Participant Id#: Follow-up Phone Call 2 Acrostic: Date: Year Month Day 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? 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) 0 Excellent O Good O Poor 0 Very Good O Fair O Unsure 2. Since your MESA clinic visit on enrollment date have you had any of the following symptoms (read each symptom)? No Yes Unsure Discomfort or pain in your chest O O O Shortness of breath 0 0 O Pain in your legs O 0 O 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? O_{No} O Yes O Unsure Go to Question 4. Skip to "END" after asking: We routinely send out results from the MESA examination. Did you receive your MESA test results? O Yes

Multi-Ethnic Study of Atherosclerosis

l'll make sure we get a copy sent to you.

O No

O Unsure

Follow-up Phone Call 2 -- General Health Page 2

4a. Has your doctor or health professional told you that you had one of the following since your last MESA clinic visit?

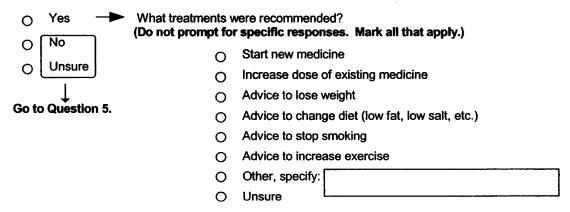
(Read each diagnosis)

(Neau each diagnosis.)	Yes	No	Unsur
High Blood Pressure		0	0
If Yes: Was this a new diagnosis since your last MESA visit?	0	0	0
Diabetes	0	0	0
If Yes: Was this a new diagnosis since your last MESA visit?	0	0	0
High Cholesterol Level	0	0	0
If Yes: Was this a new diagnosis since your last MESA visit?	0	0	0

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?



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

O Yes —	Did you discuss	Did you discuss the MESA results with your doctor?				
ONO	O Yes	O No	O Unsure			
Unsure	Did your doctor any tests bed	Did your doctor make any new diagnoses or do any tests because of your MESA test results?				
↓ 'Il make sure we get	O Yes	O No	O Unsure			
a convisent to you	-					

Go to Question 6.

Follow-up Phone Call 2 -- General Health Page 3 6. Since your MESA follow-up call, 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 O O O Angina pectoris or chest pain due to heart disease O 0 O Heart failure or congestive heart failure O O O Peripheral vascular disease, intermittent claudication or pain in your legs from a blockage of the arteries O O O Atrial fibrillation O O O Deep vein thrombosis or blood clots in your legs O O O A transient ischemic attack (TIA) or mini-stroke O 0 0 O O Ō Blockage in the carotid artery O 0 O Lung abnormality or nodule 0 0 0 Cancer O 0 O 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 a ... Yes No Unsure O **ER Visit** 0 0 Overnight Hospital stay O 0 0 O O O Overnight Stay at a nursing home or rehabilitation center 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): No **Unsure** Yes Exercise treadmill or bicycle test 0 O 0 Coronary angiography or heart catheterization 0 O 0 O O 0 Echocardiogram 0 0 0 An angioplasty procedure to open up arteries to your heart O O 0 Coronary bypass surgery -0 \circ 0 An angioplasty procedure to open up arteries in either of your legs — 0 O O Carotid ultrasound or carotid angiogram Chest x-ray, a chest CAT scan, MRI, or other study to 0 0 assess any findings in your chest Other diagnostic procedure or surgery related to your O O heart or blood vessels 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	Reviewer ID	Data Entry ID	
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