

Affix label with Investigation ID here



Multi-Ethnic Study of Atherosclerosis

DO NOT SCAN THIS FORM

Stroke/TIA Hospital Abstraction Coversheet

Hospitalization Dates and Event Types to be filled in by Field Center

The Field Center will attach a separate coversheet to each individual investigation to be abstracted.

This single investigation contains the following admission(s)		Types of events in this investigation (check all that apply, not necessarily just cerebrovascular)
Admission Date	Discharge Date	
1. _____	-- _____	<input type="checkbox"/> Hospitalized Cardiac/PVD Non-fatal
2. _____	-- _____	<input type="checkbox"/> Hospitalized Cardiac Death
3. _____	-- _____	<input type="checkbox"/> Hospitalized Cerebrovascular Non-fatal
4. _____	-- _____	<input type="checkbox"/> Hospitalized Cerebrovascular Death
5. _____	-- _____	<input type="checkbox"/> Out-of-Hospital Cardiac/PVD Non-fatal
		<input type="checkbox"/> Out-of-Hospital Cardiac Death
		<input type="checkbox"/> Out-of-Hospital Cerebrovascular Non-fatal
		<input type="checkbox"/> Out-of-Hospital Cerebrovascular Death
		<input type="checkbox"/> Non-CVD Non-fatal Hospitalization
		<input type="checkbox"/> Non-CVD Death
		<input type="checkbox"/> Unknown

Documents already scanned by Field Center

(Field Center completes this section before sending records to Central Abstractor.

If extra lines are needed, attach separate sheet--be sure to label with full investigation ID number.)

Document scanned (use document code)	Date on Document	Any Relevant Notes

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Date FC sent to Central Abstractor

FC staff ID

8713237146