Multi-Ethnic Study of Atherosclerosis



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. S	Setting of Ev	ent/Death:		spital cian Office/Clinic gency Room	0 0	Nursing Home/Skilled Nursing Facility Home or Public Place Other (specify):
(If	applicable)					
(If	applicable)			or Hospital Code)	·	
(If	applicable)	•	•			
(If	applicable)		-			Relationship:
	nospital ev	-	tinue.	ER and DOA) s		Telephone: Description 11.
IOTĒ:		t was transfe		hospital to anothe on an Events Eligib		d first known hospitalization's information here, and dendum.
2.	Admission of Month NOTE: If	/ Day	/Ye			Discharge date/Date of death
4.	Vital Status	s at Discha	rge: Alive	<u>Dead</u> O		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*.

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2			7			.[12			$ \cdot $	
3			8			.[13			-	
4		.[9			.[1 4				
5		$\cdot [$	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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				<u>-</u>
10. Determi	ine if eve	nt is eligil	ole:	
A. Are a		D-9 codes		ated as MESA cardiac or PVD endpoints present?
				7.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
		dure code		l' (D)(D) 044 00 5
	00.60	5, 36-37,	38-39(cai	ardiac/PVD) 84.1, 88.5
0	Yes	0	No	
	If "Ye	es," skip to	o Questio	on 10C.
B. Are ar	35, 25			odes present? 47, 794.3, 798-799
Are ar	<i>and</i> ny the fol Acute:	lowing wo	ords/phras	ises mentioned or suggested in the discharge summary?
	MI, ath	erosclero udication,	tic heart o acute pu	heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest, disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD, ulmonary edema, aortic aneurysm.
	CČ		ardiac ca	atheterization, CABG, coronary stent, elevated CK-MB, coronary angiography atherectomy, leg amputation, leg angioplasty or other leg revascularization.
0	Yes	0	No	
C. Are ar				as MESA cerebrovascular endpoints present?
	Diagno 430-4	sis codes เรล	:	
	Proced	ure codes (cerebral		
0	Yes	0	No	
	li	f "Yes," sl	kip to Que	estion 13.
D. Are	any of t	he followi	ng ICD-9	codes present?
				, 794.3, 798-799
Are		•	ds/phrase	ses mentioned or suggested in the discharge summary?
	Str	oke, TIA,		infarction, cerebrovascular disease, cerebral embolus,
		cunar (syr erebral thr		or infarction), cerebral hemorrhage, subarachnoid hemorrhage,
		this adm		·
	Ċ	arotid end	darterecto	omy, CT/MRI scan showing new cerebrovascular findings
0	Yes	0	No	
lf "Y≏	s" to A o	r B: Hosni	talized C	Cardiac/PVD Event
If "Ye:	s" to C o	r D: Hosp	italized C	Cerebrovascular Event
If "No	" to A, B,	C and D:	: Non-Car	rdiovascular Event

Skip to Question 13.

Nonfatal Outpatient Events 11A. Is this a nonfatal outpatient event? O Yes O 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. O Yes O 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:

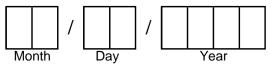
Carotid endarterectomy

O Yes

O No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:



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?

O Yes

O No

If "No," skip to end of questionnaire.

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Death Certificate Information

14A. D	Month Day Ye	14B. Time of Death:
15. Dea	ath Certificate Number:	
	as an autopsy performed? O Yes O No O Unknown cord all text fields as listed on dea	17. Was the death confirmed by a Coroner/Medical Examiner O Yes O No O Unknown h certificate for cause of death:
A.	Immediate cause:	
В.	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:	
	erval between onset and death for O 5 minutes or less O 1 v	mmediate cause of death: eek or less O Unknown

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

O 1 month or less

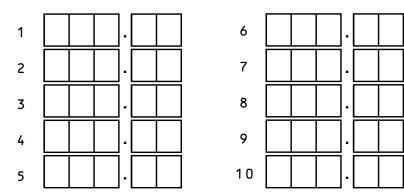
O More than 1 month

	•	

O 1 hour or less

O 1 day or less

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



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)

O Yes O No

If "Yes," Cardiac-eligible death

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

O Yes

 O_{No}

If "Yes," Cardiac death

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

O Yes

O No

If "Yes," Cerebrovascular death

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

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Multi-Ethnic Study of Atherosclerosis



Events Eligibility

Participant ID: 4012 12

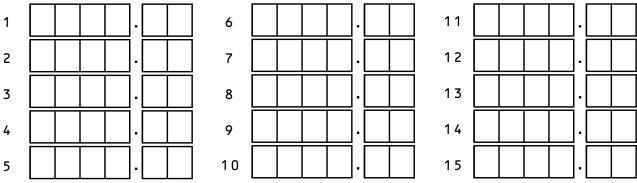
This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

Setting of Event/Death:	O In-Hospital O Physician Office/Clinic	O Nursing Home/Skilled Nursing Facility O Home or Public Place
	O Emergency Room	O Other (specify):
	ss:	ode):
	fer Hospital (or Hospital Code):	
•	ss:	
	•	Relationship:
		Telephone:
In-hospital events, con Out of hospital events	ntinue. (including ER and DOA) s	kip to Question 11.
	erred from one hospital to another nospitalization on an Events Eligibi	, record first known hospitalization's information here, and ility Addendum.
2. Admission date Month Day NOTE: If admission	/ Year date is earlier than participant's	3. Discharge date/Date of death
4. Vital Status at Discha	rge: Alive Dead O	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*.



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.	Dete	ermir	ne if eve	nt is elig	gible:	
	A A	ro or	ov of IC	D 0 aad		noted on MESA carding or DVD andpoints present?
	A. A	ire ar				nated as MESA cardiac or PVD endpoints present?
				osis cod		27.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
				dure co		27.5, 427.9, 420-429, 440, 441, 445.6, 445.9, 516.4
						cardiac/PVD) 84.1, 88.5
			00.0	0, 30-37	, 30-39(Jaiulat/F VD) 64.1, 66.5
		_		_		
		O	Yes	0	No	
			If "Υε	es," skip	to Ques	tion 10C.
	B. Ar	e anv	of the	following	a ICD-9	codes present?
		,				747, 794.3, 798-799
			and	-,	,	,,
	Ar	e an	y the fol	lowing v	vords/ph	rases mentioned or suggested in the discharge summary?
			Acute:		·	
			MI,	angina,	ischemi	c heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest,
						rt disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD,
						pulmonary edema, aortic aneurysm.
				this adn		
						catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography,
			car	diac ang	gioplasty	, atherectomy, leg amputation, leg angioplasty or other leg revascularization.
		0	Yes	0	No	
		_	163		NO	
	^ ^		100.0			Las MEOA combas and last a las
	C. Ar	e any				ed as MESA cerebrovascular endpoints present?
				sis code	es:	
			430-4	too lure cod	00:	
				ore cou (cerebr		
			30-3	o(cerebi	ai)	
		0	Yes	0	No	
			100		110	
			1	f "Yes."	skip to Q	Question 13.
				,	,	
	_					
	D.	Are				-9 codes present?
				0, 390-4	59, 745-	7, 794.3, 798-799
			and			
		Are		-	oras/pnra	ases mentioned or suggested in the discharge summary?
			Acute:		\ oorobr	al infarction, cerebrovascular disease, cerebral embolus,
						e or infarction), cerebrovascular disease, cerebral embolus,
					nrombos	
					mission:	io.
			_	,		ctomy, CT/MRI scan showing new cerebrovascular findings
			·	0		,, , , , , , , , , , , , , , , , , , ,
		0	Yes	0	No	
		_	162		INU	
	10	IIX -	II 4 - ^	. D. II.	- 't-1' - '	Condina (D) (D) French
						Cardiac/PVD Event
						Cerebrovascular Event Cardiovascular Event
	- 11	INO	IU M. D	. U anu l	J. INUIT-L	alulovasculai EVCIII

Skip to Question 13.

Nonfatal Outpatient Events 11A. Is this a nonfatal outpatient event? O Yes O 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. O Yes O 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:

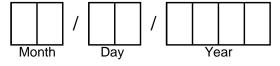
Carotid endarterectomy

O Yes

O No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:



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?

O Yes

No \cap

If "No," skip to end of questionnaire.

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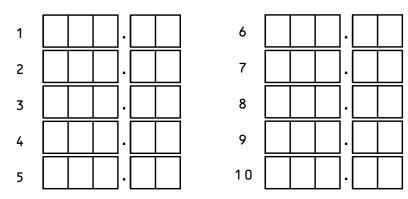
Death Certificate Information

14A.	Date of Death: / / /	14B. Time of Death:
15.	Death Certificate Number:	
16.	Was an autopsy performed?	17. Was the death confirmed by a Coroner/Medical Examiner?
	O Yes O No O Unknown	○ Yes○ No○ Unknown
18.	Record all text fields as listed on dea	ath 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:	
	I

- **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:

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



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)

O Yes O No

If "Yes," Cardiac-eligible death

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

O Yes O No

If "Yes," Cardiac death

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

O Yes

O No

If "Yes," Cerebrovascular death

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

Multi-Ethnic Study of Atherosclerosis



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/Dea	O In-Hospital O Physician Office/Clinic O Emergency Room	O Nursing Home/Skilled Nursing Facility O Home or Public Place O Other (specify):
	dress:	ode):
	ansfer Hospital (or Hospital Code):	
	dress:	
	•	Relationship:
		Telephone:
Hospitalized Events	nts (including ER and DOA) sl	kip to Question 11. record first known hospitalization's information here, and
information for each addition	nal hospitalization on an Events Eligibil	lity Addendum.
2. Admission date Month Day NOTE: If admiss		3. Discharge date/Date of death
4. Vital Status at Dis	charge: Alive Dead O	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*.

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3			.[8			.[13			.[
4			.[9			.[14			\cdot	
5			.		1	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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	[5012	
10. Determine if event is eligible:		
A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints p Diagnosis codes: 402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.		
Procedure codes: 00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5		
O Yes O 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 discha-	rge summary?	
Acute: MI, angina, ischemic heart disease, CHD, unstable angina, cord atherosclerotic heart disease, CHF, heart failure, cardiomyopath claudication, acute pulmonary edema, aortic aneurysm. During this admission:		
CCU Care, cardiac catheterization, CABG, coronary stent, eleva cardiac angioplasty, atherectomy, leg amputation, leg angioplas		
O Yes O No		
C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints pres Diagnosis codes: 430-436 Procedure codes: 38-39(cerebral)	ent?	
O Yes O 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 discharged Acute: Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebrated lacunar (syndrome or infarction), cerebral hemorrhage, subaracerebral thrombosis.	oral embolus,	
During this admission: Carotid endarterectomy, CT/MRI scan showing new cerebrova	ascular findings	
O Yes O No		
If "Yes" to A or B: Hospitalized Cardiac/PVD Event		

Skip to Question 13.

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

Nonfatal Outpatient Events 11A. Is this a nonfatal outpatient event? O Yes O 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.

O Yes O 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:

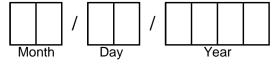
Carotid endarterectomy

O Yes

O No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:



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?

O Yes

O No

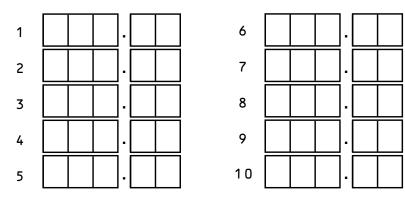
If "No," skip to end of questionnaire.

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Death Certificate Information

14A.	Date of Death:	14B. Time of Death:
	/ / /	
	Month Day Ye	ear Livi
15.	Death Certificate Number:	
16.	Was an autopsy performed?	17. Was the death confirmed by a Coroner/Medical Examiner?
	O Yes O No	O Yes
	O Unknown	○ No○ Unknown
18.	Record all text fields as listed on dea	ath 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 v	veek or less O Unknown
	O 1 hour or less O 1 n	nonth or less
	O 1 day or less O Mo	ore than 1 month
20.	Record ICD-10 code for UNDERLYII	NG cause of death:

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



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)

O Yes O No

If "Yes," Cardiac-eligible death

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

O Yes O No

If "Yes," Cardiac death

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

O Yes

O No

If "Yes," Cerebrovascular death

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

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Multi-Ethnic Study of Atherosclerosis



Events Eligibility

Participant ID:	6012	12
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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 E	vent/Death:	O In-Hospital	O Nursing Home/Skilled Nursing Facility
		O Physician Office/Clinic	O Home or Public Place
		O Emergency Room	O Other (specify):
		3 ,	
(If applicable)	A. Hospit	tal/Facility Name (or Hospital Co	ode):
	Addres	SS:	
(If applicable)	B. Transf		
	Addres	SS:	
(If applicable)	C. Physic	cian/Outpatient Facility:	
	^ ddroc		
	Addres	SS	
(If applicable)	D. Inform	nant/Proxy Name:	Relationship:
	Address:	:	
			Telephone:
In hospital a	wonte oon	otinuo	
In-hospital e	-		do to Occasion 44
Out of nospi	tai events	(including ER and DOA) sl	up to Question 11.
Hospitalized E			
		erred from one hospital to another, nospitalization on an Events Eligibil	record first known hospitalization's information here, and ity Addendum.
2. Admission	date		3. Discharge date/Date of death
	/		/ / /
Month NOTE:	Day If admission	Year	Month Day Year MESA enrollment date, skip to end of questionnaire.
NOTE.	ii auriiissiUri	uate is earlier triair participants	wiesh emolinent date, skip to end of questionnalle.
4 \/:+al O+-+	uo of Diook -	Alive <u>Dead</u>	5 Usaria Carla
4. Vitai Stati	us at Discha	rge: O O	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			$ \cdot $	
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*.

1	
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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.	Determi	ne if eve	nt is eligil	ble:	
A	A. Are a	ny of ICI	D-9 code:	s design	nated as MESA cardiac or PVD endpoints present?
		Diagno	osis code	s:	
					27.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4
			dure code 3 36-37		ardiac/PVD) 84.1, 88.5
		00.00	, 00 01 ,	00 00(00	
	0	Yes	0	No	
		If "Ye	s," skip t	o Questi	on 10C.
В	. Are an	v of the f	following	ICD-9 co	odes present?
					747, 794.3, 798-799
	Λ	and			and a month and an appropriate distribution of a propriate and a second a second and a second an
	Are an	Acute:	lowing wo	oras/pnra	ases mentioned or suggested in the discharge summary?
		MI,			heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest,
					disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD,
			idication, this admi		ulmonary edema, aortic aneurysm.
					catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography,
		card	diac angi	oplasty, a	atherectomy, leg amputation, leg angioplasty or other leg revascularization.
	•		•		
	O	Yes	0	No	
_	A = 0 = 0	ICD 0		-i	d on MECA correbrations and points present?
C	. Are an		codes de sis codes		d as MESA cerebrovascular endpoints present?
		430-4	36		
			ure code		
		38-39	(cerebra	I)	
	0	Yes	0	No	
		I I	"Yes " si	kin to Qu	uestion 13.
			700, 0	mp to Qu	100.1011 TO.
	D. Are	any of th	ne followi	ng ICD-9	9 codes present?
		35, 250			7, 794.3, 798-799
	۸	and			and months and an appropriate displayed a displayer appropriate A
	Are	tne folic Acute:	wing wor	as/pnras	ses mentioned or suggested in the discharge summary?
			oke, TIA,	cerebra	al infarction, cerebrovascular disease, cerebral embolus,
					or infarction), cerebral hemorrhage, subarachnoid hemorrhage,
			rebral thr this adm		5.
					tomy, CT/MRI scan showing new cerebrovascular findings
	0		0		
	O	Yes	0	No	
	If "Voo	" to ^ c"	· D· Lloon	italizad (Cardiaa/D\/D Evant
					Cardiac/PVD Event Cerebrovascular Event
					ardiovascular Event

Skip to Question 13.

NI C - 4 - 1	A 1 1 1	
Nontatai	Outpatient	Events

Nont	tatal Outpatient Events	
11A.	Is this a nonfatal outpatien	t event?
	O Yes O	No
	If "No," skip to Q	uestion 13.
11B.	Is this a cardiac/PVD outports i.e., MI, angina, CHF, P	atient event? VD, or intermittent claudication, but no hospitalization involved:
		of one or more of the following terms or procedures in the participant's record or Physician's Questionnaire.
	New myocardial infa	arction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina, cy, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute aortic aneurysm.
	Exercise treadmill te	was no evidence of an event besides a negative procedure, choose 'No' below) st (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery, vascularization procedure.
	O Yes O	No
	If "Yes," Non-hos	spitalized Cardiac/PVD Event
11C.	Is this an outpatient cerebi	
		of one or more of the following terms or procedures in the participant's record or cian's Questionnaire
	Stroke, TIA, mini-stroke	e, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.

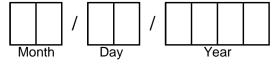
Procedures: Carotid endarterectomy

O Yes

O No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:



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?

O Yes

0 No

If "No," skip to end of questionnaire.

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Death Certificate Information

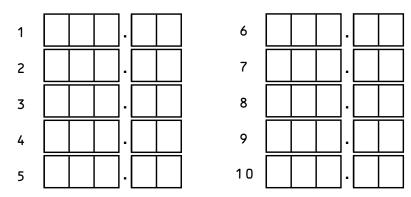
14A. Date of Dea	/	14B. Time of Death:
15. Death Certifi	cate Number:	
16. Was an auto O Ye O No O Ur	s	17. Was the death confirmed by a Coroner/Medical Examiner?YesNoUnknown
	Г	ath certificate for cause of death:
	e cause: as a consequence of: as a consequence of:	
D. Due to or	as a consequence of:	
E. Other sig	nificant 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:

	•	

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



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)

O Yes O No

If "Yes," Cardiac-eligible death

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

O Yes O No

If "Yes," Cardiac death

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

O Yes

O No

If "Yes," Cerebrovascular death

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

Multi-Ethnic Study of Atherosclerosis



Events Eligibility

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. Setti	ng of Ev	ent/Death:	0	In-Hospital Physician Office/Clinic Emergency Room	0 0	Nursing Home/Skilled Nursing Facility Home or Public Place Other (specify):
(If app	olicable)					
(If app	olicable)			pital (or Hospital Code)	:	
(If app	olicable)	•				
(If app	olicable)			•		Relationship:
	-	rents, con al events				Telephone: o Question 11.
	participan	t was transfe		om one hospital to another zation on an Events Eligib		rd first known hospitalization's information here, and Idendum.
M	onth	Day	/ _	Year earlier than participant		Discharge date/Date of death
4. Vi	tal Status	s at Discha	rge: <u>Al</u>	<u>Dead</u> O		5. Hospital Code:

04/17/2006 page 1 of 7

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			$\left . \right[$			6			.[11			$\left . \right[$	
2].[7			.[12].[
3			.[8			.[13			$\left . \right[$	
4			.[9			.[1 4			$\left . \right[$	
5			-		1	0					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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											/UIZ		⊥∠
10. D	etermir	ne if event	is eligi	ble:									
A.	Are a	Procedu	is code 10-414, ire code	es: , 425, 42 es:	27.5, 42		429, 440		dpoints pr 3.8, 443.9				
	0	Yes	0	No									
		If "Yes,	" skip t	o Quest	ion 10C								
В. /	Are an	y of the fol 35, 250, <i>and</i>				esent? 4.3, 798-7	799						
	Are an	y the follow	wing wo	ords/phr	ases m	entioned o	or sugge	sted in th	ne dischar	ge sur	nmary?		
		ather	osclero ication,	tic hear acute p	t diseas		eart failu	ıre, cardi	omyopath		sufficiency, e erosclerosis,		rrest,
		CČU	Care, c	cardiac d							K-MB, corona ther leg revas		
	0	Yes	0	No									
C . <i>i</i>	Are an	y ICD-9 co Diagnosis 430-430 Procedur 38-39(c	s codes 6 e code	s:	d as ME	SA cereb	orovascu	lar endpo	oints prese	ent?			
	0	Yes	0	No									
		If "	Yes," s	kip to Q	uestion	13.							
ſ		and the follow Acute: Strok lacu	390-45 ring worke, TIA, nar (sy	59, 745-7 rds/phra , cerebra	7, 794.3 ses me al infarct or infarc	, 798-799 ntioned or tion, cerek) r sugges brovascu	ılar disea	se, cerebi	ral em	-	∍,	
		During th	nis adm	ission:		T/MRI sc	an show	ring new (cerebrova	scular	findings		
	0	Yes	0	No									
	If "Yes	" to A or E	3: Hosp	italized	Cardiac	/PVD Eve	ent						

Skip to Question 13.

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

Nonfatal Outpatient Events

11A.	Is this a	nonfatal	outpatient	event?
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O Yes

O 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.

O Yes

O 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:

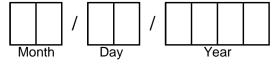
Carotid endarterectomy

O Yes

O No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:



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?

O Yes

O No

If "No," skip to end of questionnaire.

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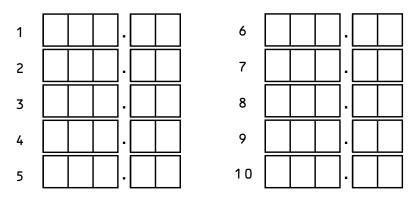
Death Certificate Information

14A	Date of Death: Day	14B. Time of Death:
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 YesO NoO Unknown
18.	Record all text fields as listed on dea	th 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 v	veek or less O Unknown
	O 1 hour or less O 1 r	nonth or less
	O 1 day or less O Mo	re than 1 month

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

	•	

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



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)

O Yes O No

If "Yes," Cardiac-eligible death

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

O Yes O No

If "Yes," Cardiac death

C. Are ANY LISTED codes present which are designated MESA cerebrovascular death codes? (160-167, G45-G46)

O Yes

O No

If "Yes," Cerebrovascular death

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

Multi-Ethnic Study of Atherosclerosis



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	t Eve	nt/Death:	0	In-Hospital	0	Nursing Home/Skilled Nursing Facility	
			0	Physician Office/Clir	nic O	Home or Public Place	
			0	Emergency Room	0	Other (specify):	
				3			
(If applicat	nle)	Δ Hospit	tal/Fa	cility Name (or Hospit	al Code)		
(п аррпоак	,,,,,	A. Tiospii	.ai/i at	Sility Name (or 1103pit	ai Code)		_
		Addres	ss:				_
			_				_
(If applicat	ole)	B. Transf	fer Hc	spital (or Hospital Co	de):		
		Addres	55				
			_				
(If applicat	ole)	C. Physic	cian/C	outpatient Facility:			
	•						
		Addres	3S:				—
			_				_
(If applicat	ole)	D. Inform	nant/P	roxy Name:		Relationship:	
		۸ ddraaa					
		Address	• —				_
						Telephone:	
In-hospita	d ove	ents con	ntinuu	3			
-		-			A) alsia	in Overtion 44	
Out of flos	spita	i events	(IIICI	uding ER and DOA	1) SKIP	o Question 11.	
Hospitalized							
				rom one hospital to and dization on an Events E		ord first known hospitalization's information here, and	
			roopita	meadon on an evolue e			
2. Admiss	_		, ,		3.		
	/		/				
Month		Day	ı L	Year		Month Day Year	
NOTE	Ξ: If a	admission	date i	s earlier than particip	ant's ME	SA enrollment date, skip to end of questionnaire.	
4. Vital S	tatus	at Discha	rae: <u>/</u>	Alive <u>Dead</u>		5. Hospital Code:	
			J (0			

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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.	С	etermi	ne if eve	ent is el	igible	e:															
					_	designat	ed as	s ME	SA c	cardi	iac or	PVD	end	lpoir	nts pre	sent?					
				nosis co			E 40	7.0	420	420	140	111	442		142.0	E10 1					
				dure co		25, 427. :	5, 42	27.9,	428-	-429	, 440	, 441	, 443	5.8, 4	143.9,	518.4					
			00.6	6, 36-3	7, 38	3-39(car	diac/l	PVD)) 84.1	1, 88	8.5										
		0	Yes	(O N	١o															
		Ū	res		ין	NO															
			If "Yo	es," skij	o to (Questior	10C	D.													
I	В.	Are an	y of the	followir	ng IC	D-9 cod	les pr	reser	nt?												
			35, 25 and	50, 390-	459,	745-74	7, 79	4.3,	798-7	799											
		Are ar		_	word	ds/phras	es m	entic	oned	or s	sugge	sted	in the	e dis	charge	e sum	mary?	?			
			MI, ath	, angina neroscle	erotic	hemic he heart di cute puli	iseas	se, Cl	HF, h	near	rt failu	re, ca	ardior	myo							rest,
				this ad			hotor	rizoti	on C	`	C 00	ronor	v oto	nt c	lovoto	4 CK	MD a	oroi	2011/0	naina	rophy
						diac cat lasty, at															
		0	Yes	(7 C	No.															
(n.	Are an	v ICD-9	codes	desi	gnated a	as MF	=SA /	cereh	hrov	/ascul	ar er	ndnoir	nts r	oresen	t?					
	•	7 ti o air	Diagno	osis cod		gnatoa c	10 IVIL	_0, .	00100	0.00	aooai	ui oi	шроп	, ito i	0001						
			430-	436 dure co	des.																
				9(cereb																	
		0	Yes	(1 C	10															
				If "Yes,'	" skir	to Que	stion	13.													
				·	•																
		D. Are				JICD-9 (745-7, 7															
		Are	and the follo	owina v	vords	s/phrase	s me	ention	ned o	or su	iaaes	ted ir	the o	disc	harge	summ	arv?				
		,	<u>Acute</u>	:													•				
						erebral i rome or												rrhad	ae.		
			C	erebral	thror	nbosis.			,,					,					y - ,		
				g this ac Carotid		sion: irterecto	my, C	CT/M	1RI sc	can	show	ing n	ew ce	ereb	rovas	cular f	inding	gs			
		0	Yes	() C	No															
		If "Vo	s" to Λ o	vr B. ⊔≏	enita	lized Ca	rdiaa	-/D\/r	D Eva	ont											
		If "Yes	s" to C o	or D: Ho	spita	alized Ce	erebro	ovas	cular	r Eve											
		If "No	" to A, B	, C and	D: N	lon-Card	diova	scula	ar Ev	ent/											

Skip to Question 13.

Nonta	atai Outpatient Eve	ents	
11A.	Is this a nonfatal or	utpatient event?	
	O Yes	O 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.

O Yes O 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.

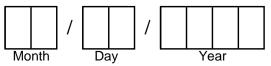
Procedures:

Carotid endarterectomy

O Yes O No

If "Yes," Non-hospitalized Cerebrovascular Event

12. Date of event:



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?

O Yes O No

If "No," skip to end of questionnaire.

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Death Certificate Information

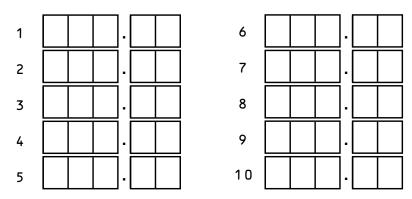
14A.	Date of Death:	14B. Time of Death:
	Month Day / Ye	ar : M
15.	Death Certificate Number:	
16.	Was an autopsy performed?	17. Was the death confirmed by a Coroner/Medical Examiner?
	O Yes O No O Unknown	O Yes O No O Unknown
18.	Record all text fields as listed on dea	th certificate for cause of death:
	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:

	•	

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



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)

O Yes O No

If "Yes," Cardiac-eligible death

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

O Yes O No

If "Yes," Cardiac death

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

O Yes

O No

If "Yes," Cerebrovascular death

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