

INITIAL NOTIFICATION OF DEATH

1 Date of Death:

		/			/				
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2 Place of Death:

City	State

3 Was the participant hospitalized at the time of death? 1 Yes 0 No 9 Unknown *If 0-No or 9-Unknown skip to Question 5.*

4 Hospital name: _____
 Address: _____

5 Was the participant seen by a physician at time of death? 1 Yes 0 No 9 Unknown *If 0-No or 9-Unknown skip to Question 7.*

6 Physician name: _____
 Address: _____

7 Did participant die within an estimated 24 hours following the onset of acute symptoms?

- | | |
|--|---|
| <input type="radio"/> 0 No Acute Symptoms | <input type="radio"/> 2 No, died more than 24 hours after onset of symptoms |
| <input type="radio"/> 1 Yes, died within 24 hours of onset of symptoms | <input type="radio"/> 9 Unknown |

8 On the basis of currently available data, what was the underlying cause of death?

Yes	No					
<input type="radio"/> 1	<input type="radio"/> 0	Coronary Heart Disease/Cardiac Arrest	<input type="radio"/> 1 Myocardial Infarction	<input type="radio"/> 2 Angina	<input type="radio"/> 8 Other	<input type="radio"/> 9 Unknown
<input type="radio"/> 1	<input type="radio"/> 0	Cerebrovascular Disease/Stroke	<input type="radio"/> 1 Stroke	<input type="radio"/> 2 TIA	<input type="radio"/> 8 Other	<input type="radio"/> 9 Unknown
<input type="radio"/> 1	<input type="radio"/> 0	Other Cardiovascular Disease	<input type="radio"/> 1 Congestive Heart Failure	<input type="radio"/> 2 Peripheral Vascular Disease	<input type="radio"/> 8 Other	<input type="radio"/> 9 Unknown
<input type="radio"/> 1	<input type="radio"/> 0	Other Non-Cardiovascular Cause				
<input type="radio"/> 1	<input type="radio"/> 0	Unknown				

9 How did the Field Center find out about the event?

1 Participant or Spouse Contacted Field Center

2 Annual Clinic Visit

3 Follow-up Telephone Interview

4 HCFA Notification

5 Obituary

7 Through Other Clinic-Initiated Contact (e.g. Setting Up Appointment, etc.)

8 Other *Specify:*

Abstractor ID

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Abstraction Date

		/			/				
Month			Day			Year			