INITIAL NOTIFICATION OF DEATH FORM
FORM 33A

PID | | - | | | | | - | | | | | | | |

Date Completed | | | / | | | / | | | | |
Month Day Year

This form should be completed and a copy mailed to Coordinating Center within 48 hours after CARDIA learned of the death of any participant. The Final Report of Death Form should be completed and sent as soon as possible to the Coordinating Center with appropriate materials attached.

1) Date of Death | | | / | | | / | | | | |
Month Day Year

2) Date CARDIA Learned of Death | | | / | | | / | | | | |
Month Day Year

3) Place of Death (geography)

								-				
City		County		State	Zip							

4) Place of death (type of location)

01	☐	Home	04	☐	Hospital, Palliative Care	07	☐	Rehabilitation Facility
02	☐	Hospital	05	☐	Nursing Home	08	☐	Other, Specify: _____
03	☐	ER/ED	06	☐	Hospice	09	☐	Unknown

5) Was the participant hospitalized around the time of death? *(If answer to Q4, is 2-4, this is definitely "yes." Otherwise, answer will depend on the specific circumstances.)*

1 ☐ No
2 ☐ Yes →
8 ☐ Unknown at this time

Hospital Name	Department Name	
Street Address		
Street Address		
City	State	Zip

6) Was the participant hospitalized for any reason since [last date of contact]? *(Record any additional hospitalizations here.)*

1 ☐ No
2 ☐ Yes →
8 ☐ Unknown at this time

Hospitalization 1		
Date of Admission	Date of Discharge	
Hospital Name	Department Name	
Street Address		
Street Address		
City	State	Zip

Hospitalization 2		
Date of Admission	Date of Discharge	
Hospital Name	Department Name	
Street Address		
Street Address		
City	State	Zip

7) According to the information you have now, what was the cause of death?

01 ☐ Accident
02 ☐ Homicide
03 ☐ Suicide
04 ☐ AIDS
05 ☐ Heart Attack, Coronary Heart Disease, Other Cardiovascular Disease
06 ☐ Cardiac Arrest
07 ☐ Cerebrovascular (e.g. stroke /transient ischemic attack)
08 ☐ Cancer
09 ☐ Kidney Disease
10 ☐ Liver Disease
11 ☐ Diabetes
12 ☐ Lung Disease
13 ☐ Other, Specify: _____
14 ☐ Unknown

8) Was the participant under a physician's care for the condition that led to his/her death?

1 ☐ No 2 ☐ Yes 8 ☐ Unknown at this time

CARDIA Staff ID			