## **Multi-Ethnic Study of Atherosclerosis** Follow-up Phone Call 10 Affix ID Label Here Date: **General Health - Death** Month Day Year INTRODUCTION Hello, my name is [interviewer name], and I'm calling to speak with [proxy name]. Is [proxy name] available? When would it be convenient to call back? Thank you. I will call again. If no → If yes → Hello, [proxy name], this is [interviewer name] with the [MESA/MESA Air] study. We understand that [decedent] had given us your name as someone close to [him/her]. I am sorry for your loss. [pause] In order to close out [decedent's] file, I need to ask you a few questions about [his/her] health from the last time our staff talked with [him/her] to [his/her] death. Would now be a good time to talk? If no When would it be convenient to call back? Thank you. I will call again. If Yes → We'd like to gather information about [his/her] general health and specific medical conditions that may have occurred since our telephone interview with [decedent] and before [his/her]

1. Since our last telephone interview with [decedent] on [date of last follow up call], had a doctor or health care professional told [decedent] that [s/he] had any of the following: (read each diagnosis):

death. That call occurred on [date of last follow up call].

	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 vascular 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
Lung abnormality or nodule Cancer	00	00	00
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Complete "Specific Medical Conditions" form for each item with a Yes response.

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Go to "Question 1" form.

## Follow-up Phone Call 10 -- General Health-Death Page 2

2. Since our last telephone interview with [decedent], had [s/he] had any other condition that resulted in an ...

(Interviewer may proceed to fill out Death Information form before ending the phone call.)  END: Thank you so much for answering these questions. Again, I am sorry for your loss. I really appreciate you spending time answering these questions.  We greatly appreciate your cooperation with the [MESA/MESA Air] Study. Should you have any questions, or additional			140	Onsu			
Overnight Stay at a nursing home or rehabilitation center    Complete **Other Admissions** form for each item with a Yes response.							
3. Since our last telephone interview with [decedent], had [s/he] had any of the following tests or procedures in or out of the hospital (read each procedure):  Stress test (ETT, bicycle, chemical, etc.)	Overnight Hospital stay		0	0			
3. Since our last telephone interview with [decedent], had [s/he] had any of the following tests or procedures in or out of the hospital (fead each procedure):  Stress test (ETT, bicycle, chemical, etc.)	Overnight Stay at a nursing home or rehabilitation center	0	0	0			
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the hospital (read each procedure):  Stress test (ETT, bicycle, chemical, etc.).  Coronary angiography or heart catheterization  Echocardiogram  An angioplasty procedure to open up arteries to the heart  Coronary bypass surgery.  An angioplasty procedure to open up arteries in either of the legs  Carotid ultrasound or carotid angiogram  Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in the chest  Other diagnostic procedure or surgery related to the heart or blood vessels  Complete "Specific Medical Procedures" form for each item with a Yes response.  Complete "Specific Medical Procedures" form for each item with a Yes response.	Complete "Other Admissions" form for each item with a Yes response.						
the hospital (read each procedure):  Stress test (ETT, bicycle, chemical, etc.).  Coronary angiography or heart catheterization  Echocardiogram  An angioplasty procedure to open up arteries to the heart  Coronary bypass surgery.  An angioplasty procedure to open up arteries in either of the legs  Carotid ultrasound or carotid angiogram  Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in the chest  Other diagnostic procedure or surgery related to the heart or blood vessels  Complete "Specific Medical Procedures" form for each item with a Yes response.  Complete "Specific Medical Procedures" form for each item with a Yes response.	3. Since our last telephone interview with [decedent], had [s/he] had	ad any of the	following	tests o	r procedures in or out of		
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Coronary angiography or heart catheterization OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	(read each procedure):		Yes	No	Unsure		
Echocardiogram  An angioplasty procedure to open up arteries to the heart  Coronary bypass surgery  An angioplasty procedure to open up arteries in either of the legs  Carotid ultrasound or carotid angiogram  Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in the chest  Other diagnostic procedure or surgery related to the heart or blood vessels  Complete "Specific Medical Procedures" form for each item with a Yes response.  (Optional:) May I ask you a few additional questions about [decedent's name] death? (Interviewer may proceed to fill out Death Information form before ending the phone call.)  END: Thank you so much for answering these questions. Again, I am sorry for your loss. I really appreciate you spending time answering these questions.  We greatly appreciate your cooperation with the [MESA/MESA Air] Study. Should you have any questions, or additional information, please feel free to call us at the clinic at [telephone number].	Stress test (ETT, bicycle, chemical, etc.)		0	0	0		
An angioplasty procedure to open up arteries to the heart OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Coronary angiography or heart catheterization			0	0		
Corronary bypass surgery	Echocardiogram			0	0		
An angioplasty procedure to open up arteries in either of the legs O O O O Carotid ultrasound or carotid angiogram O O O O O O O O O O O O O O O O O O	An angioplasty procedure to open up arteries to the hear	t	I - I	0	0		
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For MESA Field Center Use Only:  Data Collection Method: O Computer  O Paper	answering these questions.						
For MESA Field Center Use Only:  Data Collection Method: O Computer  O Paper							
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