

# SOLVD

## FINAL DESIGNATION OF DEATH FORM

VERSION C / 7-30-1987

RAND ID:

FORM:  S  F  D

VERSION:  C

VISIT:

**INSTRUCTIONS:**

This form should be completed when all clinical information has been collected following a randomized participant's death to determine the cause of death as cardiovascular or noncardiovascular. The visit number entered should be the last visit attended by the participant. Print clearly when entering a response in the appropriate boxes. For multiple choice questions, circle the one appropriate letter or number corresponding to the response chosen. Specific instructions for various questions are enclosed in boxes directly below the question. See the SOLVD General Instructions for Completing Forms for details.

SOLVD FINAL DESIGNATION OF DEATH FORM (screen 1 of 4) (SFD page 1 of 3)

**A. IDENTIFYING INFORMATION**

1. Today's Date:   //   //

Month      Day      Year

2. Date of Death:   //   //

Month      Day      Year

2a. Time of Death:   :

Hours      Minutes

2b. (Circle one)      a.m.      .....      A

p.m.      .....      P

3.1. Last Name:

3.2. First Name:

3.3. Middle Name:

**B. TYPE OF DEATH**

Condition of Death: Yes      No

4.1. During a hospital admission..... Y      N

If Yes, complete the SOLVD HOSPITALIZATION FORM.

4.2. Observed..... Y      N

4.3. Traumatic..... Y      N

4.4. Suicide..... Y      N

Condition of Death:	Yes	No
4.5. Within 7 days of a myocardial infarction.....	Y	N
4.6. Within 7 days of cardiac surgery.....	Y	N
4.7. Within 7 days of non-cardiac surgery.....	Y	N

6.1a. If Cardiovascular (C),  
indicate one type.....

Cardiac	C
Stroke	S
Pulmonary embolism	V
Other vascular or unknown	O

C. CAUSE OF DEATH

5. Cause of Death.....Cardiovascular C  
 Noncardiovascular N

If Noncardiovascular (N),  
 go to Question 7.1. on page 3.

If Stroke (S) or  
 Pulmonary embolism (V) or  
 Other vascular or unknown (O),  
 go to section D. INITIALS OF PERSON  
 COMPLETING THIS FORM, Question 8. on page 3.

(Cardiac Death)

6.2. Choose the one most likely terminal event.....

Circle one number.

- Probable arrhythmia without preceding worsening symptoms of CHF..... 1
- Probable arrhythmia with some preceding worsening symptoms of CHF..... 2
- Primarily related to pump failure (even if terminal event was an arrhythmia)..... 3
- Other..... 4
- Probable myocardial infarction. 5

If the number circled was 1, 2, 3, or 5,  
 go to section D. INITIALS OF PERSON  
 COMPLETING THIS FORM, Question 8 on page 3.

6.3. If Other (0), specify:

PLEASE PRINT CLEARLY.

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Go to section D. INITIALS OF PERSON  
 COMPLETING THIS FORM, Question 8. on page 3.

7.1. If Noncardiovascular (N), indicate the type of death.....

Circle one number.

A secondary complication of heart failure (e.g., pneumonia, hepatic or renal dysfunction, etc.)..... 1

A primary event (independent of heart failure)..... 2

Neither 1 or 2..... 3

If a secondary complication (1), go to Question 8.

If neither 1 or 2 (3), go to Question 7.4.

7.2. If a primary event, was death due to cancer?.....Yes Y

No N

If No, go to Question 8.

7.3. If Yes (cancer), specify primary site:

Grid for specifying primary site (10 columns)

Grid for specifying primary site (10 columns)

Go to Question 8.

7.4. If Neither 1 or 2 (3), specify:

Grid for specifying (10 columns)

Grid for specifying (10 columns)

D. INITIALS OF PERSON COMPLETING THIS FORM

8. Initials..... [ ] [ ]