

**Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 5**



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.

Usted me dijo que pasó la noche como paciente en un [read and mark type of facility previously reported by participant below] :

- Hospital Hogar, asilo o Sanatorio de Rehabilitación

Dígame por favor [read and record items listed below for each overnight admission] :

(1) La razón por la que lo hospitalizaron o lo admitieron _____

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

Facility Code :

Nombre del Médico _____

Ciudad _____

Fecha de Admisión : / /

Mes Día Año

Período de Internación: días

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

(2) La razón por la que lo hospitalizaron o lo admitieron _____

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

Facility Code :

Nombre del Médico _____

Ciudad _____

Fecha de Admisión : / /

Mes Día Año

Período de Internación: días

(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:

Interviewer ID :

Reviewer ID :

Data Entry ID :