



**MESA FU27**  
**Specific Medical**  
**Procedures**

Participant ID #:

Acrostic:

Technician ID:

Date:  /  /   
Month Day Year

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

您說您曾有過一次\_\_\_\_\_ (read and mark specific condition name reported previously below)

- ☐ 心血管擴張成形術以打開通向您心臟的動脈
- ☐ 心臟冠狀動脈搭橋手術
- ☐ 血管擴張成形術以打開您其中一條腿的動脈
- ☐ 心臟復律
- ☐ 射頻導管消融術

A. 給您看病的醫生的姓名和地址?

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

Facility Code   
(if hospitalized)

Physician Name: \_\_\_\_\_

City: \_\_\_\_\_

B. 這個檢測或檢查的日期是什麼時候?

/  /   
Month Day Year

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

Ask about the next procedure reported as 'Yes' on the "General Health" or "General Health-Death" form and record details on an additional form. If no additional events are reported as 'Yes', go to END of "General Health" or "General Health—Death" form.