

Notes:

investigate this death.

Please record any additional information that might help the Events staff

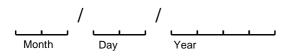
DO NOT SCAN THIS FORM

INTRODUCTION:

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 Follow-Up forms to fill in parts of this form. Ask only necessary questions.)

1. On what date did *decedent 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.)

Cerebrovascular death

Non-CVD death. Specify:

Unknown (Interviewer, please write as many details in notes section as possible.)

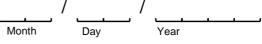
3. Did s/he die in or out of the hospital?

In-Hospital

Out of Hospital (put ER deaths here)

END: Thank you so much for your time. (If appropriate:) Again, please accept our condolences for your loss. We are very grateful for *decedent name's* participation in our study.

Abstractor ID:	
Date of this interview	



02/27/2006

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