

Multi-Ethnic Study of Atherosclerosis

Follow-Up Phone Call 17



Death Information

Affix ID Label Here

Date:

Month input box

Month

Day input box

Day

Year input box

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's name] die?

Date input fields for Month, Day, and 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, I am sorry 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.

Notes section with multiple horizontal lines for text entry

Abstractor ID: [input box]

Date of this interview

Date input fields for Month, Day, and Year

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