



Death Certificate Dataset

CODEBOOK

Baseline through Visit 16

ARCHIVED DATASET 2019

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Description of the Dataset

This codebook documents the SWAN Coordinating Center's freezing of data collected from Death Certificates obtained for deceased SWAN participants, as of August 2018. SWAN study sites obtained death certificates from family members of participants throughout SWAN follow-up.

Death certificates (DC) were de-identified by the study sites and sent to the Coordinating Center, where data were extracted based on the Death Certificate Data Extraction Form. Relevant information collected includes date of death, place of death, underlying cause of death, and presence of specific conditions on any line of the death certificate. If a death certificate was not obtained for a participant, they are still included in the data set but have missing information for all fields.

Who is included in the frozen dataset: This dataset includes data from **161** participants who have died.

Important:

- According to death certification guidelines, the last line of the death certificate should have the **underlying cause of death** listed. However, not all certifying physicians follow these guidelines, resulting in the most proximal cause of death (for example, respiratory failure), listed at the bottom, resulting in a loss of information if the death certificate was coded according to standards.
- Death certificates were not obtained for **7** women. These participants were included in the data set with all missing data except for GETCERT=1.
- Dates of death (DOD) from death certificates did not match the SWAN study site-determined date of death for **20** IDs. These could be due to error by the physician certifying death, site error, the mode by which date of death was determined by SWAN investigators (for example, if the death was originally reported by a family member as just a month and year, the 15th of that month is used as a placeholder for the actual date), or differences in determining circumstances of death.
 - For three women, the date of death from the death certificate was in a different month than the date on the stat form. In all three cases, the date of death was originally reported to SWAN study sites by family members.
- Please note, visit 16 was completed by three of the 7 sites. Several sites took the initiative of pursuing outside sources of information (obituaries, etc.) to find out about deaths, and requested a death certificate.

- Variables included in the dataset are:

Variable	Description	Values
ARCHID	Study ID Number	
SITE	SWAN STUDY SITE	11= Detroit, MI 12= Boston, MA 13= Chicago, IL 14= Oakland, CA 15= Los Angeles, CA 16= Newark, NJ 17= Pittsburgh, PA
RACE	Race/Ethnicity	1= Black 2= Chinese/Chinese American 3= Japanese/Japanese American 4= White Non-Hispanic 5= Hispanic
GETCERT	Was a death certificate obtained?	1=No 2=Yes
DCDDAY	Day of Date of death (from death certificate)	
DCOMPDAY	Day of Death Form Completion	
DPLACE	Place of death	1=Hospital 2=Hospice 3=Nursing home/LTC 4=Decedent's Home 5=Other Residence 6=Ambulance 7=Other
DCAUSE	Causes of death available from the Cause of Death section of the death certificate?	1=No 2=Yes
CODCV	Heart disease listed on any line of DC	1=No 2=Yes
CODHF	Heart failure listed on any line of DC	1=No 2=Yes
CODMI	Heart attack/myocardial infarction listed on any line of DC	1=No 2=Yes
CODCVA	Stroke listed on any line of DC	1=No 2=Yes
CODPNEUM	Pneumonia listed on any line of DC	1=No 2=Yes
CODCANC	Cancer listed on any line of DC	1=No 2=Yes
CODDIAB	Diabetes listed on any line of DC	1=No 2=Yes
CODCOPD	COPD listed on any line of DC	1=No 2=Yes
CODKIDNE	Kidney failure listed on any line of DC	1=No 2=Yes
CODLIVER	Liver failure or cirrhosis listed on any line of DC	1=No 2=Yes
CODROAD	Road injury listed on any line of DC	1=No 2=Yes
CODFALL	Fall listed on any line of DC	1=No 2=Yes
DINJURY	Did the death certificate indicate that the cause of death was an injury?	1=No 2=Yes

DEATH CERTIFICATE DATA EXTRACTION FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

- A1. PARTICIPANT ID: AFFIX ID LABEL HERE **ARCHID[~]**
- A2. FORM VERSION: 03/21/2016 **#FORM_V**
- A3. DATE FORM COMPLETED: / / / / / / / **DCOMPDAY[†]**
M M D D Y Y Y Y
- A4. INTERVIEWER'S INITIALS: **#INITS**
- A5. RESPONDENT'S DOB: / / / / / / / **#DOB**
M M D D Y Y Y Y

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- A6. Was a death certificate obtained? **GETCERT**
- NO1 **END FORM**
YES2

[~] A randomly generated ID will be provided that is different from the original ID
[†] This date is given in days since the initial baseline interview, which is day zero.

SECTION B. DEATH CERTIFICATE INFORMATION FORM

B1. DATE OF DEATH (FROM DEATH CERTIFICATE):

DCDDAY†

_____ M M	/	_____ D D	/	_____ Y Y Y Y
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B2. PLACE OF DEATH (if possible, identify type of facility, rather than the name or address) **DPLACE**

- Hospital 1
 - Hospice facility 2
 - Nursing Home/Long-term care facility..... 3
 - Decedent’s Home 4
 - Other Residence 5
 - Ambulance 6
 - Other 7
- Specify _____

#DPLACES

B3. Were any causes of death available from the “Cause of Death” section of the death certificate?

DCAUSE

- NO 1 **(B4)**
- YES..... 2

B3a. What is the cause of death listed on the **last non-blank line** of the “Cause of Death” section of the death certificate? (NOT the “contributing causes” listed below the “Cause of Death” section) **#COD**

B3b. Were any of the following causes listed on **any line** of the “Cause of Death” section of the death certificate? (NOT including the “contributing causes” section below the “Cause of Death” section):

	<u>NO</u>	<u>YES</u>	
a. Heart disease	1	2	<u>CODCV</u>
b. Heart failure	1	2	<u>CODHF</u>
c. Heart attack/Myocardial Infarction.....	1	2	<u>CODMI</u>
d. Stroke	1	2	<u>CODCVA</u>
e. Pneumonia	1	2	<u>CODPNEUM</u>
f. Cancer	1	2	<u>CODCANC</u>
g. Diabetes	1	2	<u>CODDIAB</u>
h. Chronic Obstructive Pulmonary Disease (COPD).....	1	2	<u>CODCOPD</u>
i. Kidney failure.....	1	2	<u>CODKIDNE</u>
j. Liver failure/cirrhosis.....	1	2	<u>CODLIVER</u>
k. Road Injury	1	2	<u>CODROAD</u>
l. Fall.....	1	2	<u>CODFALL</u>

B4. Did the death certificate indicate that the cause of death was an injury?

DINJURY

- NO 1
- YES 2

† This date is given in days since the initial baseline interview, which is day zero.

B5. Was a "Manner of Death" available from the death certificate?

#DMANNER

NO 1 **END FORM**
YES 2

B5a. What was the "Manner of Death" listed on the death certificate:

#MODDC

Natural 1
Accident 2
Suicide 3
Homicide 4
Could not be determined 5
Pending investigation 6
None of the above 7