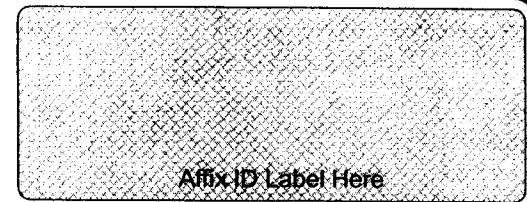


**Multi-Ethnic Study of Atherosclerosis  
Follow-up Phone Call 2**



**Other Admissions**



**Date:**   /   /      
Month Day Year

**Complete this form for each Yes response in Question 7 on the "General Health" form.**

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 \_\_\_\_\_

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.)

(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 item reported as Yes by the participant in Question 7 on the "General Health" form and record details on an additional form. If no additional admissions are reported as Yes, go to Question 8 on the "General Health" form.**

For MESA Field Center use only:

Interviewer ID :         Reviewer ID :         Data Entry ID :