OMB# 0925-0491
Exp 05/31/2007

Physician Questionnaire Form

ID NUMBER: [ ][ ][ ][ ][ ][ ][ ][ ] CONTACT YEAR: [ ][ ]

FORM CODE: PHQ
VERSION A: 05/06/2003

LAST NAME: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] INITIALS: [ ][ ]

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Decedent's Name: ______________________________ Age: [ ][ ]

Date of Birth: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
month day year

Date of Death: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
month day year

Event ID: [ ][ ][ ][ ][ ][ ][ ] Sequence Number: [ ][ ]

Physician's name: ______________________________

Please complete the following and return in the enclosed envelope.

A. Medical History

1. Are you familiar with the decedent's medical history?

Yes [ ]

If No, Skip to Item 5 on Page 3 — No [ ]

2. When did you last see the decedent?

[ ][ ] / [ ][ ][ ][ ]
month year

3. Did the decedent have a history of any of the following?

	Yes	No	Uncertain
a. Angina pectoris or coronary insufficiency......	☐	☐	☐
b. Valvular disease or cardiomyopathy...........	☐	☐	☐
c. Coronary bypass surgery..........................	☐	☐	☐
d. Coronary angioplasty..........................	☐	☐	☐
e. Hypertension....................................	☐	☐	☐
f. Myocardial infarction............................	☐	☐	☐

If MI **yes,** date of most recent event: ☐☐ / ☐☐☐☐
month year

h. Other chronic ischemic heart disease.........	☐	☐	☐
i. Stroke (CVA)...	☐	☐	☐

j. **If yes**, date of most recent event: ☐☐ / ☐☐☐☐
month year

	Yes	No	Uncertain
k. Any non-cardiac condition that might have contributed to this death..................	☐	☐	☐

If yes, specify: ____________________

	Yes	No	Uncertain
l. Diabetes..	☐	☐	☐
m. Cigarette smoking................................	☐	☐	☐

4. Was the decedent taking any of the following medications within four weeks prior to death?

	Yes	No	Uncertain
a. Nitrates	☐	☐	☐
b. Calcium channel blockers	☐	☐	☐
c. Digitalis	☐	☐	☐
d. Beta-blockers	☐	☐	☐
d.1. Aspirin	☐	☐	☐
d.2. ACE inhibitors	☐	☐	☐
e. Other cardiovascular drugs	☐	☐	☐

If yes, specify: ______________________________

B. Details of Death

5. Are you familiar with the events surrounding the decedent's death?

Yes ☐ No ☐

6. Did you witness the death?

Yes ☐ No ☐

If you answered **No** to both 5 and 6 skip to Item 14. Otherwise, continue with Item 7.

7. Was there any pain in the chest, left arm, shoulder or jaw within 72 hours of death?

Yes ☐ No ☐ Uncertain ☐

If **No** or **Uncertain** go to item 8.

b. Did the pain include the chest?

Yes ☐ No ☐ Uncertain ☐

c. Did you think this pain was of a cardiac origin?

Yes ☐ No ☐ Uncertain ☐

If No, specify what you think was the cause:

____

8. Did the decedent take (or was he/she given) nitrates at the time of the acute episode?

Yes ☐ No ☐ Uncertain ☐

9. Was coronary reperfusion (intravenous or intracoronary streptokinase or TPA, angioplasty, etc.) attempted during the acute episode?

Yes ☐ No ☐ Uncertain ☐

10. Was CPR and/or cardioversion performed within 24 hours of death?

Yes ☐ No ☐ Uncertain ☐

11. Please give time between onset of acute symptoms to death. (We are defining death as the point where spontaneous breathing ceased and the patient never recovered)

☐ More than 3 days
☐ 2-3 days
☐ 1 day
☐ At least 12 hours, but less than 24 hours
☐ At least 4 hours, but less than 12 hours
☐ At least 1 hour, (F) but less than 4 hours
☐ Less than 1 hour
☐ Death instantaneous, (H) no symptoms
☐ Unknown

12. Would you classify the decedent's cause of death as due to CHD?

Yes	No	Uncertain
☐	☐	☐

20. **If no**, what do you believe to be the cause of death?

	Yes	No	Uncertain
20a. Pulmonary embolism...........	☐	☐	☐
20b. Acute pulmonary edema......	☐	☐	☐
20c. Stroke............................	☐	☐	☐
20d. Pneumonia......................	☐	☐	☐
20e. Congestive Heart Failure	☐	☐	☐
20f. Other............................	☐	☐	☐

20f. **Specify:** ______________________________

C. Signature

14. Form completed by: ______________________________
Signature

15. Date: ☐☐ / ☐☐ / ☐☐☐☐
month day year

Thank you very much for your help. Please return this questionnaire in the enclosed self-addressed envelope.

Office use only: 23. Self (A) ________ Interview(B) ________ E. records(C) ________