Multi-Ethnic Study of Atherosclerosis

MeSA

Final Notice of Event/Death

Participant ID: 8000028 02

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1. Date of event:

   [ ] [ ] / [ ] [ ] / [ ] [ ] [ ]

   Month   Day   Year

2. Type of event: (*check all that apply*)

   ○ Hospitalized Cardiac/PVD non-fatal
   ○ Hospitalized Cardiac death
   ○ Hospitalized Cerebrovascular non-fatal
   ○ Hospitalized Cerebrovascular death
   -
   ○ Out-of-hospital Cardiac/PVD non-fatal
   ○ Out-of-hospital Cardiac death
   ○ Out-of-hospital Cerebrovascular non-fatal
   ○ Out-of-hospital Cerebrovascular death
   -

   ○ Other/Ineligible

   ↓

   If "*Other*," specify:

   ○ Prevalent (pre-Baseline) event only
   ○ Non-CVD non-fatal event
   ○ Non-CVD death
   ○ Insufficient data to classify
   ○ Not an event

Forms Status

	Total Documents	Total Pages	Scanned
All Potential Events:			○
Event Eligibility Form			
Hospitalizations:			
Discharge Summary (Req'd for all hosp. events)	☐☐	☐☐	○
History and Physical (Req'd for hosp. cardiac & neuro events only)	☐☐	☐☐	○
Cardiac Documents:			
Hospital Abstraction- Cardiac/PVD	☐☐	☐☐	○
ECG Tracing	☐☐	☐☐	○
Cardiac Cath Report	☐☐	☐☐	○
ETT/Stress Test Report	☐☐	☐☐	○
MUGA/Other Heart Scan	☐☐	☐☐	○
Chest X-Ray Report	☐☐	☐☐	○
MRI of Heart Report	☐☐	☐☐	○
Echocardiography Report	☐☐	☐☐	○
PTCA/Angioplasty Report	☐☐	☐☐	○
CABG/Other Ops Reports	☐☐	☐☐	○
Cardiac Consultation Notes	☐☐	☐☐	○
Doppler of Leg Arteries	☐☐	☐☐	○
Angiogram/Angioplasty of Leg	☐☐	☐☐	○
Leg Operations Notes	☐☐	☐☐	○
Ultrasound/CT/MRI of Abdomen	☐☐	☐☐	○
Ultrasound/CT/MRI of Chest	☐☐	☐☐	○
Death Documents			
Autopsy Report		☐☐	○
Coroner/ME Report		☐☐	○
Death Certificate		☐☐	○

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Cerebrovascular Documents

	Total Documents	Total Pages	Scanned		Total Documents	Total Pages	Scanned
Stroke Hospital Abstraction			○	Echocardiography Report			○
CT of Head Report			○	Neuro. Consultation Notes			○
MRI of Head Report			○	Endarterectomy			○
Lumbar Puncture Report			○	Craniotomy			○
TCD Doppler			○	Skull X-Ray			○
Carotid Ultrasound Report			○	Cerebro. Operation Report			○
Cerebral Angiogram			○				

Out-of-Hospital Documents

	Total Documents	Total Pages	Scanned		Total Documents	Total Pages	Scanned
Emergency Room/Ambulance			○	PQ for Stroke/TIA			○
Physician/Office Notes			○	PQ for Cardiac Death			○
PQ for Cardiac Disease/PVD			○				

Interview Documents

	Total Documents	Total Pages	Scanned		Total Documents	Total Pages	Scanned
Informant Interview (Death)			○	Interview - Cardiac			○
Interview - Stroke/TIA			○	Narrative-Stroke/TIA			○

Other Documents

	Total Documents	Total Pages	Scanned
			○
			○
			○
			○

Abstractor ID [ ][ ][ ]   Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]   Data Entry ID [ ][ ][ ]

Month   Day   Year

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