



Affix ID Label Here

Date:   /   /

Month                      Day                      Year

**Complete form for each procedure reported as Yes in Question 8 on "General Health" form.**

You said that a doctor or other health professional told you that you had \_\_\_\_\_ [read and mark specific event name reported previously below]

- Exercise treadmill or bicycle test
- Coronary angiography or heart catheterization
- Echocardiogram
- An angioplasty procedure to open up arteries to your heart
- Coronary bypass surgery
- An angioplasty procedure to open up arteries in either of your legs
- Carotid ultrasound or carotid angiogram
- Chest x-ray, a chest CAT scan, MRI or other study to assess any finding in your chest

If other study, specify :

- Other diagnostic procedure or surgery related to your heart or blood vessels, specify :

**A. What was the name and address of the doctor you saw?**

Facility Code      
(if hospitalized)

Physician Name \_\_\_\_\_

City \_\_\_\_\_

**B. What was the date of the diagnosis or hospitalization?**

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

/   /

Month                      Day                      Year

**Ask about the next procedure reported as Yes by the participant in Question 8 on the "General Health" form and record details on an additional form. If no additional events are reported as Yes, go to END of "General Health" form.**

For MESA Field Center use only:

Interviewer ID :         Reviewer ID :         Data Entry ID :