Cause of Death Form (CRF)

**CoDe**

*Study: SHCS
*Patient ID code: ________
*Date of death : ___ – ___ – ___ (dd/mmm/yy eg 01-FEB-05)

If the patient experienced any D:A:D event(s), please report such event(s) on a designated D:A:D event form in addition to the completion of the CoDe form

**Section 1** Background demographics

- **A.** Year of birth (yyyy) __ __ __ __
- **B.** Gender : □ male □ female
- **C.** Height (cm): _ _ _ D. Weight (kg) : _ _ _ E. Date : _ _ _ – _ _ _ – _ _ _ (most recent before death) (dd-mmm-yyyy; weight measured)

**Section 2** What data sources were available for the completion of this form? (please mark all that apply)

- **A.** Hospital files □ Yes, complete □ Yes, incomplete □ No
- **B.** Outpatient clinic chart □ Yes, complete □ Yes, incomplete □ No
- **C.** Autopsy report □ Yes, complete □ Yes, incomplete □ No
- **If other, specify:**
- **D.** Registry □ □ G. Patient’s medical provider □
- **E.** Obituary □ □ H. Nursing home □
- **F.** Patient’s relatives or partner □ □ I. Other: __________________________

**Section 3** Risk factors:

- **A.** Ongoing risk factors in the year prior to death:
  1. Cigarette smoking □ Yes □ No □ Unknown
  2. Excessive alcohol consumption □ Yes □ No □ Unknown
  3. Active illicit injecting drug use □ Yes □ No □ Unknown
  4. Active illicit non-injecting drug use □ Yes □ No □ Unknown
  5. Opiate substitution (methadone) □ Yes □ No □ Unknown

**Section 4** Co-morbidities:

- **A.** Ongoing chronic conditions:
  1. Hypertension □ Yes □ No □ Unknown
  2. Diabetes mellitus □ Yes □ No □ Unknown
  3. Dyslipidemia □ Yes □ No □ Unknown
- **B.** Prior cardiovascular disease
  (myocardial infarction, stroke or invasive cardiovascular procedure) □ Yes □ No □ Unknown
- **C.** History of depression □ Yes □ No □ Unknown
- **D.** History of psychosis □ Yes □ No □ Unknown
- **E.** Liver disease:
  1. Chronic elevation of liver transaminases □ Yes □ No □ Unknown
  2. Chronic HBV infection □ Yes □ No □ Unknown
  3. Chronic HCV infection □ Yes □ No □ Unknown
  4. HDV infection □ Yes □ No □ Unknown
  5. History of previous liver decompensation □ Yes □ No □ Unknown
  6. Clinical signs of liver failure in the 4 weeks before death □ Yes □ No □ Unknown
  7. Liver histology available (ever) □ Yes □ No □ Unknown

*Please note that if any mandatory fields remain empty the CRF will not be registered
If Yes, please indicate:
the date of most recent biopsy ________-______-______ the stage of fibrosis (0-4): ________
(dd-mmm-yy eg 01-FEB-05)

<table>
<thead>
<tr>
<th>Illness / Condition / Injury (text)</th>
<th>Date of onset dd/mm/yyyy (eg 01-FEB-05)</th>
<th>Certainty of diagnosis*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Definite</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Certainty of Diagnosis: Definite=95-100% certainty, Likely=80-95% certainty, Possible=50-80% certainty

*D. Brief narrative of the sequence of events leading to death (please include means of diagnosis of illnesses):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Please note that if any mandatory fields remain empty the CRF will not be registered
E. In summary, the causal relation between the conditions leading to death was (complete this section with the corresponding number from table C above):

1. Condition that directly caused death (immediate cause):

2. Due to or as a consequence of:

3. Due to or as as a consequence of:

4. Condition that initiated the train of morbid events (the underlying condition):

Section 6 Post-mortem / Autopsy:

A. Has autopsy been performed: □ Yes □ No □ Unknown

B. Did the autopsy reveal any evidence of intoxication? □ Yes, with the agent: □ No □ Unknown

Please provide a brief summary of the findings from the autopsy report (please also include a copy of the full report):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section 7 ART and laboratory values prior to death

A. Has the patient EVER received ART: □ Yes □ No □ Unknown
If YES, when was ART started (in months before death):
□ ≤ 1 month before □ ≤ 3 months before □ ≤ 6 months before □ More than 6 months before

B. Did the patient receive ART at the time of death? □ Yes □ No □ Unknown
   ○ If No, Date of stopping __ __ – __ __ __ – __ __ (dd/mmm/yy eg 01-FEB-05)

C. Laboratory values (please complete all fields where data is available)

<table>
<thead>
<tr>
<th>Laboratory values</th>
<th>Time</th>
<th>Value</th>
<th>Unit</th>
<th>Date dd/mmm/yy (eg 01-FEB-05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD4+ cell count</td>
<td>1. Most recent prior to last stopping ART</td>
<td>Cells/mm³</td>
<td>__ __ __ __ __ __ __ __</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Most recent prior to death</td>
<td></td>
<td>__ __ __ __ __ __ __ __</td>
<td></td>
</tr>
<tr>
<td>HIV RNA</td>
<td>1. Most recent at time of stopping ART</td>
<td>Copies/mL</td>
<td>__ __ __ __ __ __ __ __</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Most recent prior to death</td>
<td></td>
<td>__ __ __ __ __ __ __ __</td>
<td></td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>Most recent prior to death</td>
<td>/</td>
<td>__ __ __ __ __ __ __ __</td>
<td></td>
</tr>
</tbody>
</table>
Section 8 ♦ Adverse effects to any type of medical treatment

A. Was the death considered to be related to a medical treatment?  □ Yes  □ No  □ Possibly

B. The suspected relation was to: □ Antiretroviral treatment  □ Other medical treatment

Please provide a brief narrative of the suspected association including the name of the medication and the date of starting:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please refer to the ‘CoDe instructions’ for definitions and guidelines for the completion of this form

Completed by: Name (in print) ____________________________________________________

Position: □ Physician  □ Nurse  □ Other, describe ________________________________

Directly involved in the medical care of the patient around the time of death?  □ Yes  □ No

Date (dd/mmm/yy): __ __ – __ __ __ – __ __ Signature: ________________________________