Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 12

Date:  
Month / Day / Year

General Health - Death

INTRODUCTION
Hello, my name is [interviewer name], and I'm calling to speak with [proxy name]. Is [proxy name] available?

If no ➔ When would it be convenient to call back? ________________ Thank you. I will call again.

If yes ➔ Hello, [proxy name], this is [interviewer name] with the [MESA/MESA Air] study. We understand that [decedent] had given us your name as someone close to [him/her]. I am sorry for your loss. [pause] In order to close out [decedent's] file, I need to ask you a few questions about [his/her] health from the last time our staff talked with [him/her] to [his/her] death. Would now be a good time to talk?

If no ➔ When would it be convenient to call back?
Thank you. I will call again.

If Yes ➔ We'd like to gather information about [his/her] general health and specific medical conditions that may have occurred since our telephone interview with [decedent] and before [his/her] death. That call occurred on [date of last follow up call].

Go to "Question 1" form.

1. Since our last telephone interview with [decedent] on [date of last follow up call], had a doctor or health care professional told [decedent] that [s/he] 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  O  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  O  O
   A stroke O  O  O
   Blockage in the carotid artery O  O  O
   Lung abnormality or nodule O  O  O
   Cancer O  O  O

Complete "Specific Medical Conditions" form for each item with a Yes response.
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2. Since our last telephone interview with [decedent], had [s/he] had any other condition that resulted in an ...

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overnight Hospital stay</td>
<td></td>
<td></td>
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<tr>
<td>Overnight Stay at a nursing home or rehabilitation center</td>
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</tbody>
</table>

Complete "Other Admissions" form for each item with a Yes response.

3. Since our last telephone interview with [decedent], had [s/he] had any of the following tests or procedures in or out of the hospital (read each procedure):

<table>
<thead>
<tr>
<th>Test or Procedure</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress test (ETT, bicycle, chemical, etc.)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Coronary angiography or heart catheterization</td>
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<tr>
<td>Echocardiogram</td>
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<tr>
<td>An angioplasty procedure to open up arteries to the heart</td>
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<tr>
<td>Coronary bypass surgery</td>
<td></td>
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<tr>
<td>An angioplasty procedure to open up arteries in either of the legs</td>
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<td>Carotid ultrasound or carotid angiogram</td>
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<tr>
<td>Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in the chest</td>
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<tr>
<td>Other diagnostic procedure or surgery related to the heart or blood vessels</td>
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</tbody>
</table>

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

(Optional:) May I ask you a few additional questions about [decedent's name] death?

(Interviewer may proceed to fill out Death Information form before ending the phone call.)

END: Thank you so much for answering these questions. Again, I am sorry for your loss. I really appreciate you spending time answering these questions.

We greatly appreciate your cooperation with the [MESA/MESA Air] Study. Should you have any questions, or additional information, please feel free to call us at the clinic at [telephone number].

For MESA Field Center Use Only:

Data Collection Method: ♦ Computer ♦ Paper

Interviewer ID: [Redacted]  Reviewer ID: [Redacted]  Data Entry: [Redacted]