

Multi-Ethnic Study of Atherosclerosis

Follow-up 5



Death Information

Affix ID Label Here

DO NOT SCAN THIS FORM

INTRODUCTION:

我需要向您提問一些關於死者姓名死亡情況的短問題。如果有必要，將來也可能有其他人與您聯繫，詢問附加的問題。我們非常感謝您的幫助。

(If appropriate, interviewer may use information from other Follow-Up forms to fill in parts of this form. Ask only necessary questions.)

1. 死者姓名是哪一天去世的？

Month / Day / Year

您是否知道他/她因為心臟問題、中風，或者其他原因而去世的？

(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. 他/她去世時是在醫院裏或者醫院外？

- In-Hospital
- Out of Hospital (put ER deaths here)

結束：十分感謝您的時間。(如果適宜的話)請再次接受我們對您失去親人的哀悼。我們很感激死者姓名參加了我們這項研究工作。

Notes:

Please record any additional information that might help the Events staff investigate this death.

Multiple horizontal lines for notes.

Abstractor ID:

Date of this interview

Month / Day / Year