MESA

Affix ID Label Here

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Complete form for each condition reported as Yes in Question 6 on "General Health" form.

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

- ○ A myocardial infarction or heart attack
- ○ Angina pectoris or chest pain due to heart disease
- ○ Heart failure or congestive heart failure
- ○ Peripheral vascular disease, intermittent claudication or pain in your legs from a blockage of the arteries
- ○ Atrial fibrillation
- ○ Deep Vein thrombosis or blood clots in your legs
- ○ A transient ischemic attack (TIA) or mini-stroke
- ○ Stroke →
- ○ Blockage to the carotid artery
- ○ Lung abnormality or nodule
- ○ Cancer, specify type: ☐

Regarding symptoms that you had from your stroke, do you feel that you have made a complete recovery?

○ Yes ○ No ○ Unsure

In the last two weeks, did you require help from another person for everyday activities?

○ Yes ○ No ○ Unsure

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

Name :_____

Address :_____

_____

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.)

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Month Day Year

C. Were you in the hospital at least one night for this condition since your MESA visit?

○ Yes
↓
(Continue to part **D** on next page.)

○ No
○ Unsure
→

Ask about next condition reported in Question 6 on "General Health" form, and record details on an additional form. If there are no additional conditions, go to Question 7 on "General Health" form.

D. 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.)

	Date (Month / Day / Year)	Hospital Code	Length of Stay (days)
(1)	/ /		
(2)	/ /		
(3)	/ /		
(4)	/ /		
(5)	/ /		

Ask about the next condition reported as Yes in Question 6 on "General Health" form and record details on an additional form. If no additional conditions are reported as Yes, go to Question 7 on the "General Health" form.

For MESA Field Center use only:

Interviewer ID : Reviewer ID : Data Entry ID :