Multi-Ethnic Study of Atherosclerosis



Events Eligibility

hospital record (hospitalized event) or death certificate (if fatal event) is needed.

Participant ID: 8000028 02

Setting of Ev	ent/Death:	000	In-Hospital Physician Office/Clinic Emergency Room	0 0 0	Nursing Home/Skilled Nursing Facility Home or Public Place Other (specify):	
(If applicable)	A. Hospit	al/Fa	cility Name (or Hospital Co	ode):		
						2.18100
(If applicable)	B. Transf	er Ho				
	Addres	ss:				
		_				
(If applicable)	C. Physic	ian/C	Outpatient Facility:			
	Addres	ss:				
(If applicable)	D. Inform	ant/P			Relationship:	
	Address:					
					Telephone:	

This form determines eligibility of event for cardiac, cerebrovascular, or mortality review. Information from the

In-hospital events, continue.

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

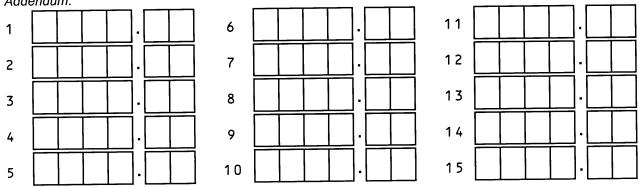
Hospitalized Events

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		3. Discharge date/Date of death	
	Month Day	/ Year	Month Day	Year
	NOTE: If admission de	ate is earlier than partic	ipant's MESA enrollment date, skip to end	of questionnaire.
4.	Vital Status at Discharg	ge: <u>Alive</u> <u>Dead</u> O O	5. Hospital Code:	

6.	CD-9-CM	Discharge	Diagnosis	Codes:
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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*.



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*.

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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*.

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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*.

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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
00.00, 30-37, 30-39(CaldiaC/F VD) 04.1, 00.3
O Yes O 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? <u>Acute:</u>
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.
O Yes O No
C. Are any ICD-9 codes designated as MESA cerebrovascular endpoints present?
Diagnosis codes:
430-436
Procedure codes: 38-39(cerebral)
O Yes O 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
O Yes O 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

11A. Is this a nonfatal outpatient event?

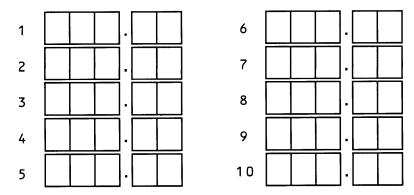
Nonfatal Outpatient

O Yes O 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 surger leg angioplasty or revascularization procedure.
O Yes O 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 O Yes O No If "Yes," Non-hospitalized Cerebrovascular Event
12. Date of event:
Deaths
13. Is this event a death?
O Yes O No
If "No," skip to end of guestionnaire.

Death Certificate Information

14A.	Date of Death:	14B. Time of Death:
	Month Day /	ear M
15.	Death Certificate Number:	
16.	Was an autopsy performed?	17. Was the death confirmed by a Coroner/Medical Examiner?
	O Yes O No O Unknown	O Yes O No O Unknown
18.	Record all text fields as listed on dea	ath certificate for cause of death:
	A. Immediate cause:	
	B. Due to or as a consequence of:	
	C. Due to or as a consequence of:	
	D. Due to or as a consequence of:	
	E. Other significant conditions:	
19.	Interval between onset and death for	r immediate cause of death:
	O 5 minutes or less O 1	week or less O Unknown
	O 1 hour or less O 1	month or less
	O 1 day or less O M	ore than 1 month
20.	Record ICD-10 code for UNDERLY	ING cause of death:

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



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)

O Yes

O No

If "Yes," Cardiac-eligible death

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

O Yes

O 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)

O Yes

O No

If "Yes," Cerebrovascular death

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

Abstractor ID:	Date:	Month /	Day	/ Year	Data Entry ID:
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