Multi-Ethnic Study of Atherosclerosis

Follow-Up Phone Call 8

Death Information

Affix ID Label Here

DO NOT SCAN THIS FORM

INTRODUCTION:

I need to ask you a few short questions about *decedent name's* death. Someone else may also contact you in the future to ask additional questions if necessary. We really appreciate your help.

(If appropriate, interviewer may use information from other forms to fill in parts of this form. Ask only necessary questions.)

1. On what date did *decedent name* die?

___ / ___ / ____
Month Day Year

2. Do you happen to know whether s/he died because of a heart problem, a stroke, or some other cause?
(Interviewer, please mark appropriate category below.)

- ☐ Cardiac death
- ☐ Cerebrovascular death
- ☐ Non-CVD death. Specify: _____
- ☐ Unknown (Interviewer, please write as many details in notes section as possible.)

3. Did s/he die in or out of the hospital?

- ☐ In-Hospital
- ☐ Out of Hospital (put ER deaths here)

END: Thank you so much for your time. (If appropriate:) Again, please accept our condolences for your loss. We are very grateful for *decedent name's* participation in our study.

Notes:
Please record any additional information that might help the Events staff investigate this death.

Abstractor ID: ____

Date of this interview

___ / ___ / ____
Month Day Year

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