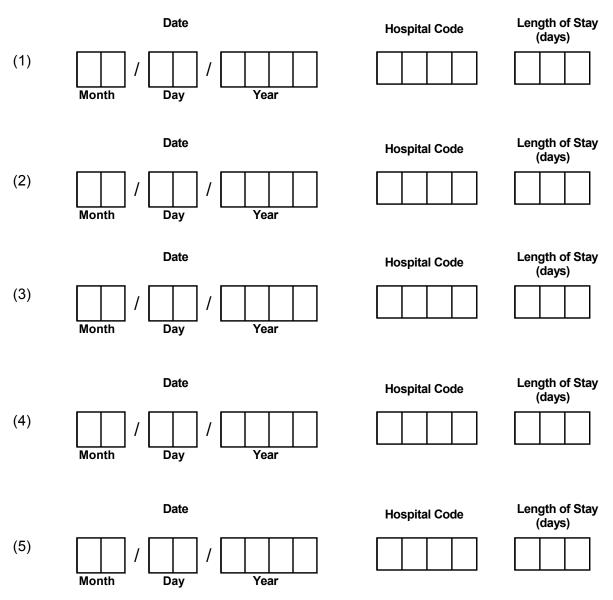
Multi-Ethnic Study of Atherosclerosis Follow-up Phone Call 6			
Mesa			Affix ID Label Here
Specific Medical Conditions	Date:		
Specific Medical Conditions		Month	Day Year
Complete form for each condition reported as 'Yes' on "General Health" or "General Health-Death" form. If the participant has died, change 'you' or 'your' to decedent's name for all questions below.			
You said that a doctor or other health care professional told y name reported previously below] O A myocardial infarction or heart attack	/ou that you had		[read and mark specific condition
 Angina pectoris or chest pain due to heart Heart failure or congestive heart failure Peripheral vascular disease, intermittent cl pain in your legs from a blockage of the art Atrial fibrillation 	audication or	ſ	Regarding symptoms that you had from
O Deep Vein thrombosis or blood clots in your legs			your stroke, do you feel that you have made a complete recovery?
O A transient ischemic attack (TIA) or mini-stroke			O Yes O No O Unsure
O Blockage in the carotid artery O Lung abnormality or nodule			In the last two weeks, did you require help from another person for everyday activities?
O Cancer, specify type:			O Yes O No O Unsure
 A. What was the name and address of the doctor you Name :			
B. What was the date of the diagnosis or hospitalizat	ion?		
(Probe for exact date. If exact date cannot be recalle participant to estimate month and year. Record day		Mon	th Day Year
C. Were you in the hospital at least one night for this condition since our last phone interview with you on?			
O Yes ↓ (Continue to part D on next page.)	O No O 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.

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.)



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.

