PRCSFA V01.00

ID: Form: CSF Version: A Contact Year: Update: 00

LRC PROGRAM PREVALENCE FOLLOW-UP STUDY
CONTACT SUMMARY FORM

1. DATE OF SUBJECT STATUS / / (mm/dd/yy)

2. STATUS OF CONTACT:

1=CONTACTED AND ALIVE ----------
2=REPORTED ALIVE ----------
3=REPORTED DECEASED ----------

4=FAMILY STUDY CONTACT (NO LONGER VALID)
5=PREVENTION TRIAL CONTACT
6=UNKNOWN

3. MODE OF CONTACT:

1=RELATIVE
2=PHONE
3=PERSONAL INTERVIEW

4=RELATIVE, SPOUSE, AQUAINTANCE
5=EMPLOYER INFORMATION
6=OTHER

7=RELATIVE, SPOUSE, AQUAINTANCE
8=REGISTRY
9=OTHER

Version 78319

OMB 68-872041

M C S A 1 (1-5)

Subject ID Number (6-14)

LRC PREVALENCE FOLLOW-UP STUDY
MORTALITY CLASSIFICATION SUMMARY FORM

For CPR Use Only (37-42)

1. Subject Code Number: ____ (15-18)

2. Today's Date: __ / __ / __ (19-24)
Month Day Year

3. Date of Death: __ / __ / __ (25-30)
Month Day Year

4. Non-Cardiovascular Death

A. Determined by Death Certificate only: 1

B. Determined by Mortality Classification Panel: 2 (31)

5. Cardiovascular Death

A. Determined by agreement of two Mortality Classification Panel members: 1

B. Determined by Full Mortality Classification Panel: 2 (32)

6. Code Numbers of Mortality Classification Panel Members:

A. ____ (33-34)

B. ____ (35-36)

7. Cardiovascular Death
(Check the appropriate boxes)

A. Atherosclerosis of peripheral arteries with gangrene ____ 1 (43)

B. Atherosclerotic arterial aneurysm with rupture ____ 2 (44)

C. Atherosclerotic cerebrovascular disease ____ 3 (45)

D. Atherosclerotic coronary heart disease ____ 4 (46)

i. Suspect ____ 5 (47)

a. Rapid and unexpected ____ 6 (48)

ii. Definite ____ 7 (49)

a. Sudden and unexpected ____ 8 (50)

E. Other Cardiovascular Disease ____ 9 (51)

8. Initials of individual completing this form _____.

Initials of individual checking this form _____.

Version 82328

OMB 68-S72041 and 68-S73044

(Follow-Up)
LIPID RESEARCH CLINICS
NOSOLOGISTS' CODES

Subject ID No. (10-18)

Date of Death (19-24)

For CPR Use (25-30)

D N C B 1 1 0 1 2 (1-9)

I. INSTRUCTIONS: To the Nosologist: Please be certain the code number in question 1 matches the number in the upper left-hand corner of the death certificate. Once a match is verified, code all available information in items 2-5. Draw a horizontal line through unneeded boxes. Enter your initials, date and revision used in question 6. For each item coded, the three middle boxes must always be coded. The first box may be an "N," "E," "&," or blank. The last box (following the decimal) may be numerical, blank, or an X. If there is no code for an item, draw the horizontal line through all 5 boxes.

To the CPR: Before sending to the nosologist, enter the code number in question 1 and attach this form to the death certificate. When the form is returned from the nosologist, review it for legibility. Code the subject ID number. Enter your initials in question 7 and have all information checked and the checker initials question 8.

INTREPRETATION: The last box in all codes is used for numbers following decimals or an X. Often it is blank. The first box may be an N, E, or &. Often it is blank. The three middle boxes are always numerical and must always be completed.

1. Subject Code (31-36)

INFORMATION FROM NOSOLOGIST

2. Cause of Death

A. Immediate i (37-41)
ii (42-46)
iii (47-51)
iv (52-56)

B. Consequence of (A) i (57-61)
ii (62-66)
iii (67-71)
iv (72-76)

DUPLICATE COLUMNS 1-4 2 (5) DUPLICATE COLUMNS 6-24 (6-24)

C. Consequence of (B) i (25-29)
ii (30-34)
iii (35-39)
iv (40-44)

3. Other significant conditions i (45-49)
ii (50-54)
iii (55-59)
iv (60-64)

4. Underlying cause (65-69)

5. Place of Accident (70)

6.a) Initials of Nosologist (71-73)

Signature: _____

b) Date Coded (74-79)
Month / Day / Year

c) Revision Used (80-81)

7. CPR Coder (82-83)

8. CPR Checker (84-85)