



MESA FU27

Specific Medical Conditions

Participant ID #:

Acrostic:

Technician ID:

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.

您說一位醫生或其他醫療專業人士告訴您，您有 _____ (read and mark specific condition name reported previously below)

- ☐ 心肌梗塞或心臟病發作
- ☐ 由於心臟病而造成的心絞痛或胸口痛
- ☐ 心力衰竭或充血性心力衰竭
- ☐ 周邊動脈疾病，由於動脈堵塞引起腿部疼痛或間歇性跛行
- ☐ 心房纖顫
- ☐ 深靜脈血栓或腿部血管栓塞
- ☐ 短暫腦血管缺血 (TIA) 或輕微中風
- ☐ 中風
- ☐ 頸動脈梗塞
- ☐ 癌症，種類: _____
- ☐ COVID-19 新冠肺炎感染
- ☐

關於您由於中風而產生的症狀，您是否感覺已經完全康復？

☐ 是 ☐ 否 ☐ 不確定

在過去兩星期中，您需不需要別人幫忙您的日常起居活動？

☐ 是 ☐ 否 ☐ 不確定

A. 給您看病的醫生的姓名和地址？

[OPTIONAL. Only record name and address if they are use to Events staff.]

Name: _____

Address: _____

B. 診斷的日期或住院日期？

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15).

 / /

Month

Day

Year

C. 自從我們與您上一次聯繫後[date of last follow up]，您是否因為這種身體狀況曾經在醫院住了至少一個晚上？

- ☐ 是 ☐ 否 ☐ 不確定

Continue to
part D on next
page.

Ask about next condition reported on "General Health" or "General Health—Death" form, and record details on an additional form. If there are no additional conditions, go to next question on "General Health" form.



MESA FU27

Specific Medical Conditions

D. 您能否告訴我每次您住院的日期和住在哪個醫院或醫療中心?

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

	Date	Hospital Code	Length of Stay (days)
(1)	<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div></div> <div>Month Day Year</div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
(2)	<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div></div> <div>Month Day Year</div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
(3)	<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div></div> <div>Month Day Year</div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
(4)	<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div></div> <div>Month Day Year</div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
(5)	<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div></div> <div>Month Day Year</div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

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.

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

E. 在醫院期間，您是否曾接受過任何以下治療? Please check all that apply.

- ☐ 氧氣 (透過面罩或鼻子)
- ☐ 呼吸管或呼吸器
- ☐ 「加護病房」或 ICU 監測
- ☐ 透析
- ☐ Unsure
- ☐ Decline to answer
- ☐