Multi-Ethnic Study of Atherosclerosis

Follow-up Phone Call 8

General Health

Participant Id#:

Acrostic:

Date: ☐☐ / ☐☐ / ☐☐☐☐

Month **Day** **Year**

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 the MESA study.I'm calling to see how you have been since our last telephone interview with you and update our MESA 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 gather information about your general health and specific medical conditions that you may have had since our last telephone interview with you. I will ask you some questions about your health since the last time we had a telephone interview with you on _____
I want to focus on what happened from _____(date of last Follow-up Call) until today.

Go to Question 1.

1. Would you say, in general, your health is (**read all response categories except Unsure**)

○ Excellent	○ Good	○ Poor
○ Very Good	○ Fair	○ Unsure

2. Since our last telephone interview with you on [DATE], have you had any of the following symptoms **(read each symptom)?**

	Yes	**No**	**Unsure**
Discomfort or pain in your chest	○	○	○
Shortness of breath	○	○	○
Pain in your legs	○	○	○

3. Since our last telephone interview with you, have you at any time seen a doctor or other health care professional? [A 'health care professional' is a doctor, nurse, nurse practioner, or other certified specialist working in a clinic, hospital, or ambulance. This person may also be a practioner of non-Western medicine (e.g. An acupuncturist or Asian herbalist) but should not include chiropractors, exercise instructors, or diet coaches.]

(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 3 (seen a health professional or overnight stay)?

○ Yes → **Go to Question 4.**

○ No
○ Unsure → **Skip to Question 8**

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4a. Has your doctor or health care professional told you that you had diabetes?

- ○ **Unsure (Go to question 4b)**
- ○ **No (Go to question 4b)**
- ○ **Yes** → **If Yes to Diabetes :**

Is this a new diagnosis since our last telephone interview with you?

- ○ **Unsure**
- ○ **No**
- ○ **Yes**

Are you currently taking medicine for your diabetes?

- ○ **Unsure (Go to question 4b)**
- ○ **No (Go to question 4b)**
- ○ **Yes** → **If Yes to medicine :**

What kind of medicine are you taking for your diabetes?

- ○ **Pills**
- ○ **Insulin**
- ○ **Insulin and Pills**

→ **If Yes to insulin :** At what age did you begin taking insulin?

Age ☐☐ **Unsure** ○

4b. 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	○	○	○
If Yes: Was this a new diagnosis since our last contact with you?	○	○	○
High Cholesterol Level	○	○	○
If Yes: Was this a new diagnosis since our last contact with you?	○	○	○

If Yes to *any* item in Questions 4a or 4b → **Go to Question 4c.**
If No or Unsure to *all* items in Questions 4a or 4b → **Go to Question 5.**

4c. Did the doctor recommend any new or different treatments?

- ○ Yes → What treatments were recommended?
  (Do not prompt for specific responses. Mark all that apply.)
  - ○ Start new medicine
  - ○ Increase dose of existing medicine
  - ○ Advice to lose weight
  - ○ Advice to change diet (low fat, low salt, etc.)
  - ○ Advice to stop smoking
  - ○ Advice to increase exercise
  - ○ Other, specify: ☐
  - ○ Unsure
- ○ No
- ○ Unsure

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Go to Question 5.

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5. Since our last telephone interview with you, has a doctor or health care professional told you that you had any of the following?

	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 <u>each</u> item with a Yes response.

6. Since our last telephone interview with you, have you had *any other condition* that resulted in an..

	Yes	No	Unsure
Overnight Hospital stay	O	O	O
Overnight Stay at a nursing home or rehabilitation center	O	O	O

Complete "Other Admissions" form for <u>each</u> item with a Yes response.

7. 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
Stress Test (ETT, bicycle, chemical, etc.)	O	O	O
Coronary angiography or heart catheterization	O	O	O
Echocardiogram	O	O	O
An angioplasty procedure to open up arteries to your heart	O	O	O
Coronary bypass surgery	O	O	O
An angioplasty procedure to open up arteries in either of your legs	O	O	O
Carotid ultrasound or carotid angiogram	O	O	O
Chest x-ray, a chest CAT scan, MRI, or other study to assess any findings in your chest	O	O	O
Other diagnostic procedure or surgery related to your heart or blood vessels	O	O	O

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

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8 a. Has your employment status or employment location changed since your last MESA clinic exam on [DATE]?

- ○ **No** → Skip to Question 9
- ○ **Yes**

b. Choose one of the following which best describes your current situation:

- ○ Started working after retiring or other time off
- ○ Changed job
- ○ Changed job location only
- ○ Retired → Skip to 8d
- ○ Unemployed → Skip to 8d
- ○ Refused/No response → Skip to Question 9

c. What is the street address of your new job or job location?

Street

City | State | ZIP | Country

d. When did your employment status or employment location change?

Month / Year

9 Which of the following best describes your current smoking status?

- ○ Never smoked → Skip to question 12
- ○ Former smoker, quit more than 1 year ago
- ○ Former smoker, quit less than 1 year ago
- ○ Current smoker
- ○ Don't know

10 Have you smoked cigarettes during the last 30 days?

- ○ Yes
- ○ No → Skip to question 12

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

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

- ○ Yes → **12a.** 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
- ○ No
- ○ Don't know

	Yes	No	Don't Know
13 When walking on level ground, do you get more breathless than people your own age?	○	○	○
14 When walking up hills or stairs, do you get more breathless than people your own age?	○	○	○
15 Do you ever have to stop walking because of breathlessness?	○	○	○
16 Since your last MESA clinic visit have you had swelling of your feet or ankles?	○	○	○
If Yes → Did it tend to come on during the day and go down overnight?	○	○	○
17 Since your last MESA clinic visit have you had to sleep on two or more pillows to help you breathe?	○	○	○
18 Are you taking aspirin on a regular basis?	○	○	○
If Yes → How many days a week? ☐			
19 Are you taking a medication for cholesterol on a regular basis?	○	○	○

Reproductive History

WOMEN ONLY -- MEN are finished with this questionnaire.

Check here ☐ if participant has previously reported removal of both ovaries and skip to question 24

20 Have you had surgery to remove your ovaries? Yes ○ No ○ Don't Know ○

If Yes:

a. At what age? ☐☐

b. How many ovaries were removed? ○ 1 ○ 2 → If both ovaries removed, Skip to question 24

Check here ☐ if participant has previously reported hysterectomy and skip to question 24

21 Have you had a hysterectomy (surgery to remove your uterus/womb)? Yes ○ No ○ Don't Know ○

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At what age? ☐☐ Skip to question 24

Check here ☐ If participant previously reported going through menopause go to question 24

22 Have you had a menstrual period in the past 12 months? Yes ○ No ○ Don't Know ○

If Yes → How many periods have you had in the last 12 months? ☐☐

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Skip to question 24

23 Have you taken birth control pills since your last MESA clinic visit? Yes ○ No ○ Don't Know ○

If Yes → Please estimate the total number of months that you took birth control pills since your last MESA clinic visit (keeping in mind you may have started and stopped several times)

☐☐

24 Since your last MESA clinic visit, have you taken hormone replacement therapy?

- ○ No → Questionnaire Completed
- ○ Yes → a. Are you currently using hormone replacement therapy?
  - ○ Yes → At what age did you begin? ☐☐
  - ○ No → At what ages did you take hormones? Age started ☐☐ Age stopped ☐☐

b. Which type of therapy were you on?

- ○ Estrogen alone (like Premarin or Estratab)
- ○ Estrogen with progestin (like Provera)
- ○ Other types of hormone replacement therapy

  Specify: ☐

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.

This particpant is enrolled in MESA Air:
After completing the Participant Tracking Form, administer the " MESA Air Triggers" and then continue to End on General Health.

This particpant is not enrolled in MESA Air:
Continue to End

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.

Interviewer ID ☐☐☐ Reviewer ID ☐☐☐ Data Entry ID ☐☐☐