



Id#:

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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 we last saw you and to 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 your MESA clinic visit. This information will help us better understand the cause of heart and blood vessel disease and develop better methods for their treatment. Go to "Question 1" form.

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

- Excellent Good Poor
- Very Good Fair Unsure

2. Since your MESA clinic visit on *enrollment date* 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 your last MESA visit, have you at any time seen a doctor or other health care professional, or have you had an overnight stay in a hospital or nursing home?

- Yes
↓
Go to Question 4.
- No
 Unsure
↓

Skip to "END" after asking:
We routinely send out results from the MESA examination. Did you receive your MESA test results?

- Yes
- No
- Unsure → I'll make sure we get a copy sent to you.

4a. Has your doctor or health professional told you that you had one of the following since your last MESA clinic visit?
 (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 your last MESA visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes: Was this a new diagnosis since your last MESA visit?	<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 your last MESA visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes to any item in Question 4a → Go to Question 4b.
 If No or Unsure to all items in Question 4a → Go to Question 5.

4b. 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

5. We routinely send out results from the MESA examination. Did you receive your MESA test results?

- Yes →
- No
 Unsure
 ↓
 I'll make sure we get a copy sent to you.
 Go to Question 6.

Did you discuss the MESA results with your doctor?

Yes No Unsure

Did your doctor make any new diagnoses or do any tests because of your MESA test results?

Yes No Unsure

6. Since your MESA clinic visit, has a doctor or health care professional told you that you had any of the following (read each diagnosis):

	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 to 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.

7. Since your MESA clinic visit have you had *any other condition* that resulted in an overnight...

	Yes	No	Unsure
Hospital stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.

8. Since your MESA clinic visit, have you had any of the following tests or procedures in or out of the hospital (read each procedure):

	Yes	No	Unsure
Exercise treadmill or bicycle test _____	<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.

END: 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	<input type="text"/>	Reviewer ID	<input type="text"/>	Data Entry ID	<input type="text"/>
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