
FORM:	120 – INITIAL REPORT OF DEATH
Version:	4 – July 5, 2000
Description:	2-page form filled out by Clinical Center (CC) staff. Key-entered at the CC.
When used:	Completed when the WHI participant's (Clinical Trial [CT] or Observational Study [OS]) next of kin, friends/associates, or personal physician calls to report a death, or when a death is identified from some other source (newspaper obituary, returned mail, or National Death Index report).
Purpose:	To record preliminary information about a death. For use by outcomes staff at the CC and to ensure that the WHILMA database reflects this information.

GENERAL INSTRUCTIONS

1. This form must be completed by a member of the CC staff at the time that the CC is informed of the death of any WHI participant (CT or OS).
2. Enter as much information about the death as possible from the notification source (note that **full** details may need to be deferred depending on the source and date of death).
3. Place the participant's barcode label on the front page of the form.
4. Send to Data Entry for key-entry. When a *Form 120* is analyzed in the WHILMA (database) outcomes analyzer, a condition of "death" is created and subsequently investigated.
5. Data Entry: Key-enter form and initial the first page of the form after key-entry.

Item Instructions

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| 1. | Contact date | Month, day, year. Date that the form is completed. |
| 2. | Completed by | Standard 3-digit WHI employee ID. (See common data items.) |
| 3. | Contact type | Mark appropriate box. (See common data items.) |
| 4. | Visit type | Contact at which form is completed. Mark appropriate box. If outside a routine contact, select 'Non-routine'. Provide visit number as appropriate. (See common data items.) |
| 5. | Date of death | The date (month, day and year) that the participant died as reported by the notification source. If the exact date is unknown record an estimated date of death. |
| 6. | Source of notification | Mark the appropriate box. |
| 6.1. | Contact information | <p>The name, address, and phone number where this person can be contacted. A provider identification number will be (or may already be) assigned by the WHILMA database and can be entered in the provider ID box in lieu of handwriting the source of notification information. Personal contacts (i.e., family members, friends) may receive a provider ID # for the purpose of investigating a death. These names are confidential and are kept separate from the other provider numbers in the database. If the only source of notification is a family member, friend, or provider and all other questions on <i>Form 120</i> are unknown, a <i>condition of death</i> will be created and requires additional follow-up to obtain appropriate provider information. See <i>Vol. 8, Section 2 - Ascertainment</i> for additional details on processing this information. Alternately, refer to the WHILMA version 35 upgrade notes.</p> <p>Data Entry: Key-enter this provider ID information; the condition of death is automatically created. When additional information is required the condition of death will not be automatically created. Refer to the WHILMA version 35 upgrade notes.</p> |
| 7. | Death occurring in a hospital/medical institution | No/Yes/Unknown. Mark 'Yes' for deaths that occur in an extended care facility, hospice, nursing home, etc. |
| 7.1. | Contact information | <p>The hospital/medical institution name, city, and state where death occurred. The name, address, and phone number where this provider can be contacted. A provider identification number will (or may already be) be assigned by the WHILMA database. This number can be entered in the provider ID box in lieu of handwriting the hospital information (optional).</p> <p>Data Entry: Key-enter this provider ID information. The death condition will automatically be created in the WHILMA database.</p> |
| 8. | Location of death | <p>If death did not occur in a hospital/medical institution (home, nursing home, extended care facility, etc.) indicate location and address.</p> <p>Data Entry: Do not key-enter this information.</p> |

9. Autopsy No/Yes/Unknown. Mark “yes” if the notification source reports that an autopsy was done, even if you do not have appropriate provider information.
- 9.1. Contact information The name, address, and phone number where the autopsy was done. A provider identification number will (or may already be) assigned by the WHILMA database. This number can be entered in the provider ID box in lieu of handwriting the location where the autopsy was performed (optional).
Data Entry: Key-enter this information.
10. Death certificate signee Mark the appropriate box, based on currently available information.
- 10.1. Contact information The name, address, and phone number of the individual who signed the death certificate. A provider identification number will (or may already) be assigned by the database. This number can be entered in the provider ID box in lieu of handwriting death certificate signee (optional).
Data Entry: Key-enter this information.
11. Cause of Death (stated by proxy) Write out what the source says was the cause of death.
Data Entry: Do **not** key-enter this information.
12. Cause of death (available data) Based on currently available data, you must select a cause of death. Mark one category only. Mark “99 - Unknown” if you have no information about the cause of death. If selecting “88 – Other cause of death, known,” write out the cause of death on the line provided.
Data Entry: Key-enter the code corresponding to the box checked. Do **not** enter the text corresponding to the “other” box for cancer, cardiovascular, injury, or other cause of death, known.