OMB #0925-0493 Exp: 10/31/07

Multi-Ethnic Study of Atherosclerosis

Physician Questionnaire: Cardiac/PVD

Participant ID: 8000028 02

Sequence Num: ☐☐ ***(For MESA Field Center use only)***

Participant Name: _____ **Date-of-Birth:** _____/_____/_____

Please complete only this page if participant has not had any condition listed in Question 2 below, OR if you are not familiar with participant's medical history.

Please fill in the appropriate bubbles and write responses in the blanks provided.

1. Are you familiar with the participant's medical history?

○ Yes ○ No →

Please complete Question 2 below.

Are you aware of another physician who could provide information regarding this participant?

○ Yes ○ No

Please sign and date the form at the bottom of page 4 and return form.

Please fill in the physician's name and address, ***sign and date the form at the bottom of page 4 and return form.***

_____

_____

_____

2. In your opinion, has the participant had any of the conditions below? (Please check any that apply.)

○	MI	*Please complete section A on page 2.*
○	Angina	*Please complete section B on page 2.*
○	CHF	*Please complete section C on page 2.*
○	PAD/AA*	*Please complete section D on page 2.*
○	None	***Please sign and date at the bottom of page 4 and return form.***

→ ***If participant has had any of the conditions listed, we would appreciate copies of pertinent office notes, including physical exams, reports of stress tests, caths and EKGs.***

* Peripheral Arterial Disease/Aortic Aneurysm.

A. Myocardial Infarction

Has the participant ever been diagnosed with a myocardial infarction?

○ Yes ○ No ○ Unknown

If "Yes," when was the most recent event of this type?

Month / Day / Year

Was the participant hospitalized?

○ Yes ○ No ○ Unknown

If "Yes," where was the participant hospitalized?

Name of Hospital: _____

City, State: _____

The certainty of the diagnosis is:

○ Definite ○ Probable

Go to next relevant section or, if none, skip to Question 3.

B. Angina

Has the participant ever been diagnosed with angina pectoris or coronary insufficiency?

○ Yes ○ No ○ Unknown

If "Yes," did s/he have chest pain or equivalent, or was the diagnosis only the result of diagnostic tests?

○ Pain or pain equivalent

○ No pain; diagnostic testing only

If pain (or pain equivalent), when was the most recent episode of this type?

Month / Day / Year

Was the participant hospitalized for angina/coronary insufficiency?

○ Yes ○ No ○ Unknown

If "Yes," where was the participant hospitalized?

Name of Hospital: _____

City, State: _____

The certainty of the diagnosis is:

○ Definite ○ Probable

Go to next relevant section or, if none, skip to Question 3.

C. CHF

Has the participant ever been diagnosed with congestive heart failure or congestive cardiomyopathy?

○ Yes ○ No ○ Unknown

If "Yes," when was the most recent episode of this type?

Month / Day / Year

Was the participant hospitalized?

○ Yes ○ No ○ Unknown

If "Yes," where was the participant hospitalized?

Name of Hospital: _____

City, State: _____

The certainty of the diagnosis is:

○ Definite ○ Probable

Go to next relevant section or, if none, skip to Question 3.

D. PAD

Has the participant ever been diagnosed with claudication, peripheral artery disease, or abdominal aortic aneurysm?

○ Yes ○ No ○ Unknown

If "Yes," when was the most recent episode of this type?

Month / Day / Year

Was the participant hospitalized?

○ Yes ○ No ○ Unknown

If "Yes," where was the participant hospitalized?

Name of Hospital: _____

City, State: _____

The certainty of the diagnosis is:

○ Definite ○ Probable

Go to next relevant section or, if none, skip to Question 3.

3. Please complete the following sections for the most recent event.

If participant has been diagnosed with MI, Angina or CHF, please complete all sections on pages 3 and 4.

If participant has been diagnosed with PAD only, complete only relevant items in sections a and b.

Section a.

Which (if any) of the following diagnostic tests did the participant have? (Please attach copy of report.)

	Yes	No	Unknown
Electrocardiogram	○	○	○
Trial of Nitroglycerin	○	○	○
Excercise Tolerance Test	○	○	○
---With Thallium?	○	○	○
Cardiac Enzymes	○	○	○
Echocardiogram	○	○	○
Angiography	○	○	○
Chest X-Ray	○	○	○
Other	○	○	○

If Other, please specify: _____

Pertinent Results: _____

_____

_____

_____

Section b.

Which (if any) of the following procedures were done?
When were they performed?

Cardiac Catheterization — Yes ○ No ○ Unknown ○

Date: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

Angioplasty or Stent Placement — Yes ○ No ○ Unknown ○

Date: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

CABG (Coronary Artery Bypass Graft) — Yes ○ No ○ Unknown ○

Date: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

Intravenous or Intracoronary Thrombolytic Therapy (TPA, Streptokinase) — Yes ○ No ○ Unknown ○

Date: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

Leg angioplasty or other leg revascularization — Yes ○ No ○ Unknown ○

Date: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

Section c.

Which (if any) of the following medications were prescribed as a therapy?

	Yes	No	Unknown
Nitroglycerin	○	○	○
Beta-Blockers	○	○	○
Calcium Channel Blockers	○	○	○
Aspirin	○	○	○
Diuretics	○	○	○
Ace Inhibitors	○	○	○
Digitalis	○	○	○
Oxygen	○	○	○
Other Vasodilators	○	○	○
Other	○	○	○

If other, please specify: _____

Section d.

Were any of the following present?

	Yes	No	Unknown
Chest pain	○	○	○
Jugular Venous Distention	○	○	○
Cartoid Bruit	○	○	○
Basilar Rales or Crackles Only	○	○	○
Rales or Crackles Above Bases	○	○	○
Wheezing	○	○	○
S-3 Gallop	○	○	○
Cardiac Murmur	○	○	○
Hepatojugular Reflex	○	○	○
Hepatomegaly	○	○	○
Peripheral/Ankle Edema	○	○	○

Thank you very much for your contribution to MESA. Please sign and date this questionnaire and return it to us in the self-addressed, stamped envelope with copies of pertinent office notes or tests. If you do not have the envelope, the address is:

Notes: _____

_____

_____

_____

Form completed by: _____ Date: _____

For MESA Field Center Use Only:

□□ / □□ / □□□□ Reviewer ID: □□□ Data Entry ID: □□□