



## Events Eligibility

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the hospital record (hospitalized event) or death certificate (if fatal event) is needed.

## 1. Setting of Event/Death:

- ☐ In-Hospital      ☐ Nursing Home/Skilled Nursing Facility  
☐ Physician Office/Clinic      ☐ Home or Public Place  
☐ Emergency Room      ☐ Other (specify):

(If applicable) A. Hospital/Facility Name (or Hospital Code): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(If applicable) B. Transfer Hospital (or Hospital Code): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(If applicable) C. Physician/Outpatient Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(If applicable) D. Informant/Proxy Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

***In-hospital events, continue.***

***Out of hospital events (including ER and DOA) skip to Question 11.***

**Hospitalized Events**

**NOTE:** If participant was transferred from one hospital to another, record first known hospitalization's information here, and information for each additional hospitalization on an Events Eligibility Addendum.

## 2. Admission date

		/			/				
Month			Day			Year			

## 3. Discharge date/Date of death

		/			/				
Month			Day			Year			

**NOTE:** If admission date is earlier than participant's MESA enrollment date, skip to end of questionnaire.

4. Vital Status at Discharge: Alive  
☐ Dead  
☐

5. Hospital Code: 

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## 6. ICD-9-CM Discharge Diagnosis Codes:

Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index. If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

1	<input type="text"/>	.	<input type="text"/>	6	<input type="text"/>	.	<input type="text"/>	11	<input type="text"/>	.	<input type="text"/>
2	<input type="text"/>	.	<input type="text"/>	7	<input type="text"/>	.	<input type="text"/>	12	<input type="text"/>	.	<input type="text"/>
3	<input type="text"/>	.	<input type="text"/>	8	<input type="text"/>	.	<input type="text"/>	13	<input type="text"/>	.	<input type="text"/>
4	<input type="text"/>	.	<input type="text"/>	9	<input type="text"/>	.	<input type="text"/>	14	<input type="text"/>	.	<input type="text"/>
5	<input type="text"/>	.	<input type="text"/>	10	<input type="text"/>	.	<input type="text"/>	15	<input type="text"/>	.	<input type="text"/>

## 7. Discharge Diagnosis:

Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source. If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>
11	<input type="text"/>
12	<input type="text"/>
13	<input type="text"/>
14	<input type="text"/>
15	<input type="text"/>

## 8. ICD-9-CM Procedure Codes:

Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index. If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	11	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	12	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	13	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	9	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	14	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	15	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

## 9. Procedures:

Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index. If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>
11	<input type="text"/>
12	<input type="text"/>
13	<input type="text"/>
14	<input type="text"/>
15	<input type="text"/>

## 10. Determine if event is eligible:

## A. Are any of ICD-9 codes designated as MESA cardiac or PVD endpoints present?

Diagnosis codes:

402, 410-414, 425, 427.5, 427.9, 428-429, 440, 441, 443.8, 443.9, 518.4

Procedure codes:

00.66, 36-37, 38-39(cardiac/PVD) 84.1, 88.5

☐ Yes ☐ No*If "Yes," skip to Question 10C.*

## B. Are any of the following ICD-9 codes present?

35, 250, 390-459, 745-747, 794.3, 798-799

and

Are any the following words/phrases mentioned or suggested in the discharge summary?

Acute:

MI, angina, ischemic heart disease, CHD, unstable angina, coronary insufficiency, cardiac arrest, atherosclerotic heart disease, CHF, heart failure, cardiomyopathy, atherosclerosis, PVD, claudication, acute pulmonary edema, aortic aneurysm.

During this admission:

CCU Care, cardiac catheterization, CABG, coronary stent, elevated CK-MB, coronary angiography, cardiac angioplasty, atherectomy, leg amputation, leg angioplasty or other leg revascularization.

☐ Yes ☐ No

## C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?

Diagnosis codes:

430-436

Procedure codes:

38-39(cerebral)

☐ Yes ☐ No*If "Yes," skip to Question 13.*

## D. Are any of the following ICD-9 codes present?

35, 250, 390-459, 745-7, 794.3, 798-799

and

Are the following words/phrases mentioned or suggested in the discharge summary?

Acute:

Stroke, TIA, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.

During this admission:

Carotid endarterectomy, CT/MRI scan showing new cerebrovascular findings

☐ Yes ☐ No

If "Yes" to A or B: Hospitalized Cardiac/PVD Event

If "Yes" to C or D: Hospitalized Cerebrovascular Event

If "No" to A, B, C and D: Non-Cardiovascular Event

*Skip to Question 13.*

**Nonfatal Outpatient Events**

11A. Is this a nonfatal outpatient event?

☐ Yes ☐ No

*If "No," skip to Question 13.*

11B. Is this a cardiac/PVD outpatient event?

-- i.e., MI, angina, CHF, PVD, or intermittent claudication, but no hospitalization involved:

*As indicated by* a mention of one or more of the following terms or procedures in the participant's record or on a Physician's Questionnaire.

Diagnoses:

New myocardial infarction, MI, angina, ischemic heart disease, CHD, angina pectoris, unstable angina, coronary insufficiency, cardiac arrest, CHF, heart failure, cardiomyopathy, PVD, claudication, acute pulmonary edema, aortic aneurysm.

Procedures: *(If there was no evidence of an event besides a negative procedure, choose 'No' below)*

Exercise treadmill test (ETT), coronary angiography, cardiac catheterization, peripheral vascular surgery, leg angioplasty or revascularization procedure.

☐ Yes ☐ No

*If "Yes," Non-hospitalized Cardiac/PVD Event*

11C. Is this an outpatient cerebrovascular event?

-- i.e., Stroke or TIA, but no hospitalization involved:

*As indicated by* a mention of one or more of the following terms or procedures in the participant's record or on a Physician's Questionnaire

Acute:

Stroke, TIA, mini-stroke, cerebral infarction, cerebrovascular disease, cerebral embolus, lacunar (syndrome or infarction), cerebral hemorrhage, subarachnoid hemorrhage, cerebral thrombosis.

Procedures:

Carotid endarterectomy

☐ Yes ☐ No

*If "Yes," Non-hospitalized Cerebrovascular Event*

12. Date of event:

		/			/				
Month			Day			Year			

*NOTE: If date is earlier than participant's MESA enrollment date, event is prevalent and not eligible for further investigation or classification.*

*Skip to end of questionnaire.*

**Deaths**

13. Is this event a death?

☐ Yes ☐ No

*If "No," skip to end of questionnaire.*

**Death Certificate Information****14A. Date of Death:**

		/			/				
Month			Day			Year			

**14B. Time of Death:**

		:				M
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**15. Death Certificate Number:**

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**16. Was an autopsy performed?**

- ☐ Yes  
☐ No  
☐ Unknown

**17. Was the death confirmed by a Coroner/Medical Examiner?**

- ☐ Yes  
☐ No  
☐ Unknown

**18. Record all text fields as listed on death certificate for cause of death:****A. Immediate cause:**

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**B. Due to or as a consequence of:**

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**C. Due to or as a consequence of:**

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**D. Due to or as a consequence of:**

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**E. Other significant conditions:**


**19. Interval between onset and death for immediate cause of death:**

- ☐ 5 minutes or less      ☐ 1 week or less      ☐ Unknown  
☐ 1 hour or less      ☐ 1 month or less  
☐ 1 day or less      ☐ More than 1 month

**20. Record ICD-10 code for UNDERLYING cause of death:**

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## 21. Record ICD-10 code for OTHER causes of death:

1				.		
2				.		
3				.		
4				.		
5				.		
6				.		
7				.		
8				.		
9				.		
10				.		

## 22. Determine if event is eligible:

- A. Is the UNDERLYING cause of death code a designated MESA cardiac-eligible death codes?  
(I\*\* except I60 - I69, E10-E14, J81, R07, R96, R98-99)

☐ Yes ☐ No

*If "Yes," Cardiac-eligible death*

- B. Are any OTHER codes present which are designated MESA cardiac death codes?  
(I20-I23)

☐ Yes ☐ No

*If "Yes," Cardiac death*

- C. Are ANY LISTED codes (UNDERLYING or OTHER) present which are designated MESA cerebrovascular death codes? (I60-I67, G45-G46)

☐ Yes ☐ No

*If "Yes," Cerebrovascular death*

*If "No" to A, B and C, death is non-cardiovascular and not eligible for investigation.*

Abstractor ID:

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Date:

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/

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/

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Data Entry ID:

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Month

Day

Year