

**Multi-Ethnic Study of Atherosclerosis**

Follow-Up Phone Call 7



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.)**

**Notes:**

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

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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.

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

Date of this interview

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Month Day Year