

FINAL REPORT OF DEATH

Date of death as it appeared on Initial Notification:

Actual date of death: / /
Month Day Year

FORM STATUS

CODES: 1=ATTACHED 0=REQUIRED, NOT ATTACHED 9=NOT REQUIRED

- | | |
|---|---|
| <p>1 Death Certificate Form <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 Copy of Death Certificate <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>2 Autopsy Form <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 Copy of Autopsy Report <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>3 Coroner/Medical Examiner Form or Coroner/Medical Examiner Abstract <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 Copy of Coroner's or Medical Examiner's Report <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>4 Discharge Abstract Form <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 Copy of Discharge Summary <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 Copy of Initial History+Physical <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>5 Cardiovascular Procedure Reports</p> <p>Report from Coronary AngioGraphy <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Report from Treadmill Exercise Test <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Report from CT of the head <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Report from MRI of the head <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>6 Hospital Record Summary <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>ECGs: <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 How Many <input type="text"/> / <input type="text"/> Copies sent to EPICORE? <input type="radio"/> 1 Yes <input type="radio"/> 0 No</p> <p>Films from CT of the head <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Films from MRI of the head <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> | <p>7 Physician Questionnaire For Decedents <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 How Many <input type="text"/> / <input type="text"/> Physician's notes only? <input type="radio"/> 1 Yes <input type="radio"/> 0 No</p> <p>8 Informant Interview #1 <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>9 Informant Interview #2 <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 10. Narrative Only <input type="radio"/> 1 Yes <input type="radio"/> 0 No</p> <p>11 Neurologic Evaluation For Stroke/TIA <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Copy of All Neurologist's Notes <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Copy of Carotid Ultrasound and/or Duplex reports <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Copy of Echocardiogram report <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>Copy of MR Angiography report <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>12 Acute Precipitants For Stroke/TIA <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 Narrative Only <input type="radio"/> 1 Yes <input type="radio"/> 0 No</p> <p>13 Report Of Chest X-Ray <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9</p> <p>14 Hard Copy of IQ Code Form <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 (Clinic will data enter)</p> <p>15 Other, Specify: <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 <input type="text"/></p> <p>16 Other, Specify: <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 9 <input type="text"/></p> |
|---|---|

Comments _____

5063157973

Abstractor ID

/ /

Abstraction Date

/ /
Month Day Year

21 Mortality Review Classification

- 1 Atherosclerotic Coronary Heart Disease
 - 1 Definite Fatal Myocardial Infarction
 - 2 Definite Fatal Coronary Heart Disease
 - 3 Possible Fatal Coronary Heart Disease

2 Cerebrovascular Disease

- 3 Atherosclerotic Disease other than Coronary or Cerebrovascular Disease
- 4 Other Cardiovascular Disease not codable as 1, 2, or 3
- 5 Non-Cardiovascular Disease
- 6 Unknown or Uncertain Cause of Death
- 7 Other Specify:

22 PRE-EXISTING HISTORY:

Present=1 Absent=0

| | <i>Pre-Existing History</i> | | <i>Date</i> | | |
|---|-----------------------------|-------------------------|----------------------|----------------------|----------------------|
| | | | Month | Day | Year |
| Myocardial Infarction | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Angina Pectoris, Coronary Insufficiency or other Chronic Ischemic Heart Disease | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Congestive Heart Failure or Congestive Cardiomyopathy | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Intermittant Claudication or other Peripheral Vascular Disease | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Stroke (CVA) | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Transient Ischemic Attack | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

CHS Investigator

Date