

ID NUMBER:

FORM CODE: DTH
VERSION: 3 09/09/24

Contact
Occasion

OCC #



HCHS/SOL DEATH INVESTIGATION FORM

ADMINISTRATIVE INFORMATION

0a. Completion Date: //
Month Day Year

0b. Staff ID:

Event ID:

Event Date:
//

Instructions: The Death Investigation Form is completed for each death reported on the General Health Status Form (GHE). Complete this form with data from a Death Certificate, NDI request, or another specified source.

1. Was a death certificate obtained? No 0 Yes 1

1a. Did the death occur outside of the U.S.? No 0 Yes 1

1a1. Field Center evaluation of NDI quality match: No Match 0

Match Confirmed 1

Update Participant Information and Resubmit 2

1b. Was data obtained from another source(s)? No 0 Yes 1

1b1. Specify other source(s): _____

2. Date of death: //

2a. How was date of death obtained? (*only answer if more than one 'Yes' in Q1, 1a1, or 1b*)

Death Certificate 1 NDI 2 Other 9

2a1. Specify other date source: _____

2b. Location of death:

2b1. City _____

2b2. State _____

2b3. Country _____

2c. How was location of death obtained? (*only answer if more than one 'Yes' in Q1, 1a1, or 1b*)

Death Certificate 1 NDI 2 Other 9

2c1. Specify other location source: _____

(if Q1 = No, skip to Q11)

ID NUMBER:

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VERSION: 3 09/09/24

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3. Time of death: : 3a. 1 = A.M., 2 = P.M.

4. Did the decedent die in a hospital? No 0 **Skip to 6** Yes 1 Unknown 9

5. Was the death classified as: (select one)
1. dead on arrival (DOA) 2. emergency dept (ED) 3. outpatient 4. inpatient
5. none of the above 6. not recorded

6. Was this a coroner's or medical examiner's case? No 0 **Skip to 10** Yes 1

7. Was the name and address of the coroner or medical examiner recorded?
No 0 **Skip to 10** Yes 1

8. Name: _____

9. Address:

9a. Street _____

9b. City _____

9b1. State _____

9b2. Zip code _____

9c. Country _____

10. Was an autopsy performed? No 0 Yes 1

11. ICD-10 Code for **UNDERLYING** cause of death: .

11a. Indicate how this code was obtained, or confirm that it is missing:

Death Certificate 1 NDI 2 Study-coded 3 Other 9 Confirmed Missing 0

11a1. Specify other code source: _____

12. All listed ICD-10 Codes for death:

- | | | | | |
|--|--|--|--|--|
| a. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | e. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | i. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | m. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | q. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| b. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | f. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | j. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | n. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | r. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| c. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | g. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | k. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | o. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | s. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| d. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | h. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | l. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | p. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | t. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |

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12u. Were codes obtained from the death certificate? *(only answer if Q1=Yes)*

No 0 Yes 1

12v. Were codes obtained from NDI? *(only answer if Q1a1=Match Confirmed)*

No 0 Yes 1

12w. Were codes obtained from another source? *(only answer if Q1b=Yes)*

No 0 Yes 1

12w1. Specify other code source: _____

(if Q1 = No, skip to end of form)

13. Are there causes of death recorded on the death certificate? No 0 *skip to 14* Yes 1

13a. Immediate cause: _____

13b. Due to or as a consequence of (1) _____

13c. Due to or as a consequence of (2) _____

13d. Due to or as a consequence of (3) _____

14. Are there other significant conditions Recorded on the death certificate?

No 0 *Skip to 16* Yes 1

15. Conditions: _____

16. Interval between onset and death for immediate cause of death:

- a. 1 = 5 minutes or less 5 = 1 month or less
- b. 2 = 1 hour or less 6 = more than 1 month
- c. 3 = 1 day or less 7 = unknown or not recorded
- d. 4 = 1 week or less

17. Was the name and address of the informant recorded? No 0 *Skip to 22* Yes 1

18. Name: _____

19. Address:

19a. Street _____

ID NUMBER:									
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FORM CODE: DTH
VERSION: 3 09/09/24

Contact
Occasion

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OCC #

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19b. City _____

19b1. State _____

19b2. Zip code _____

19c. Country _____

20. Relationship of informant to deceased: 1 = spouse, 2 = other, 3 = unknown

21. If other, specify: _____

22. Was the name and address of the certifying physician recorded? No 0 Yes 1

23. Name: _____

24. Address:

24a. Street _____

24b. City _____

24b1. State _____

24b2. Zip code _____

24c. Country _____