MESA FU28
Death Information

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

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's name*] die?

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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, I am sorry 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.

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Abstractor ID: ☐☐☐

Date of this interview

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Month Day Year