HP07: Notification of Death

Purpose

A preliminary *Notification of Death* was transmitted to the Coordinating Center at the earliest possible time following the discovery of the death of a hypertensive participant or of any participant being followed as part of the mortality surveillance study. When a death certificate or copies of other records documenting the circumstances of death (autopsy report, emergency room report, hospital records, Coroner's report, etc.) were obtain by a clinic's staff, a follow-up HP07 was transmitted to the Coordinating Center (see **Sections 5.1 to 5.3** of the *Manual of Operations*).

Special Considerations

- The cause of death codes in fields F07009 and F07010 are obsolete and have been blanked. Eighth revision International Causes of Death, Adapted for USA (ICDA) codes for causes of death are located in fields F07048 through F07053. Three nosologists coded each death certificate. When all of the coders agreed on underlying cause, all of the codes from one arbitrarily selected coder were used in these fields. When two coders agreed, the ICDA codes from one of these two were arbitrarily selected. When there was no agreement among the three coders, a fourth nosologists adjudicated the cause of death and the adjudicated codes were used.
- Death certificates were not obtained for every notification of death. In these instances, the ICDA codes will be blank. Only those HP07s for which a death certificate was obtained (and which thus have an ICDA code in field F07048) are considered to be verified deaths by HDFP investigators. Any participant with an HP07 form for which field F07048 is blank should be considered merely as a suspected death and treated as withdrawn alive or lost to follow-up. These participants may even have been contacted alive at a later date. When field F07048 is blank, other forms for the participant should be examine to determine follow-up status.

FORM NUMBER 1 2

OMB 68 - R1325

NOTIFICATION OF DEATH

1. Program Number: 3 4 | 5 6 7 8 9 | 10 11 (1) 12 13 14 15 16 17 ACROSTIC

2. Name: (PRINT IN BLOCK CAPITALS) (2) 18 19 20 21 22 23 24 25 BATCH NO.

(Mr., Miss, Mrs.) Last First Middle

3. Date of notification: (3) Month 26 27 Day 28 29 19 Year 30 31

4. Date of death: (4) Month 32 33 Day 34 35 19 Year 36 37

5. Place of death: _____
City County State

6. Underlying cause of death: (Attach death certificate.)

_____

(9) 44 45 46 . 47
Coordinating Center

7. Was this event a sudden death (occurring within 3 hours of onset of symptoms)?

No ☐2 DK ☐3 Yes ☐1 (12) 53

Nature of evidence of sudden death:

(13) 54
1☐ Witnessed, final illness observed
Comments: (14) 55 0/1

2☐ Found dead
Comments: (15) 56 0/1

8. Autopsy performed?

80 (32) No 2☐ DK 3☐ Yes 1☐

Cause of death from autopsy report: (Attach report.)

(33) 81 82 83 . 84
Coordinating Center

This notification completed by: _____ (35) 86 87

(36) 88 VERSION NO.
1 = VS. 1
2 = VS. 2
3 = VS. 3

Rev. 12/11/80
01/15/73

HPO7

FORM 2-4 1

HDFP MORTALITY CODING

ICDA 8th Revision

ID # [ ] [ ] [ ] (Shown in RED on death certificate)

Acrostic: [ ]

Date of death: Month [ ] Day [ ] 19 Year [ ]

Underlying Cause: (49) [104,105,106] . [107]

Code All Other Causes listed on death certificate:

(49) [108,109,110] . [111]

(50) : [112,113,114] . [115]

(51) : [116,117,118] . [119]

(52) : [120,121,122] . [123]

(53) : [124,125,126] . [127]

Other Significant Condition(s) - Check all listed conditions

(54) [128] Cardiovascular
(55) [129] Cerebrovascular
(56) [130] Renal
(57) [131] Diabetes
(58) [132] Hypertension
(59) [133] Cancer
(60) [134] Trauma
(61) [135] Other

NOTE: After completing this form, please staple to the Death Certificate and return to the Coordinating Center.

Rev. 12/11/80
8-25-80
HP07- VERSION 1

3 of 1

FORM

CAUSE OF DEATH REVIEW

Program Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Acrostic: [ ][ ][ ][ ][ ][ ]

PRIMARY CAUSE OF DEATH: ("X" only one.) Review Status: [ ][ ][ ][ ][ ][ ]

62

136,137,138

Cardiovascular Disease

Heart Disease

(01) __ Myocardial Infarction
(02) __ Congestive Heart Failure
(03) __ Other Ischemic Heart Disease
(04) __ Other (Specify) _____

Hypertensive Disease

(05) __ Hypertensive Heart Disease
(06) __ Hypertensive Renal Disease
(07) __ Other Hypertensive Disease (Specify) _____

Cerebrovascular Accident

(08) __ Cerebrovascular Hemorrhage
(09) __ Cerebrovascular Occlusive Disease
(10) __ Other Acute Cerebrovascular Accident
(11) __ Other Cerebrovascular Accident (Specify) _____

Other Cardiovascular Disease

(12) __ Aortic Aneurysm
(13) __ Other (Specify) _____

Renal Disease

(14) __ Nephritis and Nephrosis
(15) __ Other (Specify) _____

Neoplasm

Malignant

(16) __ Breast
(17) __ Other Sites (Specify) _____

(18) __ Benign

Other

(19) __ Diabetes
(20) __ Influenza and Pneumonia
(21) __ Chronic Obstructive Pulmonary Disease
(22) __ Cirrhosis of Liver
(23) __ Suicide
(24) __ Homicide, etc.
(25) __ Other Trauma
(26) __ Other (Specify) _____

Cause Unknown

(27) __

63

Is this Cause of Death Definite? 1 Probable? 2 Possible? 3

139

64

Are there Other Primary Causes which you would entertain? Yes 1 No 2

140

Specify 65 P 6/1

141

HP07-VERSION 1

Rev. 12/11/80

11/20/79

CAUSE OF DEATH REVIEW

Program Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Acrostic: [ ][ ][ ][ ][ ][ ]

PRIMARY CAUSE OF DEATH: ("X" only one.) Review Status: [ ][ ][ ][ ][ ][ ]

Cardiovascular Disease

Heart Disease

(01) __ Myocardial Infarction
(02) __ Congestive Heart Failure
(03) __ Other Ischemic Heart Disease
(04) __ Other (Specify) _____

Hypertensive Disease

(05) __ Hypertensive Heart Disease
(06) __ Hypertensive Renal Disease
(07) __ Other Hypertensive Disease (Specify) _____

Cerebrovascular Accident

(08) __ Cerebrovascular Hemorrhage
(09) __ Cerebrovascular Occlusive Disease
(10) __ Other Acute Cerebrovascular Accident
(11) __ Other Cerebrovascular Accident (Specify) _____

Other Cardiovascular Disease

(12) __ Aortic Aneurysm
(13) __ Other (Specify) _____

Renal Disease

(14) __ Nephritis and Nephrosis
(15) __ Other (Specify) _____

Neoplasm

Malignant

(16) __ Breast
(17) __ Other Sites (Specify) _____

(18) __ Benign

Other

(19) __ Diabetes
(20) __ Influenza and Pneumonia
(21) __ Chronic Obstructive Pulmonary Disease
(22) __ Cirrhosis of Liver
(23) __ Suicide
(24) __ Homicide, etc.
(25) __ Other Trauma
(26) __ Other (Specify) _____

Cause Unknown

(27) __

Is this Cause of Death Definite? (66) 1 (142) Probable? 2 Possible? 3

Are there Other Primary Causes which you would entertain? (67) Yes 1 (143) No 2

Specify (68) (144) ▷ 6/1 _____

HP07 - VERSION 1

Rev. 12/11/80
11/20/79

HP07

Version 2

1 2
FORM #

NOTIFICATION OF DEATH

FORM APPROVED
OMB NO. 68 R 1325

1. Program Number: 3 4 | 5 6 7 8 9 | 10 11

(1) 12 13 14 15 16 17
Coordinating Center

2. Name: (PRINT IN BLOCK CAPITALS) (2) 18 19 20 21 22 23 24 25
BATCH NUMBER

(Mr., Miss, Mrs., Ms.) Last First Middle

3. Classification:

(8) 43
1 ☐ Stepped Care
2 ☐ Referred Care
3 ☐ Special Groups Study
4 ☐ Mortality Surveillance
5 ☐ Other Age-Eligible Normotensive

4. Date of notification: (3) Month 26 27 | Day 28 29 | 19 Year 30 31

5. Date of death: (4) Month 32 33 | Day 34 35 | 19 Year 36 37

6. Time of day of death if known: (5) Hour 38 39 : (6) Minute 40 41 (7) 42 ☐ AM 1 ☐ PM 2

Place of death: _____
City County State

8.a. Underlying cause of death: _____

(9) 44 45 46 . 47
Coordinating Center

b. Secondary cause of death: _____

(10) 48 49 50 . 51
Coordinating Center

c. Has a copy of the completed death certificate been obtained and attached to this form?
Yes 1 ☐ No 2 ☐ (11) 52

9. Was this event a sudden death (occurring within 3 hours of onset of symptoms)?
No 2 ☐ DK 3 ☐ Yes 1 ☐ (12) 53

Nature of evidence of sudden death:

(13) 54
1 ☐ Witnessed, final illness observed? By whom? (name and relationship) _____
Comments: 0/1 (14) 55

2 ☐ Found dead? By whom? (name and relationship) _____
Comments: 0/1 (15) 56

Rev. 12/11/80
2/24/77

HP07/1

10. Did the fatal event occur in the hospital, in the emergency room, or en route to the hospital?

(16) 57 No 2☐ Yes 1☐ → Specify: _____ (17) 58 0/1

Time of arrival at hospital: Hour [59][60] (18) : Minute [61][62] (19) ☐AM 1 ☐PM 2 (20) 63 Month [64][65] Day [66][67] (21) 19 Year [68][69]

11. For hypertensives, the following potential sources of available information should be consulted and where available, copies should be made and sent to the Coordinating Center.

	1 Original Exists and Copy is Enclosed	2 Original Does Not Exist	3 Original Exists but Copy Unavailable
a. Emergency Room Report (22)	70 ☐	☐	☐
b. Hospital – Inpatient Records (23)	71 ☐	☐	☐
i) Discharge summary (24)	72 ☐	☐	☐
ii) Discharge diagnosis (25)	73 ☐	☐	☐
iii) All ECG's (26)	74 ☐	☐	☐
iv) Laboratory reports (27)	75 ☐	☐	☐
v) X-ray reports (28)	76 ☐	☐	☐
vi) Surgical pathology reports (29)	77 ☐	☐	☐
c. Coroner's Report (30)	78 ☐	☐	☐

12. Did participant survive more than 24 hours after hospitalization?

Yes 1☐ No 2☐ Not Applicable 3☐ (31) 79

13. Autopsy performed?

No 2☐ DK 3☐ Yes 1☐ (32) 80

Cause of death from autopsy report: (Attach report.)

_____

_____

(34) 85 ☐ Autopsy report not available, explain: _____ 1/15

This notification completed by: _____ (35) [86][87]

(33) [81][82][83] [84] Coordinating Center

(36) [88] VERSION 1 ≡ VS. 1 [2 ≡ VS. 2] THIS IS VERSION 2.

Rev. 12/11/80
2/24/77

HP07/2

FORM 3 of 2

HDFP MORTALITY CODING

ICDA 8th Revision

ID # [ ] [ ] [ ] (Shown in RED on death certificate)

Acrostic: [ ]

Date of death: Month [ ] Day [ ] 19 Year [ ]

Underlying Cause: (48) [104,105,106] . [107]

Code All Other Causes listed on death certificate: (49) [108,109,110] . [111]

(50) : [112,113,114] . [115]

(51) : [116,117,118] . [119]

(52) : [120,121,122] . [123]

(53) : [124,125,126] . [127]

Other Significant Condition(s) - Check all listed conditions

(54) [128] Cardiovascular
(55) [129] Cerebrovascular
(56) [130] Renal
(57) [131] Diabetes
(58) [132] Hypertension
(59) [133] Cancer
(60) [134] Trauma
(61) [135] Other

NOTE: After completing this form, please staple to the Death Certificate and return to the Coordinating Center.

Rev. 12/11/80
8-25-80
H P07- VERSION 2

CAUSE OF DEATH REVIEW

Program Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Acrostic: [ ][ ][ ][ ][ ][ ]

PRIMARY CAUSE OF DEATH: ("X" only one.) Review Status: [ ][ ][ ][ ][ ][ ]

62 136 137 138

Cardiovascular Disease

Heart Disease

(01) __ Myocardial Infarction
(02) __ Congestive Heart Failure
(03) __ Other Ischemic Heart Disease
(04) __ Other (Specify) _____

Hypertensive Disease

(05) __ Hypertensive Heart Disease
(06) __ Hypertensive Renal Disease
(07) __ Other Hypertensive Disease (Specify) _____

Cerebrovascular Accident

(08) __ Cerebrovascular Hemorrhage
(09) __ Cerebrovascular Occlusive Disease
(10) __ Other Acute Cerebrovascular Accident
(11) __ Other Cerebrovascular Accident (Specify) _____

Other Cardiovascular Disease

(12) __ Aortic Aneurysm
(13) __ Other (Specify) _____

Renal Disease

(14) __ Nephritis and Nephrosis
(15) __ Other (Specify) _____

Neoplasm

Malignant

(16) __ Breast
(17) __ Other Sites (Specify) _____

(18) __ Benign

Other

(19) __ Diabetes
(20) __ Influenza and Pneumonia
(21) __ Chronic Obstructive Pulmonary Disease
(22) __ Cirrhosis of Liver
(23) __ Suicide
(24) __ Homicide, etc.
(25) __ Other Trauma
(26) __ Other (Specify) _____

Cause Unknown

(27) __

63

Is this Cause of Death Definite? 1 Probable? 2 Possible? 3
139

Are there Other Primary Causes which you would entertain? Yes 1 No 2
64 140

Specify 65 P 6/1
141

HP07- VERSION 2

Rev. 12/11/80

11/20/79

CAUSE OF DEATH REVIEW

Program Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Acrostic: [ ][ ][ ][ ][ ][ ]

PRIMARY CAUSE OF DEATH: ("X" only one.) Review Status: [ ][ ][ ][ ][ ][ ]

Cardiovascular Disease

Heart Disease

(01) __ Myocardial Infarction
(02) __ Congestive Heart Failure
(03) __ Other Ischemic Heart Disease
(04) __ Other (Specify) _____

Hypertensive Disease

(05) __ Hypertensive Heart Disease
(06) __ Hypertensive Renal Disease
(07) __ Other Hypertensive Disease (Specify) _____

Cerebrovascular Accident

(08) __ Cerebrovascular Hemorrhage
(09) __ Cerebrovascular Occlusive Disease
(10) __ Other Acute Cerebrovascular Accident
(11) __ Other Cerebrovascular Accident (Specify) _____

Other Cardiovascular Disease

(12) __ Aortic Aneurysm
(13) __ Other (Specify) _____

Renal Disease

(14) __ Nephritis and Nephrosis
(15) __ Other (Specify) _____

Neoplasm

Malignant

(16) __ Breast
(17) __ Other Sites (Specify) _____

(18) __ Benign

Other

(19) __ Diabetes
(20) __ Influenza and Pneumonia
(21) __ Chronic Obstructive Pulmonary Disease
(22) __ Cirrhosis of Liver
(23) __ Suicide
(24) __ Homicide, etc.
(25) __ Other Trauma
(26) __ Other (Specify) _____

Cause Unknown

(27) __

(66)

Is this Cause of Death Definite? 1 Probable? 2 Possible? 3
142

(67)

Are there Other Primary Causes which you would entertain? Yes 1 No 2
143

Specify (68) P 1/1
144

HP07- VERSION 2

Rev. 12/11/80

11/20/79

HP07

Version 3

FORM 1131

NOTIFICATION OF DEATH

1. Program Number: 3 4 | 5 6 7 8 9 | 10 11

(1) 12 13 14 15 16 17 Coordinating Center

2. Name: (PRINT IN BLOCK CAPITALS) Batch No. (2) 18 19 20 21 22 23 24 25

(Mr., Miss, Mrs., Ms.) Last First Middle

3. Date this form completed: (3) Month 26 27 Day 28 29 19 Year 30 31

4. Classification: (8) 43
1 ☐ Stepped Care
2 ☐ Referred Care
3 ☐ Incidence study
4 ☐ Suspect hypertensive (HP 03 "No Show")
5 ☐ Other Age eligible Normotensive

5. Date of death: (4) Month 32 33 Day 34 35 19 Year 36 37

6. Time of day of death, if known: Hour 38 39 (5) : Minute 40 41 (6) 1 ☐ AM 2 ☐ PM 42 (7)

7. Place of death: _____ City County State

8. Has a copy of the completed death certificate been obtained and attached to this form? (11) 52
NO 2 ☐ YES 1 ☐

Obsolete 44-51
SKIP COLS. ~~36-43~~
Feilds 9 & 10

9. Was this event a sudden death (occurring within 3 hours of onset of symptoms)? (12) 53
NO 2 ☐ DK 3 ☐ YES 1 ☐

Nature of evidence of sudden death: (13) 54

1 ☐ Witnessed, final illness observed? By whom? (name and relationship) _____

Comments: 0/1 55 P (14)

2 ☐ Found dead? By whom? (name and relationship) _____

Comments: 0/1 P (15) 56

10. Did the fatal event occur in the hospital, in the emergency room, or en route to the hospital?

(16) NO 2☒ YES 1☐ → 57 Specify: 58 0/1 ▷ (17)

Time of arrival at hospital: (18) Hour 59 60 : (19) Minute 61 62 (20) 1☐ AM 2☐ PM 63 (21) Month 64 65 Day 66 67 19 Year 68 69

Items 11 and 12 should be answered for Stepped Care and Referred Care participants only.

11. Was the participant hospitalized one or more times during the 30 days preceding death?

NO 2☒ YES 1☐ 94 (38)

Collect all information listed in Item 12 that is associated with the hospitalization which occurred just prior to death, as well as for the hospitalization during which death occurred.

12. For hypertensives, the following potential sources of available information should be consulted and where available, copies should be made and sent to the Coordinating Center.

	Original Exists and Copy is Enclosed 1	Original Does Not Exist 2	Original Exists but Copy Unavailable 3	COMMENTS
a. Emergency Room Report	(22) ☐ 70	☒	☐	(39) 95 ▷ 0/1
b. Hospital — Inpatient Records	(23) ☐ 71	☒	☐	(40) 96 ▷ 0/1
i) Discharge summary	(24) ☐ 72	☒	☐	(41) 97 ▷ 0/1
ii) Discharge diagnosis	(25) ☐ 73	☒	☐	(42) 98 ▷ 0/1
iii) All ECG's	(26) ☐ 74	☒	☐	(43) 99 ▷ 0/1
iv) Laboratory reports	(27) ☐ 75	☒	☐	(44) 100 ▷ 0/1
v) X-ray reports	(28) ☐ 76	☒	☐	(45) 101 ▷ 0/1
vi) Surgical pathology reports	(29) ☐ 77	☒	☐	(46) 102 ▷ 0/1
c. Coroner's Report	(30) ☐ 78	☒	☐	(47) 103 ▷ 0/1

13. Did participant survive more than 24 hours after hospitalization?

(31) NO 2☒ YES 1☐ Not Applicable 3☐ 79

14. Autopsy performed?

(32) NO 2☒ DK 3☐ YES 1☐ 80

(33) 81 82 83 84 Coordinating Center

For Stepped Care and Referred Care participants, complete the following.

Cause of death from autopsy report: (Attach report.)

(34) 85 1/4 ☐ Autopsy report not available, explain:

15. This notification completed by: (35) 86 87

(36) 88 Version 1=Vs.1; 2=Vs.2; 3=VS.3
This Is Version 3

89 90 91 92 93 (37) Century Date

7/1/80 HP07/2

HDFP MORTALITY CODING

ICDA 8th Revision

ID # [ ] [ ] [ ] (Shown in RED on death certificate)

Acrostic: [ ]

Date of death: Month [ ] Day [ ] 19 [ ]

Underlying Cause: (48) 104,105,106 . 107

Code All Other Causes listed on death certificate:

(49) 108,109,110 . 111

(50) : 112,113,114 . 115

(51) : 116,117,118 . 119

(52) : 120,121,122 . 123

(53) : 124,125,126 . 127

Other Significant Condition(s) - Check all listed conditions

(54) 128 Cardiovascular
(55) 129 Cerebrovascular
(56) 130 Renal
(57) 131 Diabetes
(58) 132 Hypertension
(59) 133 Cancer
(60) 134 Trauma
(61) 135 Other

NOTE: After completing this form, please staple to the Death Certificate and return to the Coordinating Center.

VERSION 3
8-25-80

4 of 3

CAUSE OF DEATH REVIEW

Program Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Acrostic: [ ][ ][ ][ ][ ][ ]

PRIMARY CAUSE OF DEATH: ("X" only one.) Review Status: [ ][ ][ ][ ][ ][ ]

62

136 137 138

Cardiovascular Disease

Heart Disease

(01) __ Myocardial Infarction
(02) __ Congestive Heart Failure
(03) __ Other Ischemic Heart Disease
(04) __ Other (Specify) _____

Hypertensive Disease

(05) __ Hypertensive Heart Disease
(06) __ Hypertensive Renal Disease
(07) __ Other Hypertensive Disease (Specify) _____

Cerebrovascular Accident

(08) __ Cerebrovascular Hemorrhage
(09) __ Cerebrovascular Occlusive Disease
(10) __ Other Acute Cerebrovascular Accident
(11) __ Other Cerebrovascular Accident (Specify) _____

Other Cardiovascular Disease

(12) __ Aortic Aneurysm
(13) __ Other (Specify) _____

Renal Disease

(14) __ Nephritis and Nephrosis
(15) __ Other (Specify) _____

Neoplasm

Malignant

(16) __ Breast
(17) __ Other Sites (Specify) _____

(18) __ Benign

Other

(19) __ Diabetes
(20) __ Influenza and Pneumonia
(21) __ Chronic Obstructive Pulmonary Disease
(22) __ Cirrhosis of Liver
(23) __ Suicide
(24) __ Homicide, etc.
(25) __ Other Trauma
(26) __ Other (Specify) _____

Cause Unknown

(27) __

63

Is this Cause of Death Definite? 1 Probable? 2 Possible? 3

139

64

Are there Other Primary Causes which you would entertain? Yes 1 No 2

140

Specify 65 P 6/1 _____

141

VERSION 3

11/20/79

CAUSE OF DEATH REVIEW

5 / 2

Program Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Acrostic: [ ][ ][ ][ ][ ][ ]

PRIMARY CAUSE OF DEATH: ("X" only one.) Review Status: [ ][ ][ ][ ][ ][ ]

Cardiovascular Disease

Heart Disease

(01) __ Myocardial Infarction
(02) __ Congestive Heart Failure
(03) __ Other Ischemic Heart Disease
(04) __ Other (Specify) _____

Hypertensive Disease

(05) __ Hypertensive Heart Disease
(06) __ Hypertensive Renal Disease
(07) __ Other Hypertensive Disease (Specify) _____

Cerebrovascular Accident

(08) __ Cerebrovascular Hemorrhage
(09) __ Cerebrovascular Occlusive Disease
(10) __ Other Acute Cerebrovascular Accident
(11) __ Other Cerebrovascular Accident (Specify) _____

Other Cardiovascular Disease

(12) __ Aortic Aneurysm
(13) __ Other (Specify) _____

Renal Disease

(14) __ Nephritis and Nephrosis
(15) __ Other (Specify) _____

Neoplasm

Malignant

(16) __ Breast
(17) __ Other Sites (Specify) _____

(18) __ Benign

Other

(19) __ Diabetes
(20) __ Influenza and Pneumonia
(21) __ Chronic Obstructive Pulmonary Disease
(22) __ Cirrhosis of Liver
(23) __ Suicide
(24) __ Homicide, etc.
(25) __ Other Trauma
(26) __ Other (Specify) _____

Cause Unknown

(27) __

Is this Cause of Death Definite? (66) 1 (142) Probable? 2 Possible? 3

Are there Other Primary Causes which you would entertain? Yes (67) 1 (143) No 2

Specify (68) P 6/1 (144) _____

VERSION 3

11/20/79