

Multi-Ethnic Study of Atherosclerosis

Follow-Up Phone Calls



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.

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