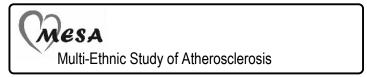
Affix label with Investigation ID here
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This single investigation contains the

following admission(s)

Discharge Date

Admission Date



Types of events in this investigation

(check all that apply, not necessarily just cerebrovascular)

Hospitalized Cardiac/PVD Non-fatal

Hospitalized Cardiac Death

DO NOT SCAN THIS FORM

Stroke/TIA Hospital Abstraction Coversheet

Hospitalization Dates and Event Types to be filled in by Field Center

The Field Center will attach a separate coversheet to each individual investigation to be abstracted.

Hospitalized Cerebrovascular Non-Itali Hospitalized Cerebrovascular Non-Itali Hospitalized Cerebrovascular Death Out-of-Hospital Cardiac/PVD Non-fatal Out-of-Hospital Cerebrovascular Non-fata Out-of-Hospital Cerebrovascular Non-fata Out-of-Hospital Cerebrovascular Death Non-CVD Non-fatal Hospitalization Non-CVD Death Unknown			
All required conse	(Circle One Below) Yes / No		MESA Staff ID #
(Field Cen Document scanned (use document code)	•	r scanned by Field Center of extra lines are needed, attach separated the separated of the	
Date FC sent to Central Abstr		f IDpage 1 of 1	8713237146