

REVISED FORM  
MORTALITY COMMITTEE CODING FORM

BH023

①

1 2 3

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④

⑤

Patient ID 4,5 6,7,8,9,10 11,12 Acrostic 13,14,15,16,17,18

Date form completed..... 11 44,45 46,47 48,49  
Month Day Year

UNDERLYING CAUSE OF DEATH

For Items 1,3, and 4, Code 000 if none

1. a. What is the most important underlying cause of death? ⑫

50,51,52 ⑬

b. What is the contributing underlying cause of death?

53,54,55

2. Check if non-cardiovascular death ⑭ 56 → SKIP to 5

IMMEDIATE MECHANISM OF DEATH (IMMEDIATE CAUSE, CARDIOVASCULAR DEATH ONLY)

3. Specify the most important immediate mechanism of death ⑮

57,58,59

4. Specify the contributing immediate mechanism of death. ⑯

60,61,62

GENERAL CLASSIFICATION OF DEATH

5. Death was due to: Check only one response

- a. Atherosclerotic heart disease (including death associated with cardiovascular surgery related to coronary heart disease) 1
- b. Cardiovascular disease other than atherosclerotic heart disease 2
- c. Non-cardiovascular cause. 3

⑰ 63

6. Death was: Check only one response

- a. Sudden death, defined as death within one hour after onset of acute symptoms 1
- b. Sudden death, defined as death more than one hour but within 24 hours after onset of acute symptoms 2
- c. Sudden death, defined as unexpected collapse or loss of consciousness without warning symptoms 3
- d. Not a sudden death 4

⑱ 64

\* Note: If item 2 is yes (non-cardiovascular death), then skip to BH23/1 item 16 after completing items 5 and 6.

7. Was the death witnessed? Witnessed means within direct visual or auditory contact.

1  Yes

2  No



Proceed to  
Item 8

SKIP to Item 9

19  
65

8. If death witnessed, was death abrupt and unexpected without acute signs/symptoms?

Acute signs/symptoms are new signs/symptoms occurring 24 hours or less prior to death, or a change, during the day (24 hours) prior to death, in prodromal symptoms.

1  Yes

2  No



Skip to Item 13

Skip to Item 11

20  
66

9. If death was not witnessed, what was the estimated time between when the patient was last known to be alive and the death?

- |                                     |                            |
|-------------------------------------|----------------------------|
| a. less than 1 minute               | 1 <input type="checkbox"/> |
| b. 1-5 minutes                      | 2 <input type="checkbox"/> |
| c. 6-30 minutes                     | 3 <input type="checkbox"/> |
| d. 31-60 minutes                    | 4 <input type="checkbox"/> |
| e. more than 60 minutes to 24 hours | 5 <input type="checkbox"/> |
| f. more than 24 hours               | 6 <input type="checkbox"/> |
| g. unknown                          | 7 <input type="checkbox"/> |

21  
67

10. If death not witnessed, did the patient experience acute signs/symptoms prior to death?

Acute symptoms are new signs/symptoms occurring 24 hours or less prior to death, or a change, during the 24 hours prior to death, in prodromal symptoms.

1  Yes

2  No

3  Unknown



Skip to Item 13

22  
68

The response "unknown" should be checked only for situations in which there was no one to whom the subject could reasonably complain

11. What was the estimated time from onset of acute signs/symptoms until death?

- |                                     |                            |
|-------------------------------------|----------------------------|
| a. Less than 1 minute               | 1 <input type="checkbox"/> |
| b. 1-5 minutes                      | 2 <input type="checkbox"/> |
| c. 6-10 minutes                     | 3 <input type="checkbox"/> |
| d. 11-30 minutes                    | 4 <input type="checkbox"/> |
| e. 31-60 minutes                    | 5 <input type="checkbox"/> |
| f. more than 60 minutes to 24 hours | 6 <input type="checkbox"/> |
| g. no acute symptoms                | 7 <input type="checkbox"/> |

23  
69

12. Was acute chest pain typical of ischemic pain?

- (24)  
70
- a. Yes
  - b. no
  - c. unknown
  - d. no acute chest pain
- 1   
2   
3   
4

13. Did prodromal signs/symptoms/events occur prior to the death?

Prodromal signs and symptoms are those occurring in the period more than 24 hours before death but  $\leq$  30 days before death. Prodromal signs/symptoms include chest pain ; indigestion; shortness of breath or dyspnea; cold, clammy (moist) skin; evidence of congestive heart failure; syncope; documented cardiac arrhythmia.

- (25)  
71
- 1  Yes                      2  No                      3  Unknown
- ↓                                      ↓                                      ↓
- Proceed to Item 14                      Skip to Item 16

14. Was prodromal chest pain present?

- (26)  
72
- 1  Yes                      2  No                      3  unknown
- ↓                                      ↓                                      ↓

Proceed to Item 15                      Skip to Item 16

15. Prodromal chest pain was probably

- a. typical ischemic pain
- b. possible ischemic pain
- c. non-ischemic pain
- d. pain associated with myocardial infarction

1 yes                      2 no

- (27) 73
- (28) 74
- (29) 75
- (30) 76



PART V. PATHOLOGY NOTED ON AUTOPSY

16. Was autopsy performed?

(31) (1)  Yes (2)  No → Skip to Item 18  
77

17. If yes, were there findings of the following? (Check each item)

	1	Yes	2	No	3	Inadequate Information
(32) 78 a. Gastric ulcer (benign)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(33) 79 b. Duodenal ulcer		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(34) 80 c. Other non-neoplastic gastroin- testinal pathology		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(35) 81 d. Hepatitis		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(36) 82 e. Fatty changes in liver		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(37) 83 f. Other non-neoplastic hepatic pathology		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(38) 84 g. Non-neoplastic renal pathology		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(39) 85 h. Malignant neoplasm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(40) 86 i. Benign neoplasm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(41) 87 j. Acute or recent myocardial infarction		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(42) 88 k. <u>Old</u> myocardial infarction or scar		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(43) 89 l. Rupture of myocardium		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(44) 90 m. Myocardial aneurysm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(45) 91 n. <u>Recent</u> coronary occlusion by thrombosis or embolism		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(46) 92 o. Recent coronary occlusion by hemorrhage into plaque		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(47) 93 p. Pulmonary embolism		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(48) 94 q. Pulmonary edema		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(49) 95 r. Pulmonary emphysema		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(50) 96 s. Other significant findings		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

18. Is additional information requested?

(51) (1)  Yes (2)  No → Proceed to Item 19  
97

What additional information is required?

	1	Yes	2	No
(52) 98 A. Hospital Narrative Summary		<input type="checkbox"/>		<input type="checkbox"/>
(53) 99 B. Autopsy Report		<input type="checkbox"/>		<input type="checkbox"/>
(54) 100 C. Event ECG's		<input type="checkbox"/>		<input type="checkbox"/>

9/18/80

BH23/4

18. Continued-

D. Other (Specify)

1 Yes  2 No

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101

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19. Are there any items on the Clinical Center Cause of Death form that appear to be incorrectly answered and that require verification by the Clinic?

56  
102

1  Yes

2  No

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Item	Reason Item Appears Incorrect
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20. Name of Coder: If coded by Committee write "committee" and Code 88

57 Coder No.

103 104

21. Signature \_\_\_\_\_

- 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

BETA BLOCKER HEART ATTACK  
TRIAL  
CODES FOR CAUSE OF DEATH

I. Codes for underlying cause of death (anatomic/pathologic)

A. Unknown cause

401 - unknown

B. Cardiovascular underlying cause

501 - Atherosclerotic coronary heart disease with recent or acute cardiac event (e.g., myocardial infarction, sudden unexpected or unobserved death)

601 - Atherosclerotic coronary heart disease without recent or acute cardiac event (e.g., chronic congestive heart failure)

602 - Cardiomyopathy (non-ischemic)

603 - Valvular heart disease

604 - Infective endocarditis

605 - Pulmonary thromboembolism

606 - Non-cardiac vascular disease

607 - Other (Specify on coding form)

C. Non-cardiovascular underlying cause

801 - Malignant neoplasia

802 - Infection

803 - Gastrointestinal other than liver disease

804 - Liver disease

805 - Renal disease

806 - Pulmonary disease other than pulmonary embolism

807 - Blood dyscrasia

808 - Hyper-or-auto-immune disease

809 - Diabetes mellitus

810 - Suicide

811 - Homicide

812 - Accident

813 - Other non-cardiovascular (Specify on coding form)

II. Codes for the cardiovascular (main and/or contributing) immediate mechanism of death

- 701 - Cardiogenic shock
- 702 - Documented cardiac dysrhythmia (monitored dysrhythmia)
- 703 - Presumptive cardiac dysrhythmia with strip
- 713 - Presumptive cardiac dysrhythmia without strip
- 704 - Heart failure
- 705 - Ruptured myocardium with tamponade
- 706 - Stroke
- 708 - Acute pulmonary thromboembolism
- 709 - Cardiovascular surgery related to coronary heart disease
- 710 - Unknown
- 711 - Cardiovascular surgery unrelated to coronary heart disease  
(e.g., death related to valvular surgery, arterial aneurysm, embolectomy)
- 712 - Other (Specify on coding form)

September 18, 1980