



**Multi-Ethnic Study of Atherosclerosis  
Follow-up Phone Call 14**

**Specific Medical Procedures**

Affix ID Label Here

**Date:**   /   /

Month                  Day                  Year

**Complete form for each procedure reported as Yes on "General Health" form or "General Health-Death" form. If participant has died, change 'you' to decedent's name for all questions below.**

You said that you had had a \_\_\_\_\_ (read and mark specific event name reported previously below)

- An angioplasty procedure to open up arteries to your heart
- Coronary bypass surgery
- An angioplasty procedure to open up arteries in either of your legs

**A. What was the name and address of the doctor you saw?  
[Physician name and City are OPTIONAL. Only record name and city if they are of use to Events staff.]**

Facility Code (if hospitalized)

Physician Name \_\_\_\_\_

City \_\_\_\_\_

**B. What was the date of the test or procedure?  
(Probe for exact date. If exact date cannot be recalled, ask participant to estimate month and year. Record day as 15.)**

/   /

Month                  Day                  Year

**Ask about the next procedure reported as 'Yes' on the "General Health" or "General Health-Death" form and record details on an additional form. If no additional events are reported as Yes, go to END of "General Health" or "General Health-Death" form.**

For MESA Field Center Use Only:		Data Collection Method: <input type="radio"/> <b>Computer</b>		<input type="radio"/> <b>Paper</b>	
Interviewer ID:	<input type="text"/>	Reviewer ID:	<input type="text"/>	Data Entry	<input type="text"/>