

Multi-Ethnic Study of Atherosclerosis

Follow-up Phone Call 7



General Health

Participant Id#:

Acrostic:

Date: / /
Month Day Year

INTRODUCTION

Hello, my name is *interviewer name*, and I'm calling to follow up with *participant name* about MESA, a medical study in which s/he is currently enrolled. Is s/he available?

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

If yes → Hello, *participant name*, this is *interviewer name* with MESA study. I'm calling to see how you have been since our last telephone interview with you and update our MESA records. Do you have a few minutes to speak on the phone?

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 your general health and specific medical conditions that you may have had since our last telephone interview with you. I will ask you some questions about your health since the last time we had a telephone interview with you on _____ I want to focus on what happened from _____ (date of last Follow-up Call) until today.

Go to Question 1.

1. Would you say, in general, your health is (**read all response categories except Unsure**)

- Excellent
- Good
- Poor
- Very Good
- Fair
- Unsure

2. Since our last telephone interview with you on _____, have you had any of the following symptoms (**read each symptom**)?

| | Yes | No | Unsure |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| Discomfort or pain in your chest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shortness of breath | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pain in your legs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Since our last telephone interview with you, have you at any time seen a doctor or other health care professional? [A 'health care professional' is a doctor, nurse, nurse practitioner, or other certified specialist working in a clinic, hospital, or ambulance. This person may also be a practitioner of non-Western medicine (e.g. An acupuncturist or Asian herbalist) but should not include chiropractors, exercise instructors, or diet coaches.]

(Circle answer)

- Yes
- No

Since our last telephone interview with you, have you had an overnight stay in a hospital or nursing home?

(Circle answer)

- Yes
- No

Did the participant answer 'Yes' to either part of Question 3 (seen a health professional or overnight stay)?

Yes



Go to Question 4.

No
 Unsure



Go to Question 8.

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4a. Has your doctor or health care professional told you that you had diabetes?

Unsure (Go to question 4b)

No (Go to question 4b)

Yes —▶ **If Yes to Diabetes :**

Is this a new diagnosis since our last telephone interview with you?

Unsure

No

Yes

Are you currently taking medicine for your diabetes?

Unsure (Go to question 4b)

No (Go to question 4b)

Yes —▶ **If Yes to medicine :**

What kind of medicine are you taking for your diabetes?

Pills

Insulin

Insulin and Pills

If Yes to insulin : At what age did you begin taking insulin?

Age

Unsure

4b. Has your doctor or health care professional told you that you had one of the following since our last telephone interview with you? (**Read each diagnosis.**)

| | Yes | No | Unsure |
|--|-----------------------|-----------------------|-----------------------|
| High Blood Pressure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If Yes: Was this a new diagnosis since our last contact with you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High Cholesterol Level | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If Yes: Was this a new diagnosis since our last contact with you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If Yes to any item in Questions 4a or 4b —▶ **Go to Question 4c.**
If No or Unsure to all items in Questions 4a or 4b —▶ **Go to Question 5.**

4c. Did the doctor recommend any new or different treatments?

Yes —▶ **What treatments were recommended?**

(Do not prompt for specific responses. Mark all that apply.)

No

Unsure

Go to Question 5.

- Start new medicine
- Increase dose of existing medicine
- Advice to lose weight
- Advice to change diet (low fat, low salt, etc.)
- Advice to stop smoking
- Advice to increase exercise
- Other, specify:
- Unsure

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5. Since our last telephone interview with you, has a doctor or health care professional told you that you had any of the following?

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

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

6. Since our last telephone interview with you, have you had *any other condition* that resulted in an..

| | Yes | No | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| Overnight Hospital stay | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overnight Stay at a nursing home or rehabilitation center | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Complete "Other Admissions" form for each item with a Yes response.

7. 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):

| | Yes | No | Unsure |
|--|-----------------------|-----------------------|-----------------------|
| Stress Test (ETT, bicycle, chemical, etc.) ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coronary angiography or heart catheterization ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Echocardiogram ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| An angioplasty procedure to open up arteries to your heart ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coronary bypass surgery ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| An angioplasty procedure to open up arteries in either of your legs -- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Carotid ultrasound or carotid angiogram ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in your chest ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other diagnostic procedure or surgery related to your heart or blood vessels ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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8 a. Has your employment status or employment location changed since your last MESA exam on {last MESA exam date}?

No → Go to End.

Yes



b. Choose one of the following which best describes your current situation:

Changed job

Changed job location only

Retired → Skip to 8d

Unemployed → Skip to 8d

Refused/No response → Go to End.

c. What is the street address of your new job or job location?

Street

City

State

ZIP

Country

d. When did your employment status or employment location change?

 /

Month

Year

END:

Date: / / **Time:** : M

Month Day Year

Thank you so much for talking with me today. We greatly appreciate your participation in MESA. Should you have any questions, please feel free to call us at the clinic at telephone number. Before we hang up, I'd just like to make sure our records are up to date. Could you please tell me if the following information I have is still correct?

Go to "Participant Tracking" form and verify the tracking information that appears in the left-hand column.

Interviewer ID

Reviewer ID

Data Entry ID