

**Multi-Ethnic Study of Atherosclerosis
MESA Stress 2 Supplemental Questionnaire**



**Stress Challenge Completion Form
Interviewer-Administered
Spanish**

Participant Id#:

Stress Id#:

Site:

Date:

/ /
 Month Day Year

1. Study Start time:

: AM PM
 (Hour) (Minute)

2. ¿A qué hora comió por última vez?

/ / : AM PM
 Month Day Year (Hour) (Minute)

3. ¿A qué hora tomó una bebida con cafeína por última vez?

/ / : AM PM
 Month Day Year (Hour) (Minute)

Si fuma

4. ¿a qué hora fumó su último cigarrillo?

/ / : AM PM
 Month Day Year (Hour) (Minute)

5. Participant data:

Height (cm) CM

Age (yrs)

Weight (lb) lbs

DOB / /
Month Day Year

6. ¿Tiene dificultad para ver los colores?

SÍ NO
☐ ☐

↓ Si es sí,

7a. ¿qué colores no distingue?

7. Le han diagnosticado alguna vez el síndrome de Raynaud? (un trastorno circulatorio en que las manos se le ponen muy frías) u otro problema de la circulación?

SÍ NO
☐ ☐

↓ Si es sí,

8a. describa el problema:

8. **Pre-Saliva #1 Stress Rating:**

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9. **Collected Saliva Sample #1:**
 Yes ☐ No ☐

If No, Why Not?

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Sample #1 Time:

		:			AM	PM
		:			<input type="radio"/>	<input type="radio"/>
(Hour)			(Minute)			

10. **Baseline Stress Rating:**

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Baseline 1 Data Report:

	Good	Poor/Noisy	No Data collected
ECG:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resp:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain:

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11. **Task #1 Stress Task Type:** ☐ Math Turner☐ Stroop**Task #1 Stress Rating:**

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Task #1 Data Report:

	Good	Poor/Noisy	No Data collected
ECG:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resp:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain:

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12. **Recovery #1 Stress Rating:**

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Recovery #1 Data Report:

	Good	Poor/Noisy	No Data collected
ECG:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resp:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain:

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13. **Task #1 Stress Task Type:** ☐ Math Turner
☐ Stroop

Task #1 Stress Rating:

Task #2 Data Report:

	Good	Poor/Noisy	No Data collected
ECG:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resp:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain:

14. **Recovery #2 Stress Rating:**

Recovery #2 Data Report:

	Good	Poor/Noisy	No Data collected
ECG:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resp:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain:

15. **Collected Saliva Sample #2:**

Yes ☐ No ☐

If No, Why Not?

Sample #2 Time:

: AM ☐ PM ☐
 (Hour) (Minute)

16. **Standing Stress Rating:**

Standing Data Report:

	Good	Poor/Noisy	No Data collected
ECG:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BP:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resp:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain:

17. **Collected Saliva Sample #3:**

Yes ☐ No ☐

If No, Why Not?

Sample #3 Time:

: AM ☐ PM ☐
 (Hour) (Minute)

18. **Collected Saliva Sample #4:**

Yes ☐ No ☐

If No, Why Not?

Sample #4 Time:

: AM ☐ PM ☐
 (Hour) (Minute)

Session notes:

Termination: Use this section only if the session was ended due to BP criterion or other problems. When BP first meets criteria for Termination, complete information below.

**Above/Below Criterion
BP level:**

SBP

DBP

GAcq
period

GAcq
counter

**Stress Rating when termination
criterion reached:**

**When you advance GAcq to
Termination Period: Nexfin BP at
beginning of Termination Period**

SBP

DBP

Symptoms reported by participant:

30-second BP readings:

Counter: 330

SBP

DBP

Counter: 150

SBP

DBP

Counter: 300

SBP

DBP

Counter: 120

SBP

DBP

Counter: 270

SBP

DBP

Counter: 90

SBP

DBP

Counter: 240

SBP

DBP

Counter: 60

SBP

DBP

Counter: 210

SBP

DBP

Counter: 30

SBP

DBP

Counter: 180

SBP

DBP

Counter: 0

SBP

DBP

Did you call a doctor or nurse?

Yes No

☐ ☐

↓ If Yes:

Why, and what was the
outcome?

Stress Rating at end of termination period: