



Affix ID Label Here

MESA Follow-up Phone Call 20: Specific Medical Procedures

Date: / /
Month Day Year

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

Usted dijo que usted tuvo un(a) _____ (read and mark specific condition name reported previously below)

- ☐ Angioplastia para abrir las arterias coronarias
- ☐ Cirugía de desviación coronaria "bypass"
- ☐ Angioplastia para abrir las arterias en una de sus piernas
- ☐ Cardioversión
- ☐ Ablación

A. ¿Cuál es el nombre y la dirección del médico que le atendió?

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

Facility Code
(if hospitalized)

Nombre del médico _____

Ciudad _____

B. ¿En qué fecha fue el examen o procedimiento?

(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.