**INSTRUCTIONS FOR DEATH CERTIFICATE FORM
DCF, VERSION 2.0, QUESTION BY QUESTION (QxQ)**

I. GENERAL INSTRUCTIONS

The Death Certificate Form (DCF) is to be completed for each death reported. The Death Certificate must be requested and obtained prior to completing this form.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

Item 1. **Death certificate obtained:** Select only one option among the two possible choices.
- Select No if a death certificate was not obtained. [Go to END]
- Select Yes if a death certificate was obtained.

Item 2. **Date of death:** Record the date of death.

Item 3. **Time of death:** Record the time of death.

Item 4. **Decedent death in hospital:** Select only one option among the three possible choices.
- Select No if the decedent did not die in a hospital.
- Select Yes if the if the decedent did die in a hospital. [Go to Q6]
- Select Unknown if it is unknown whether or not the decedent died in a hospital.

Item 5. **Death classification:** Select only one option among the six possible choices.
- Select 'Dead on Arrival' (DOA) if the death was classified as DOA.
- Select 'Emergency Dept.' (ED) if the death was classified as ED.
- Select 'Outpatient' if the death was classified as outpatient.
- Select 'Inpatient' if the death was classified as inpatient.
- Select 'None of the above' if the death was classified as none of the above.
- Select 'Not recorded' if the classification of death was not recorded.

Item 6. **Coroner or medical examiner case:** Select only one option among the two possible choices.
- Select No if this was not a coroner's or medical examiner's case. [Go to Q10]
- Select Yes this was a coroner's or medical examiner's case.

Item 7. **Coroner or medical examiner name and address recorded:** Select only one option among the two possible choices.
- Select No if the name and address of the coroner or medical examiner were not recorded. [Go to Q10]
- Select Yes if the name and address of the coroner or medical examiner were recorded.

Item 8. **Name of Coroner or Medical Examiner:** Record the name of the coroner or medical examiner.

Item 9. **Address of Coroner or Medical Examiner:** Record the name of the coroner or medical examiner in Q9a-Q9e.

Item 9a. **Street of Coroner or Medical Examiner:** Record the street address of the coroner or medical examiner.

Item 9b. **City of Coroner or Medical Examiner:** Record the city of the coroner or medical examiner.

Item 9c. **State of Coroner or Medical Examiner:** Record the state of the coroner or medical examiner.

Item 9d. **Zip code of Coroner or Medical Examiner:** Record the zip code of the coroner or medical examiner.

Item 9e. **County of Coroner or Medical Examiner:** Record the county of the coroner or medical examiner.

Item 10. **Was autopsy performed:** Select only one option among the two possible choices.
- Select No if an autopsy was not performed.
- Select Yes if an autopsy was performed.

Item 11. **Was <u>underlying cause</u> of death recorded using ICD9 or ICD10 codes:** Select only one option among the three possible choices.
- Select ICD9 if <u>underlying cause</u> of death was recorded using ICD9 codes. [Go to Q11a]
- Select ICD10 if <u>underlying cause</u> of death was recorded using ICD10 codes. [Go to Q11b]
- Select 'No Codes Available' if there were no ICD codes available. [Go to Q13]

Item 11a. **ICD9 code:** Record the ICD9 code for <u>UNDERLYING cause</u> of death only.

Item 11b. **ICD10 code:** Record the ICD10 code for <u>UNDERLYING cause</u> of death only.

Item 12. **Were additional ICD codes recorded using ICD9 or ICD 10 codes:** Select only one option among the three possible choices.
- Select ICD9 if there were additional ICD9 codes recorded. [Go to Q12a]
- Select ICD10 if there were additional ICD10 codes recorded. [Go to Q12b]
- Select 'No Codes Available' if there were no ICD codes available. [Go to Q13]

Item 12a. **Additional ICD9 codes:** Record all listed ICD9 codes for death.

Item 12b. **Additional ICD10 code:** Record all listed ICD10 codes for death.

Item 13. **Causes of death recorded on death certificate:** Select only one option among the two possible choices.
- Select No if there were no causes of death recorded on the death certificate. [Go to Q14]
- Select Yes if there were causes of death recorded on the death certificate.

Item 13a. **Immediate cause:** Record the immediate cause of death as indicated on the death certificate.

Item 13b. **Due to or as a consequence of (1):** If any, record the first of the conditions listed as leading to the immediate cause of death.

Item 13c. **Due to or as a consequence of (2):** If any, record the second of the conditions listed as leading to the immediate cause of death.

. Item 13d. **Due to or as a consequence of (3):** If any, record the third of the conditions listed as leading to the immediate cause of death.

Item 14. **Other significant conditions:** Select only one option among the two possible choices.
- Select No if there were no other significant conditions recorded on the death certificate. [Go to Q15]
- Select Yes if there were causes of death recorded on the death certificate.

Item 14a. **Specify other significant conditions:** Specify any other significant conditions.

Item 15. **Interval between onset and death:** Select only one option among the seven possible choices.
- Select 'Five minutes or less' if the interval between onset and death for immediate cause of death was five minutes or less.
- Select 'One hour or less' if the interval between onset and death for immediate cause of death was one hour or less.
- Select 'One day or less' if the interval between onset and death for immediate cause of death was one day or less.
- Select 'One week or less' if the interval between onset and death for immediate cause of death was one week or less.
- Select 'One month or less' if the interval between onset and death for immediate cause of death was one month or less.
- Select 'More than one month' if the interval between onset and death for immediate cause of death was more than one month.
- Select 'Unknown or Not recorded' if the interval between onset and death for immediate cause of death was unknown or not recorded.

Save and close the form.