



Draft

MrOS Death Report

Clinic Completed Form

MrOS ID#	Acrostic	Staff ID#
ED1ID	ED1ACROS	ED1STAFF

Within 8 weeks of the reported death, complete this form and...

- Submit form to data system
- Verify acceptance into data system using data inventory
- Send appropriate documentation (death certificate, hospital discharge, autopsy report) to Coordinating Center

① Was participant in a health care facility (hospital, hospice, etc) prior to his death? *ED1HFACIL*

Yes No Uncertain

1 **0** **2**

Facility Name: _____

Address: _____

Street

City State ZIP

Was the Hospital Discharge Summary sent or will it be sent to the Coordinating Center? *ED1HDSUM*

Yes No Not applicable

1 **0** **2**

Explain: _____

② Was a copy of the death certificate sent or will it be sent to the Coordinating Center? *ED1DCERT*

Yes No

1 **0**

Explain: _____

③ Was an autopsy performed? *ED1AUTOPS*

Yes No

1 **0**

Were results sent or will they be sent to the Coordinating Center? *ED1AUTRES*

Yes No

1 **0**

Explain: _____



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MrOS Death Report

Clinic Completed Form

MrOS ID#	Acrostic	Staff ID#
ED2ID	ED2ACROS	ED2STAFF

5 Which of the following interviews have been completed? (Check all that apply)

- ED2INTMD Personal physician Other contact 1 ED2INTCO1
- ED2INTMD2 Other MD Other contact 2 ED2INTCO2
- ED2INTCO Contact on baseline general info form

6 From all of the sources of information, is it possible that the participant suffered a fracture any time between the last MrOS contact and his death?

- Yes No ED2POSFX
- 1 0

Complete *Fracture Initial Notification Form* form and follow usual procedures for fracture reporting.

a. How was fracture reported? (Check all that apply)

- ED2FXMD Personal physician Other contact 1 ED2FXCON1
- ED2FXMD2 Other MD Other contact 2 ED2FXCON2
- ED2FXCON Contact on baseline general info form

7 Date of status change in MrOS Enrollment Database:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year		

ED2CHGDT

RESPONSES IN Q5 AND Q6A CODED AS -1



MrOS Death Initial Notification

Clinic Completed Form

MrOS ID#	Acrostic	Staff ID#
EDNID	EDNACROS	EDNSTAFF

Within 5 days of clinic notification of participant's death, complete this form and:

- Change participant status by posting query in data system
- Submit form to data system (Form will not be accepted unless participant status is changed to dead in data system)
- Verify acceptance into data system using data inventory

Note: If participant is terminated do not contact family members or physicians

① Date of death: / / **EDNDATE**
 Month Day Year

② Location of death: **EDNCITY**
 City: State:
EDNSTATE

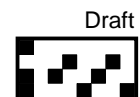
③ Source of Information: **EDNSOURCE**

1 Surrogate calls clinic 3 Follow-up telephone call for tri-annual questionnaire
 2 Returned tri-annual questionnaire 4 Health care provider
 5 Other → Please specify: _____

④ Complete the MrOS Death Contact Information Worksheet.

⑤ Was the participant considered terminated (and not reinstated) at the time of his death?

Yes No **EDNTERM**
 1 0





MrOS Death Adjudication

MrOS ID#	Acrostic	Adjudicator ID#
EDZID	EDZACROS	EDZSTAFF

Coordinating Center Completed Form

1 Date of death: / / **EDZDEATH**
 Month Day Year

2 Was the death certificate received in at the Coordinating Center?
EDZCERTRE 1 Yes 0 No ———> Explain:

3 What additional documentation was used to adjudicate the death? **-1 FOR ALL CHOICES**
EDZAUTOP Autopsy Report **EDZCOR** Coroner's Report **EDZFACE** Face Sheet **EDZDIS** Discharge Summary (Hospital)
 Other: _____ None **EDZNONE**
EDZOTH

4 Death Certificate ICD codes: (enter "A" into the first box of the field for intentionally missing values)

	Description:	ICD 9 code	ICD 10 code
PART 1: A	Immediate cause of death:	EDZD9ICI . <input type="text"/>	<input type="text"/> EDZD0ICI <input type="text"/>
PART 1: D LAST	Underlying cause of death:	EDZD9ICU . <input type="text"/>	<input type="text"/> EDZD0ICU <input type="text"/>
PART 1: B	Contributing factor #1:	EDZD9ICC1 . <input type="text"/>	<input type="text"/> EDZD0ICC1 <input type="text"/>
PART 1: C	Contributing factor #2:	EDZD9ICC2 . <input type="text"/>	<input type="text"/> EDZD0ICC2 <input type="text"/>
PART 2: i	Contributing factor #3:	EDZD9ICC3 . <input type="text"/>	<input type="text"/> EDZD0ICC3 <input type="text"/>
PART 2: ii	Contributing factor #4:	EDZD9ICC4 . <input type="text"/>	<input type="text"/> EDZD0ICC4 <input type="text"/>

5 Physician Adjudicator ICD codes: (enter "A" into the first box of the field for intentionally missing values)

	Description:	ICD 9 code	ICD 10 code
	Immediate cause of death:	EDZP9ICI . <input type="text"/>	<input type="text"/> EDZP0ICI <input type="text"/>
	Underlying cause of death:	EDZP9ICU . <input type="text"/>	<input type="text"/> EDZP0ICU <input type="text"/>

6 Signature of Physician Adjudicator at the Coordinating Center:

Comments: _____
 Signature: _____ Date: _____

