MESA FU26

Specific Medical Procedures

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

Technician ID: ☐☐☐☐ 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.

You said that you had a _____ **(read and mark specific condition name reported previously below)**

- ○ An angioplasty procedure to open up arteries to your heart
- ○ Coronary bypass surgery
- ○ An angioplasty procedure to open up arteries in either of your legs
- ○ Cardioversion
- ○ Ablation

A. What was the name and address of the doctor you saw?

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

Facility Code
(if hospitalized) ☐☐☐☐

Physician Name: _____

City: _____

B. What was the date of the diagnosis or hospitalization? ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15).

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.