PhenX Toolkit

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

To be completed by physician who signed the death certificate and/or the patients physician.

1. Are you familiar with the events surrounding the decedents death?

[ ] Yes

[ ] No

2. Did you witness the death?

[ ] Yes

[ ] No

If you answered **No** to both <u>1 and 2</u>, skip to end. Otherwise, continue with item 3.

3a. 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 4.

3b. Did the pain include the chest?

[ ] Yes

[ ] No

[ ] Uncertain

3c. Did you think this pain was of a cardiac origin?

[ ] Yes

[ ] No

[ ] Uncertain

If **No**, specify what you think was the cause:

4. Was cardiopulmonary resuscitation (CPR) and/or cardioversion performed within 24 hours of death?

[ ] Yes

[ ] No

[ ] Uncertain

5. 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 three days

[ ] Two - three days

[ ] One day

[ ] At least 12 hours, but less than 24 hours

[ ] At least 4 hours, but less than 12 hours

[ ] At least 1 hour, but less than 4 hours

[ ] Less than 1 hour

[ ] Death instantaneous, no symptoms

[ ] Unknown

6. Would you classify the decedents cause of death as due to Coronary Heart Disease (CHD)?

[ ] Yes

[ ] No

[ ] Uncertain

To be abstracted from patients hospital medical records.

7. Location of death:

[ ] Out-of-Hospital

[ ] Emergency Room (not dead on arrival—DOA)

[ ] In Hospital

[ ] Nursing Home, Skilled Nursing Facility (SNF), or Extended Care Facility (ECF)

[ ] Other, specify:

8. Was the death witnessed?

[ ] Yes

[ ] No

[ ] Unknown

9. Multi-Ethnic Study of Atherosclerosis (MESA) classification of underlying cause of death (choose one):

[ ] Atherosclerotic coronary heart disease (complete questions 10, 11 and 12 only)

[ ] Stroke (skip to end)

[ ] Atherosclerotic disease other than coronary disease or stroke (specify): _____ (complete question 12 only)

[ ] Other cardiovascular disease, not defined above (specify):_____ (complete question 12 only)

[ ] Non-cardiovascular disease (specify):_____ (skip to end)

[ ] Unknown because death certificate unavailable (skip to end)

10. Type of fatal coronary heart disease:

[ ] Definite fatal myocardial infarction (MI) (no known non-atherosclerotic cause and definite myocardial infarction within 4 weeks of death)

[ ] Definite fatal coronary heart disease (CHD) (no known non-atherosclerotic cause, and one or both of the following: chest pain within 72 hours of death or a history of chronic ischemic heart disease)

[ ] Possible fatal coronary heart disease (CHD) (no known non-atherosclerotic cause, and death certificate underlying cause: I20-25, I46, I51.6, R96 or R98-99)

11. Estimated time between onset of acute cardiac symptoms and death:

[ ] Less than five minutes

[ ] five minutes to one hour

[ ] one hour to 24 hours

[ ] More than 24 hours

[ ] Unknown

12. Mechanism of death in patients dying of cardiovascular causes (check all that apply):

[ ] Primary arrhythmic death

[ ] Secondary arrhythmic/mechanical death

[ ] Congestive heart failure (CHF)

[ ] Cardiac procedure such as coronary artery bypass graft (CABG) or angioplasty

[ ] Hemorrhage from thrombolytic therapy

[ ] Other (specify):_____

[ ] Unknown or Uncertain

Protocol source: https://www.phenxtoolkit.org/protocols/view/40701