

Updated DTH Form Version G

This table summarizes changes to the DTH Form as of 03/07/2017

Items in DTH Form	Description of Changes in DTH Form
Form instructions	Updated
Items 0, 18a, 18b, 3g, 3h, 3i, 3j and 3j1	Removed
Note: The order of the form questions have been changed with the removal of the death eligibility check questions.	



Death Certificate Form

FORM CODE: DTH

VERSION: G 6/16/2017

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS FOR THE DTH FORM: The Death Certificate Form is completed for all cohort deaths. Event ID and Name must be entered above. Refer to this form's Q by Q instructions for information on entering numerical responses. For "multiple choice" and "yes/no" type questions, record the letter corresponding to the most appropriate response. **NOTE:** Use this version if date of death is 01/01/1999 or later.

A. INFORMATION FROM DEATH INDEX/CERTIFICATE

1. Decedent:

a. First Name:.....

b. Middle Name:.....

c. Last Name:.....

2. Death Certificate Number:

3. Social Security Number:...

3.a. Is the decedent's place of residence at the time of death available?

Yes Y
No N

Go to Item 4.

3.b. Address Information

3.b.1. PO Box, Box, &/or Route and Number:

3.b.2. Street Number Prefix:

--	--	--	--	--	--

3.b.3. Street Number:

--	--	--	--	--	--	--	--	--	--	--	--

3.b.4. Street Number Suffix:

--	--	--	--	--	--

3.b.5. Street Name Prefix:

--	--	--	--	--	--

3.b.6. Street Name (e.g., Elm):

3.b.7. Street Name type:

--	--	--	--	--

3.b.8. Street Name Suffix:

--	--	--	--	--	--

3.b.9. Unit Type:

--	--	--	--	--	--

3.b.10. Unit Prefix:

--	--	--	--	--	--

3.b.11. Unit Identifier:

--	--	--	--	--	--

3.b.12. Unit Suffix:

--	--	--	--	--	--

3.b.13. Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.c.1. City:

3.d.1. County:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.e. State:

--	--	--

3.e.1. Country (if not USA):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.f. Zip Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Sex: Male..... M
 Female.... F

5. Race or ethnic group:

White..... W
 Black/African American..... B
 Native Hawaiian or Other Pacific Islander..... H
 Asian.....S
 American Indian/Native Alaskan..... I
 Other.....O (If other, specify)
 Unknown/Not Recorded.....U

6. Hispanic or Latino origin?.....YesY
 No..... N
 Unknown.....U

7. Marital status: ... Married..... M
 Single (never married)..... S
 Separated.....P
 Divorced..... D
 Widowed..... W
 Other..... O

7a. Was the decedent a veteran? Yes....Y
 No.....N
 Unknown....U

8. Date of birth:

--	--	--	--	--	--	--	--	--	--

 Month Day Year

9. Date of death:

--	--	--	--	--	--	--	--

 Month Day Year

10. Age at death:

--	--	--

11. Time of death (24 hr clock):

--	--	--	--	--	--

 H H : M M

12. Where did the decedent die? .. Hospital within catchment area A
 Hospital out of catchment area or location unknown B
 Nursing home N
 Residence R
 Other O

Go to Item 14

If Residence or Other, specify below then go to Item 15

Specify: _____

13. If decedent died in hospital: Dead on arrival ... A
 Emergency room ... B
 Outpatient C
 Inpatient D
 None of above E
 Not recorded F

14. Do you know the name and location of hospital or nursing home?
 Specify Name, City, State Yes ...Y
 Skip Name, City, State No ...N
 [Name, City, State items are placed in notelog]

Name: _____
 City: _____
 State: _____

15. Was this a coroner's or medical examiner's case? Yes Y
 Go to Item 17 No N

16. Do you know the name and address of the Coroner or Medical Examiner?
 Specify Name, Address Yes ...Y
 Skip Name, Address No ...N
 [Name, Address items are placed in notelog]

Name: _____
 Address: _____

17. Was an autopsy performed? Yes Y
 No N

18. ICD-10 CODE for underlying cause of death: .

19. All listed ICD-10 CODES for death:

a.	.	_____	f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
b.	.	_____	g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
c.	.	_____	h.	.			.	<input type="text"/>
d.	.		i.	.			.	<input type="text"/>
e.	.		j.	.			.	<input type="text"/>

20. Do you know up to four causes of death as they were recorded on the death certificate?

Specify cause and consequence	_____	YesY
Skip cause and consequence	_____	No N

[Cause and consequence are placed in notelog]

Immediate cause:

Due to or as a consequence of (1):

Due to or as a consequence of (2):

Due to or as a consequence of (3):

21. Do you know other significant conditions as they were recorded on the death certificate?

Specify conditions	_____	YesY
Skip conditions	_____	NoN

[Conditions are placed in notelog]

Conditions: _____

22. Interval between onset and death for immediate cause of death:

- 5 minutes or less A
- 1 hour or less B
- 1 day or less C
- 1 week or less D
- 1 month or less E
- More than 1 month F
- Unknown or not recorded ... U

23. Do you know the name and address of the Informant?

<input type="checkbox"/> Specify Name, Address	_____	YesY
<input type="checkbox"/> Skip Name, Address	_____	NoN

[Name, Address items are placed in notelog]

Name: _____
Address: _____

24. Relationship of informant to deceased:

<input type="checkbox"/> Go to Item 26	_____	Spouse	S
		Other	O
		Unknown	U

If Other, specify: _____

25. Do you know the name and address of the spouse if he or she was not listed as the informant above?

<input type="checkbox"/> Specify Name, Address	_____	YesY
<input type="checkbox"/> Skip Name, Address	_____	NoN

[Name, Address items are placed in notelog]

Name: _____
Address: _____

26. Do you know the name and address of the certifying physician?

Specify Name, Address	Yes ...Y
Skip Name, Address	NoN

[Name, Address items are placed in notelog]

Name: _____
 Address: _____

B. ADMINISTRATIVE INFORMATION

27. Date abstract completed:

--	--	--	--	--	--	--	--	--	--

Month Day Year

28. Code number of abstractor completing this form:

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29. Is a COR form needed?Yes Y
 (Auto filled: Y if Q16=Y and Q18=E10-14, I10-11, I20-25, No N
 I46-51, I70, I97 (except I97.2), J81, J96, R96, R98, or R99)