

Affix label with Investigation ID here



Multi-Ethnic Study of Atherosclerosis

**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.

<p><b>This single investigation contains the following admission(s)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Admission Date</td> <td style="width: 10%; text-align: center;">--</td> <td style="width: 60%; text-align: center;">Discharge Date</td> </tr> <tr> <td>1. _____</td> <td style="text-align: center;">--</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td style="text-align: center;">--</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td style="text-align: center;">--</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td style="text-align: center;">--</td> <td>_____</td> </tr> <tr> <td>5. _____</td> <td style="text-align: center;">--</td> <td>_____</td> </tr> </table>	Admission Date	--	Discharge Date	1. _____	--	_____	2. _____	--	_____	3. _____	--	_____	4. _____	--	_____	5. _____	--	_____	<p><b>Types of events in this investigation</b> (check all that apply, not necessarily just cerebrovascular)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospitalized Cardiac/PVD Non-fatal</li> <li><input type="checkbox"/> Hospitalized Cardiac Death</li> <li><input type="checkbox"/> Hospitalized Cerebrovascular Non-fatal</li> <li><input type="checkbox"/> Hospitalized Cerebrovascular Death</li> <li><input type="checkbox"/> Out-of-Hospital Cardiac/PVD Non-fatal</li> <li><input type="checkbox"/> Out-of-Hospital Cardiac Death</li> <li><input type="checkbox"/> Out-of-Hospital Cerebrovascular Non-fatal</li> <li><input type="checkbox"/> Out-of-Hospital Cerebrovascular Death</li> <li><input type="checkbox"/> Non-CVD Non-fatal Hospitalization</li> <li><input type="checkbox"/> Non-CVD Death</li> <li><input type="checkbox"/> Unknown</li> </ul>
Admission Date	--	Discharge Date																	
1. _____	--	_____																	
2. _____	--	_____																	
3. _____	--	_____																	
4. _____	--	_____																	
5. _____	--	_____																	

<p><b>All required consents obtained for period when records collected?</b> (local / state / institutional / federal)</p> <p style="text-align: center;">( Circle One Below )</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><b>MESA Staff ID #</b></p>
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### Documents already scanned by Field Center

(Field Center completes this section. If extra lines are needed, attach separate sheet)

Document scanned (use document code)	Date on Document	Any Relevant Notes

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Date FC sent to Central Abstractor

FC staff ID

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