# MESA FU26

## Death Information

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

**INTRODUCTION:**

I need to ask you a few short questions about [*decedent name's*] death. Someone else may also contact you in the future to ask additional questions if necessary. We really appreciate your help.

**(If appropriate, interviewer may use information from other forms to fill in parts of this form. Ask only necessary questions.)**

1. On what date did [*decedent's name*] die?

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Month Day Year

2. Do you happen to know whether [*s/he*] died because of a heart problem, a stroke, or some other cause? **(Interviewer, please mark appropriate category below.)**

- ○ Cardiac death
- ○ Cerebrovascular death
- ○ Non-CVD death. Specify:

  _____

- ○ Unknown **(Interviewer, please write as many details in notes section as possible.)**

3. Did [*s/he*] die in or out of the hospital?

- ○ In-hospital
- ○ Out of hospital **(put ER deaths here)**

**END:** Thank you so much for your time. **(If appropriate:)** *Again, I am sorry for your loss. We are very grateful for [decedent name's] participation in our study*

**Notes:**

**Please record any additional information that might help the Events staff investigate this death.**

**Abstractor ID:** ☐☐☐

**Date of this interview**

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Month Day Year