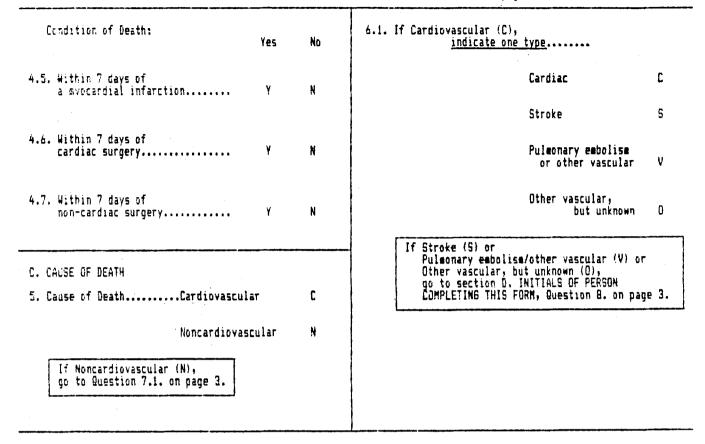
SOLVD FINAL DESIGNATION OF DEATH FORM

VERSION A / 3-10-86

| RAND ID: | | FORM: SFD | 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 cetails. | | | | |

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

| A. IDENTIFYING INFOR | MATION | B. TYPE OF DEATH | | |
|----------------------|----------------|---|-----|----|
| 1. Today's Date: | | Condition of Death: | Yes | No |
| 2. Date of Death: | Month Day Year | 4.1. During a hospital admission If Yes, complete the SOLVD HOSPITALIZATION FORM. | Y | N. |
| 3.1. Last Name: | | 4.2. Observed | Y | N |
| 3.2. First Name: | | 4.3. Traumatic | Ŷ | N |
| | | 4.4. Suicide | Y | N |
| 3.3. Middle Name: | | | | |
| | | | | |



| (Cardiac Death) | 6.3. If Other (O), specify: |
|--|-----------------------------|
| 6.2. Choose the one most likely terminal event | PLEASE PRINT CLEARLY. |
| Circle <u>one</u> number. | |
| Probable <u>arrhythmia without</u> preceding worsening symptoms of CHF | |
| Probable <u>arrhytheia with</u> some preceding worsening symptoms of CAF | |
| Primarily related to pump | |

SOLVD FINAL DESIGNATION OF DEATH FORM (screen 3 of 4) (SFD page 2 of 3)

| Primarily related to pump failure (even if terminal event was an arrhythmia) | 3 | |
|---|---------------------|---|
| Other | 4 | |
| If the number circled was 1, 2 or section D. INITIALS OF PERSON COM THIS FORM, Question 8. on page 3. | 3, go to PLETING | Go to section D. INITIALS OF PERSON COMPLETING THIS FORM, Question 8. on page 3. |

| 7.1. If Noncardiovascular (N), | 7.2. If a primary event, |
|--|---|
| indicate the type of death | was death due to cancer?Yes Y |
| Circle one number. A secondary complication of heart failure (e.g., pnuemonia, hepatic or renal dysfunction, etc.) | No N If No, go to Question 8. 7.3. If Yes (cancer), specify primary site: |
| go to Question 8. | D. INITIALS OF PERSON |
| If neither 1 or 2 (3), | COMPLETING THIS FORM |
| go to Question 7.4. | B. Initials |