





## MESA Follow-up Phone Call 20: General Health

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If Yes:</b> Was this a new diagnosis since our last contact with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Cholesterol Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If Yes:</b> Was this a new diagnosis since our last contact with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<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 arterial 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 in the carotid artery	<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.**



## MESA Follow-up Phone Call 20: General Health

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

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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary bypass surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An angioplasty procedure or stent to open up arteries in either of your legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A cardioversion where electricity is applied to your chest to convert your heart rhythm from atrial fibrillation or atrial flutter to a normal rhythm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

	Yes	No	Unsure
7. Are you taking aspirin on a regular basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes → How many days a week?

## MESA Follow-up Phone Call 20: General Health

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)

- |  |  |
|--|--|
| <input type="checkbox"/> Coumadin [warfarin]   | <input type="checkbox"/> Effient [prasugrel]             |
| <input type="checkbox"/> Plavix [clopidogrel]  | <input type="checkbox"/> Persantine [dipyridamole]       |
| <input type="checkbox"/> Pradaxa [dabigatran]  | <input type="checkbox"/> Savaysa [edoxaban]              |
| <input type="checkbox"/> Xarelto [rivaroxaban] | <input type="checkbox"/> Other, please specify:          |
| <input type="checkbox"/> Equilis [apixiban]    | <input style="width: 150px; height: 15px;" type="text"/> |
| <input type="checkbox"/> Brilinta [ticagrelor] | <input type="checkbox"/> Don't know                      |

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

Start date:

 

Month

   

Year

Don't know

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

Stop date:

 

Month

   

Year

Don't know

*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:

 

Month

   

Year

Don't know

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

Start date:

 

Month

   

Year

Don't know

*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.*



## MESA Follow-up Phone Call 20: General Health

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)



## MESA Follow-up Phone Call 20: General Health

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)



## MESA Follow-up Phone Call 20: General Health

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	Don't know
21. Recall information when you really try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Remember names and faces of new people that you meet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Remember things that have happened recently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Recall conversations a few days later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## MESA Follow-up Phone Call 20: General Health

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	Don't know
25. Remember where things are usually kept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Remember new information told to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Remember where you placed familiar objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Remember what you intended to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Remember names of family members and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Remember without notes and reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Remember things compared to other people your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. How would people who know you rate your memory relative to 5 years ago?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
- Don't know

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.
  - No
  - Don't know
- Mother
  - Father
  - Any brother
  - Any sister

**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].