



Date:   /   /

Month Day Year

## INTRODUCTION:

(If appropriate, interviewer may use information from other forms to fill in parts of this form. Ask only necessary questions.)

**Notes:**

[illegible]

		/			/				
Month			Day			Year			

**(Interviewer, please mark appropriate category below.)**

- ☐ Cardiac death
- ☐ Cerebrovascular death
- ☐ Non-CVD death. Specify:

- Unknown (Interviewer, please write as many details in notes section as possible.)

- In-hospital
- Out of Hospital (**put ER deaths here**)

Abstractor ID: 

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/   /      
 Month Day Year