

Affix ID Label Here Date: Month Day Year

DO NOT SCAN THIS FORM

Notes: Please record any additional information that might help the Events staff INTRODUCTION: investigate this death. I need to ask you a few short questions about [decedent name's] death. Someone else may also contact you in the future to ask additional questions if necessary. We really appreciate your help. (If appropriate, interviewer may use information from other forms to fill in parts of this form. Ask only necessary questions.) 1. On what date did [decedent's name] die? 2. Do you happen to know whether [s/he] died because of a heart problem, a stroke, or some other cause? (Interviewer, please mark appropriate category below.) Cardiac death Cerebrovascular death Non-CVD death. Specify: Unknown (Interviewer, please write as many details in notes section as possible.)

END: Thank you so much for your time. (If appropriate:) Again, I am sorry for your loss. We are very grateful for [decedent name's] participation in our study.

3. Did [s/he] die in or out of the hospital?

Out of Hospital (put ER deaths here)

In-Hospital

Date of this interview

Abstractor ID:

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