 Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	○	○	○

The next questions ask about your living situation.

22 Do you currently live in:

- ○ Your own home or apartment → **22a** Do you get help with your daily activities from a caregiver, friend or relative that allows you to live in your own home or apartment?
  - ○ **Yes** ○ **No**
- ○ Assisted living center
- ○ Nursing home
- ○ Other, please specify:

  [ ]

23 Has a doctor or other health professional ever told you that you had gout?

- ○ Yes → **23a** How old were you when you were first told you had gout?

  [ ][ ][ ] **Age in years**

  ○ **Dont' know** ○ **Refused**
- ○ No
- ○ Don't know
- ○ Refused

WOMEN ONLY - Men skip to Question 25.

24 At what age did you go through menopause? [ ][ ]

25 When we have an exam in 2016, we want to do our best to help you to participate. What things could we do to make it easier for you to attend?

[ ]

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: ○ **Computer** ○ **Paper**

Interviewer ID: [ ][ ][ ] Reviewer ID: [ ][ ][ ] Data Entry ID: [ ][ ][ ]