

| Participant ID #: | Acrostic: |            |   |  |  |
|-------------------|-----------|------------|---|--|--|
|                   | Date:     | / <u> </u> | / |  |  |

Month

Day

Year

## **MESA Follow-up Phone Call 21: General Health**

|   |                         | • p • • •  |  |   |
|---|-------------------------|--|--|---|
|   | Question 3a             | Skip to  |  |   |
|   | Go to                   | $\downarrow$   |  |   |
|   | $\downarrow$            | O Unsure   |  |   |
|   | O Yes                   | O No   |  |   |
| Did the participan                          | t answer 'Yes' to eith  | er part of Question  | 2 (seen a health profession                                  | nal or overnight stay)?   |
| (Circle answer                              | ) O Yes                 | O No   |  |   |
| Since our last tele <sub>l</sub>            | phone interview with    | you, have you had a  | an overnight stay in a hospi                                 | tal or nursing home?  |
| (Circle answer                              | ) O Yes                 | O No   |  |   |
| <b>Optional:</b> A 'healt or ambulance. Thi | h care professional' is | s a doctor, nurse, nu<br>a practitioner of no                        | rse practitioner, or other ce<br>n-Western medicine (e.g. aı | other health care professional?<br>rtified specialist working in a clinic, hospital,<br>n acupuncturist or Asian herbalist) but shoul |
|   | O Very Good             | O Fair   | O Unsure   |   |
|   | O Excellent             | O Good   | O Poor   |   |
| L. Would you say,                           | in general, your healt  | h is <b>(read all respon</b>   | se categories except Unsu                                    | re)   |
| Go to "Participan                           | t Tracking" form and    | verify the tracking  | information that appears i                                   | n the left-hand column)   |
| First, I'd next like t                      | o make sure our reco    | rds are up to date. (  | Could you please tell me if t                                | he following information I have is still corre  |
|   | con<br>hav<br>hea       | ditions since our las<br>e asked you some o<br>lth is very important | t telephone interview with<br>f these questions several tir  | you on I realize that we mes, but learning about changes in your nore about the causes of heart disease                               |
|   |                         |  |  | neral health and specific medical   |
|   | ·                       |  |  | Thank you. I will call again.   |
| If yes                                      | how you have been       | since our last teleph  |  | A / MESA Air] Study. I'm calling to see<br>d update our [MESA / MESA Air]   |
| If no ──                                    | When would it be co     | onvenient to call bac  | ck?Th  | ank you. I will call again.   |
| Hello, my name i                            | s [interviewer name],   | and I'm calling to sp  | peak with [ <i>participant name</i>                          | e]. Is [participant name] available?  |
|   |                         |  |  |   |



## MESA Follow-up Phone Call 21: General Health

| 3a. Has your doctor or health care professional told you that you had diabe  | tes?      |           |                  |                        |
|--|-----------|-----------|------------------|------------------------|
| O Unsure (go to question 3b)   |           |           |                  |                        |
| O No (go to question 3b)   |           |           |                  |                        |
| ○ Yes <b>——— If Yes to diabetes:</b>   |           |           |                  |                        |
| Is this a new diagnosis since our last telephone   | e intervi | ew with y | /ou?             |                        |
| O Unsure   |           |           |                  |                        |
| O No   |           |           |                  |                        |
| O Yes  |           |           |                  |                        |
| 3b. Has your doctor or health care professional told you that you had one of you? (Read each diagnosis.)                 | of the fo | llowing s | ince our last te | lephone interview with |
|  | Yes       | No        | Unsure           |                        |
| High Blood Pressure  |           | 0         | 0                |                        |
| If Yes: Was this a new diagnosis since our last contact with you?  |           | 0         | 0                |                        |
| High Cholesterol Level   |           | 0         | 0                |                        |
| If Yes: Was this a new diagnosis since our last contact with you?  |           | 0         | 0                |                        |
| 4. Since our last telephone interview with you, has a doctor or health care processing following? (read each diagnosis): | orofessi  | onal told | you that you h   | ad any of the          |
|  | Yes       | No        | Unsure           |                        |
| A myocardial infarction or heart attack  | 0         | 0         | 0                |                        |
| Angina pectoris or chest pain due to heart disease   |           | 0         | 0                |                        |
| Heart failure or congestive heart failure  |           | 0         | 0                |                        |
| Peripheral arterial disease, intermittent claudication or pain in your legs from a blockage of the arteries              | 0         | 0         | 0                |                        |
| Atrial fibrillation  | 0         | 0         | 0                |                        |
| Deep vein thrombosis or blood clots in your legs   | 0         | 0         | 0                |                        |
| A transient ischemic attack (TIA) or mini-stroke   | 0         | 0         | 0                |                        |
| A stroke   | 0         | 0         | 0                |                        |
| Blockage in the carotid artery   | 0         | 0         | 0                |                        |

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

0

0

Cancer



## MESA Follow-up Phone Call 21: General Health

| 5. 9  | since our last telephone interview with you, have you had any other co   | ondition t | hat resul | ted in an: |  |  |  |  |
|---|--|------------|-----------|------------|--|--|--|--|
|   |  | Yes        | No        | Unsure     |  |  |  |  |
|   | Overnight hospital stay  | 0          | 0         | 0          |  |  |  |  |
|   | Overnight stay at a nursing home or rehabilitation center  | 0          | 0         | 0          |  |  |  |  |
|   |  |            |           |            |  |  |  |  |
|   | 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): |  |            |           |            |  |  |  |  |
| (10   | ad each procedure).  | Yes        | No        | Unsure     |  |  |  |  |
|   | An angioplasty procedure or stent to open up arteries to your heart  | 0          | 0         | 0          |  |  |  |  |
|   | Coronary bypass surgery  | 0          | 0         | 0          |  |  |  |  |
|   | An angioplasty procedure or stent to open up arteries in either of your legs   | 0          | 0         | 0          |  |  |  |  |
|   | A cardioversion where electricity is applied to your chest to convert your heart rhythm from atrial fibrillation or atrial flutter to a normal rhythm  | 0          | 0         | 0          |  |  |  |  |
|   | 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 | 0          | 0         | 0          |  |  |  |  |
|   |  |            |           |            |  |  |  |  |
|   | 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?   | 0          | 0         | 0          |  |  |  |  |
|   | If Yes → How many days a week?   |            |           |            |  |  |  |  |
|   |  |            |           |            |  |  |  |  |



## MESA Follow-up Phone Call 21: General Health

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

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

O Yes
O No

8a. On average, about how many cigarettes a day do you smoke?

cigarettes

9. Have you used an electronic cigarette, e-cigarette, or vaping device during the last 30 days?

O Yes
O No

10. 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)

**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].