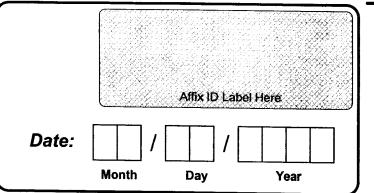
Multi-Ethinic Study of Atherosclerosis Follow-up Phone Call 2



	form for each condition	on reported as Yes in	Question	i 6 on "Ge	neral Health" fo	rm.		
ı said that a ne reporte d	doctor or other health professid previously below]	ional told you that you had	· · · · · · · · · · · · · · · · · · ·	_ [read and r	nark specific conditio	n		
	O A myocardial infarction or h	eart attack						
	 Angina pectoris or chest pai Heart failure or congestive h Peripheral vascular disease pain in your legs from a bloc Atrial fibrillation 	neart failure e, intermittent claudication or ckage of the arteries	ſ	Regarding sv	mntoms that you had fi			
	O Deep Vein thrombosis or blood clots in your legs O A transient ischemic attack (TIA) or mini-stroke O Stroke O Blockage in the carotid artery C Lung abnormality or nodule			Regarding symptoms that you had from your stroke, do you feel that you have				
				made a complete recovery?				
1				In the last two weeks, did you req				
	O Cancer, specify type:				O No O Unsure	-		
	it was the name and address of	-	\					
Na	me :							
Na								
Na Addre B. Wha (Proi	me :	or hospitalization?]/	/ Year			
Addre Addre B. Wha (Prol parti	me :ess	or hospitalization? annot be recalled, ask ear. Record day as 15.)	Monti	h Day	/ Year			

Follow-up Phone Call 2 -- Specific Medical Conditions Page 2

(4)		Date	Hospital Code	Length of Stay (days)
(1)	Month /	Day Year		
		Date	Hospital Code	Length of Stay (days)
(2)	Month /	Day Year		
		Date	Hospital Code	Length of Stay (days)
(3)	Month /	Day Year		
		Date	Hospital Code	Length of Stay (days)
(4)	Month /	Day Year		
		Date	Hospital Code	Length of Stay (days)
(5)	Month /	Day Year		
about the next co	ndition reported conditions are r	as Yes in Question 6 on "General He eported as Yes, go to Question 7 on t	ealth" form and record d he "General Health" forn	etails on an addition.

Data Entry ID:

Interviewer ID:

Reviewer ID: