OMB #0925-0493 Exp: 10/31/07

Multi-Ethnic Study of Atherosclerosis

Physician Questionnaire: Cardiovascular Death

Participant ID: 8000028 02

Hospital Code: ☐☐☐☐

Sequence Num: ☐☐

Please complete the following questions to the best of your ability by filling in the appropriate bubbles or writing the answer in the blank provided. Please return completed forms in the self addressed stamped envelope provided. Thank you for your contribution to MESA.

Details of Death

1. Are you familiar with the events surrounding the decendent's death?

○ Yes ○ No

2. Did you witness the death?

○ Yes ○ No

If you answered "Yes" to both or either of Questions 1 and 2, please skip to Question 4.

3. If you answered "No" to both Questions, are you aware of another physician who could provide information regarding the death?

○ Yes ○ No

If "No," please sign and date the form at the bottom of page 2.

If "Yes," please provide the physician's name and address, then sign and date the form at the bottom of page 2.

Name of physician:_____

Address:_____

_____

_____

Circumstances Surrounding Death

4. What do you believe to be the underlying cause of death?

- ○ Acute Myocardial Infarction
- ○ Other Ischemic Heart Disease
- ○ Cerebrovascular Disease
- ○ Other Cardiovascular Disease
- ○ Non-Cardio/Cerebrovascular *(Please specify)*

☐

5. Please specify the time between the onset of the acute episode of symptoms and death. (We are defining death as the point where spontaneous breathing ceased and the patient never recovered.) Please check the appropriate time period.

- ○ Less than 5 minutes
- ○ 5 minutes to 1 hour
- ○ 1 hour to 24 hours
- ○ More than 24 hours
- ○ Unknown

6. Was there an acute episode of pain in the chest, left arm or jaw during the last 72 hours prior to death?

○ Yes ○ No ○ Unknown

7. Was there an acute episode of shortness of breath during the 72 hours prior to death?

○ Yes ○ No ○ Unknown

8. Did the decendent take or was s/he given nitrates or nitroglycerin at the time of the acute episode?

○ Yes ○ No ○ Unknown

Medical History

9. Are you familiar with the decendent's medical history?

○ Yes ○ No

If you answered "No," please skip to the bottom of the page

10. Did the decendent have a medical history of any of the following conditions or medications prior to the acute event which led to death?

Myocardial Infarction (MI)

○ Yes ○ No ○ Unknown

If "Yes," date of most recent MI:

__ __ / __ __ / __ __ __ __

Month Day Year

Angina Pectoris, Coronary Insufficiency or Other Chronic Ischemic Heart Disease

○ Yes ○ No ○ Unknown

If "Yes," date of first diagnosis:

__ __ / __ __ / __ __ __ __

Month Day Year

Congestive Heart Failure (CHF) or Congestive Cardiomyopathy

○ Yes ○ No ○ Unknown

Stroke (CVA)

○ Yes ○ No ○ Unknown

If "Yes," date of most recent CVA:

__ __ / __ __ / __ __ __ __

Month Day Year

Continued next column

Transient Ischemic Attack (TIA)

○ Yes ○ No ○ Unknown

If "Yes," date of first diagnosis:

__ __ / __ __ / __ __ __ __

Month Day Year

Intermittent Claudication or Other Peripheral Vascular Disease (PVD)

○ Yes ○ No ○ Unknown

Lower Extremity Bypass, Angioplasty or Amputation Secondary to PVD

○ Yes ○ No ○ Unknown

Coronary Bypass Surgery

○ Yes ○ No ○ Unknown

Coronary Angioplasty

○ Yes ○ No ○ Unknown

11. If you saw the participant within one month of death, please fill out the following for the most recent visit:

Date of Visit:

__ __ / __ __ / __ __ __ __

Month Day Year

Chief Complaint: _____

_____

Primary Diagnosis: _____

_____

Changes in Medical Management: _____

_____

_____

Form completed by: _____ Date: _____

For MESA Field Center Use Only:

__ __ / __ __ / __ __ __ __ Reviewer ID: __ __ __ Data Entry ID: __ __ __

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