

PULMONARY AIDS CLINICAL STUDY
FORM D - DEATH FORM

Version Date: The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.

2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.

3. **Date of Death:** Enter the date the patient died. Remember to use the complete date format described earlier in this document.

4. **Die In Hospital:** Record whether or not the patient died in the hospital. If so, a copy of the hospital death summary form should be attached to this form.

5. **Cause of Death:** Determine and list as best you can the immediate causes of death. Enter the ICDA codes for these diagnosis.

6. **Autopsy Performed:** Indicate whether or not an autopsy was performed. If an autopsy was performed, an Autopsy Form should be completed.

Form Reviewer/Date: The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

Form Keyer/Date: The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

PULMONARY COMPLICATIONS OF HIV INFECTION DEATH FORM

1. Patient ID [][][][][]

2. Clinic [][]

3. Date of Death Day [][] Month [][][] Year [][]

4. Did patient die in hospital? Yes [] No []
y n

If YES, attach Death Summary.

5. Cause of Death: ICDA CODES
Immediate cause (a) _____ [][][] • [][]
due to (b) _____ [][][] • [][]
due to (c) _____ [][][] • [][]

d-f. _____ proper week in the _____ Yes No

6. Was autopsy performed? Yes [] No []
y n

If YES, complete Autopsy Form.

Form Reviewed By: _____ (please print) Date _____
Form Keyed By: _____ (please print) Date: _____