

DEATH CERTIFICATE FORM

ID NUMBER: CONTACT YEAR : FORM CODE: DTH VERSION: F DATE: 9/30/11

INSTRUCTIONS FOR THE DTH FORM: The Death Certificate Form is completed for each eligible community death as determined by the surveillance event eligibility criteria and for all cohort deaths. Event ID and Name must be entered above. Refer to this form's Q by Q instructions for information on entering numerical responses. For "multiple choice" and "yes/no" type questions, record the letter corresponding to the most appropriate response. NOTE: Use this version if date of death is 01/01/1999 or later.

INSTRUCTIONS FOR THE DEATH ELIGIBILITY CHECK: The Death Eligibility Check Section of the Death Certificate Form can be used to determine the eligibility of a death for abstraction. For cohort deaths, the CEL **must be completed before** the death eligibility check section. Complete all required fields of the death eligibility check section. Once completed, a response will be generated indicating if the death is eligible. If the death is not eligible, delete the death certificate form for the death. NOTE: The order of the Death Certificate Form questions have been changed to create the Death Eligibility Check Section.

DEATH ELIGIBILITY CHECK SECTION

4. Sex: Male..... M
 Female.... F

0. Cohort status:
 ARIC Cohort C
 JHS Cohort-not ARIC Cohort J
 Community, not in ARIC or JHS Cohort S

8. Date of birth: --
 Month Day Year

9. Date of death: --
 Month Day Year

18. **ICD-10 CODE** for underlying cause of death:

18a. Did this person die in-hospital?Yes Y
 No N

18b. Is this an eligible CHD event on HLIST?Yes Y
 No N

DEATH ELIGIBILITY CHECK SECTION CONTINUED

3.a. Is the decedent's place of residence at the time of death available? Yes Y
No N —

3.b. Address Information

3.b.1. PO Box, Box, &/or Route and Number:

3.b.2. Street Number Prefix:

3.b.3. Street Number:

3.b.4. Street Number Suffix:

3.b.5. Street Name Prefix:

3.b.6. Street Name (e.g., Elm):

3.b.7. Street Name type:

3.b.8. Street Name Suffix:

3.b.9. Unit Type:

3.b.10. Unit Prefix:

3.b.11. Unit Identifier:

3.b.12. Unit Suffix:

3.b.13. Other

3.c.1. City:

3.d.1. County:

3.e. State:

3.e.1. Country (if not USA):

3.f. Zip Code:

DEATH ELIGIBILITY CHECK SECTION CONTINUED

3g. Ready to calculate eligibility? Yes.....Y
Recalculate.....R
No.....N (If no go to 1)

3.h. Is the decedent's address in the ARIC community surveillance catchment area?
(Automatically filled by DES: Y if address is in catchment; else C if Q0=(C or J), O if (Q0=S and out-of catchment); else U if catchment area is unknown) (DISPLAY same as CFD)

In catchment, abstract if otherwise eligible Y
Out of catchment, ARIC or JHS cohort, abstract..... C
Out of catchment, not in either ARIC or JHS cohort, do not abstract O
Undetermined by computer at this time U

If Y or C, skip to Q3j.
(Prompt to abstract)

If O, skip to Q3j.
(Prompt to delete the form)

3.i. Abstractor Investigation of Undetermined in Q3h. (If Q3.h = U then field center needs to work through all available resources or contact Coordinating Center to resolve whether patient's address is in or out of catchment, then return to this form and fill out Q3.i. If finally the address cannot be resolved then "Undetermined" remains as a response below.)

In catchment, abstract if otherwise eligible..... Y
Out of catchment, ARIC or JHS cohort, abstract..... C
Out of catchment, not in either ARIC or JHS cohort, do not abstract..... O
Undetermined after all means available to resolve, abstract if otherwise eligible U

If Y or C, go to Q3j.
(Prompt to abstract)

If O, go to Q3j.
(Prompt to delete the form)

If U, go to Q3j.
(Prompt to abstract)

3.j. ELIGIBLE TO COMPLETE FORM (display only)

Yes.....Y
No.....N (delete the form)

3j1. INELIGIBLE: PLEASE DELETE THIS FORM.....0

A. INFORMATION FROM DEATH INDEX/CERTIFICATE

1. Decedent:

a. First Name:.....

b. Middle Name:.....

c. Last Name:.....

2. Death Certificate Number:

3. Social Security Number:..

If cohort continue

<p>5. Race or ethnic group:</p> <p>White..... W</p> <p>Black/African American..... B</p> <p>Native Hawaiian or Other Pacific Islander..... P</p> <p>Asian..... S</p> <p>American Indian/Native Alaskan..... I</p> <p>Other..... O (If other, specify)</p> <p>Unknown/Not Recorded.....U</p> <p>6. Hispanic or Latino origin?.....YesY No..... N Unknown.....U</p> <p>7. Marital status: ... Married..... M Single (never married)..... S Separated.....P Divorced..... D Widowed..... W Other..... O</p>	<p>7a. Was the decedent a veteran? Yes...Y No.....N Unknown...U</p> <p>10. Age at death: <input type="text"/></p> <p>11. Time of death (24 hr clock): <input type="text"/> : <input type="text"/> H H : M M</p>
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12. Where did the decedent die? .. Hospital within catchment area A
 Hospital out of catchment area or location unknown B
 Nursing home N
 Residence R
 Other O

Go to Item 14

If Residence or Other, specify below then go to Item 15

Specify: _____

13. If decedent died in hospital: Dead on arrival ... A
 Emergency room ... B
 Outpatient C
 Inpatient D
 None of above E
 Not recorded F

14. Do you know the name and location of hospital or nursing home?
 Specify Name, City, State _____ Yes ...Y
 Skip Name, City, State _____ No ...N
 [Name, City, State items are placed in notelog]

Name: _____
 City: _____
 State: _____

15. Was this a coroner's or medical examiner's case? Yes Y
 No N

Go to Item 17

16. Do you know the name and address of the Coroner or Medical Examiner?
 Specify Name, Address _____ Yes ...Y
 Skip Name, Address _____ No ...N

[Name, Address items are placed in notelog]

Name: _____
 Address: _____

17. Was an autopsy performed? Yes Y
 No N

19. All listed **ICD-10 CODES** for death:

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

20. Do you know up to four causes of death as they were recorded on the death certificate?

Specify cause and consequence	_____	YesY
Skip cause and consequence	_____	No N

[Cause and consequence are placed in notelog]

Immediate cause:

Due to or as a consequence of (1):

Due to or as a consequence of (2):

Due to or as a consequence of (3):

21. Do you know other significant conditions as they were recorded on the death certificate?

Specify conditions	_____	YesY
Skip conditions	_____	NoN

[Conditions are placed in notelog]

Conditions: _____

22. Interval between onset and death for immediate cause of death:

- 5 minutes or less A
- 1 hour or less B
- 1 day or less C
- 1 week or less D
- 1 month or less E
- More than 1 month F
- Unknown or not recorded ... U

23. Do you know the name and address of the Informant?

- Specify Name, Address YesY
- Skip Name, Address NoN

[Name, Address items are placed in notelog]

Name: _____
Address: _____

24. Relationship of informant to deceased:

- Go to Item 26 Spouse S
- Other O
- Unknown U

If Other, specify: _____

25. Do you know the name and address of the spouse if he or she was not listed as the informant above?

- Specify Name, Address YesY
- Skip Name, Address NoN

[Name, Address items are placed in notelog]

Name: _____
Address: _____

26. Do you know the name and address of the certifying physician?

Specify Name, Address Yes ...Y

Skip Name, Address NoN

[Name, Address items are placed in notelog]

Name: _____

Address: _____

B. ADMINISTRATIVE INFORMATION

27. Date abstract completed:

		-			-				
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Month Day Year

28. Code number of abstractor completing this form:

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29. Is a COR form needed?Yes Y
(Automatically filled by DES: Y if Q16=Y and Q18=E10-14, I10-11, I20-25, No N
I46-51, I70, I97 (except I97.2), J81, J96, R96, R98, or R99)