Please complete the following and return in the enclosed envelope.

A. MEDICAL HISTORY

1. Are you familiar with the decedent’s medical history?
   - Yes
   - No
   If No, skip to Item 5 on Page 3

2. When did you last see the decedent? .................  
   Month  Year

3. Did the decedent have a history of any of the following?
   - Angina pectoris or coronary insufficiency ...
   - Valvular disease or cardiomyopathy ............
   - Coronary bypass surgery .........................
   - Coronary angioplasty .............................
   - Hypertension .....................................
   - Myocardial infarction
     - Yes
     - No
     - Uncertain
     If Yes, date of most recent event:  
       Month  Year
3. (cont'd) Did the decedent have a history of any of the following?

h. Other chronic ischemic heart disease
   Yes ☐  No ☐  Uncertain ☐
   j. If Yes, date of most recent event: ___________ ___________
      Month Year

i. Stroke (CVA)
   Yes ☐  No ☐  Uncertain ☐

k. Any non-cardiac condition that might have contributed to this death
   Yes ☐  No ☐  Uncertain ☐
      If Yes, specify: __________________________

l. Diabetes
   Yes ☐  No ☐  Uncertain ☐

m. Cigarette smoking
   Yes ☐  No ☐  Uncertain ☐

4. Was the decedent taking any of the following medications within four weeks prior to death?

   a. Nitrates .................... ☐  ☐  ☐
   b. Calcium channel blockers ... ☐  ☐  ☐
   c. Digitalis ..................... ☐  ☐  ☐
   d. Beta-blockers ................. ☐  ☐  ☐
   e. Other cardiovascular drugs
      Yes ☐  No ☐  Uncertain ☐
      If Yes, specify: __________________________
B. DETAILS OF DEATH

5. Are you familiar with the events surrounding the decedent's death?  
   Yes  No

6. Did you witness the death?  
   Yes  No

   If you answered No to both 5 & 6, skip to Item 14 on page 4. Otherwise, continue with Item 7.

7.a. Was there any pain in the chest, left arm or shoulder or jaw within 72 hours of death?  
   Yes  No  Uncertain

   If No or Uncertain, skip to item 8

b. Did the pain include the chest?  
   Yes  No  Uncertain

c. Did you think this pain was of a cardiac origin?  
   Yes  No  Uncertain

   If No, specify what you think was the cause:

8. Did the decedent take (or was he/she given) nitrates at the time of the acute episode?  
   Yes  No  Uncertain

9. Was coronary reperfusion (intravenous or intracoronary streptokinase or TPA, angioplasty, etc.) attempted during the acute episode?  
   Yes  No  Uncertain

10. Was CPR and/or cardioversion performed within 24 hours of death?  
    Yes  No  Uncertain
11. Please give time between onset of acute symptoms to death. (We are defining death as the point where spontaneous breathing ceased and the patient never recovered.)

- More than 3 days (A)
- 2 - 3 days (B)
- 1 day (C)
- At least 12 hours, but less than 24 hours (D)
- At least 4 hours, but less than 12 hours (E)
- Unknown (I)
- At least 1 hour, but less than 4 hours (F)
- Less than 1 hour (G)
- Death instantaneous, no symptoms (H)

12. Would you classify the decedent's cause of death as due to CHD?

- Yes
- No
- Uncertain

13. If No, what do you believe to be the cause of death?

- Pulmonary embolism
- Acute pulmonary edema
- Stroke
- Pneumonia
- Other

- Yes
- No
- Uncertain

Specify:

C. SIGNATURE

14. Form completed by: ____________________________

Signature ____________________________

15. Date: __________ - __________ - __________

Month Day Year

Thank you very much for your help. Please return this questionnaire in the enclosed self-addressed envelope to: ARIC Central Receiving, Collaborative Studies Coordinating Center Suite 203 Nations Bank Plaza, 137 E. Franklin Street, Chapel Hill NC 27514

OFFICE USE ONLY: 16. Self (A)  Interview (B)  E.R. records (C)