Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

MESA Follow-up Phone Call 19: General Health

INTRODUCTION

Hello, my name is [*interviewer name*], and I'm calling to speak with [*participant name*]. Is [*participant name*] 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 the [*MESA / MESA Air*] Study. I'm calling to see how you have been since our last telephone interview with you and update our [*MESA / MESA Air*] 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 ask you some questions about your general health and specific medical conditions since our last telephone interview with you on _____. I realize that we have asked you some of these questions several times, but learning about changes in your health is very important in helping us understand more about the causes of heart disease and stroke and how these diseases may be related to other things in your life.

First, I'd next 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)

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, have you at any time seen a doctor or other health care professional?
Optional: *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 2 (seen a health professional or overnight stay)?

○ Yes → **Go to Question 3a**

○ No
○ Unsure → **Skip to Question 7**

3a. Has your doctor or health care professional told you that you had diabetes?

- ○ Unsure **(go to question 3b)**
- ○ No **(go to question 3b)**
- ○ Yes ⟶ **If Yes to diabetes:**

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

  - ○ Unsure
  - ○ No
  - ○ Yes

3b. 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	○	○	○
If Yes: Was this a new diagnosis since our last contact with you?	○	○	○
High Cholesterol Level	○	○	○
If Yes: Was this a new diagnosis since our last contact with you?	○	○	○

4. Since our last telephone interview with you, 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	○	○	○
Angina pectoris or chest pain due to heart disease	○	○	○
Heart failure or congestive heart failure	○	○	○
Peripheral arterial 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	○	○	○
A stroke	○	○	○
Blockage in the carotid artery	○	○	○
Cancer	○	○	○

↓

Complete "Specific Medical Conditions" form for <u>each</u> item with a Yes response.

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

	Yes	No	Unsure
Overnight hospital stay	○	○	○
Overnight stay at a nursing home or rehabilitation center	○	○	○

Complete "Other Admissions" form for <u>each</u> item with a Yes response.

6. 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
An angioplasty procedure or stent to open up arteries to your heart	○	○	○
Coronary bypass surgery	○	○	○
An angioplasty procedure or stent to open up arteries in either of your legs	○	○	○
A cardioversion where electricity is applied to your chest to convert your heart rhythm from atrial fibrillation or atrial flutter to a normal rhythm	○	○	○
An ablation procedure, where a long flexible tube, or catheter, is inserted into the heart, and energy is applied to destroy tiny areas of tissue to block atrial fibrillation or atrial flutter	○	○	○

Complete "Specific Medical Procedures" form for <u>each</u> item with a Yes response from Question 6.

	Yes	No	Unsure
7. Are you taking aspirin on a regular basis?	○	○	○

If Yes ⟶ How many days a week? ☐

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8. Since your last follow-up call, have you taken any non-aspirin blood thinners or anticoagulants?

- ○ Yes →
- ○ No
- ○ Don't know
- ○ Refused

8a. Which blood thinner or anticoagulant have you taken since your last follow-up call? (check all that apply)

- ☐ Coumadin [warfarin]
- ☐ Effient [prasugrel]
- ☐ Plavix [clopidogrel]
- ☐ Persantine [dipyridamole]
- ☐ Pradaxa [dabigatran]
- ☐ Savaysa [edoxaban]
- ☐ Xarelto [rivaroxaban]
- ☐ Other, please specify: ☐
- ☐ Equilis [apixiban]
- ☐ Brilinta [ticagrelor]
- ☐ Don't know

8b. What month and year did you start taking [insert drug name]?

Start date:

☐☐ ☐☐☐☐ ○ Don't know

Month Year

8c. What month and year did you stop taking [insert drug name]?

Stop date:

☐☐ ☐☐☐☐ ○ Don't know

Month Year

If still taking drug, enter 99/9999

8d. Did you start and stop [insert drug name] more than once since your last Medications Questionnaire?

○ Yes ○ No ○ Don't know

If yes, go to Q8e
If no, ask for Q8b-f for next drug or if no other drugs reported in 8a, go to Q9

8e. What is the next month and year that you started taking [insert drug name]?

Start date:

☐☐ ☐☐☐☐ ○ Don't know

Month Year

8f. What is the next month and year that you stopped taking [insert drug name]?

Start date:

☐☐ ☐☐☐☐ ○ Don't know

Month Year

Collect multiple start and stop dates for each drug, as necessary. If still taking drug, enter 99/9999
Repeat 8b-f for each drug identified in 8a.

9. *For participants with history of pacemaker or implanted cardioverter defibrillator based on prior event investigation:*

a. Based on your prior MESA interviews, I see that you have had a [pacemaker or other device type from investigation] implanted on Month/Day/Year [CC inserts date of insertion based on event investigation]. Is that right? Do you still have an implanted device?

○ Yes ○ No ○ Don't know

For participants without history of device:

b. Do you have an implanted cardiac pacemaker or an implanted cardioverter-defibrillator (ICD)?

○ Yes ○ No ○ Don't know

If yes to a or b:

c. Is it a cardiac pacemaker or a cardioverter-defibrillator?

○ cardiac pacemaker ○ cardioverter-defibrillator

d. What doctor do you see for regular evaluation of that device?

Name: _____

City, State: _____

The following questions are about your use of alcohol and tobacco. They will help us better understand the role of smoking and alcohol use in the risk of cardiovascular disease.

10. Do you presently drink alcoholic beverages?

○ Yes

○ No ⟶ **Skip to Question 15**

11. How many glasses of red wine do you usually have per week? ☐☐

If less than 1 per week enter "00". *(1 serving = 3.5 oz glass, 1 bottle = 750 ml = 8 glasses)*

12. How many glasses of white wine do you usually have per week? ☐☐

If less than 1 per week enter "00". *(1 serving = 3.5 oz glass, 1 bottle = 750 ml = 8 glasses)*

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13. How many cans, bottles, or glasses of beer do you usually have per week? ☐☐

If less than 1 per week enter "00". *(1 serving = 12 oz glass, 1 bottle = 355 ml = 1 glass)*

14. How many drinks of liquor or mixed drinks do you usually have per week? ☐☐

If less than 1 per week enter "00". *(1 serving = 1.5 oz or 1 shot)*

15. Which of the following best describes your current smoking status?

- ○ Never smoked ⟶ **Skip to Question 19**
- ○ Former smoker, quit more than 1 year ago
- ○ Former smoker, quit less than 1 year ago
- ○ Current smoker
- ○ Don't know

16. On the average of the entire time you smoked…

*Note: **Skip to Q19** if "former smoker" and answered Q16 at previous exam.*

a. How many cigarettes did you smoke per day?

☐☐ cigarettes

b. Did you inhale the cigarette smoke?

○ Not at all ○ Slightly ○ Moderately ○ Deeply

c. In the morning, how much time usually goes by before you smoke your first cigarette?

☐☐ minutes

17. Have you smoked cigarettes during the last 30 days?

- ○ Yes
- ○ No ⟶ **Skip to Question 19**

18. On average, about how many cigarettes a day do you smoke? ☐☐☐

19. During the past year, about how many hours per week were you in close contact with people when they were smoking? (e.g. in your home, in a car, at work or other close quarters) ☐☐☐

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20. Did anyone smoke in your residence in the past 12 months? (This includes you.)

- ○ Yes →
- ○ No **(Skip to Question 21)**
- ○ Don't know **(Skip to Question 21)**

20a. On average, how often did someone smoke in your residence in the past 12 months?

- ○ Less than once a month
- ○ A few days each month
- ○ More than half of the days of the month, but less than daily
- ○ Every day or almost every day

20b. On average, how many cigarettes per day were smoked in the residence by each smoker in the past 12 months?

Smoker 1: ☐☐ cigarette(s) per day

Smoker 2: ☐☐ cigarette(s) per day

Smoker 3: ☐☐ cigarette(s) per day

20c. On average, how many cigars per day were smoked in the residence by each smoker in the past 12 months?

Smoker 1: ☐☐ cigar(s) per day

Smoker 2: ☐☐ cigar(s) per day

The following questions ask you to rate your memory compared to 5 years ago. Each question uses a scale from 1 to 5, where 1 means no change in your memory since 5 years ago, 2 is minimal change, 3 is some change, 4 is moderate change, and 5 is much worse.

Compared to 5 years ago, how would you rate your ability to:

	1-No Change	2-Minimal Change	3-Some Change	4-Moderate Change	5-Much Worse
21. Recall information when you really try	○	○	○	○	○
22. Remember names and faces of new people that you meet	○	○	○	○	○
23. Remember things that have happened recently	○	○	○	○	○
24. Recall conversations a few days later	○	○	○	○	○

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Compared to 5 years ago, how would you rate your ability to:

	1-No Change	2-Minimal Change	3-Some Change	4-Moderate Change	5-Much Worse
25. Remember where things are usually kept	○	○	○	○	○
26. Remember new information told to you	○	○	○	○	○
27. Remember where you placed familiar objects	○	○	○	○	○
28. Remember what you intended to do	○	○	○	○	○
29. Remember names of family members and friends	○	○	○	○	○
30. Remember without notes and reminders	○	○	○	○	○
31. Remember things compared to other people your age	○	○	○	○	○
32. How would people who know you rate your memory relative to 5 years ago?	○	○	○	○	○

33. How concerned are you about the changes you described above? Would you say you are:

- ○ Not at all concerned
- ○ Slightly concerned
- ○ Mildly concerned
- ○ Moderately concerned
- ○ Extremely concerned

34. Has any member of your family (mother, father, full-blooded sister or brother) been diagnosed with Alzheimer's disease or senile dementia?

- ○ Yes → 34a. Who? Please mark all that apply.
  - ☐ Mother
  - ☐ Father
  - ☐ Any brother
  - ☐ Any sister
- ○ No
- ○ Don't know

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 [clinic phone number].