

STKNAR

Multi-Ethnic Study of Atherosclerosis
Stroke/TIA Narrative

This form should be (1) administered to a proxy if a participant has an out-of-hospital fatal stroke or an out-of-hospital non-fatal stroke that leaves the participant incapacitated and unable to complete the Stroke Interview -OR- (2) administered to the participant when there is insufficient information from hospital, physician or other records/forms to classify the cerebrovascular event. The purpose is to obtain a narrative of events surrounding the event to supplement data already collected.

We are calling today from the MESA Clinical Center at (). We understand that the participant/you had a diagnosis of stroke/TIA on (date). To help us complete our records, could you please tell us more about this? For example: What was the participant/were you doing when symptoms started? What were the participant's/your symptoms? How long did they last? What happened? Did the participant/you see a physician? What was done? Please describe what happened in your own words.

Be sure narrative describes symptoms associated with the date tied to this particular investigation (not a different investigation). Probe for details regarding symptoms and their duration.

Narrative: _____

_____/_____/_____
Month Day Year Interviewer ID: _____