

Multi-Ethnic Study of Atherosclerosis  
Follow-up Phone Call 17



Specific Medical Procedures

Affix ID Label Here

Date:

Month

Day

Year

Complete form for each procedure reported as Yes on "General Health" form or "General Health-Death" form. If participant has died, change 'you' to decedent's name for all questions below.

You said that you had had a \_\_\_\_\_ (read and mark specific event name reported previously below)

- An angioplasty procedure to open up arteries to your heart
- Coronary bypass surgery
- An angioplasty procedure to open up arteries in either of your legs
- Cardioversion
- Ablation

A. What was the name and address of the doctor you saw?

**[Physician name and City are OPTIONAL. Only record name and city if they are of use to Events staff.]**

Facility Code  
(if hospitalized)

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

City \_\_\_\_\_

B. What was the date of the test or procedure?

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

Month

Day

Year

Ask about the next procedure reported as 'Yes' on the "General Health" or "General Health-Death" form and record details on an additional form. If no additional events are reported as Yes, go to END of "General Health" or "General Health-Death" form.

For MESA Field Center Use Only:

Data Collection Method:  Computer

Paper

Interviewer ID:

Reviewer ID:

Data Entry