Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 15

MESA **MESA** *Air Pollution*

Specific Medical Conditions

Affix ID Label Here

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 disease
- ○ Heart failure or congestive heart failure
- ○ Peripheral arterial disease, intermittent claudication or 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
- ○ Lung abnormality or nodule
- ○ Cancer, specify type: [_____]

> Regarding symptoms that you had from your stroke, do you feel that you have made a complete recovery?
>
> ○ **Yes** ○ **No** ○ **Unsure**
>
> In the last two weeks, did you require help from another person for everyday activities?
>
> ○ **Yes** ○ **No** ○ **Unsure**

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 as 15.)

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Month   **Day**   **Year**

C. Were you in the hospital at least one night for this condition since our last contact with you on [*date of last follow up*]?

○ **Yes**
↓
(Continue to part D on next page.)

○ **No**
○ **Unsure**
➤

> **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.**

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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.)

	Date			**Hospital Code**	**Length of Stay (days)**
(1)	Month	Day	Year		
(2)	Month	Day	Year		
(3)	Month	Day	Year		
(4)	Month	Day	Year		
(5)	Month	Day	Year		

Ask about the next condition reported as 'Yes' on "General Health" or "General Health-Death" form and record details on an additional form. If no additional conditions are reported as 'Yes', go to next question on the form.

For MESA Field Center Use Only: Data Collection Method: ○ **Computer**   ○ **Paper**

Interviewer ID: ☐☐☐   Reviewer ID: ☐☐☐   Data Entry ID: ☐☐☐