

Multi-Ethnic Study of Atherosclerosis  
Follow-up Phone Call 7



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.

You said that you stayed overnight as a patient in a [read and mark type of facility previously reported by participant below] :

Hospital

Nursing home or Rehabilitation Center

Please tell me [read and record items listed below for each overnight admission] :

(1) Reason for admission \_\_\_\_\_

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

Facility Code :

Physician Name \_\_\_\_\_

City \_\_\_\_\_

Date of Admission :

Month

Day

Year

Length of Stay :

days

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

(2) Reason for admission \_\_\_\_\_

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

Facility Code :

Physician Name \_\_\_\_\_

City \_\_\_\_\_

Date of Admission:

Month

Day

Year

Length of Stay :

days

(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 :