



Participant ID #:   
Acrostic:

Technician ID:   
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 Study. I'm calling to see how you have been since our last telephone interview with you and update our MESA 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)**

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 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.

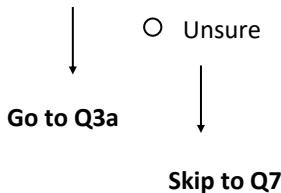
- Yes     No

Since our last telephone interview with you, have you had an overnight stay in a hospital or nursing home?

- Yes     No

**Did the participant answer "Yes" to either part of Q2 (seen a health professional or overnight stay)?**

- Yes     No
- Unsure





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

- Yes →
- No (go to Q3b)
- Unsure (go to Q3b)

**If Yes to diabetes:**

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

- Yes
- No
- Unsure

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
Hight Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If Yes:</b> 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"/>
<b>If Yes:</b> Was this a new diagnosis since our last contact with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<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 arterial disease, intermittent claudication or pain in your legs from 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"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complete  
"Specific Medical  
Conditions" form  
for each 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
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.

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
Coronary bypass surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
An angioplasty procedure or stent to open up arteries in either of your legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
A cardioversion where electricity is applied to your chest to convert your heart rhythm from atrial fibrillation or atrial flutter to a normal rhythm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Complete "Specific Medical Procedures" form for each item with a Yes response from Q6.



Yes      No      Unsure

7. Are you taking aspirin on a regular basis?

If Yes: How many days a week?

**8. 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?

Yes     No     Unsure

**For participants without history of device:**

b. Do you have an implanted cardiac pacemaker or an implanted cardioverter-defibrillator (ICD)?

Yes     No     Unsure

**If Yes to a or b:**

c. Is it a cardiac pacemaker or a cardioverter-defibrillator?

cardiac pacemaker     cardioverter-defibrillator

**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]*.