Multi-Ethnic Study of Atherosclerosis

Follow-up Phone Call 5

MESA

General Health - Death

Affix ID Label Here

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month **Day** **Year**

INTRODUCTION

Hello, my name is *interviewer name*, and I'm calling to follow up with *proxy name* regarding *decedent's* involvement with the MESA study, a medical study in which *participant name* was enrolled. Is *proxy name* available?

If no → When would it be convenient to call back?_____ Thank you. I will call again.

If yes → Hello, *proxy name*, this is *interviewer name* with the MESA study. We understand that *decedent* had given us your name as someone close to him/her. I want to express our condolences for your loss. [pause] In order to close out *partcipant name'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 name* and before his/her death. That call occurred on _____

      Go to "Question 1" form.

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

	Yes	No	Unsure
A myocardial infarction or heart attack	○	○	○
Angina pectoris or chest pain due to heart disease	○	○	○
Heart failure or congestive heart failure	○	○	○
Peripheral vascular disease, intermittent claudication or pain in the legs from a blockage of the arteries	○	○	○
Atrial fibrillation	○	○	○
Deep vein thrombosis or blood clots in the legs	○	○	○
A transient ischemic attack (TIA) or mini-stroke	○	○	○
A stroke	○	○	○
Blockage in the carotid artery	○	○	○
Lung abnormality or nodule	○	○	○
Cancer	○	○	○

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

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

	Yes	No	Unsure
Overnight Hospital stay	O	O	O
Overnight Stay at a nursing home or rehabilitation center	O	O	O

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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):

	Yes	No	Unsure
Stress test (ETT, bicycle, chemical, etc.)	O	O	O
Coronary angiography or heart catheterization	O	O	O
Echocardiogram	O	O	O
An angioplasty procedure to open up arteries to the heart	O	O	O
Coronary bypass surgery	O	O	O
An angioplasty procedure to open up arteries in either of the legs	O	O	O
Carotid ultrasound or carotid angiogram	O	O	O
Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in the chest	O	O	O
Other diagnostic procedure or surgery related to the heart or blood vessels	O	O	O

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

(Optional:) May I ask you a few additional questions about *decedent name's* 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 study. Should you have any questions, or additional information, please feel free to call us at the clinic at *telephone number.*

| Interviewer ID | | | | Reviewer ID | | | | Data Entry ID | | | |