



**Multi-Ethnic Study of Atherosclerosis**  
Follow-Up Phone Call 15

**Death Information**

Affix ID Label Here

**Date:**  /  /

Month                  Day                  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?

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  /

Month                  Day                  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:

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- 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.

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Abstractor ID: \_\_\_\_\_

Date of this interview

/ 
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Month                  Day                  Year

**4383454258**