Multi-Ethnic Study of Atherosclerosis Follow-up Phone Call 15 Mesa Mesa Mir Pollution General Health

Participant Id#:						
Acrostic:						
Date:	Month Day	Year				

]	Would you say, in ger O E O N Since our last telephot Optional: A 'health chospital, or ambulancherbalist) but should in (Circle answer)	neral, your healt Excellent Very Good one interview wit eare professional e. This person renot include chirce O Yes	h is (read all response) O Good O Fair h you, have you at l' is a doctor, nurse may also be a practors, exercise	any time so, nurse protioner of nurstructors	pories except Unsure) Poor Unsure seen a doctor or other health care professional? actioner, or other certified specialist working in a clinic, on-Western medicine (e.g. an acupuncturist or Asian s, or diet coaches.	
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l	Would you say, in ger	neral, your healt Excellent	h is (read all respo	onse categ	gories except Unsure) Poor	
l	•		, .		,	
					ease tell me if the following information I have is still corre	ect'
	If Yes -	since our la some of the important in	ast telephone intervese questions seve	view with y eral times, stand mor	pout your general health and specific medical condition you on I realize that we have asked yo but learning about changes in your health is very e about the causes of heart disease and stroke and ho things in your life.	ou
	If No -		ld it be convenient I will call again.	to call bad	ck?	
	have been		lephone interview		n the [<i>MESA/MESA Air</i>] Study. I'm calling to see how yound update our [<i>MESA/MESA Air</i>] records. Do you have	
	If no → When wou	uld it be conveni	ent to call back?		Thank you. I will call again.	
	Hello, my name is [inte	rviewer name], a	nd I'm calling to sp	eak with [#	participant name]. Is [participant name] available?	
	INTRODUCTION					

O Yes

↓
ONo
OUnsure

Go to Question 3a

Skip to Question 7

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3а	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)				
	○ Yes → If Yes to Diabetes :				
	Is this a new diagnosis since our last telephone i	intervie	w with y	ou?	
	O Unsure O No O Yes		·		
3b	Has your doctor or health care professional told you that you had one of the with you? (Read each diagnosis.)	he follo	wing sir	nce our last te	lephone interview
		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 p following? (read each diagnosis):	orofess	ional tol	d you that you	ı had any of the
		Yes	No	Unsure	
	A myocardial infarction or heart attack	0	0	0	
	Angina pectoris or chest pain due to heart disease Heart failure or congestive heart failure	0	0	0	
	Peripheral arterial disease, intermittent claudication or	0	0	0	
	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 strokeBlockage in the carotid artery	0	0	0	
	Lung abnormality or nodule	0 0	0	0	
	Cancer	ŏ	00	0	

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

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5 Since our last telephone interview with you, have you had any other condition that resulted in an:

Overnight Hospital stay

Overnight Stay at a nursing home or rehabilitation center

Yes	No	Unsur
0	0	0
0	0	0
$\overline{\downarrow}$		

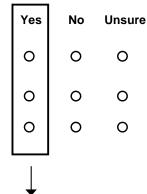
Complete "Other Admissions" form for <u>each</u> item with a Yes response.

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):

An angioplasty procedure or stent to open up arteries to your heart

Coronary bypass surgery

An angioplasty procedure or stent to open up arteries in either of your legs



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

- 7 Which of the following best describes your current smoking status?
 - O Never smoked → Skip to Question 10
 - O Former smoker, quit more than 1 year ago -> Skip to Question 10
 - O Former smoker, quit less than 1 year ago
 - O Current smoker
 - Don't know

8	Have you smoked cigarettes during the last 30 days?					
	O Yes					
	O No → SI	cip to question 10				
9	On average, about how n	nany cigarettes a day do you smoke?				
10		ut how many hours per week were you in when they were smoking? (e.g. in your other close quarters)				
11	Did anyone smoke in you	ur residence in the past 12 months? (This in	ncludes you.)			
	O Yes → O No	11a On average, how often did someon past 12 months?	e smoke in your	residence in	the	
	O Don't Know	O Less than once a month O A few days each month				
		O More than half of the days o	f the month, but	less than dail	v	
		O Every day or almost every d				
				·	/	
12		ound, do you get more breathless than	Yes	No	Don't Know	
	people your own age?		0	0	0	
13	When walking up hills or people your own age?	stairs, do you get more breathless than	0	0	0	
14	Do you ever have to stop	walking because of breathlessness?	0	0	0	

	Yes	No	Don't Know
15 Since your last follow up phone call have you had swelling of your feet or ankles? If Yes Did it tend to come on during the day and go down overnight?	0	0	0
16 Since your last follow up phone call have you had to sleep on two or more pillows to help you breathe?	0	0	0
17 Are you taking aspirin on a regular basis? If Yes → How many days a week?	0	0	0

Thank you so much for talking with me today. We greatly appreciate your participation in [MESA/MESAAir]. Should you have any questions, please feel free to call us at the clinic at [clinic phone number].

For MESA Field Center Use	Only:	Data Collection Method:	O Computer	O Paper
Interviewer ID:		Reviewer ID:	Data Entry ID	:

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