# Multi-Ethnic Study of Atherosclerosis

**Follow-Up Phone Call 9**

MESA MESA Air Pollution

## Death Information

Affix ID Label Here

***Date:*** ☐☐ / ☐☐ / ☐☐☐☐

**Month** **Day** **Year**

**DO NOT SCAN THIS FORM**

**INTRODUCTION:**

I need to ask you a few short questions about [*decedent name's*] death. Someone else may also contact you in the future to ask additional questions if necessary. We really appreciate your help.

**(If appropriate, interviewer may use information from other forms to fill in parts of this form. Ask only necessary questions.)**

1. On what date did [*decedent name's*] die?

___ / ___ / ____

Month Day Year

2. Do you happen to know whether s/he died because of a heart problem, a stroke, or some other cause?
**(Interviewer, please mark appropriate category below.)**

☐ Cardiac death

☐ Cerebrovascular death

☐ Non-CVD death. Specify:

_____

☐ Unknown **(Interviewer, please write as many details in notes section as possible.)**

3. Did [*s/he*] die in or out of the hospital?

☐ In-Hospital

☐ Out of Hospital **(put ER deaths here)**

**END:** Thank you so much for your time. **(If appropriate:)** *Again, please accept our condolences for your loss. We are very grateful for* [*decedent name's*] *participation in our study.*

**Notes:**
Please record any additional information that might help the Events staff investigate this death.

Abstractor ID: ____

Date of this interview

___ / ___ / ____

Month Day Year

**1885283263**