



**CORONER/MEDICAL EXAMINER FORM**

<p>6. Did the coroner's report mention any of the following as contributing to or being present at death?</p> <p align="right"><u>Yes</u>   <u>No</u></p> <p>a. Recent myocardial infarction ..... Y   N</p> <p>b. Coronary heart disease/ischemic/atherosclerotic heart disease (other than MI) ..... Y   N</p> <p>c. Hypertensive heart disease ..... Y   N</p> <p>d. Valvular heart disease ..... Y   N</p> <p>e. Other heart disease ..... Y   N</p>	<p align="right"><u>Yes</u>   <u>No</u></p> <p>6.f. Recent cerebral hemorrhage ..... Y   N</p> <p>g. Recent cerebral infarction ..... Y   N</p> <p>h. Recent cerebral embolus ..... Y   N</p> <p>i. Recent subarachnoid hemorrhage ..... Y   N</p> <p>j. Recent stroke, other or unspecified type ..... Y   N</p>
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<p>7.a. Was any non-cardiac, non-stroke finding mentioned as contributing to death?</p> <p align="center">                 Yes ..... Y                  No ..... N             </p> <div style="border: 1px solid black; width: fit-content; padding: 2px; margin: 10px auto;">Go to Item 8</div> <p align="right"><u>Yes</u>   <u>No</u></p> <p>b. Kidney disease ..... Y   N</p> <p>c. Chronic respiratory disease ..... Y   N</p> <p>d. Psychiatric illness/depression ..... Y   N</p>	<p align="right"><u>Yes</u>   <u>No</u></p> <p>7.e. Alcohol or drug addiction ..... Y   N</p> <p>f. Epilepsy ..... Y   N</p> <p>g. Liver disease ..... Y   N</p> <p>h. Other ..... Y   N</p> <p>If Other is Yes, Specify:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>9. Pick one of the following (A,B*,C*,D*,U*):</p> <p>Patient had acute symptoms (cardiac or non-cardiac) which led to an overt change in activity or to seeking medical care..... A</p>	<p>Patient died suddenly and was known to have no acute symptoms ..... B</p> <p>Patient was found dead with no documentation of symptoms ..... C</p> <p>Patient had symptoms but they were chronic (without change) or did not lead to a change in activity or seeking medical care ..... D</p> <p>Unknown ..... U</p> <div style="border: 1px solid black; width: fit-content; margin-left: auto; margin-right: auto; padding: 2px 5px;">Go to Item 11.a</div>
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<p>10. Within 3 days of death or just before death, did any of the following symptoms begin for the first time?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:10%; text-align: center;"><u>Yes</u></th> <th style="width:10%; text-align: center;"><u>No</u></th> <th style="width:10%; text-align: center;"><u>Unknown</u></th> </tr> </thead> <tbody> <tr> <td>a. Shortness of breath .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>b. Dizziness.....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>c. Palpitations .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>d. Marked or increased fatigue, tiredness or weakness .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>e. Headache .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>f. Sweating .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	<u>Unknown</u>	a. Shortness of breath .....	Y	N	U	b. Dizziness.....	Y	N	U	c. Palpitations .....	Y	N	U	d. Marked or increased fatigue, tiredness or weakness .....	Y	N	U	e. Headache .....	Y	N	U	f. Sweating .....	Y	N	U	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%; text-align: center;"><u>Yes</u></th> <th style="width:10%; text-align: center;"><u>No</u></th> <th style="width:10%; text-align: center;"><u>Unknown</u></th> </tr> </thead> <tbody> <tr> <td>10.g. Paralysis .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>h. Loss of speech .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>i. Attack of indigestion or nausea or vomiting.....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>j. Other .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> </tbody> </table> <p>If other is Yes, Specify:</p> <p>_____</p> <p>_____</p>		<u>Yes</u>	<u>No</u>	<u>Unknown</u>	10.g. Paralysis .....	Y	N	U	h. Loss of speech .....	Y	N	U	i. Attack of indigestion or nausea or vomiting.....	Y	N	U	j. Other .....	Y	N	U
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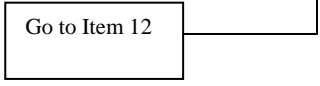
**CORONER/MEDICAL EXAMINER FORM**

11.a. Was there an acute episode(s) of pain or discomfort anywhere in the chest, left arm or shoulder or jaw either just before death or within 72 hours of death?

Yes ..... Y

No ..... N

Unknown ..... U



b. Did this pain or discomfort specifically involve the chest?

Yes ..... Y

No ..... N

Unknown ..... U

11.c. Did the patient take or was he/she given nitrates at the time of the acute episode?

Yes ..... Y

No ..... N

Unknown ..... U

d. Was the discomfort or pain diagnosed as having a non-cardiac origin?

Yes ..... Y

No ..... N

Unknown ..... U

If "Yes", Specify:

\_\_\_\_\_

12. Place of death (circle only one):

Home (or other private residence) ..... A

Work ..... B

In a public building ..... C

On a bus or public transportation ..... D

On the street ..... E

In an automobile ..... F

In nursing home ..... G

In emergency room ..... H

In an ambulance ..... I

In hospital ..... J

Other ..... O

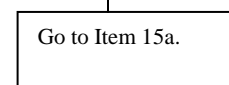
Unknown ..... U

13.a. Did anyone witness the death?

Yes ..... Y

No ..... N

Unknown ..... U



b. Do you have the name and address for this witness?

Yes ..... Y

No ..... N

If "Yes", Specify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

<p>13.c. Relationship of this witness to deceased:</p> <p>Spouse ..... S</p> <p>Parent ..... P</p> <p>Daughter/Son ..... C</p> <p>Other Relative ..... R</p> <p>Friend ..... F</p> <p>Workmate ..... W</p> <p>Other ..... O</p> <p>Unknown ..... U</p>	<p>14. Time from onset of acute symptoms to death (or time since last known to be alive if no known acute symptoms) (Choose only one):</p> <p>5 minutes or less ..... A</p> <p>More than 5 minutes to 1 hour ..... B</p> <p>More than 1 hour to 24 hours ..... C</p> <p>More than 24 hours ..... D</p> <p>Unknown ..... U</p>
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<p>15.a. Is there a history of a myocardial infarction prior to the onset of this event?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-left: 100px;">Go to Item 16</div> <p>b. Did an MI occur within four weeks prior to this event?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-left: 100px;">Go to Item 16</div>	<p>15.c. Was the deceased hospitalized for the MI?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-left: 100px;">Go to Item 16</div> <p>d. Do you know the name of the hospital?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>If "Yes", Specify:</p> <hr style="width: 80%; margin-left: 0;"/>
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**CORONER/MEDICAL EXAMINER FORM**

<p>16. Is there any history of angina pectoris or coronary insufficiency?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <p>17. Is there a history of any other chronic ischemic heart disease?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p>	<p>18. Is there a history of valvular disease or cardiomyopathy?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <p>19. Is there a history of coronary bypass surgery prior to this event?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p>
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<p>20. Is there a history of coronary angioplasty prior to this event?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <p>21.a. Is there a history of stroke prior to this event?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin: 5px 0;">Go to Item 22</div> <p>b. Did a stroke occur within four weeks prior to this event?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p>	<p>22. Is there a history of hypertension (high blood pressure) prior to this event?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <p>a. Is there a history of diabetes?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p> <p>b. Is there a history of smoking?</p> <p>Yes ..... Y</p> <p>No ..... N</p> <p>Unknown ..... U</p>
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23. Was the decedent taking any of the following medications as an outpatient within the four weeks prior to death?

Yes   No   Unknown

- a. Nitrates ..... Y   N   U
- b. Calcium channel blockers ..... Y   N   U
- c. Beta-blockers ..... Y   N   U
- d. Digitalis ..... Y   N   U
- e. ACE or angiotensin II inhibitors ... ..... Y   N   U
- f. Aspirin ..... Y   N   U

24. Was this form completed by abstraction or by interview with the coroner?

Abstraction ..... A

Interview ..... I

25. Abstractor Number: 

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26. Date abstract completed:

		-			-				
Month			Day		Year				