Participant ID #:									
Month Day Year Month Day Year Month Day Year	CAREA		Participan	it ID #:		Acrostic:			
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 Study. I'm calling to see how 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 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 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 Thank you. I will call again. If Yes: We'd like to ask you some 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) <	VIESA				D	oate:	′ 🗖 /	′	
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OVery GoodOFairOUnsure2. Since our last telephore interview with you, have you at any time seen a doctor or other health care professional? Soptional: 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)OYesOSince our last telephone interview with you, have you had an overnight stay in a hospital or nursing home?	1. Would you say,	, in general, your health	is: (read all resp	onse categories exc	ept Unsure)				
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Since our last telephone interview with you, have you had an overnight stay in a hospital or nursing home?	Optional: A 'heal or ambulance. Th	th care professional' is a nis person may also be a	a doctor, nurse, n practitioner of n	urse practitioner, o on-Western medici	r other certifi	ed specialist w	orking in a	clinic, ł	
	(Circle answe	r) O Yes	O No						
(Circle answer) O Yes O No	Since our last tele	ephone interview with y	ou, have you hac	l an overnight stay i	n a hospital c	or nursing hom	e?		
	(Circle answei	r) O Yes	O No						

Did the participant answer 'Yes' to either part of Question 2 (seen a health professional or overnight stay)?

Question 3a	Skip to Question 7			
Go to	ļ			
Ļ	С	Unsure	•	
O Yes	C	No		



MESA Follow-up Phone Call 24: General Health

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

- O Unsure (go to question 3b)
- O No (go to question 3b)

0	Yes	
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→	If Yes to diabetes:
	Is this a new diagnosis since our last telephone interview with you?
	O Unsure
	O No
	O 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	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

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	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 arterial 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
Cancer	0	0	0
COVID-19 infection	0	0	0
	\downarrow		

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



MESA Follow-up Phone Call 24: General Health

5. 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
	Ļ		
Complete "C)thar Adm	iccione"	form

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

6. 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	0	0	0
Coronary bypass surgery	0	0	0
An angioplasty procedure or stent to open up arteries in either of your legs	0	0	0
A cardioversion where electricity is applied to your chest to convert your heart rhythm from atrial fibrillation or atrial flutter to a normal rhythm	0	0	0
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	0	0	Ο
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Complete "Specific Medical Procedures" form for <u>each</u> item with a Yes response from Question 6.



MESA Follow-up Phone Call 24: General Health

7. For participants with history of pacemaker or implanted cardioverter defibrillator based on prior event investigation:
a. Based on your prior MESA interviews, I see that you have had a [pacemaker or other device type from investigation] implanted on Month/Day/Year [CC inserts date of insertion based on event investigation]. Is that right? Do you still have an implanted device?
O Yes O No O Don't know
For participants without history of device:
b. Do you have an implanted cardiac pacemaker or an implanted cardioverter-defibrillator (ICD)?
O Yes O No O Don't know
If Yes to a or b:
c. Is it a cardiac pacemaker or a cardioverter-defibrillator?
O cardiac pacemaker O cardioverter-defibrillator
8. What is your current living situation?
O Live alone
O Live with one other person who is a spouse or partner
O Live with one other person who is a relative or friend or roommate
O Live with a caregiver who is not my spouse/partner/relative/friend
O Live with a group in a private residence
O Live in a group home (assisted living, nursing home, convent
O Don't know
9. What type of residence do you live in?
O An apartment/condo or house
O A retirement community or independent group home
O Assisted living / adult family home / boarding home
O Skilled nursing facility / nursing home / hospital / hospice
O Don't know

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 *[clinic phone number]*.