

① 1 2 3

FINAL DETERMINATION OF VITAL STATUS

PATIENT ID #: ② 4 5 ③ 6 7 8 9 10 ④ 11 12

ACROSTIC: ⑤ 13 14 15 16 17 18

DATE THIS INFORMATION OBTAINED? (MUST BE ON OR AFTER 10/02/81) ⑪ 44 45 46 47 48 49  
month day year

FROM WHOM WAS THIS INFORMATION OBTAINED?

⑫

50

- 1 PATIENT
- 2 FRIEND OR RELATIVE
- 3 PATIENT'S PHYSICIAN
- 4 PATIENT'S EMPLOYER
- 5 OTHER (SPECIFY \_\_\_\_\_)

- ⑥ EDIT STATUS 19,20
- ⑦ BATCH NUMBER 21-28
- ⑧ DATE RECEIVED 29-34
- ⑨ UPDATE NUMBER 35-37
- ⑩ DATE LAST PROCESSED 38-43

WAS THE PATIENT ALIVE ON OCTOBER 02, 1981?

⑬

51

- 1 YES
- 2 NO -> COMPLETE DEATH FORMS IF NOT ALREADY DONE AND SUBMIT WITH THIS FORM.
- 3 DK -> COMPLETE VITAL STATUS SEARCH REPORT (BH114) IF NOT ALREADY DONE.

PERSON COMPLETING THIS FORM \_\_\_\_\_

⑭

52 53  
BHAT CODE

FOR COORDINATING CENTER USE ONLY

DATE FORM EDITED / /

EDITED BY \_\_\_\_\_

BHAT CODE