

	<p>- Affix label here-</p> <p>Clinical Center/ID: _____ - _____ - _____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
<p><i>To be completed by Physician Adjudicator:</i></p> <p>Date Completed: <u> </u> / <u> </u> / <u> </u> (M/D/Y)</p> <p>Adjudicator Code: <u> </u> <u> </u> <u> </u></p>	<p><i>To be completed by Outcomes Specialist:</i></p> <p>Staff person: <u> </u> <u> </u> <u> </u></p> <p>Adjudication Case No.: <u> </u> <u> </u> <u> </u></p>

Preliminary Report of Death: Upon receipt of any documentation associated with the death, complete questions 1 – 3. Form must be completed within 60 days of notification of participant death. If all records associated with the death are available, complete Part B – Final Report of Death only.

Preliminary Report of Death

1. Date of death: / / (M/D/Y)

2. Subclassification of underlying cause of death:
(Select only one underlying cause from the following 4 categories. One category must be completed. Required for preliminary report of death.)

Cancer

- | | |
|---|---|
| <input type="checkbox"/> ₁ Breast | <input type="checkbox"/> ₆ Rectum |
| <input type="checkbox"/> ₂ Ovarian | <input type="checkbox"/> ₇ Uterus |
| <input type="checkbox"/> ₃ Endometrial | <input type="checkbox"/> ₈ Other Cancer |
| <input type="checkbox"/> ₄ Colon | <input type="checkbox"/> ₉ Unknown cancer site |
| <input type="checkbox"/> ₅ Rectosigmoid junction | |

Cardiovascular disease

- ₁₁ Definite Coronary Heart Disease (CHD)
(No known non-CHD cause and at least one of the following: (1)-chest pain within 72 hours of death or (2)-history of chronic ischemic heart disease in the absence of valvular heart disease or non- CHD, and death certificate consistent with CHD as the underlying cause.)
- ₁₂ Cerebrovascular
- ₁₃ Pulmonary Embolism
- ₁₄ Possible Coronary Heart Disease (CHD)
(No known non- CHD cause, and death certificate consistent with CHD as the underlying cause.)
- ₁₈ Other cardiovascular
- ₁₉ Unknown cardiovascular

Accident/Injury

E-Codes

- | | | |
|---|---|--|
| <input type="checkbox"/> ₂₁ Homicide | → | <u>E</u> <u> </u> <u> </u> <u> </u> . <u> </u> |
| <input type="checkbox"/> ₂₂ Accident | → | <u>E</u> <u> </u> <u> </u> <u> </u> . <u> </u> |
| <input type="checkbox"/> ₂₃ Suicide | → | <u>E</u> <u> </u> <u> </u> <u> </u> . <u> </u> |
| <input type="checkbox"/> ₂₈ Other injury _____ | | |

“Other” Cause of Death

- ₈₈ Other cause of death, known
- ₉₉ Unknown cause of death

3. Documentation used for death adjudication **(Mark all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> ₁ Medical records documentation | <input type="checkbox"/> ₆ Informant interview |
| <input type="checkbox"/> ₂ Report of autopsy findings | <input type="checkbox"/> ₇ Form 120 – Initial Notification of Death |
| <input type="checkbox"/> ₃ Death certificate | <input type="checkbox"/> ₉ NDI Search |
| <input type="checkbox"/> ₄ ER record | <input type="checkbox"/> ₁₀ Coroner’s report |
| <input type="checkbox"/> ₅ EMS report | <input type="checkbox"/> ₈ Other _____ |

		- Affix label here-	
		Clinical Center/ID: _____	
		First Name _____ M.I. _____	
		Last Name _____	
To be completed by Physician Adjudicator:		To be completed by Outcomes Specialist:	
Date Completed:	_____ (M/D/Y)	Staff person:	_____
Adjudicator Code:	_____	Adjudication Case No.:	_____

Note: Data entry continues in the same screen as Form 124A.

Final Report of Death: Complete questions 4 – 9 when all records are available to adjudicate the death.

Final Report of Death

4. Date of death: _____ (M/D/Y)

5. Cause of death:

ICD-9-CM

5.1. Underlying cause: _____
(Disease or injury that initiated events resulting in death)

5.2. _____

5.3. Contributory cause(s) of death.
(Contributory causes do not have to be listed in the hierarchical order.)

5.3.1. _____

5.3.2. _____

5.3.3. _____

5.3.4. _____

5.3.5. _____

5.3.6. _____

5.4. Immediate cause: _____
(Final disease or condition resulting in death)

5.5. _____

6. Subclassification of underlying cause of death:
(Select only one underlying cause from the following 4 categories. One category must be completed.)

Cancer

- 1 Breast
- 2 Ovarian
- 3 Endometrial
- 4 Colon
- 5 Rectosigmoid junction
- 6 Rectum
- 7 Uterus
- 8 Other Cancer
- 9 Unknown cancer site

Cardiovascular disease

- 11 Definite Coronary Heart Disease (CHD)
(No known non-CHD cause and at least one of the following: (1)-chest pain within 72 hours of death and/or (2)-history of chronic ischemic heart disease in the absence of valvular heart disease or non- CHD, and death certificate consistent with CHD as the underlying cause.)
- 12 Cerebrovascular
- 13 Pulmonary Embolism
- 14 Possible Coronary Heart Disease (CHD)
(No known non- CHD cause, and death certificate consistent with CHD as the underlying cause.)
- 18 Other cardiovascular
- 19 Unknown cardiovascular

Accident/Injury

E-Codes

- 21 Homicide → E _____ . _____
- 22 Accident → E _____ . _____
- 23 Suicide → E _____ . _____
- 28 Other injury _____

“Other” Cause of Death

- 88 Other cause of death, known
- 99 Unknown cause of death

7. Was an autopsy performed? **(Mark one.)**

- ₀ No
- ₁ Yes
- ₉ Unknown

8. Documentation used for death adjudication **(Mark all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> ₁ Medical records documentation | <input type="checkbox"/> ₆ Informant interview |
| <input type="checkbox"/> ₂ Report of autopsy findings | <input type="checkbox"/> ₇ Form 120 – Initial Notification of Death |
| <input type="checkbox"/> ₃ Death certificate | <input type="checkbox"/> ₉ NDI Search |
| <input type="checkbox"/> ₄ ER record | <input type="checkbox"/> ₁₀ Coroner's report |
| <input type="checkbox"/> ₅ EMS report | <input type="checkbox"/> ₈ Other _____ |

9. Coronary Death **(In and out of hospital deaths)**9.1. **Coronary death based on: (Mark all that apply.)**

- ₁ Hospitalized myocardial infarction within 28 days of death
- ₂ Previous angina or myocardial infarction and no known potentially-lethal non-coronary disease process
- ₃ Coronary heart disease (CHD) diagnosed as cause of death at post-mortem examination
- ₄ Death resulting from a CHD-related procedure, such as coronary bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA) **[For any death resulting from a revascularization procedure or an in hospital death, complete Form 121 – Report of Cardiovascular Outcome]**
- ₈ Other (none of the above)

9.2. **Coronary death subclassification: (Mark the one category that applies best.)**

- ₁ Definite fatal MI: no known non-atherosclerotic cause (and death within 28 days of definite MI) or autopsy evidence of acute MI
- ₂ Definite fatal CHD: no known non-atherosclerotic cause and at least one of the following:
(1) chest pain within 72 hours of death, or (2) history of chronic ischemic heart disease in the absence of valvular heart disease or non-ischemic cardiomyopathy
- ₃ Possible fatal CHD: no known non-atherosclerotic cause, and death certificate consistent with CHD as the underlying cause

9.3. **Timing of coronary death: (Mark one.)**

- ₁ Sudden death: death occurring within one hour of symptom onset or after the participant was last seen without symptoms, and death occurs in the absence of potentially lethal non-coronary disease process
- ₂ Rapid death: death occurs within 1-24 hours of symptom onset
- ₃ Other coronary death (Does not fulfill criteria for sudden or rapid coronary death.)

Responsible Adjudicator Signature

NOTE: *If this is a hospitalized death, or an autopsy report is available, adjudicate any WHI outcomes using the appropriate outcomes form.*