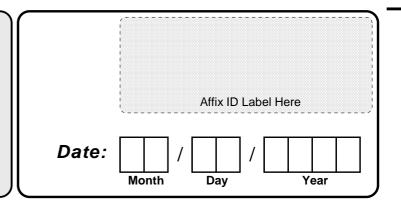
Multi-Ethnic Study of Atherosclerosis Follow-up Phone Call 3



Other Admissions



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.

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]:
O Hospital O Nursing home or Rehabilitation Center
Please tell me [read and record items listed below for each overnight admission]
(1) Reason for admission
Facility Code
Physician Name
City
Date of Admission :
(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
Facility Code
Physician Name
City
Date of Admission: / / / Length of Stay : days Month Day Year
(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 : Data Entry ID :