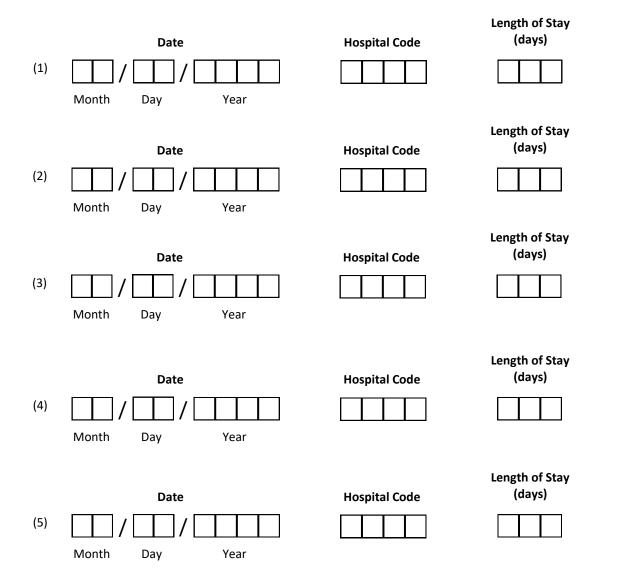
MESA Follow-up Phone Call 24: Specific N	Affix ID Label Here Medical Conditions Date: Month Day Year
Complete form for each condition reported as 'Yes' on "General Health" or "General Health—Death" form. If the participant has died, change 'you' or 'your' to decedent's name for all questions below.	
You said that a doctor or other health care professional told you that you had (read and mark specific condition name reported previously below)	
 A myocardial infarction or heart attack Angina pectoris or chest pain due to heart disea Heart failure or congestive heart failure Peripheral arterial disease, intermittent claudica 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 Stroke Blockage in the carotid artery Cancer, specify type: COVID-19 infection 	tion or Regarding symptoms that you had from your stroke, do you feel that you have made a complete recovery?
 A. What was the name and address of the doctor you saw? [OPTIONAL. Only record name and address if they are of use to Events staff.] Name: Address: B. What was the date of the diagnosis or hospitalization? (Probe for exact date. If exact date cannot be recalled, ask 	
participant to estimate month and year. Record day	



MESA Follow-up Phone Call 24: Specific Medical Conditions

 D. Would you please tell me the dates of each hospitalization and where you were hospitalized? (Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)



Ask about the next condition reported as 'Yes' on "General Health" or "General Health—Death" form and record details on an additional form. If condition is "COVID-19 infection", complete part E. If no additional conditions are reported as 'Yes', go to next question on "General Health" form.



MESA Follow-up Phone Call 24: Specific Medical Conditions

Complete part E below if the selected condition is "COVID-19 infection" and answer is "Yes" to part C (hospitalization).

- E. While in the hospital, did you have any of the following? Please check all that apply.
 - O Oxygen (by mask or nose)
 - O A breathing tube or ventilator
 - O "Intensive care unit" or ICU monitoring
 - O Dialysis
 - O Unsure
 - O Decline to answer