Multi-Ethnic Study of Atherosclerosis

MESA

Events Eligibility

Participant ID: 3012   12

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

1. Setting of Event/Death:

- ○ In-Hospital
- ○ Physician Office/Clinic
- ○ Emergency Room
- ○ Nursing Home/Skilled Nursing Facility
- ○ Home or Public Place
- ○ Other (specify):

(If applicable)   A. Hospital/Facility Name (or Hospital Code): _____

Address: _____

(If applicable)   B. Transfer Hospital (or Hospital Code): _____

Address: _____

(If applicable)   C. Physician/Outpatient Facility: _____

Address: _____

(If applicable)   D. Informant/Proxy Name: _____ Relationship: _____

Address: _____

Telephone: _____

In-hospital events, continue.

Out of hospital events (including ER and DOA) skip to Question 11.

Hospitalized Events

NOTE: If participant was transferred from one hospital to another, record first known hospitalization's information here, and information for each additional hospitalization on an Events Eligibility Addendum.

2. Admission date

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

3. Discharge date/Date of death

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

NOTE: If admission date is earlier than participant's MESA enrollment date, skip to end of questionnaire.

4. Vital Status at Discharge: Alive ○   Dead ○

5. Hospital Code: ☐☐☐☐

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6. ICD-9-CM Discharge Diagnosis Codes:

Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index. If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐☐☐ . ☐☐   6 ☐☐☐☐ . ☐☐   11 ☐☐☐☐ . ☐☐

2 ☐☐☐☐ . ☐☐   7 ☐☐☐☐ . ☐☐   12 ☐☐☐☐ . ☐☐

3 ☐☐☐☐ . ☐☐   8 ☐☐☐☐ . ☐☐   13 ☐☐☐☐ . ☐☐

4 ☐☐☐☐ . ☐☐   9 ☐☐☐☐ . ☐☐   14 ☐☐☐☐ . ☐☐

5 ☐☐☐☐ . ☐☐   10 ☐☐☐☐ . ☐☐   15 ☐☐☐☐ . ☐☐

7. Discharge Diagnosis:

Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source. If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

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8. ICD-9-CM Procedure Codes:

Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index.
If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1 [ ][ ] . [ ][ ]   6 [ ][ ] . [ ][ ]   11 [ ][ ] . [ ][ ]

2 [ ][ ] . [ ][ ]   7 [ ][ ] . [ ][ ]   12 [ ][ ] . [ ][ ]

3 [ ][ ] . [ ][ ]   8 [ ][ ] . [ ][ ]   13 [ ][ ] . [ ][ ]

4 [ ][ ] . [ ][ ]   9 [ ][ ] . [ ][ ]   14 [ ][ ] . [ ][ ]

5 [ ][ ] . [ ][ ]   10 [ ][ ] . [ ][ ]   15 [ ][ ] . [ ][ ]

9. Procedures:

Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index.
If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

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10. Determine if event is eligible:

A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints present?
     Diagnosis codes:
      402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
     Procedure codes:
      00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5

    ○ Yes   ○ No

        If "Yes," skip to Question 10C.

B. Are any of the following ICD-9 codes present?
      35, 250, 390-459, 745-747, 794.3, 798-799
      and
    Are any the following words/phrases mentioned or suggested in the discharge summary?
      <u>Acute</u>:
        MI, angina, ischemic heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest, atherosclerotic heart disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD, claudication, acute pulmonary edema, aortic aneurysm.
      During this admission:
        CCU Care, cardiac catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography, cardiac angioplasty, atherectomy, leg amputation, leg angioplasty or other leg revascularization.

    ○ Yes   ○ No

C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?
     Diagnosis codes:
      430-436
     Procedure codes:
      38-39(cerebral)

    ○ Yes   ○ No

       If "Yes," skip to Question 13.

D. Are any of the following ICD-9 codes present?
      35, 250, 390-459, 745-7, 794.3, 798-799
      and
    Are the following words/phrases mentioned or suggested in the discharge summary?
      <u>Acute</u>:
        Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
      During this admission:
        Carotid endarterectomy, CT/MRI scan showing new cerebrovascular findings

    ○ Yes   ○ No

    If "Yes" to A or B: Hospitalized Cardiac/PVD Event
    If "Yes" to C or D: Hospitalized Cerebrovascular Event
    If "No" to A, B, C and D: Non-Cardiovascular Event

`1473549160`

Nonfatal Outpatient Events

11A. Is this a nonfatal outpatient event?

○ Yes   ○ No

If "No," skip to Question 13.

11B. Is this a cardiac/PVD outpatient event?
-- i.e., MI, angina, CHF, PVD, or intermittent claudication, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
on a Physician's Questionnaire.
Diagnoses:
New myocardial infarction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina,
coronary insufficiency, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute
pulmonary edema, aortic aneurysm.

Procedures: *(If there was no evidence of an event besides a negative procedure, choose 'No' below)*
Exercise treadmill test (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery,
leg angioplasty or revascularization procedure.

○ Yes   ○ No

If "Yes," Non-hospitalized Cardiac/PVD Event

11C. Is this an outpatient cerebrovascular event?
-- i.e., Stroke or TIA, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
on a Physician's Questionnaire
Acute:
Stroke, TIA, mini-stroke, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar
(syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
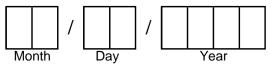Procedures:
Carotid endarterectomy

○ Yes   ○ No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:

	/		/		
Month		Day		Year	

*NOTE: If date is earlier than participant's MESA enrollment date, event is prevalent and not
eligible for further investigation or classification.*

Skip to end of questionnaire.

Deaths

13. Is this event a death?

○ Yes   ○ No

If "No," skip to end of questionnaire.

Death Certificate Information

14A. Date of Death:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

14B. Time of Death:

☐☐ : ☐☐ ☐ M

15. Death Certificate Number: ☐☐☐☐☐☐☐☐☐☐☐

16. Was an autopsy performed?

○ Yes
○ No
○ Unknown

17. Was the death confirmed by a Coroner/Medical Examiner?

○ Yes
○ No
○ Unknown

18. Record all text fields as listed on death certificate for cause of death:

A. Immediate cause:

B. Due to or as a consequence of:

C. Due to or as a consequence of:

D. Due to or as a consequence of:

E. Other significant conditions:

19. Interval between onset and death for immediate cause of death:

○ 5 minutes or less   ○ 1 week or less   ○ Unknown

○ 1 hour or less   ○ 1 month or less

○ 1 day or less   ○ More than 1 month

20. Record ICD-10 code for UNDERLYING cause of death:

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21. Record ICD-10 code for OTHER causes of death:

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1  [  ][  ][  ] . [  ][  ]        6  [  ][  ][  ] . [  ][  ]

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3  [  ][  ][  ] . [  ][  ]        8  [  ][  ][  ] . [  ][  ]

4  [  ][  ][  ] . [  ][  ]        9  [  ][  ][  ] . [  ][  ]

5  [  ][  ][  ] . [  ][  ]       10  [  ][  ][  ] . [  ][  ]
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22. Determine if event is eligible:

    A. Are any UNDERLYING cause of death codes present which are designated MESA cardiac-eligible death codes?   (I** except I60 - I69, E10-E14, J81, R07, R96, R98-99)

        ○ Yes   ○ No

      If "Yes," Cardiac-eligible death

    B. Are ANY LISTED codes present which are designated MESA cardiac death codes? (I20-I23)

        ○ Yes   ○ No

      If "Yes," Cardiac death

    C. Are ANY LISTED codes present which are designated MESA cerebrovascular death codes? (I60-I67, G45-G46)

        ○ Yes   ○ No

      If "Yes," Cerebrovascular death

    If "No" to A, B and C, death is non-cardiovascular and not eligible for investigation.

Abstractor ID: [ ][ ][ ]   Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]   Data Entry ID: [ ][ ][ ]

                  Month   Day   Year

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Multi-Ethnic Study of Atherosclerosis

MESA

Events Eligibility
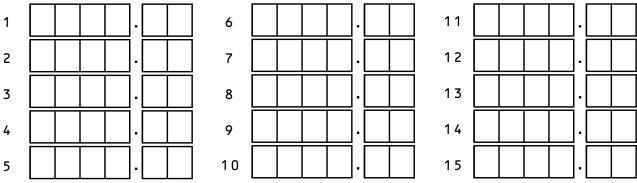
Participant ID: 4012   12

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

1. Setting of Event/Death:
- ○ In-Hospital
- ○ Physician Office/Clinic
- ○ Emergency Room
- ○ Nursing Home/Skilled Nursing Facility
- ○ Home or Public Place
- ○ Other (specify):

(If applicable)   A. Hospital/Facility Name (or Hospital Code): _____

Address: _____

(If applicable)   B. Transfer Hospital (or Hospital Code): _____

Address: _____

(If applicable)   C. Physician/Outpatient Facility: _____

Address: _____

(If applicable)   D. Informant/Proxy Name: _____ Relationship: _____

Address: _____

Telephone: _____

In-hospital events, continue.

Out of hospital events (including ER and DOA) skip to Question 11.

Hospitalized Events

NOTE: If participant was transferred from one hospital to another, record first known hospitalization's information here, and information for each additional hospitalization on an Events Eligibility Addendum.

2. Admission date
☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

3. Discharge date/Date of death
☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

NOTE: If admission date is earlier than participant's MESA enrollment date, skip to end of questionnaire.

4. Vital Status at Discharge:
Alive ○   Dead ○

5. Hospital Code: ☐☐☐☐

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6. ICD-9-CM Discharge Diagnosis Codes:

Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index. If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐☐☐☐.☐☐   6 ☐☐☐☐☐.☐☐   11 ☐☐☐☐☐.☐☐

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4 ☐☐☐☐☐.☐☐   9 ☐☐☐☐☐.☐☐   14 ☐☐☐☐☐.☐☐

5 ☐☐☐☐☐.☐☐   10 ☐☐☐☐☐.☐☐   15 ☐☐☐☐☐.☐☐

7. Discharge Diagnosis:

Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source. If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

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8. ICD-9-CM Procedure Codes:

Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index. If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐.☐☐   6 ☐☐.☐☐   11 ☐☐.☐☐

2 ☐☐.☐☐   7 ☐☐.☐☐   12 ☐☐.☐☐

3 ☐☐.☐☐   8 ☐☐.☐☐   13 ☐☐.☐☐

4 ☐☐.☐☐   9 ☐☐.☐☐   14 ☐☐.☐☐

5 ☐☐.☐☐   10 ☐☐.☐☐   15 ☐☐.☐☐

9. Procedures:

Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index. If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

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10. Determine if event is eligible:

A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints present?
>Diagnosis codes:
> 402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
>Procedure codes:
> 00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5

○ Yes   ○ No

> *If "Yes," skip to Question 10C.*

B. Are any of the following ICD-9 codes present?
> 35, 250, 390-459, 745-747, 794.3, 798-799
> *and*
Are any the following words/phrases mentioned or suggested in the discharge summary?
>Acute:
> MI, angina, ischemic heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest, atherosclerotic heart disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD, claudication, acute pulmonary edema, aortic aneurysm.
>During this admission:
> CCU Care, cardiac catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography, cardiac angioplasty, atherectomy, leg amputation, leg angioplasty or other leg revascularization.

○ Yes   ○ No

C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?
>Diagnosis codes:
> 430-436
>Procedure codes:
> 38-39(cerebral)

○ Yes   ○ No

> *If "Yes," skip to Question 13.*

D. Are any of the following ICD-9 codes present?
> 35, 250, 390-459, 745-7, 794.3, 798-799
> *and*
Are the following words/phrases mentioned or suggested in the discharge summary?
>Acute:
> Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
>During this admission:
> Carotid endarterectomy, CT/MRI scan showing new cerebrovascular findings

○ Yes   ○ No

If "Yes" to A or B: Hospitalized Cardiac/PVD Event
If "Yes" to C or D: Hospitalized Cerebrovascular Event
If "No" to A, B, C and D: Non-Cardiovascular Event

Skip to Question 13.

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Nonfatal Outpatient Events

11A. Is this a nonfatal outpatient event?

      ○ Yes   ○ No

      If "No," skip to Question 13.

11B. Is this a cardiac/PVD outpatient event?
    -- i.e., MI, angina, CHF, PVD, or intermittent claudication, but no hospitalization involved:

    As indicated by a mention of one or more of the following terms or procedures in the participant's record or
                  on a Physician's Questionnaire.
    Diagnoses:
        New myocardial infarction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina,
        coronary insufficiency, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute
        pulmonary edema, aortic aneurysm.

    Procedures: **(If there was no evidence of an event besides a negative procedure, choose 'No' below)**
        Exercise treadmill test (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery,
        leg angioplasty or revascularization procedure.

      ○ Yes   ○ No

      If "Yes," Non-hospitalized Cardiac/PVD Event

11C. Is this an outpatient cerebrovascular event?
    -- i.e., Stroke or TIA, but no hospitalization involved:

    As indicated by a mention of one or more of the following terms or procedures in the participant's record or
                  on a Physician's Questionnaire
    <u>Acute</u>:
        Stroke, TIA, mini-stroke, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar
        (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
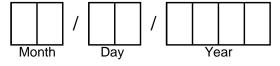   Procedures:
        Carotid endarterectomy

      ○ Yes   ○ No

      If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:

    ☐☐ / ☐☐ / ☐☐☐☐
    Month   Day   Year

    *NOTE: If date is earlier than participant's MESA enrollment date, event is prevalent and not
    eligible for further investigation or classification.*

    Skip to end of questionnaire.

Deaths

13. Is this event a death?

      ○ Yes   ○ No
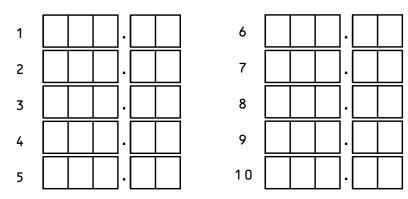
    If "No," skip to end of questionnaire.

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Death Certificate Information

14A. Date of Death:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

14B. Time of Death:

☐☐ : ☐☐ ☐ M

15. Death Certificate Number: ☐☐☐☐☐☐☐☐☐☐☐

16. Was an autopsy performed?

O Yes
O No
O Unknown

17. Was the death confirmed by a Coroner/Medical Examiner?

O Yes
O No
O Unknown

18. Record all text fields as listed on death certificate for cause of death:

A. Immediate cause:

B. Due to or as a consequence of:

C. Due to or as a consequence of:

D. Due to or as a consequence of:

E. Other significant conditions:

19. Interval between onset and death for immediate cause of death:

O 5 minutes or less   O 1 week or less   O Unknown

O 1 hour or less   O 1 month or less

O 1 day or less   O More than 1 month

20. Record ICD-10 code for UNDERLYING cause of death:

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21. Record ICD-10 code for OTHER causes of death:

1 ☐☐☐ . ☐☐   6 ☐☐☐ . ☐☐

2 ☐☐☐ . ☐☐   7 ☐☐☐ . ☐☐

3 ☐☐☐ . ☐☐   8 ☐☐☐ . ☐☐

4 ☐☐☐ . ☐☐   9 ☐☐☐ . ☐☐

5 ☐☐☐ . ☐☐   10 ☐☐☐ . ☐☐

22. Determine if event is eligible:

A. Are any UNDERLYING cause of death codes present which are designated MESA cardiac-eligible death codes?   (I** except I60 - I69, E10-E14, J81, R07, R96, R98-99)

○ Yes   ○ No

If "Yes," Cardiac-eligible death

B. Are ANY LISTED codes present which are designated MESA cardiac death codes? (I20-I23)

○ Yes   ○ No

If "Yes," Cardiac death

C. Are ANY LISTED codes present which are designated MESA cerebrovascular death codes? (I60-I67, G45-G46)

○ Yes   ○ No

If "Yes," Cerebrovascular death

If "No" to A, B and C, death is non-cardiovascular and not eligible for investigation.

Abstractor ID: ☐☐☐   Date: ☐☐ / ☐☐ / ☐☐☐☐   Data Entry ID: ☐☐☐

　　　　　　　　　　　　　　　Month　　　Day　　　Year

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Multi-Ethnic Study of Atherosclerosis

MESA

Events Eligibility

Participant ID: 5012　　　12

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

1. Setting of Event/Death:
- ○ In-Hospital
- ○ Physician Office/Clinic
- ○ Emergency Room
- ○ Nursing Home/Skilled Nursing Facility
- ○ Home or Public Place
- ○ Other (specify):

(If applicable) A. Hospital/Facility Name (or Hospital Code): _____

Address: _____

(If applicable) B. Transfer Hospital (or Hospital Code): _____

Address: _____

(If applicable) C. Physician/Outpatient Facility: _____

Address: _____

(If applicable) D. Informant/Proxy Name: _____ Relationship: _____

Address: _____

Telephone: _____

In-hospital events, continue.

Out of hospital events (including ER and DOA) skip to Question 11.

Hospitalized Events

NOTE: If participant was transferred from one hospital to another, record first known hospitalization's information here, and information for each additional hospitalization on an Events Eligibility Addendum.

2. Admission date

☐☐ / ☐☐ / ☐☐☐☐
Month　　Day　　　Year

3. Discharge date/Date of death

☐☐ / ☐☐ / ☐☐☐☐
Month　　Day　　　Year

NOTE: If admission date is earlier than participant's MESA enrollment date, skip to end of questionnaire.

4. Vital Status at Discharge:　Alive ○　　Dead ○

5. Hospital Code: ☐☐☐☐

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6. ICD-9-CM Discharge Diagnosis Codes:

Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index. If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

1 ▢▢▢▢▢.▢▢   6 ▢▢▢▢▢.▢▢   11 ▢▢▢▢▢.▢▢

2 ▢▢▢▢▢.▢▢   7 ▢▢▢▢▢.▢▢   12 ▢▢▢▢▢.▢▢

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5 ▢▢▢▢▢.▢▢   10 ▢▢▢▢▢.▢▢   15 ▢▢▢▢▢.▢▢

7. Discharge Diagnosis:

Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source. If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

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8. ICD-9-CM Procedure Codes:

Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index.
If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐ . ☐☐   6 ☐☐ . ☐☐   11 ☐☐ . ☐☐

2 ☐☐ . ☐☐   7 ☐☐ . ☐☐   12 ☐☐ . ☐☐

3 ☐☐ . ☐☐   8 ☐☐ . ☐☐   13 ☐☐ . ☐☐

4 ☐☐ . ☐☐   9 ☐☐ . ☐☐   14 ☐☐ . ☐☐

5 ☐☐ . ☐☐   10 ☐☐ . ☐☐   15 ☐☐ . ☐☐

9. Procedures:

Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index.
If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

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10. Determine if event is eligible:

A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints present?
Diagnosis codes:
402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
Procedure codes:
00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5

○ Yes   ○ No

If "Yes," skip to Question 10C.

B. Are any of the following ICD-9 codes present?
35, 250, 390-459, 745-747, 794.3, 798-799
and
Are any the following words/phrases mentioned or suggested in the discharge summary?
Acute:
MI, angina, ischemic heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest, atherosclerotic heart disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD, claudication, acute pulmonary edema, aortic aneurysm.
During this admission:
CCU Care, cardiac catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography, cardiac angioplasty, atherectomy, leg amputation, leg angioplasty or other leg revascularization.

○ Yes   ○ No

C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?
Diagnosis codes:
430-436
Procedure codes:
38-39(cerebral)

○ Yes   ○ No

If "Yes," skip to Question 13.

D. Are any of the following ICD-9 codes present?
35, 250, 390-459, 745-7, 794.3, 798-799
and
Are the following words/phrases mentioned or suggested in the discharge summary?
Acute:
Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
During this admission:
Carotid endarterectomy, CT/MRI scan showing new cerebrovascular findings

○ Yes   ○ No

If "Yes" to A or B: Hospitalized Cardiac/PVD Event
If "Yes" to C or D: Hospitalized Cerebrovascular Event
If "No" to A, B, C and D: Non-Cardiovascular Event

Skip to Question 13.

1473549160

Nonfatal Outpatient Events

11A. Is this a nonfatal outpatient event?

○ Yes   ○ No

If "No," skip to Question 13.

11B. Is this a cardiac/PVD outpatient event?
-- i.e., MI, angina, CHF, PVD, or intermittent claudication, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
on a Physician's Questionnaire.
Diagnoses:
New myocardial infarction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina,
coronary insufficiency, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute
pulmonary edema, aortic aneurysm.

Procedures: *(If there was no evidence of an event besides a negative procedure, choose 'No' below)*
Exercise treadmill test (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery,
leg angioplasty or revascularization procedure.

○ Yes   ○ No

If "Yes," Non-hospitalized Cardiac/PVD Event

11C. Is this an outpatient cerebrovascular event?
-- i.e., Stroke or TIA, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
on a Physician's Questionnaire
Acute:
Stroke, TIA, mini-stroke, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar
(syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
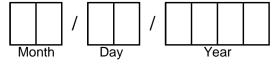Procedures:
Carotid endarterectomy
○ Yes   ○ No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:

	/		/	
Month		Day		Year

*NOTE: If date is earlier than participant's MESA enrollment date, event is prevalent and not
eligible for further investigation or classification.*

Skip to end of questionnaire.
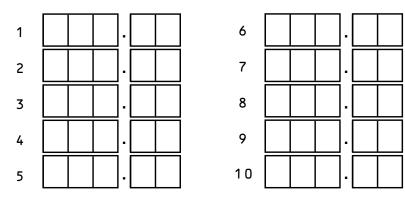
Deaths

13. Is this event a death?

○ Yes   ○ No

If "No," skip to end of questionnaire.

Death Certificate Information

14A. Date of Death:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

14B. Time of Death:

☐☐ : ☐☐ ☐ M

15. Death Certificate Number: ☐☐☐☐☐☐☐☐☐☐

16. Was an autopsy performed?

    ○ Yes
    ○ No
    ○ Unknown

17. Was the death confirmed by a Coroner/Medical Examiner?

    ○ Yes
    ○ No
    ○ Unknown

18. Record all text fields as listed on death certificate for cause of death:

    A. Immediate cause:

    B. Due to or as a consequence of:

    C. Due to or as a consequence of:

    D. Due to or as a consequence of:

    E. Other significant conditions:

19. Interval between onset and death for immediate cause of death:

    ○ 5 minutes or less   ○ 1 week or less   ○ Unknown

    ○ 1 hour or less   ○ 1 month or less

    ○ 1 day or less   ○ More than 1 month

20. Record ICD-10 code for UNDERLYING cause of death:

☐☐☐ · ☐☐

21. Record ICD-10 code for OTHER causes of death:

1 ☐☐☐.☐☐   6 ☐☐☐.☐☐

2 ☐☐☐.☐☐   7 ☐☐☐.☐☐

3 ☐☐☐.☐☐   8 ☐☐☐.☐☐

4 ☐☐☐.☐☐   9 ☐☐☐.☐☐

5 ☐☐☐.☐☐   10 ☐☐☐.☐☐

22. Determine if event is eligible:

   A. Are any UNDERLYING cause of death codes present which are designated MESA cardiac-eligible death codes? (I** except I60 - I69, E10-E14, J81, R07, R96, R98-99)

   ○ Yes   ○ No

   If "Yes," Cardiac-eligible death

   B. Are ANY LISTED codes present which are designated MESA cardiac death codes? (I20-I23)

   ○ Yes   ○ No

   If "Yes," Cardiac death

   C. Are ANY LISTED codes present which are designated MESA cerebrovascular death codes? (I60-I67, G45-G46)

   ○ Yes   ○ No

   If "Yes," Cerebrovascular death

   If "No" to A, B and C, death is non-cardiovascular and not eligible for investigation.

Abstractor ID: ☐☐☐   Date: ☐☐ / ☐☐ / ☐☐☐☐   Data Entry ID: ☐☐☐

Month   Day   Year

Multi-Ethnic Study of Atherosclerosis

MESA

Events Eligibility

Participant ID: 6012   12

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

1. Setting of Event/Death:

- ○ In-Hospital
- ○ Physician Office/Clinic
- ○ Emergency Room
- ○ Nursing Home/Skilled Nursing Facility
- ○ Home or Public Place
- ○ Other (specify): _____

(If applicable) A. Hospital/Facility Name (or Hospital Code): _____

Address: _____
_____

(If applicable) B. Transfer Hospital (or Hospital Code): _____

Address: _____
_____

(If applicable) C. Physician/Outpatient Facility: _____

Address: _____
_____

(If applicable) D. Informant/Proxy Name: _____ Relationship: _____

Address: _____

Telephone: _____

In-hospital events, continue.

Out of hospital events (including ER and DOA) skip to Question 11.

Hospitalized Events

NOTE: If participant was transferred from one hospital to another, record first known hospitalization's information here, and information for each additional hospitalization on an Events Eligibility Addendum.

2. Admission date

☐☐ / ☐☐ / ☐☐☐☐
Month / Day / Year

3. Discharge date/Date of death

☐☐ / ☐☐ / ☐☐☐☐
Month / Day / Year

NOTE: If admission date is earlier than participant's MESA enrollment date, skip to end of questionnaire.

4. Vital Status at Discharge: Alive ○   Dead ○

5. Hospital Code: ☐☐☐☐

4709549165

6012　　　12

6. ICD-9-CM Discharge Diagnosis Codes:

Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index. If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

1　☐☐☐☐☐.☐☐   6　☐☐☐☐☐.☐☐   11　☐☐☐☐☐.☐☐

2　☐☐☐☐☐.☐☐   7　☐☐☐☐☐.☐☐   12　☐☐☐☐☐.☐☐

3　☐☐☐☐☐.☐☐   8　☐☐☐☐☐.☐☐   13　☐☐☐☐☐.☐☐

4　☐☐☐☐☐.☐☐   9　☐☐☐☐☐.☐☐   14　☐☐☐☐☐.☐☐

5　☐☐☐☐☐.☐☐   10　☐☐☐☐☐.☐☐   15　☐☐☐☐☐.☐☐

7. Discharge Diagnosis:

Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source. If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

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8. ICD-9-CM Procedure Codes:

Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index. If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1 □□.□□   6 □□.□□   11 □□.□□

2 □□.□□   7 □□.□□   12 □□.□□

3 □□.□□   8 □□.□□   13 □□.□□

4 □□.□□   9 □□.□□   14 □□.□□

5 □□.□□   10 □□.□□   15 □□.□□

9. Procedures:

Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index. If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

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10. Determine if event is eligible:

  A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints present?
        Diagnosis codes:
          402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
        Procedure codes:
          00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5

    ○ Yes   ○ No

        If "Yes," skip to Question 10C.

  B. Are any of the following ICD-9 codes present?
        35, 250, 390-459, 745-747, 794.3, 798-799
        and
    Are any the following words/phrases mentioned or suggested in the discharge summary?
        <u>Acute</u>:
          MI, angina, ischemic heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest,
          atherosclerotic heart disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD,
          claudication, acute pulmonary edema, aortic aneurysm.
        During this admission:
          CCU Care, cardiac catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography,
          cardiac angioplasty, atherectomy, leg amputation, leg angioplasty or other leg revascularization.

    ○ Yes   ○ No

  C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?
        Diagnosis codes:
          430-436
        Procedure codes:
          38-39(cerebral)

    ○ Yes   ○ No

        If "Yes," skip to Question 13.

  D. Are any of the following ICD-9 codes present?
        35, 250, 390-459, 745-7, 794.3, 798-799
        and
    Are the following words/phrases mentioned or suggested in the discharge summary?
        <u>Acute</u>:
          Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebral embolus,
          lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage,
          cerebral thrombosis.
        During this admission:
          Carotid endarterectomy, CT/MRI scan showing new cerebrovascular findings

    ○ Yes   ○ No

    If "Yes" to A or B: Hospitalized Cardiac/PVD Event
    If "Yes" to C or D: Hospitalized Cerebrovascular Event
    If "No" to A, B, C and D: Non-Cardiovascular Event

Skip to Question 13.

1473549160

Nonfatal Outpatient Events

11A. Is this a nonfatal outpatient event?

○ Yes   ○ No

If "No," skip to Question 13.

11B. Is this a cardiac/PVD outpatient event?
-- i.e., MI, angina, CHF, PVD, or intermittent claudication, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or on a Physician's Questionnaire.
Diagnoses:
New myocardial infarction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina, coronary insufficiency, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute pulmonary edema, aortic aneurysm.

Procedures: *(If there was no evidence of an event besides a negative procedure, choose 'No' below)*
Exercise treadmill test (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery, leg angioplasty or revascularization procedure.

○ Yes   ○ No

If "Yes," Non-hospitalized Cardiac/PVD Event

11C. Is this an outpatient cerebrovascular event?
-- i.e., Stroke or TIA, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or on a Physician's Questionnaire
Acute:
Stroke, TIA, mini-stroke, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
Procedures:
Carotid endarterectomy

○ Yes   ○ No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:

[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
Month   Day   Year

NOTE: If date is earlier than participant's MESA enrollment date, event is prevalent and not eligible for further investigation or classification.

Skip to end of questionnaire.

Deaths

13. Is this event a death?

○ Yes   ○ No

If "No," skip to end of questionnaire.
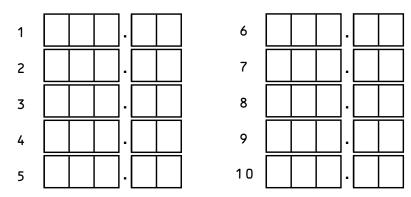
Death Certificate Information

14A. Date of Death:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

14B. Time of Death:

☐☐ : ☐☐ ☐ M

15. Death Certificate Number: ☐☐☐☐☐☐☐☐☐☐☐

16. Was an autopsy performed?

    ○ Yes
    ○ No
    ○ Unknown

17. Was the death confirmed by a Coroner/Medical Examiner?

    ○ Yes
    ○ No
    ○ Unknown

18. Record all text fields as listed on death certificate for cause of death:

    A. Immediate cause:

    B. Due to or as a consequence of:

    C. Due to or as a consequence of:

    D. Due to or as a consequence of:

    E. Other significant conditions:

19. Interval between onset and death for immediate cause of death:

    ○ 5 minutes or less   ○ 1 week or less   ○ Unknown

    ○ 1 hour or less   ○ 1 month or less

    ○ 1 day or less   ○ More than 1 month

20. Record ICD-10 code for UNDERLYING cause of death:

☐☐☐ . ☐☐

`6012        12`

21. Record ICD-10 code for OTHER causes of death:

1 ☐☐☐ . ☐☐   6 ☐☐☐ . ☐☐

2 ☐☐☐ . ☐☐   7 ☐☐☐ . ☐☐

3 ☐☐☐ . ☐☐   8 ☐☐☐ . ☐☐

4 ☐☐☐ . ☐☐   9 ☐☐☐ . ☐☐

5 ☐☐☐ . ☐☐   10 ☐☐☐ . ☐☐

22. Determine if event is eligible:

A. Are any UNDERLYING cause of death codes present which are designated MESA cardiac-eligible death codes?   (I** except I60 - I69, E10-E14, J81, R07, R96, R98-99)

    ○ Yes   ○ No

If "Yes," Cardiac-eligible death

B. Are ANY LISTED codes present which are designated MESA cardiac death codes? (I20-I23)

    ○ Yes   ○ No

If "Yes," Cardiac death

C. Are ANY LISTED codes present which are designated MESA cerebrovascular death codes? (I60-I67, G45-G46)

    ○ Yes   ○ No

If "Yes," Cerebrovascular death

If "No" to A, B and C, death is non-cardiovascular and not eligible for investigation.

Abstractor ID: ☐☐☐   Date: ☐☐ / ☐☐ / ☐☐☐☐   Data Entry ID: ☐☐☐

                                         Month   Day   Year

1197549163

Participant ID: 7012   12

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

1. Setting of Event/Death:
- ○ In-Hospital
- ○ Physician Office/Clinic
- ○ Emergency Room
- ○ Nursing Home/Skilled Nursing Facility
- ○ Home or Public Place
- ○ Other (specify):

(If applicable) A. Hospital/Facility Name (or Hospital Code): _____

   Address: _____

_____

(If applicable) B. Transfer Hospital (or Hospital Code): _____

   Address: _____

_____

(If applicable) C. Physician/Outpatient Facility: _____

   Address: _____

_____

(If applicable) D. Informant/Proxy Name: _____ Relationship: _____

   Address: _____

_____ Telephone: _____

In-hospital events, continue.

Out of hospital events (including ER and DOA) skip to Question 11.

Hospitalized Events

NOTE: If participant was transferred from one hospital to another, record first known hospitalization's information here, and information for each additional hospitalization on an Events Eligibility Addendum.

2. Admission date

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

NOTE: If admission date is earlier than participant's MESA enrollment date, skip to end of questionnaire.

3. Discharge date/Date of death

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

4. Vital Status at Discharge: Alive ○   Dead ○

5. Hospital Code: ☐☐☐☐

4709549165

6. ICD-9-CM Discharge Diagnosis Codes:

Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index. If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐☐☐ . ☐☐   6 ☐☐☐☐ . ☐☐   11 ☐☐☐☐ . ☐☐

2 ☐☐☐☐ . ☐☐   7 ☐☐☐☐ . ☐☐   12 ☐☐☐☐ . ☐☐

3 ☐☐☐☐ . ☐☐   8 ☐☐☐☐ . ☐☐   13 ☐☐☐☐ . ☐☐

4 ☐☐☐☐ . ☐☐   9 ☐☐☐☐ . ☐☐   14 ☐☐☐☐ . ☐☐

5 ☐☐☐☐ . ☐☐   10 ☐☐☐☐ . ☐☐   15 ☐☐☐☐ . ☐☐

7. Discharge Diagnosis:

Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source. If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

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3 _____

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14 _____

15 _____

8. ICD-9-CM Procedure Codes:

Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index.
If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐ . ☐☐   6 ☐☐ . ☐☐   11 ☐☐ . ☐☐

2 ☐☐ . ☐☐   7 ☐☐ . ☐☐   12 ☐☐ . ☐☐

3 ☐☐ . ☐☐   8 ☐☐ . ☐☐   13 ☐☐ . ☐☐

4 ☐☐ . ☐☐   9 ☐☐ . ☐☐   14 ☐☐ . ☐☐

5 ☐☐ . ☐☐   10 ☐☐ . ☐☐   15 ☐☐ . ☐☐

9. Procedures:

Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index.
If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

1 _____

2 _____

3 _____

4 _____

5 _____

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7 _____

8 _____

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11 _____

12 _____

13 _____

14 _____

15 _____

10. Determine if event is eligible:

   A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints present?
        Diagnosis codes:
          402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
        Procedure codes:
          00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5

    ○ Yes   ○ No

       If "Yes," skip to Question 10C.

   B. Are any of the following ICD-9 codes present?
          35, 250, 390-459, 745-747, 794.3, 798-799
          and
    Are any the following words/phrases mentioned or suggested in the discharge summary?
         <u>Acute</u>:
          MI, angina, ischemic heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest,
          atherosclerotic heart disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD,
          claudication, acute pulmonary edema, aortic aneurysm.
         During this admission:
          CCU Care, cardiac catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography,
          cardiac angioplasty, atherectomy, leg amputation, leg angioplasty or other leg revascularization.

    ○ Yes   ○ No

   C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?
          Diagnosis codes:
          430-436
          Procedure codes:
          38-39(cerebral)

    ○ Yes   ○ No

       If "Yes," skip to Question 13.

   D. Are any of the following ICD-9 codes present?
          35, 250, 390-459, 745-7, 794.3, 798-799
          and
    Are the following words/phrases mentioned or suggested in the discharge summary?
         <u>Acute</u>:
          Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebral embolus,
          lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage,
          cerebral thrombosis.
         During this admission:
          Carotid endarterectomy, CT/MRI scan showing new cerebrovascular findings

    ○ Yes   ○ No

    If "Yes" to A or B: Hospitalized Cardiac/PVD Event
    If "Yes" to C or D: Hospitalized Cerebrovascular Event
    If "No" to A, B, C and D: Non-Cardiovascular Event

                                          Skip to Question 13.

Nonfatal Outpatient Events

11A. Is this a nonfatal outpatient event?

○ Yes   ○ No

If "No," skip to Question 13.

11B. Is this a cardiac/PVD outpatient event?
  -- i.e., MI, angina, CHF, PVD, or intermittent claudication, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
             on a Physician's Questionnaire.
  Diagnoses:
    New myocardial infarction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina,
    coronary insufficiency, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute
    pulmonary edema, aortic aneurysm.

  Procedures: *(If there was no evidence of an event besides a negative procedure, choose 'No' below)*
    Exercise treadmill test (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery,
    leg angioplasty or revascularization procedure.

○ Yes   ○ No

If "Yes," Non-hospitalized Cardiac/PVD Event

11C. Is this an outpatient cerebrovascular event?
  -- i.e., Stroke or TIA, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
             on a Physician's Questionnaire
  Acute:
    Stroke, TIA, mini-stroke, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar
    (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
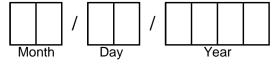 Procedures:
    Carotid endarterectomy
          ○ Yes   ○ No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:

		/			/				
Month			Day			Year			

*NOTE: If date is earlier than participant's MESA enrollment date, event is prevalent and not
eligible for further investigation or classification.*

Skip to end of questionnaire.

Deaths

13. Is this event a death?

○ Yes   ○ No
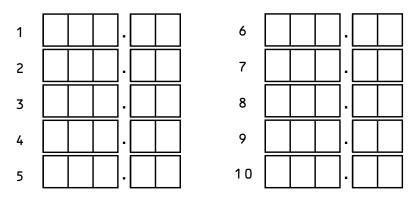
If "No," skip to end of questionnaire.

`7012        12`

Death Certificate Information

14A. Date of Death:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

14B. Time of Death:

☐☐ : ☐☐ ☐M

15. Death Certificate Number: ☐☐☐☐☐☐☐☐☐☐☐

16. Was an autopsy performed?

○ Yes
○ No
○ Unknown

17. Was the death confirmed by a Coroner/Medical Examiner?

○ Yes
○ No
○ Unknown

18. Record all text fields as listed on death certificate for cause of death:

A. Immediate cause:

B. Due to or as a consequence of:

C. Due to or as a consequence of:

D. Due to or as a consequence of:

E. Other significant conditions:

19. Interval between onset and death for immediate cause of death:

○ 5 minutes or less   ○ 1 week or less   ○ Unknown

○ 1 hour or less   ○ 1 month or less

○ 1 day or less   ○ More than 1 month

20. Record ICD-10 code for UNDERLYING cause of death:

☐☐☐ . ☐☐

8911549164

21. Record ICD-10 code for OTHER causes of death:

1 □□□ . □□   6 □□□ . □□

2 □□□ . □□   7 □□□ . □□

3 □□□ . □□   8 □□□ . □□

4 □□□ . □□   9 □□□ . □□

5 □□□ . □□   10 □□□ . □□

22. Determine if event is eligible:

A. Are any UNDERLYING cause of death codes present which are designated MESA cardiac-eligible death codes?   (I** except I60 - I69, E10-E14, J81, R07, R96, R98-99)

○ Yes   ○ No

If "Yes," Cardiac-eligible death

B. Are ANY LISTED codes present which are designated MESA cardiac death codes? (I20-I23)

○ Yes   ○ No

If "Yes," Cardiac death

C. Are ANY LISTED codes present which are designated MESA cerebrovascular death codes? (I60-I67, G45-G46)

○ Yes   ○ No

If "Yes," Cerebrovascular death

If "No" to A, B and C, death is non-cardiovascular and not eligible for investigation.

Abstractor ID: □□□   Date: □□ / □□ / □□□□   Data Entry ID: □□□

Month   Day   Year

Events Eligibility

Participant ID: 8012   12

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

1. Setting of Event/Death:
- ○ In-Hospital
- ○ Physician Office/Clinic
- ○ Emergency Room
- ○ Nursing Home/Skilled Nursing Facility
- ○ Home or Public Place
- ○ Other (specify):

(If applicable) A. Hospital/Facility Name (or Hospital Code): _____

Address: _____

_____

(If applicable) B. Transfer Hospital (or Hospital Code): _____

Address: _____

_____

(If applicable) C. Physician/Outpatient Facility: _____

Address: _____

_____

(If applicable) D. Informant/Proxy Name: _____ Relationship: _____

Address: _____

Telephone: _____

In-hospital events, continue.

Out of hospital events (including ER and DOA) skip to Question 11.

Hospitalized Events

NOTE: If participant was transferred from one hospital to another, record first known hospitalization's information here, and information for each additional hospitalization on an Events Eligibility Addendum.

2. Admission date

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

3. Discharge date/Date of death

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

NOTE: If admission date is earlier than participant's MESA enrollment date, skip to end of questionnaire.

4. Vital Status at Discharge: Alive ○ Dead ○

5. Hospital Code: ☐☐☐☐

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6. ICD-9-CM Discharge Diagnosis Codes:

Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index. If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐☐☐ . ☐☐   6 ☐☐☐☐ . ☐☐   11 ☐☐☐☐ . ☐☐

2 ☐☐☐☐ . ☐☐   7 ☐☐☐☐ . ☐☐   12 ☐☐☐☐ . ☐☐

3 ☐☐☐☐ . ☐☐   8 ☐☐☐☐ . ☐☐   13 ☐☐☐☐ . ☐☐

4 ☐☐☐☐ . ☐☐   9 ☐☐☐☐ . ☐☐   14 ☐☐☐☐ . ☐☐

5 ☐☐☐☐ . ☐☐   10 ☐☐☐☐ . ☐☐   15 ☐☐☐☐ . ☐☐

7. Discharge Diagnosis:

Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source. If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

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8. ICD-9-CM Procedure Codes:

Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index. If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1　☐☐ . ☐☐　　6　☐☐ . ☐☐　　11　☐☐ . ☐☐

2　☐☐ . ☐☐　　7　☐☐ . ☐☐　　12　☐☐ . ☐☐

3　☐☐ . ☐☐　　8　☐☐ . ☐☐　　13　☐☐ . ☐☐

4　☐☐ . ☐☐　　9　☐☐ . ☐☐　　14　☐☐ . ☐☐

5　☐☐ . ☐☐　　10　☐☐ . ☐☐　　15　☐☐ . ☐☐

9. Procedures:

Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index. If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

1　_____

2　_____

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6　_____

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8　_____

9　_____

10　_____

11　_____

12　_____

13　_____

14　_____

15　_____

10. Determine if event is eligible:

A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints present?
Diagnosis codes:
402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
Procedure codes:
00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5

○ Yes   ○ No

If "Yes," skip to Question 10C.

B. Are any of the following ICD-9 codes present?
35, 250, 390-459, 745-747, 794.3, 798-799
and
Are any the following words/phrases mentioned or suggested in the discharge summary?
Acute:
MI, angina, ischemic heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest, atherosclerotic heart disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD, claudication, acute pulmonary edema, aortic aneurysm.
During this admission:
CCU Care, cardiac catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography, cardiac angioplasty, atherectomy, leg amputation, leg angioplasty or other leg revascularization.

○ Yes   ○ No

C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?
Diagnosis codes:
430-436
Procedure codes:
38-39(cerebral)

○ Yes   ○ No

If "Yes," skip to Question 13.

D. Are any of the following ICD-9 codes present?
35, 250, 390-459, 745-7, 794.3, 798-799
and
Are the following words/phrases mentioned or suggested in the discharge summary?
Acute:
Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
During this admission:
Carotid endarterectomy, CT/MRI scan showing new cerebrovascular findings

○ Yes   ○ No

If "Yes" to A or B: Hospitalized Cardiac/PVD Event
If "Yes" to C or D: Hospitalized Cerebrovascular Event
If "No" to A, B, C and D: Non-Cardiovascular Event

Skip to Question 13.

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Nonfatal Outpatient Events

11A. Is this a nonfatal outpatient event?

    ○ Yes   ○ No

    If "No," skip to Question 13.

11B. Is this a cardiac/PVD outpatient event?
-- i.e., MI, angina, CHF, PVD, or intermittent claudication, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
on a Physician's Questionnaire.
    Diagnoses:
        New myocardial infarction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina,
        coronary insufficiency, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute
        pulmonary edema, aortic aneurysm.

    Procedures: ***(If there was no evidence of an event besides a negative procedure, choose 'No' below)***
        Exercise treadmill test (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery,
        leg angioplasty or revascularization procedure.

    ○ Yes   ○ No

    If "Yes," Non-hospitalized Cardiac/PVD Event

11C. Is this an outpatient cerebrovascular event?
-- i.e., Stroke or TIA, but no hospitalization involved:

As indicated by a mention of one or more of the following terms or procedures in the participant's record or
on a Physician's Questionnaire
    <u>Acute</u>:
        Stroke, TIA, mini-stroke, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar
        (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.
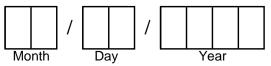   Procedures:
        Carotid endarterectomy
        ○ Yes   ○ No

    If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:

		/			/				
Month			Day			Year			

    *NOTE: If date is earlier than participant's MESA enrollment date, event is prevalent and not
eligible for further investigation or classification.*

    Skip to end of questionnaire.

Deaths

13. Is this event a death?

    ○ Yes   ○ No

    If "No," skip to end of questionnaire.

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Death Certificate Information

14A. Date of Death:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

14B. Time of Death:

☐☐ : ☐☐ ☐ M

15. Death Certificate Number: ☐☐☐☐☐☐☐☐☐☐☐

16. Was an autopsy performed?

○ Yes
○ No
○ Unknown

17. Was the death confirmed by a Coroner/Medical Examiner?

○ Yes
○ No
○ Unknown

18. Record all text fields as listed on death certificate for cause of death:

A. Immediate cause:

B. Due to or as a consequence of:

C. Due to or as a consequence of:

D. Due to or as a consequence of:

E. Other significant conditions:

19. Interval between onset and death for immediate cause of death:

○ 5 minutes or less   ○ 1 week or less   ○ Unknown

○ 1 hour or less   ○ 1 month or less

○ 1 day or less   ○ More than 1 month

20. Record ICD-10 code for UNDERLYING cause of death:

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21. Record ICD-10 code for OTHER causes of death:

1 ☐☐☐ . ☐☐   6 ☐☐☐ . ☐☐

2 ☐☐☐ . ☐☐   7 ☐☐☐ . ☐☐

3 ☐☐☐ . ☐☐   8 ☐☐☐ . ☐☐

4 ☐☐☐ . ☐☐   9 ☐☐☐ . ☐☐

5 ☐☐☐ . ☐☐   10 ☐☐☐ . ☐☐

22. Determine if event is eligible:

A. Are any UNDERLYING cause of death codes present which are designated MESA cardiac-eligible death codes? (I** except I60 - I69, E10-E14, J81, R07, R96, R98-99)

○ Yes   ○ No

If "Yes," Cardiac-eligible death

B. Are ANY LISTED codes present which are designated MESA cardiac death codes? (I20-I23)

○ Yes   ○ No

If "Yes," Cardiac death

C. Are ANY LISTED codes present which are designated MESA cerebrovascular death codes? (I60-I67, G45-G46)

○ Yes   ○ No

If "Yes," Cerebrovascular death

If "No" to A, B and C, death is non-cardiovascular and not eligible for investigation.

Abstractor ID: ☐☐☐   Date: ☐☐ / ☐☐ / ☐☐☐☐   Data Entry ID: ☐☐☐

Month   Day   Year

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