Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 13

Other Admissions

Complete this form for each 'Yes' response to the overnight stay question on the "General Health" or "General Health-Death" form. If the participant has died, change 'you' to decedent's name for all questions.

You said that you stayed overnight as a patient in a (read and mark type of facility previously reported by participant below):

○ Hospital  ○ Nursing home or Rehabilitation Center

Please tell me (read and record items listed below for EACH overnight admission):
[Physician name and City are OPTIONAL. Only record name and city if they are of use to Events staff.]

(1) Reason for admission

Is this the participant's first admission to a Nursing Home for chronic care (not short term rehab)?

○ Yes  ○ No

Facility Code: __________________________

Physician Name: __________________________

City: __________________________

Date of Admission: __________________________

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

Length of Stay: __________________________ days

(2) Reason for admission

Is this the participant's first admission to a Nursing Home for chronic care (not short term rehab)?

○ Yes  ○ No

Facility Code: __________________________

Physician Name: __________________________

City: __________________________

Date of Admission: __________________________

(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)

Length of Stay: __________________________ days

Ask about the next admission reported by the participant on the "General Health" or "General Health-Death" form and record details on an additional form. If no additional admissions are reported as 'Yes', go to procedures question.

For MESA Field Center Use Only:

Interviewer ID: __________________________

Reviewer ID: __________________________

Data Collection Method:  ○ Computer  ○ Paper

Data Entry: __________________________

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