

**Multi-Ethnic Study of Atherosclerosis  
MESA Stress 2 Supplemental Questionnaire**



**Stress Challenge Completion Form  
Interviewer-Administered**

**Participant Id#:**

**Stress Id#:**

**Site:**

**Date:**

/   /      
Month Day Year

**1. Study Start time:**

:   AM PM  
(Hour) (Minute) ☐ ☐

**2. What time did you last eat something?**

/   /     :   AM PM  
Month Day Year (Hour) (Minute) ☐ ☐

**3. What time did you last drink a caffeinated beverage??**

/   /     :   AM PM  
Month Day Year (Hour) (Minute) ☐ ☐

**If a smoker:**

**4. What time was your last cigarette?**

/   /     :   AM PM  
Month Day Year (Hour) (Minute) ☐ ☐

**5. Participant data:**

Height (cm)      CM

Age (yrs)

Weight (lb)      lbs

DOB   /   /      
Month Day Year

**6. Are you color blind?**

Yes No  
☐ ☐  
↓ If Yes:

**7a. Blind to which colors?**

**7. Do you have diagnosed Raynaud's Syndrome (a circulatory disorder characterized by cold hands ) or other diagnosed circulation problems?**

Yes No  
☐ ☐  
↓ If Yes:

**8a. Please describe**

8. **Pre-Saliva #1 Stress Rating:**

|  |  |
|--|--|
|  |  |
|--|--|

9. **Collected Saliva Sample #1:**
 Yes ☐ No ☐

If No, Why Not?

|  |
|--|
|  |
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**Sample #1 Time:**

|        |  |   |          |  |                       |                       |
|--------|--|---|----------|--|-----------------------|-----------------------|
|        |  | : |          |  | AM                    | PM                    |
|        |  | : |          |  | <input type="radio"/> | <input type="radio"/> |
| (Hour) |  |   | (Minute) |  |                       |                       |

10. **Baseline Stress Rating:**

|  |  |
|--|--|
|  |  |
|--|--|

**Baseline 1 Data Report:**

|       | Good                  | Poor/Noisy            | No Data collected     |
|-------|-----------------------|-----------------------|-----------------------|
| ECG:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BP:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resp: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Explain:

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11. **Task #1 Stress Task Type:** ☐ Math Turner☐ Stroop**Task #1 Stress Rating:**

|  |  |
|--|--|
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**Task #1 Data Report:**

|       | Good                  | Poor/Noisy            | No Data collected     |
|-------|-----------------------|-----------------------|-----------------------|
| ECG:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BP:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resp: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Explain:

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12. **Recovery #1 Stress Rating:**

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|--|--|
|  |  |
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**Recovery #1 Data Report:**

|       | Good                  | Poor/Noisy            | No Data collected     |
|-------|-----------------------|-----------------------|-----------------------|
| ECG:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BP:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resp: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Explain:

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13. **Task #1 Stress Task Type:** ☐ Math Turner  
☐ Stroop

**Task #1 Stress Rating:**

 

**Task #2 Data Report:**

|       | Good                  | Poor/Noisy            | No Data collected     |
|-------|-----------------------|-----------------------|-----------------------|
| ECG:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BP:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resp: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Explain:**




14. **Recovery #2 Stress Rating:**

 

**Recovery #2 Data Report:**

|       | Good                  | Poor/Noisy            | No Data collected     |
|-------|-----------------------|-----------------------|-----------------------|
| ECG:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BP:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resp: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Explain:**




15. **Collected Saliva Sample #2:**

Yes ☐ No ☐

**If No, Why Not?**

**Sample #2 Time:**

:   AM ☐ PM ☐  
 (Hour) (Minute)

16. **Standing Stress Rating:**

 

**Standing Data Report:**

|       | Good                  | Poor/Noisy            | No Data collected     |
|-------|-----------------------|-----------------------|-----------------------|
| ECG:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BP:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resp: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Explain:**




17. **Collected Saliva Sample #3:**

Yes ☐ No ☐

**If No, Why Not?**

**Sample #3 Time:**

:   AM ☐ PM ☐  
 (Hour) (Minute)

18. **Collected Saliva Sample #4:**

Yes ☐ No ☐

**If No, Why Not?**

**Sample #4 Time:**

:   AM ☐ PM ☐  
 (Hour) (Minute)

**Session notes:**

**Termination:** Use this section only if the session was ended due to BP criterion or other problems. When BP first meets criteria for Termination, complete information below.

**Above/Below Criterion  
BP level:**

SBP

  

DBP

  
GAcq  
period
 
GAcq  
counter
  

**Stress Rating when termination  
criterion reached:**

 

**When you advance GAcq to  
Termination Period: Nexfin BP at  
beginning of Termination Period**

SBP

  

DBP

  

**Symptoms reported by participant:**

**30-second BP readings:**

Counter: 330

SBP

  

DBP

  

Counter: 150

SBP

  

DBP

  

Counter: 300

SBP

  

DBP

  

Counter: 120

SBP

  

DBP

  

Counter: 270

SBP

  

DBP

  

Counter: 90

SBP

  

DBP

  

Counter: 240

SBP

  

DBP

  

Counter: 60

SBP

  

DBP

  

Counter: 210

SBP

  

DBP

  

Counter: 30

SBP

  

DBP

  

Counter: 180

SBP

  

DBP

  

Counter: 0

SBP

  

DBP

  

Did you call a doctor or nurse?

Yes No

☐ ☐

↓ If Yes:

Why, and what was the  
outcome?

**Stress Rating at end of termination period:**