



Participant ID #:

Acrostic:

Date: / /
 Month Day Year

MESA Follow-up Phone Call 19: General Health Supplement

- | | Yes | No | Don't know |
|--|-----------------------|-----------------------|-----------------------|
| 1. Were you ever told by a physician that you had a stroke? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Were you ever told by a physician that you had a TIA, ministroke, or transient ischemic attack? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever had sudden painless weakness on one side of your body? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever had sudden numbness or a dead feeling on one side of your body? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Have you ever had sudden painless loss of vision in one or both eyes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever suddenly lost one half of your vision? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Have you ever suddenly lost the ability to understand what people were saying? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Have you ever suddenly lost the ability to express yourself verbally or in writing? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Never | Rarely | Sometimes | Often | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. How often do you have someone help you read materials received from your doctor? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. How often do you have problems learning about your health condition because of difficulty reading materials received from your doctor? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Extremely | Quite a bit | Somewhat | A little bit | Not at all |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. How confident are you filling out medical forms by yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Very easy | Easy | Hard | Very hard |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. In general, how easy or hard do you find it to understand medical statistics? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |