



MESA Follow-up Phone Call 21: 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"/>
If Yes: 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"/>
If Yes: 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.



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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?



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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?

- Yes
- 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?

- Yes
- 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)

hours

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].