

ID: Form: CSF Version: A Contact Year:

Update: 00

LRC PROGRAM PREVALENCE FOLLOW-UP STUDY  
CONTACT SUMMARY FORM

1. DATE OF SUBJECT STATUS / / (mm/dd/yy)

2. STATUS OF CONTACT:

3. MODE OF CONTACT:

- |  |                                 |
|--|---------------------------------|
| 1=CONTACTED AND ALIVE -----              | 1=RELATIVE                      |
|  | 2=PHONE                         |
|  | 3=PERSONAL INTERVIEW            |
| 2=REPORTED ALIVE -----                   | 4=RELATIVE, SPOUSE, AQUAINTANCE |
|  | 5=EMPLOYER INFORMATION          |
|  | 6=OTHER                         |
| 3=REPORTED DECEASED -----                | 7=RELATIVE, SPOUSE, AQUAINTANCE |
|  | 8=REGISTRY                      |
|  | 9=OTHER                         |
| 4=FAMILY STUDY CONTACT (NO LONGER VALID) |                                 |
| 5=PREVENTION TRIAL CONTACT               |                                 |
| 6=UNKNOWN                                |                                 |

M C S A L (1-5)

LRC PREVALENCE FOLLOW-UP STUDY  
MORTALITY CLASSIFICATION SUMMARY FORM

For CPR Use Only  
(37-42)

Subject ID Number (6-14)

1. Subject Code Number: [ ][ ][ ][ ] (15-18)

2. Today's Date: [ ][ ] / [ ][ ] / [ ][ ][ ] (19-24)  
Month Day Year

3. Date of Death: [ ][ ] / [ ][ ] / [ ][ ][ ] (25-30)  
Month Day Year

4. Non-Cardiovascular Death  
A. Determined by Death Certificate only: 1  
B. Determined by Mortality Classification Panel: 2 (31)

5. Cardiovascular Death  
A. Determined by agreement of two Mortality Classification Panel members: 1  
B. Determined by Full Mortality Classification Panel: 2 (32)

6. Code Numbers of Mortality Classification Panel Members:  
A. [ ][ ] (33-34)  
B. [ ][ ] (35-36)

7. Cardiovascular Death (Check the appropriate boxes)
- A. Atherosclerosis of peripheral arteries with gangrene  1 (43)
  - B. Atherosclerotic arterial aneurysm with rupture  2 (44)
  - C. Atherosclerotic cerebrovascular disease  3 (45)
  - D. Atherosclerotic coronary heart disease  4 (46)
  - 1. Suspect  5 (47)
    - a. Rapid and unexpected  6 (48)
  - ii. Definite  7 (49)
    - a. Sudden and unexpected  8 (50)
  - E. Other Cardiovascular Disease  9 (51)

8. Initials of individual completing this form \_\_\_\_\_  
Initials of individual checking this form \_\_\_\_\_

Subject ID No.
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(Follow-Up)  
LIPID RESEARCH CLINICS  
NOSOLOGISTS' CODES

Date of Death (19-24)											

For CPR Use
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(10-18)

D	N	C	B	1	1	0	1	2
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(1-9)

(25-30)

I. **INSTRUCTIONS:** To the Nosologist: Please be certain the code number in question 1 matches the number in the upper left-hand corner of the death certificate. Once a match is verified, code all available information in items 2-5. Draw a horizontal line through unneeded boxes. Enter your initials, date and revision used in question 6. For each item coded, the three middle boxes must always be coded. The first box may be an "N," "E," "S," or blank. The last box (following the decimal) may be numerical, blank, or an X. If there is no code for an item, draw the horizontal line through all 5 boxes.

To the CPR: Before sending to the nosologist, enter the code number in question 1 and attach this form to the death certificate. When the form is returned from the nosologist, review it for legibility. Code the subject ID number. Enter your initials in question 7 and have all information checked and the checker's initials question 8.

**INTREPRETATION:** The last box in all codes is used for numbers following decimals or an X. Often it is blank. The first box may be an N, E, or S. Often it is blank. The three middle boxes are always numerical and must always be completed.

1. Subject Code 

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 (31-36)

INFORMATION FROM NOSOLOGIST

2. Cause of Death

A. Immediate

1	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		(37-41)
11	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		(42-46)
111	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		(47-51)
1v	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		(52-56)

B. Consequence of (A)

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11	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		(62-66)
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DUPLICATE COLUMNS 1-4 

2
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 (5) DUPLICATE COLUMNS 6-24 (6-24)

C. Consequence of (B)

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3. Other significant conditions

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4. Underlying cause 

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 (65-69)

5. Place of Accident 

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 (70)

6.a) Initials of Nosologist 

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 (71-73)

Signature: \_\_\_\_\_

b) Date Coded 

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 / 

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 (74-79)

Month                  Day                  Year

c) Revision Used 

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 (80-81)

7. CPR Coder 

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 (82-83)

8. CPR Checker 

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 (84-85)