**MORTALITY REVIEW / ADJUDICATION FORM**

1. **1st Review**  
2. **2nd Review**  
3. **CC Adjudication**  
4. **ESAS Adjudication**

| CARDIA PID: __ - ____ - ____ - ____ - ____ - ____ - ____ - ____ | Date of Death: ______ / _____ / _______  
| Month | Day | Year |

Reviewer/Adjudicator ID: ____________

(BL-601; SS-608; CI-612; GW-618; RD-619; HK-620; Sh-621; DL-622; DD-623; SG-624; JW-625)

| Date Case Assigned: _____ / _____ / _______ | Review Date: _____ / _____ / _______ |
| Month | Day | Year | Month | Day | Year |

1. **Location of death:** (CHECK ONE)
   1. [ ] out of hospital/DOA (not nursing home)
   2. [ ] emergency room
   3. [ ] in hospital
   4. [ ] nursing home, skilled nursing, extended care facility
   5. [ ] unknown/unable to determine

2. **Reviewer’s Classification of death:** (CHECK ONE, If unknown, mark as such.)
   1. [ ] Atherosclerotic coronary heart disease - GO TO QUESTION 2.A
   2. [ ] Stroke - GO TO QUESTION 2.B
   3. [ ] Atherosclerotic disease other than coronary or stroke - GO TO QUESTION 2.C
   4. [ ] Non-atherosclerotic cardiovascular disease – GO TO QUESTION 2D
   5. [ ] Pulmonary Embolus - GO TO QUESTION 2.E
   6. [ ] Non-cardiovascular disease - GO TO QUESTION 2.F
   7. [ ] Unknown - GO TO QUESTION 4

2a **Atherosclerotic coronary heart disease**
   1. [ ] Definite fatal MI (no known non-atherosclerotic cause, definite MI w/in 4 weeks of death)
   2. [ ] Definite fatal CHD (no known non-atherosclerotic cause, one or both of the following:  
       1) chest pain within 72 hours of death or 2) a history of chronic ischemic heart disease in the absence of valvular heart disease or non-ischemic cardiomyopathy)
   3. [ ] Possible fatal CHD (compatible underlying cause of death ICD9 410-14, 427.5, 429.2 and/or 799 and no known non-atherosclerotic cause)

2a1 **Mechanism of death**
   1. [ ] Primary arrhythmic death (death within 5 minutes in otherwise asymptomatic individual);
   2. [ ] Secondary arrhythmic/mechanical death mechanical (death with preceding symptoms of heart disease, but no evidence of chronic myocardial pump failure);
   3. [ ] Congestive heart failure (death due to shock or low output syndrome);
   4. [ ] Cardiac procedure (death related to CABG or angioplasty);
   5. [ ] Unknown/cannot determine
2a2 Timing of death (if died out of hospital)
1 1 hour or less since last seen alive or known to be alive
2 1-24 hours
3 > 24 hours
8 Unknown or cannot determine

2a3 Presence of cardiac symptoms (if died out of hospital):
1 Cardiac chest pain within 72 hours of death
8 Unknown or cannot determine

2b Stroke:
1 Definite (Death due to definite stroke with consistent imaging, surgical, or autopsy evidence)
   1 Hemorrhagic
   2 Ischemic
   8 Unknown
2 Possible (Death due to presumed stroke that did not meet criteria for definite stroke and death certificate consistent with stroke without other underlying or immediate cause)
   1 Hemorrhagic
   2 Ischemic
   8 Unknown
3 Estimated time between onset of acute stroke symptoms and death
   1 Less than 5 minutes
   2 5 minutes to 1 hour
   3 1 hour to 24 hours
   4 1 day to 1 week
   5 1 week to 1 month
   6 Longer than one month

2c Atherosclerotic disease other than coronary or stroke (e.g. abdominal aortic aneurism; complications of peripheral arterial disease):
Specify: __________________________________________________________
1 Definite (Consistent imaging, surgical, or autopsy evidence)
2 Possible (Death due to presumed other atherosclerotic disease that did not meet criteria for definite one and death certificate consistent with atherosclerotic disease without other underlying or immediate cause)

2d Non-atherosclerotic cardiac disease
1 Non-ischemic cardiomyopathy
   Type (e.g., Hypertrophic obstructive cardiomyopathy (HOCM), alcoholic, idiopathic/unknown) ____________________________________________
2 Other (describe):
   ________________________________________________________________

2d1 Mechanism of death
1 Primary arrhythmic death (death within 5 minutes in otherwise asymptomatic individual);
2 Secondary arrhythmic/mechanical death mechanical (death with preceding symptoms of heart disease, but no evidence of chronic myocardial pump failure);
### Pulmonary Embolus

1. **Definite** (Death due to definite pulmonary embolism with consistent imaging, surgical, or autopsy evidence)

2. **Possible** (Death due to presumed pulmonary embolism that did not meet criteria for definite one and death certificate consistent with pulmonary embolism without other underlying or immediate cause)

### Non-cardiovascular disease

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>AIDS</td>
</tr>
<tr>
<td>02</td>
<td>Cancer, specify type</td>
</tr>
<tr>
<td>03</td>
<td>Diabetes, specify type</td>
</tr>
<tr>
<td>04</td>
<td>Homicide</td>
</tr>
<tr>
<td>05</td>
<td>Kidney Disease, specify type</td>
</tr>
<tr>
<td>06</td>
<td>Liver Disease, specify type</td>
</tr>
<tr>
<td>07</td>
<td>Asthma</td>
</tr>
<tr>
<td>08</td>
<td>Other Lung Disease, specify type</td>
</tr>
<tr>
<td>09</td>
<td>Suicide</td>
</tr>
<tr>
<td>10</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>12</td>
<td>Sepsis</td>
</tr>
</tbody>
</table>

### Procedure related death

1. **Yes**
   - Death after invasive cardiovascular intervention. Death within 28 days of cardiovascular surgery or within 7 days of cardiac cath, arrhythmia ablation, angioplasty, atherectomy, stent deployment, or other invasive coronary vascular intervention

2. **No**
   - Cardiac death after non-cardiovascular intervention occurred within 28 days of surgery or other invasive procedure.

### Documentation used for death adjudication: (MARK ALL THAT WERE AVAILABLE.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical records documentation</td>
</tr>
<tr>
<td>2</td>
<td>Report of autopsy findings</td>
</tr>
<tr>
<td>3</td>
<td>Death certificate</td>
</tr>
<tr>
<td>4</td>
<td>ER record</td>
</tr>
<tr>
<td>5</td>
<td>EMS report</td>
</tr>
<tr>
<td>6</td>
<td>Informant interview</td>
</tr>
<tr>
<td>7</td>
<td>Initial death notification form (33A)</td>
</tr>
<tr>
<td>8</td>
<td>Final death notification form (33B)</td>
</tr>
<tr>
<td>9</td>
<td>Coroner’s report</td>
</tr>
<tr>
<td>10</td>
<td>Other (specify) ______________________________________________________________________</td>
</tr>
</tbody>
</table>