

CARI NT

Multi-Ethnic Study of Atherosclerosis
Cardiac/PVD Interview

This form should be used if there is insufficient information from hospital, physician or other records/forms to classify the cardiac event. The purpose is to obtain a narrative of events surrounding the event to supplement data already collected.

We are calling today from the MESA Clinical Center at (). We understand that you had a diagnosis of (MI/angina/CHF/PVD) on (date). To help us complete our records, could you please tell us more about this? For example: What were you doing when symptoms started? What were your symptoms? How long did they last? What happened? Did you see a physician? What was done? Please describe what happened in your own words.

Probe for details regarding symptoms and their duration; ask about chest, arm, and jaw pain specifically if not volunteered.

Narrative: _____

_____/_____/_____
Month Day Year Interviewer ID: _____