

Multi-Ethnic Study of Atherosclerosis  
Follow-up Phone Call 13



Other Admissions

Affix ID Label Here

Date:

  
Month  
Day  
Year

Complete this form for each 'Yes' response to the overnight stay question on the "General Health" or "General Health-Death" form. If the participant has died, change 'you' to decedent's name for all questions.

You said that you stayed overnight as a patient in a (read and mark type of facility previously reported by participant below) :

Hospital

Nursing home or Rehabilitation Center

Please tell me (read and record items listed below for EACH overnight admission) :

**[Physician name and City are OPTIONAL. Only record name and city if they are of use to Events staff.]**

(1) Reason for admission \_\_\_\_\_

Is this the participant's first admission to a Nursing Home for chronic care (not short term rehab)?  Yes  No

Facility Code :

Physician Name \_\_\_\_\_

City \_\_\_\_\_

Date of Admission :

  
Month  
Day  
Year

Length of Stay :

days

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

(2) Reason for admission \_\_\_\_\_

Is this the participant's first admission to a Nursing Home for chronic care (not short term rehab)?  Yes  No

Facility Code :

Physician Name \_\_\_\_\_

City \_\_\_\_\_

Date of Admission:

  
Month  
Day  
Year

Length of Stay :

days

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

Ask about the next admission reported by the participant on the "General Health" or "General Health-Death" form and record details on an additional form. If no additional admissions are reported as 'Yes', go to procedures question.

For MESA Field Center Use Only:

Data Collection Method:  Computer

Paper

Interviewer ID:

Reviewer ID:

Data Entry