



A6. If the place of death was a hospital, what was the time of death in relationship to the time of the patient's presentation at the hospital?

- 1. Pronounced dead on arrival at hospital
- 2. Died in emergency room or within 24 hours of admission
- 3. Died more than 24 hours after admission

↓  
 A6.a Date of admission Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A6.b Admitting diagnosis:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

OFFICE USE

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\* Obtain signed RELEASE OF INFORMATION form from next of kin and request records

**\*\*ATTACH HOSPITALIZATION SUMMARY\*\***

OFFICE USE

B1. Is a copy of the death certificate available?

- 1. NO
- 2. YES

↓  
 The cause of death as reported on the Death Certificate was:

- a. immediate \_\_\_\_\_
- b. due to \_\_\_\_\_
- c. due to \_\_\_\_\_

OFFICE USE

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Other significant conditions reported on the Death Certificate were:

- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

OFFICE USE

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**\*\*ATTACH A COPY OF THE DEATH CERTIFICATE\*\***

OFFICE USE

B2. The information regarding the circumstances surrounding the death was obtained from:  
**(CHECK NO OR YES FOR EACH OF a - d)**

- a. Member of immediate family
- b. Medical Personnel
- c. Medical Records
- d. Other

1. NO    2. YES  
   

a1. Specify \_\_\_\_\_

     
      
   

d1. Specify \_\_\_\_\_

B3. Was an autopsy performed?

- 1. NO
- 2. YES →
- 9. DK

**ATTACH A COPY OF THE COMPLETE REPORT**

OFFICE USE

C1. Classification of cause of death by STOP II Center Investigator

1. NEUROLOGICAL EVENT →

C1.a Type

- 1. Cerebral Infarction
- 2. Intracranial Hemorrhage

C1.b Specify type \_\_\_\_\_

3. Other → C1.c Specify \_\_\_\_\_

2. OTHER → C1.d Specify \_\_\_\_\_

3. UNKNOWN – SUDDEN DEATH (EXPLAIN BELOW)

4. UNKNOWN - NO INFORMATION

**Continue to C2**

