

Participant ID #:					Acrostic:				
Technician ID:			D	ate:	Month /	 /	Ye	ar	

DO NOT SCAN THIS FORM

INTROD	OUCTION:	Notes					
I need to	o ask you a few short questions about [decedent name's] comeone else may also contact you in the future to ask hal questions if necessary. We really appreciate your help.	Notes: Please record any additional information that might help the Events staff investigate this death.					
	opriate, interviewer may use information from other of fill in parts of this form. Ask only necessary questions.)						
Mo 2. Do yo problem	hat date did [decedent's name] die?						
0	Cardiac death						
0	Cerebrovascular death						
0	Non-CVD death. Specify:						
0	Unknown (Interviewer, please write as many details in notes section as possible.)						
3. Did [s	/he] die in or out of the hospital?						
0	In-hospital						
0	Out of hospital (put ER deaths here)						
END: Th	ank 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	Abstractor ID: Date of this interview					