This form should be used if there is insufficient information from hospital, physician or other records/forms to classify the cardiac event. The purpose is to obtain a narrative of events surrounding the event to supplement data already collected.

We are calling today from the MESA Clinical Center at (            ). We understand that you had a diagnosis of (MI/angina/CHF/PVD) on (date). To help us complete our records, could you please tell us more about this? For example: What were you doing when symptoms started? What were your symptoms? How long did they last? What happened? Did you see a physician? What was done? Please describe what happened in your own words.

Probe for details regarding symptoms and their duration; ask about chest, arm, and jaw pain specifically if not volunteered.

Narrative:

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Interviewer ID: ____________________________  
Month: ___  Day: ___  Year: ___  
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