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
   - Very Good
   - Good
   - Fair
   - Poor
   - Unsure

2. Since our last telephone interview with you, have you at any time seen a doctor or other health care professional? (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
   - No
   - Unsure

Go to Question 3

Skip to Question 7
Follow-up Phone Call 14 -- 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.)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes: Was this a new diagnosis since our last contact with you?</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Cholesterol Level</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes: Was this a new diagnosis since our last contact with you?</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>A myocardial infarction or heart attack</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina pectoris or chest pain due to heart disease</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart failure or congestive heart failure</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral vascular disease, intermittent claudication or pain in your legs from a blockage of the arteries</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep vein thrombosis or blood clots in your legs</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A transient ischemic attack (TIA) or mini-stroke</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A stroke</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blockage in the carotid artery</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung abnormality or nodule</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete "Specific Medical Conditions" form for each item with a Yes response.
5 Since our last telephone interview with you, have you had any other condition that resulted in an:

- Overnight Hospital stay
- Overnight Stay at a nursing home or rehabilitation center

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):

- 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

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

7 Since your last MESA exam, have you been told by a doctor that you have sleep apnea?

Did you receive treatment for this?

- Yes
- No

IF YES: Was the treatment any of the following: (check all that apply)

- CPAP or BIPAP machine
- Dental (oral) device
- Throat/Uvula surgery
- Other device (for example, provent)
- Other surgery (for example, nose deviation)
Which of the following best describes your current smoking status?

- Never smoked ➔ Skip to Question 11
- Former smoker, quit more than 1 year ago ➔ Skip to Question 11
- Former smoker, quit less than 1 year ago
- Current smoker
- Don’t know

Have you smoked cigarettes during the last 30 days?

- Yes
- No ➔ Skip to question 11

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

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)

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

- Yes ➔
- No
- Don’t Know

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
When walking on level ground, do you get more breathless than people your own age?

13 Yes [ ] No [ ] Don't Know [ ]

When walking up hills or stairs, do you get more breathless than people your own age?

14 Yes [ ] No [ ] Don't Know [ ]

Do you ever have to stop walking because of breathlessness?

15 Yes [ ] No [ ] Don't Know [ ]

Since your last follow up phone call have you had swelling of your feet or ankles?

16 Yes [ ] No [ ] Don't Know [ ]

If Yes → Did it tend to come on during the day and go down overnight?

Yes [ ] No [ ] Don't Know [ ]

Since your last follow up phone call have you had to sleep on two or more pillows to help you breathe?

17 Yes [ ] No [ ] Don't Know [ ]

Are you taking aspirin on a regular basis?

18 Yes [ ] No [ ] Don't Know [ ]

If Yes → How many days a week?

19 [ ] [ ] [ ]

At what age did you begin having menstrual periods?

Reproductive History WOMEN ONLY -- MEN are finished with this questionnaire

END: Thank you so much for talking with me today. We greatly appreciate your participation in [MESA/MESAAir]. Should you have any questions, please feel free to call us at the clinic at [clinic phone number].

For MESA Field Center Use Only:

Data Collection Method: O Computer O Paper

Interviewer ID: [ ] [ ] [ ]

Reviewer ID: [ ] [ ] [ ]

Data Entry ID: [ ] [ ] [ ]

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