

No N

Cohort C Surveillance S

If "Yes", Specify: __

3. Abstracting for:

Coroner/Medical Examiner Form

FORM CODE: COR 05/05/2014 VERSION: C

Was an autopsy performed as part of the medical examiner (coroner)

Yes Y

No N

investigation?

CONTACT YEAR:

ID NUMBER:	CONTACT YEAR:		
LAST NAME:	INITIALS:		
EVENT ID:			
INSTRUCTIONS: The Coroner/Medical Examiner Form is completed for each eligible out-of-hospital death that was identified as a coroner or medical examiner case on the death certificate, and recorded as such on the Death Certificate Form. Event ID, Name (or Soundex code) must be entered above. Refer to this form's Q x Q instructions for information on specific items. For multiple choice and "yes/no" questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.			
CORONER/MEDICAL EXAMINER FORM			
Date of death from death certificate:	4. Has an official coroner's or medical		
	examiner's report or another source		
	of information from the coroner's or		
Month Day Year	medical examiner's office been located?		
	Yes Y		
2. Is the name of coroner's or medical examiner's office available?	No N		
Yes Y	Go to Item 25		

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6. Did the coroner's report mention any of the following as contributing to or being present at death?	6.f. Recent cerebral hemorrhage
a. Recent myocardial infarction	g. Recent cerebral infarction
b. Coronary heart disease/ischemic/atherosclerotic heart disease (other than MI)	h. Recent cerebral embolus Y N
c. Hypertensive heart disease	i. Recent subarachnoid hemorrhage
d. Valvular heart disease	j. Recent stroke, other
e. Other heart disease	or unspecified type Y N

7.a. Was any non-cardiac, non-stroke finding mentioned as contributing	Yes No 7.e. Alcohol or drug
to death?	addiction Y N
Yes Y No N	f. Epilepsy Y N
Go to Item 8	g. Liver disease Y N
Yes No	h. Other Y N
b. Kidney disease Y N	If Other is Yes, Specify: ———————————————————————————————————
c. Chronic respiratory disease	

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	ID LABEL		
8. Do you ha	ve the final diagnoses?		
		Yes	Y
G :C		No	N
Specify	<i>y.</i>		

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9. Pick one of the following (A,B*,C*,D*,U*):	Patient died suddenly and was known to have no acute symptoms B
Patient had acute symptoms (cardiac or non-cardiac) which led to an overt change in activity or to seeking medical care	Patient was found dead with no documentation of symptoms C
	Patient had symptoms but they were chronic (without change) or did not lead to a change in activity or seeking medical care
	Unknown U —————————————————————————————

10. Within 3 days of death or just before death, did any of the following symptoms begin for	10.g. Paralysis Y N Unknown U
the first time?	h. Loss of speech Y N U
<u>Yes</u> <u>No</u> <u>Unknown</u>	
a. Shortness of breath	i. Attack of indigestion
b. Dizziness Y N U	or nausea or
c. Palpitations Y N U	vomiting Y N U
	j. Other Y N U
d. Marked or increased fatigue, tiredness	If other is Yes, Specify:
or weakness Y N U	n other is Tes, speeny.
e. Headache Y N U	
f. Sweating Y N U	

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11.a. Was there an acute episode(s)	11.c. Did the patient take or
of pain or discomfort anywhere	1
in the chest, left arm or	was he/she given nitrates
shoulder or jaw either just	at the time of the acute
before death or within 72 hours of death?	episode?
72 hours of death:	1
Yes Y	Yes Y
No N —	No N
Unknown U —	Unknown U
Go to Item 12	d. Was the discomfort or pain diagnosed as
	having a non-cardiac
b. Did this pain or discomfort	origin?
specifically involve the chest?	
	Yes Y
Yes Y	
No N	No N
NO IN	Unknown U
Unknown U	CHRIIOWII C
	If "Yes", Specify:
	1
	<u> </u>
12 Place of death (circle only one):	13 a Did anyone witness the death?
12. Place of death (circle only one):	13.a. Did anyone witness the death? Yes
12. Place of death (circle only one): Home (or other private	13.a. Did anyone witness the death? Yes
·	
Home (or other private residence) A	Yes Y No N —
Home (or other private	Yes Y
Home (or other private residence) A Work B	Yes Y No N —
Home (or other private residence) A	Yes Y No N —
Home (or other private residence)	Yes
Home (or other private residence) A Work B	Yes
Home (or other private residence)	Yes
Home (or other private residence)	Yes
Home (or other private residence)	Yes
Home (or other private residence)	Yes
Home (or other private residence)	Yes
Home (or other private residence)	Yes
Home (or other private residence)	Yes
Home (or other private residence)	Yes

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CORONER/MEDICAL EXAMINER FORM (CORC Screen 9 of 13)

13.c. Relationship of this witness to deceased:	14. Time from onset of acute symptoms to death (or time
Spouse S	since last known to be
Parent P	alive if no known acute symptoms) (Choose only one):
Daughter/Son C	5 minutes or less A
Other Relative R	More than 5 minutes
Friend F	to 1 hour B
Workmate W	More than 1 hour to 24 hours C
Other O	More than 24 hours D
Unknown U	Unknown U

15.a. Is there a history of a myocardial infarction prior to the onset of this event?	15.c. Was the deceased hospitalized for the MI?
Yes	No
b. Did an MI occur within four weeks prior to this event? Yes	hospital? Yes Y No N
No	If "Yes", Specify:

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16. Is there any history of angina pectoris or coronary insufficiency?	18. Is there a history of valvular disease or cardiomyopathy?
Yes Y	Yes Y No N
No N	
Unknown U	Unknown U
17. Is there a history of any other chronic ischemic heart disease?	19. Is there a history of coronary bypass surgery prior to this event?
Yes Y	Yes Y
No N	No N
Unknown U	Unknown U
20. Is there a history of coronary	22. Is there a history of hypertension (high blood pressure) prior to this
angioplasty prior to this event?	event?
Yes Y	Yes Y
No N	No N
Unknown U	Unknown U
21.a. Is there a history of stroke prior to this event?	a. Is there a history of diabetes?
Yes Y	
No N	Yes Y
	No N
Unknown U	Unknown U
Go to Item 22	b. Is there a history
b. Did a stroke occur within four	of smoking?
weeks prior to this event?	Yes Y
Yes Y	No N
No N	Unknown U
Unknown U	

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23. Was the decedent taking any of the following medications as an outpatient within the four weeks prior to death?	24. Was this form completed by abstraction or by interview with the coroner?
Yes No Unknown	Abstraction A
a. Nitrates Y N U	Interview I
b. Calcium channel blockers Y N U c. Beta-blockers Y N U	25. Abstractor Number:
d. Digitalis Y N U	26. Date abstract completed:
e. ACE or angiotensin II inhibitors Y N U	Month Day Year
f. Aspirin Y N U	

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