

PARTICIPANT ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y1PPTID	REVIEW DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> MTDATE	REVIEWER'S ID <input type="text"/> <input type="text"/> <input type="text"/> RSTAFID
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HEART AND SOUL STUDY

OUTCOME EVENT - MORTALITY REVIEW FORM

1. **Date of Death:** / / MTDOD

2. **Location of death: (Check one)** MTLOC

Out of hospital/DOA

Nursing home, skilled nursing, extended care facility

Emergency room → Also fill out
 In hospital → Morbidity Review Form

3. **Reviewer's Classification of Death: (Check one)** MTCLASS

Heart Disease Death

Non Heart Disease Death

↓

↓

4. **Heart Disease Death due to:**

Acute Myocardial Infarction MTMI
 Definite Possible MTMIA

Sudden death (<1 hour, nontraumatic) MTSD
 Definite Possible MTSDA

Other Coronary Heart Disease Death MTOHD

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 Congestive Heart Failure/ Pulmonary Edema MTCHF
 Definite Possible MTCHF A

Severe Cardiac Dysrhythmia MTCD
 Definite Possible MTCD A

Coronary Artery Bypass Surgery MTCABG

Percutaneous Coronary Revascularization MTPCR

Other, please specify:
MTOHDO

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5. If heart disease death, please mark all that apply:

Autopsy: coronary heart disease as cause of death
MTHDA

Hospitalization or ER visit → Go to Morbidity Review Form
MTHDB

Death certificate lists myocardial infarction or atherosclerotic heart disease as immediate cause of death
MTHDC

Death certificate lists congestive heart failure as immediate cause of death
MTHDD

Death certificate lists known diagnosis of underlying coronary heart disease
MTHDE

reference to specific atherosclerotic plaques in one or more coronary arteries
MTHDF

reference to prior myocardial infarction
MTHDG

reference to prior coronary artery revascularization by PTCA, PTCA/stent, or CABG surgery
MTHDH

reference to definite time duration (eg "4.5 years" would satisfy this criterion, but "years" would not)
MTHDI

GO TO END

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6. Non Heart Disease Death due to: (please mark all that apply)

Stroke/Cerebrovascular Disease **MTNHDA**
 Hemorrhagic Ischemic Unknown **MTST**

Pulmonary embolism **MTNHDB**

Cancer, specify type:

	MTCA																		
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MTNHDC

Suicide **MTNHDD**

Peripheral Vascular Disease **MTNHDE**

Accidents or Trauma **MTNHDF**

AIDS **MTNHDG**

Chronic Obstructive Airways Disease or Asthma **MTNHDH**

Pneumonia **MTNHDI**

Natural Causes **MTNHDJ**

Other Lung Disease **MTNHDK**

Kidney Disease, specify type:

	MTKID																			
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MTNHDL

Liver Disease, specify type:

	MTLIV																			
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MTNHDM

All other causes, specify cause:

	MTO																				
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MTNHDN