



MESA FU27

**Specific Medical
Procedures - Spanish**

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.

Usted dijo que usted tuvo un(a) _____ (read and mark specific condition name reported previously below)

- ☐ Angioplastía para abrir las arterias coronarias
- ☐ Cirugía de desviación coronaria "bypass"
- ☐ Angioplastía para abrir las arterias en una de sus piernas
- ☐ Cardioversión
- ☐ Ablación

A. ¿Cuál es el nombre y la dirección del médico que le atendió?

[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. ¿En qué fecha fue el examen o procedimiento?

 / /

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.