ARIC

Atherosclerosis Risk in Communities

CORONER / MEDICAL EXAMINER FORM

EVENT ID: | | | | | | | |

FORM CODE: | C | O | R |

VERSION: C DATE: 05/05/2014

LAST NAME: | | | | | | | | | | |

INITIALS: | | |

INSTRUCTIONS: The Coroner/Medical Examiner Form is completed for each eligible out-of-hospital death that was identified as a coroner or medical examiner case on the death certificate, and recorded as such on the Death Certificate Form. Refer to this form's Q x Q instructions for information on specific items.

CORONER/MEDICAL EXAMINER FORM

1. Date of death from death certificate:

		–			–				

Month Day Year

2. Is the name of coroner's or medical examiner's office available?

Yes ..... Y

No ..... N

If "Yes", Specify: _____

3. Abstracting for:
   Cohort C
   Surveillance ..... S

4. Has an official coroner's or medical examiner's report or another source of information from the coroner's or medical examiner's office been located?

Yes ..... Y

No ..... N

Go to Item 25

5. Was an autopsy performed as part of the medical examiner (coroner) investigation?

Yes ..... Y

No ..... N

6. Did the coroner's report mention any of the following as contributing to or being present at death?

	Yes	No
a. Recent myocardial infarction	Y	N
b. Coronary heart disease/ischemic/atherosclerotic heart disease (other than MI)	Y	N
c. Hypertensive heart disease	Y	N
d. Valvular heart disease	Y	N
e. Other heart disease	Y	N
6.f. Recent cerebral hemorrhage	Y	N
g. Recent cerebral infarction	Y	N
h. Recent cerebral embolus	Y	N
i. Recent subarachnoid hemorrhage	Y	N
j. Recent stroke, other or unspecified type	Y	N

7.a. Was any non-cardiac, non-stroke finding mentioned as contributing to death?

Yes ..... Y
No ..... N

Go to Item 8

	Yes	No
b. Kidney disease	Y	N
c. Chronic respiratory disease	Y	N
d. Psychiatric illness/depression	Y	N
7.e. Alcohol or drug addiction	Y	N
f. Epilepsy	Y	N
g. Liver disease	Y	N
h. Other	Y	N

If Other is Yes, Specify:

_____
_____
_____

ID LABEL

8. Do you have the final diagnoses?

Yes Y

No N

Specify:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

9. Pick one of the following (A,B*,C*,D*,U*):

Patient had acute symptoms (cardiac or non-cardiac) which led to an overt change in activity or to seeking medical care.....…….. A

Patient died suddenly and was known to have no acute symptoms .....… B

Patient was found dead with no documentation of symptoms .....…… C

Patient had symptoms but they were chronic (without change) or did not lead to a change in activity or seeking medical care .....…… D

Unknown .....……. U

Go to Item 11.a

10. Within 3 days of death or just before death, did any of the following symptoms begin for the first time?

	Yes	No	Unknown
a. Shortness of breath	Y	N	U
b. Dizziness…….....	Y	N	U
c. Palpitations ……...	Y	N	U
d. Marked or increased fatigue, tiredness or weakness ..…….	Y	N	U
e. Headache .....……...	Y	N	U
f. Sweating .....……...	Y	N	U
10.g. Paralysis .....…….	Y	N	U
h. Loss of speech …..	Y	N	U
i. Attack of indigestion or nausea or vomiting.....…….....	Y	N	U
j. Other .....……..	Y	N	U

If other is Yes, Specify:

_____

_____

11.a. Was there an acute episode(s) of pain or discomfort anywhere in the chest, left arm or shoulder or jaw either just before death or within 72 hours of death?

Yes ..... Y

No ..... N

Unknown ..... U

Go to Item 12

b. Did this pain or discomfort specifically involve the chest?

Yes ..... Y

No ..... N

Unknown ..... U

11.c. Did the patient take or was he/she given nitrates at the time of the acute episode?

Yes ..... Y

No ..... N

Unknown ..... U

d. Was the discomfort or pain diagnosed as having a non-cardiac origin?

Yes ..... Y

No ..... N

Unknown ..... U

If "Yes", Specify:

_____

12. Place of death (circle only one):

Home (or other private residence) ..... A

Work ..... B

In a public building C

On a bus or public transportation ..... D

On the street ..... E

In an automobile ..... F

In nursing home ..... G

In emergency room ..... H

In an ambulance I

In hospital ..... J

Other ..... O

Unknown ..... U

13.a. Did anyone witness the death?

Yes ..... Y

No ..... N

Unknown ..... U

Go to Item 15a.

b. Do you have the name and address for this witness?

Yes ..... Y

No ..... N

If "Yes", Specify:

Name: _____

Address: _____

_____

13.c. Relationship of this witness to deceased:

Spouse ..... S

Parent ..... P

Daughter/Son C

Other Relative ..... R

Friend ..... F

Workmate ..... W

Other ..... O

Unknown ..... U

14. Time from onset of acute symptoms to death (or time since last known to be alive if no known acute symptoms) (Choose only one):

5 minutes or less ..... A

More than 5 minutes to 1 hour ..... B

More than 1 hour to 24 hours C

More than 24 hours ..... D

Unknown ..... U

15.a. Is there a history of a myocardial infarction prior to the onset of this event?

Yes ..... Y

No ..... N

Unknown ..... U

Go to Item 16

b. Did an MI occur within four weeks prior to this event?

Yes ..... Y

No ..... N

Unknown ..... U

Go to Item 16

15.c. Was the deceased hospitalized for the MI?

Yes ..... Y

No ..... N

Unknown ..... U

Go to Item 16

d. Do you know the name of the hospital?

Yes ..... Y

No ..... N

If "Yes", Specify:

_____

16. Is there any history of angina pectoris or coronary insufficiency?

Yes ..... Y

No ..... N

Unknown ..... U

17. Is there a history of any other chronic ischemic heart disease?

Yes ..... Y

No ..... N

Unknown ..... U

18. Is there a history of valvular disease or cardiomyopathy?

Yes ..... Y

..

No ..... N

Unknown ..... U

19. Is there a history of coronary bypass surgery prior to this event?

Yes ..... Y

No ..... N

Unknown ..... U

20. Is there a history of coronary angioplasty prior to this event?

Yes ..... Y

No ..... N

Unknown ..... U

21.a. Is there a history of stroke prior to this event?

Yes ..... Y

No ..... N

Unknown ..... U

Go to Item 22

b. Did a stroke occur within four weeks prior to this event?

Yes ..... Y

No ..... N

Unknown ..... U

22. Is there a history of hypertension (high blood pressure) prior to this event?

Yes ..... Y

No ..... N

Unknown ..... U

a. Is there a history of diabetes?

Yes ..... Y

No ..... N

Unknown ..... U

b. Is there a history of smoking?

Yes ..... Y

No ..... N

Unknown ..... U

23. Was the decedent taking any of the following medications as an outpatient within the four weeks prior to death?

	Yes	No	Unknown
a. Nitrates ...…….....	Y	N	U
b. Calcium channel blockers ....……...	Y	N	U
c. Beta-blockers …..	Y	N	U
d. Digitalis .....…….	Y	N	U
e. ACE or angiotensin II inhibitors ... …….	Y	N	U
f. Aspirin .....…….	Y	N	U

24. Was this form completed by abstraction or by interview with the coroner?

Abstraction ..... A

Interview ..…..... I

25. Abstractor Number: ☐☐☐

26. Date abstract completed:

☐☐–☐☐–☐☐☐☐

Month Day Year