

Multi-Ethnic Study of Atherosclerosis



Household Enumeration Form

Household #: H43593

Date: / /

Please complete one form per household, listing all age-eligible (aged 45-84) household members

1 Please give me the names of all those aged 45-84, including yourself, who consider this their permanent residence. Please give me first name, middle initial, and last name:

| | FIRST NAME | INITIAL | LAST NAME |
|----------|----------------------|----------------------|----------------------|
| A | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| F | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2 GENDER

M F

3 Would you please tell me [PERSON'S NAME]'s age?

RELATION TO RESPONDER

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Comments:

For MESA Field Center Use Only:

Completed by: Self-Administered Interviewer-Administered

Interviewer or Reviewer ID:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Data Entry ID:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

4 PLEASE TELL ME HOW THESE PEOPLE ARE RELATED TO YOU

Relation Codes:

| | | | |
|-----------|------|-----------------|----|
| Self: | SELF | Daughter-in-Law | DL |
| Spouse: | SP | Son-in-Law: | SL |
| Daughter: | D | Mother-in-Law: | ML |
| Son: | S | Father-in-Law: | FL |
| Mother: | M | Other Relative: | OR |
| Father: | F | Other: | O |

Household not enumerated

NE