

*This form should be used if there is insufficient information from hospital, physician or other records/forms to classify the cardiac event. The purpose is to obtain a narrative of events surrounding the event to supplement data already collected.*

今天我們從MESA在 ( ) 的醫務中心給您打電話。我們知道您於 (日期: ) 做過 (心肌梗塞/心絞痛/心力衰竭/周圍血管病) 的診斷檢。為了幫助我們完成病 整理, 您是否可以告訴我們更多關於這方面的情況? 比如: 當 開始發作時, 您正在做甚麼? 您的 是甚麼? 這些 持續了多久? 後果如何? 您有沒有看醫生? 完成了甚麼醫療 驟? 請用您自己語言講述 發作的全過程。

*Probe for details regarding symptoms and their duration; ask about chest, arm, and jaw pain specifically if not volunteered.*

Narrative: \_\_\_\_\_  
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Month Day Year Interviewer ID: \_\_\_\_\_