## ARIC Atherosclerosis Risk in Communities

# PHYSICIAN QUESTIONNAIRE FORM

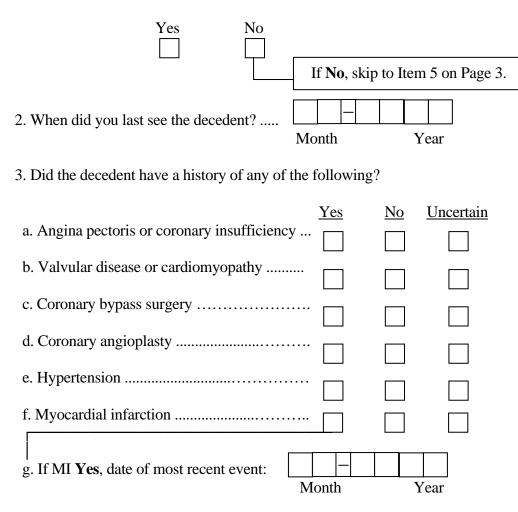
Public reporting burden for this collection of information is estimated to average <u>6-15</u> minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: **NIH**, **Project Clearance Branch**, **6705 Rockledge Drive**, **MSC 7974**, **Bethesda**, **MD 20892-7974**, **ATTN: PRA (0925-0281)**. Do not return the completed form to this address.

	ARIC Center use only	Version C: 05/22/07	
Decedent's Name:	Age:	Date of Birth://	Date of Death://
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?

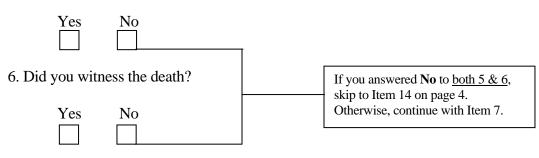


3. (cont'd) Did the decedent have a history of any of the following?

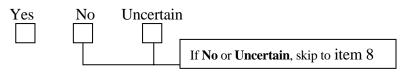
		Yes	<u>No</u>	<u>Uncertain</u>
h. Other chronic ischemic heart di	sease:	🗆		
i. Stroke (CVA):				
j. <u>If Yes</u> , date of most recent even		onth Y	ear	
k. Any non-cardiac condition tha have contributed to this death:	t might	Yes	<u>No</u>	Uncertain
L If Yes, specify:				
		Yes	No	<u>Uncertain</u>
l. Diabetes:				
m. Cigarette smoking:				
4. Was the decedent taking any of the following medications within four weeks prior to death?				
	Yes	<u>No</u>	Uncertai	in
a. Nitrates				
b. Calcium channel blockers				
c. Digitalis				
d. Beta-blockers				
d.1. Aspirin				
d.2. ACE or Angiotensin II inhibitors				
e. Other cardiovascular drugs				
L If Yes, specify:				

#### **B. DETAILS OF DEATH**

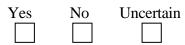
5. Are you familiar with the events surrounding the decedent's death?



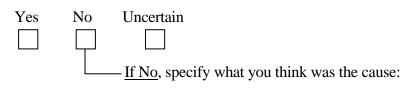
7.a. Was there any pain in the chest, left arm or shoulder or jaw within 72 hours of death?



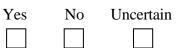
b. Did the pain include the chest?



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



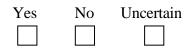
8. Did the decedent take (or was he/she given) nitrates at the time of the acute episode?



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?



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 (A)	At least 1 hour, (F) but less than 4 hours			
2 - 3 days (B)	<ul><li>Less than 1 hour (G)</li><li>Death instantaneous,(H)</li></ul>			
<ul><li>1 day (C)</li><li>At least 12 hours, but less than 24 hours (D)</li></ul>				
At least 4 hours, but less than 12 hours (E)	no symptoms Unknown (I)			
12. Would you classify the decedent's cause of death as due to CHD?				
Yes No Uncertain				
13. <u>If No</u> , what do you believe be the cause of death?	to			
a. Pulmonary embolism	No Uncertain			
C. SIGNATURE				
14.Form completed by:				
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: 16. Self (A) Interview	(B) E.R. records (C)			