



MESA FU28

General Health - Death

Participant ID #:
Acrostic:
Technician ID:
Date: / /
Month Day Year

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 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 since our last telephone interview with [decedent] and before [his/her] death. That call occurred on [date of last follow up call].

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	☐	☐	☐
Angina pectoris or chest pain due to heart disease	☐	☐	☐
Heart failure or congestive heart failure	☐	☐	☐
Peripheral arterial disease, intermittent claudication or pain in their legs	☐	☐	☐
Atrial fibrillation	☐	☐	☐
Deep vein thrombosis or blood clots in your legs	☐	☐	☐
A transient ischemic attack (TIA) or mini-stroke	☐	☐	☐
A stroke	☐	☐	☐
Blockage in the carotid artery	☐	☐	☐
Cancer	☐	☐	☐
COVID-19 infection	☐	☐	☐

**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:

	Yes	No	Unsure
Overnight hospital stay	☐	☐	☐
Overnight stay at a nursing home or rehabilitation center	☐	☐	☐



**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)**

	Yes	No	Unsure
An angioplasty procedure or stent to open up arteries to their heart	☐	☐	☐
Coronary bypass surgery	☐	☐	☐
An angioplasty procedure or stent to open up arteries in either of their legs	☐	☐	☐
A cardioversion where electricity is applied to their chest to convert their heart rhythm from atrial fibrillation or atrial flutter to a normal rhythm	☐	☐	☐
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	☐	☐	☐



**Complete “Specific Medical Procedures” form for
each item with a Yes response from Q3.**

(Optional:) May I ask you a few additional questions about [decedent name's] 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 Study. Should you have any questions, or additional information, please feel free to call us at the clinic at [telephone number].