

Multi-Ethnic Study of Atherosclerosis



Initial Notification of Potential Event/Death

Participant ID:

1. Date of potential event/death:

		/			/					
Month			Day			Year				

2. Type of event (select 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
-
- Non-CVD non-fatal hospitalization
- Non-CVD death
-
- Unknown

3. How did the field center find out about the event?

- Participant or spouse contacted field center
- Clinic visit
- Follow-up telephone/mail contact
- Through other clinic-initiated contact (e.g., setting up an appointment, etc.)
- Obituary/Local news
- During investigation of another event
- Other:

Notes:

(If the Field Center learned of this event through a means other than a Follow-up phone call, record hospital or physician name and address here.)

Abstractor ID: Data Entry ID:

Date: / /
Month Day Year