Multi-Ethnic Study of Atherosclerosis

Follow-Up Phone Call 6

Death Information

Affix ID Label Here

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 Follow-Up forms to fill in parts of this form. Ask only necessary questions.)

1. On what date did *decedent name* die?

___ / ___ / _____
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: _____
- ☐ 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, please accept our condolences 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.

Abstractor ID: ____

Date of this interview

___ / ___ / _____
Month Day Year

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