

Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 3



Specific Medical Procedures

Affix ID Label Here

Date:

Month

Day

Year

Complete form for each procedure reported as Yes in on "General Health" form or "General Health- Death" form. if participant has died, change 'you' to decedent's name for all questions below.

You said that a doctor or other health professional told you that you had _____ [read and mark specific event name reported previously below]

- Exercise treadmill or bicycle test
- Coronary angiography or heart catheterization
- Echocardiogram
- An angioplasty procedure to open up arteries to your heart
- Coronary bypass surgery
- An angioplasty procedure to open up arteries in either of your legs
- Carotid ultrasound or carotid angiogram
- Chest x-ray, a chest CAT scan, MRI or other study to assess any finding in your chest

If other study, specify :

- Other diagnostic procedure or surgery related to your heart or blood vessels, specify :

A. What was the name and address of the doctor you saw?

Facility Code
(if hospitalized)

Physician Name _____

City _____

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.)

Month

Day

Year

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

For MESA Field Center use only:

Interviewer ID :

Reviewer ID :

Data Entry ID :