

COOPERATIVE STUDY OF SICKLE CELL DISEASE
CAUSE OF DEATH FORM

-
1. Patient's CSSCD ID #: |__|__|__|__|__|__|__|__|
2. Patient's CSSCD Acrostic: |__|__|__|__|__|
3. Date of Birth (MONTH, DAY, YEAR): |__|__| |__|__| |__|__|
4. Participation Status:
- 1. Entered in current CSSCD study -> Cohort: a. Adult
b. Pediatric
c. Newborn
 - 2. Not entered in current CSSCD study but participated in previous study

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5. Person Completing Form (NAME): _____ Initials: |__|__|__|
6. CSSCD Code number of person completing form: |__|__|__|

-
7. Date of clinic's notification of the death (MONTH, DAY, YEAR): |__|__| |__|__| |__|__|
8. Date of death (MONTH, DAY, YEAR): |__|__| |__|__| |__|__|
9. Time of death (IF KNOWN): 1. A.M. 2. P.M.
(HOUR:MINUTES) |__|__|:|__|__|

|__| Mail Log |__| Data Entry

10. Place of death:

Street Address: _____
 Number Street Apt. No.

 City County State

10.1 This is the address of

1. a CSSCD hospital, SPECIFY name _____
2. a non-CSSCD hospital*, SPECIFY name _____
3. a nursing home or other chronic care facility*,
SPECIFY name _____
4. the patient's home
5. other, SPECIFY _____

10.2 If the place of death was a hospital, what was the time of death in relationship to the time of the patient's presentation at the hospital?

1. Pronounced dead on arrival at hospital
2. Died in emergency room or within 24 hours of admission
3. Died more than 24 hours after admission

10.3 Date of admission (MONTH, DAY, YEAR): |__|__| |__|__| |__|__|

10.4 Admitting diagnosis:

- a. _____ |__|__|__| |__|__|
- b. _____ |__|__|__| |__|__|
- c. _____ |__|__|__| |__|__|
- d. _____ |__|__|__| |__|__|

ATTACH HOSPITALIZATION SUMMARY

|__|
OFFICE USE

* obtain signed RELEASE OF INFORMATION form from next of kin and request records

11. Is a copy of the Death Certificate available?

1. NO 2. YES

11.1 The cause of death as reported on the Death Certificate was

a. immediate _____ |__|__|__| |__|__|

b. due to _____ |__|__|__| |__|__|

c. due to _____ |__|__|__| |__|__|

11.2 Other significant conditions reported on the Death Certificate were

a. _____ |__|__|__| |__|__|

b. _____ |__|__|__| |__|__|

c. _____ |__|__|__| |__|__|

** ATTACH A COPY OF THE DEATH CERTIFICATE ** |__|
OFFICE USE

12. The information regarding the circumstances surrounding the death was obtained from (CHECK NO OR YES FOR EACH OF A-E)

A. Member of immediate family, SPECIFY relationship to deceased	1. NO	2. YES
B. Friend/Co-worker	1. NO	2. YES
C. Medical Personnel	1. NO	2. YES
D. Medical Records	1. NO	2. YES
E. Other	1. NO	2. YES

13. Was an autopsy performed?

1. NO
2. YES -> ATTACH A COPY OF THE COMPLETE REPORT
9. DK

|__|
OFFICE USE

14. What was the immediate cause of death?
[CIRCLE ONLY ONE OF CHOICES 1-13]

1. Infection

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v

TYPE (CHECK NO OR YES FOR EACH OF A-B):	
A. Sepsis	1. NO 2. YES, specify organism: _____ <div style="text-align: right; border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;">OFFICE USE</div>
B. Meningitis	1. NO 2. YES, specify organism: _____ <div style="text-align: right; border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;">OFFICE USE</div>

2. Pneumonia

3. Cerebrovascular accident

↓
v

TYPE of CVA:
1. thrombotic, SPECIFY location: _____
2. hemorrhagic, SPECIFY location: _____
3. thrombotic & hemorrhagic, SPECIFY location: _____
9. not determined

4. Acute anemic event

↓
v

TYPE of ACUTE ANEMIC EVENT:
1. aplastic crisis
2. splenic sequestration
3. aplastic & splenic sequestration
4. other, SPECIFY _____

5. Chronic organ failure

↓
v

ORGAN (CHECK NO OR YES FOR EACH OF A-D):	
A. heart	1. NO 2. YES
B. lungs	1. NO 2. YES
C. liver	1. NO 2. YES
D. kidney	1. NO 2. YES