

<b>COMMENTS</b>	- Affix label here-
<i>To be completed by Physician Adjudicator</i> Date Completed:    _ _ - _ _ - _ _  (M/D/Y) Adjudicator Code:    _ _ - _ _ _ _	Member ID:    _ _     _ _  -  _ _ _ _  -  _ _  Central Case No.:    _ _ _ _ _ _ _ _ _ _  Case Copy No.:    _ _ _

1. Date of death:   |\_|\_|-|\_|\_|-|\_|\_| (M/D/Y)

		ICD-9-CM/ICD-10-CM Codes	CCC use only
2. Cause of death:			
2.1. <b>Underlying cause:</b> (Disease or injury that initiated events resulting in death.)			
_____		2.2.  _ _ _ _ _ _ _ _ _ _	2.3.  _ _ _
_____			
<b>Contributory cause(s) of death.</b> (Contributory causes do not have to be listed in the hierarchical order.)			
2.4.  _____	2.5.  _ _ _ _ _ _ _ _ _ _	2.6.  _ _ _	
_____			
2.7.  _____	2.8.  _ _ _ _ _ _ _ _ _ _	2.9.  _ _ _	
_____			
2.10.  _____	2.11.  _ _ _ _ _ _ _ _ _ _	2.12.  _ _ _	
_____			
2.13. <b>Immediate cause:</b> (Final disease or condition resulting in death.)			
_____	2.14.  _ _ _ _ _ _ _ _ _ _	2.15.  _ _ _	
_____			

RV      K      V

3. Subclassification of underlying cause of death:  
*(Select only one underlying cause from the following 4 categories (Cancer, CVD, Accident, Other). One category must be completed.)*

**Cancer**

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> Breast                | <input type="checkbox"/> <sub>6</sub> Rectum              |
| <input type="checkbox"/> <sub>2</sub> Ovarian               | <input type="checkbox"/> <sub>7</sub> Uterus              |
| <input type="checkbox"/> <sub>3</sub> Endometrial           | <input type="checkbox"/> <sub>10</sub> Lung               |
| <input type="checkbox"/> <sub>4</sub> Colon                 | <input type="checkbox"/> <sub>8</sub> Other Cancer _____  |
| <input type="checkbox"/> <sub>5</sub> Rectosigmoid junction | <input type="checkbox"/> <sub>9</sub> Unknown cancer site |

**Cardiovascular disease**

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

→ If box 11 or 14 marked, complete Question 6 on the next page.

**Accident/Injury**

- <sub>21</sub> Homicide
- <sub>22</sub> Accident
- <sub>23</sub> Suicide
- <sub>28</sub> Other injury

**“Other” Cause of Death**

- |  |  |
|--|--|
| <input type="checkbox"/> <sub>31</sub> Alzheimer's Disease | <input type="checkbox"/> <sub>35</sub> Renal Failure                 |
| <input type="checkbox"/> <sub>32</sub> COPD                | <input type="checkbox"/> <sub>36</sub> Sepsis                        |
| <input type="checkbox"/> <sub>33</sub> Pneumonia           | <input type="checkbox"/> <sub>88</sub> Another cause of death, known |
| <input type="checkbox"/> <sub>34</sub> Pulmonary Fibrosis  | <input type="checkbox"/> <sub>99</sub> Unknown cause of death        |

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

- <sub>0</sub> No  
<sub>1</sub> Yes  
<sub>9</sub> Unknown

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

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>1</sub> Medical records documentation<br>( <u>current</u> case only) | <input type="checkbox"/> <sub>6</sub> Informant interview   |
| <input type="checkbox"/> <sub>2</sub> Report of autopsy findings                                   | <input type="checkbox"/> <sub>7</sub> Form 120 – Initial Notification of Death                    |
| <input type="checkbox"/> <sub>3</sub> Death certificate  | <input type="checkbox"/> <sub>9</sub> <b>NDI Search (CCC use only)</b>                            |
| <input type="checkbox"/> <sub>4</sub> ER record  | <input type="checkbox"/> <sub>10</sub> Coroner's report   |
| <input type="checkbox"/> <sub>5</sub> EMS report   | <input type="checkbox"/> <sub>8</sub> Other _____<br>(e.g., a <u>previously</u> adjudicated case) |

6. Coronary Death **(In and out of hospital deaths)**6.1. **Coronary death based on: (Mark all that apply.)**

- <sub>1</sub> Hospitalized myocardial infarction within 28 days of death  
<sub>2</sub> Previous angina, myocardial infarction, or revascularization procedure and no known potentially-lethal non-coronary disease process  
<sub>3</sub> Coronary heart disease (CHD) diagnosed as cause of death at post-mortem examination  
<sub>4</sub> 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]**  
<sub>8</sub> Other (none of the above)

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

- <sub>1</sub> Definite fatal MI: no known non-atherosclerotic cause (and death within 28 days of definite MI) or autopsy evidence of acute MI  
<sub>2</sub> 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  
<sub>3</sub> Possible fatal CHD: no known non-atherosclerotic cause, and death certificate consistent with CHD as the underlying cause

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

- <sub>1</sub> 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  
<sub>2</sub> Rapid death: death occurs within 1-24 hours of symptom onset  
<sub>3</sub> Other coronary death (Does not fulfill criteria for sudden or rapid coronary death.)

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 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.