

**CSSCD Phases 2 and 3**  
**3.5: Cause of Death Form – Form DEATH**

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**Question-By-Question Specifications For Cause Of Death Form**

Detailed Instructions

Question 1: Patient's CSSCD ID #. Write in the patient's CSSCD CASID #.

Question 2: Patient's CSSCD Acrostic. Write in the patient's CSSCD ACROSTIC.

Question 3: Date of Birth. Write in the patient's birthdate. The date should be entered in MM DD YY date format.

Question 5: Person Completing Form. The name and initials of the person completing the form should be printed on this line.

Question 6: CSSCD Code number of person completing form. The code number assigned by the Data Coordinator to the person completing the form should be entered.

Question 7: Date of clinic's notification of the death. The date should be entered in MM DD YY date format.

Question 8: Date of death. The date should be entered in MM DD YY date format. If the exact date of death is unknown, write in the approximate date of death and make a note next to the date that the 'exact date is unknown'.

Question 9: Time of death. Put an 'x' or check mark in the appropriate response box – 1. AM or 2. PM and enter the time. If the time is unknown, write in 'unknown'.

Question 10: Place of death. Print the street address, city, county, and state where the death occurred (2-letter postal abbreviation code). If the death occurred outside of the United States, write in the full name of the location—e.g., Jamaica, Nigeria, etc. If the exact place of death is unknown, write in 'unknown' on the Street Address Line.

Question 10.1: This is the address of... Response choices are:

1. A CSSCD hospital

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2. A non-CSSCD hospital
3. A nursing home or other chronic care facility
4. The patient's home
5. Other.

Put an 'x' or check mark in the appropriate response box. If the response is '1' enter the CSSCD center code # (Question 10.1a), if the response is 2, 3, or 5, specify place of death on line 10.1.6. Write in the name of the health care facility.

Note: If the response is '2' (a non-CSSCD hospital) or '3' (nursing home or other chronic care facility), make an effort to obtain medical records from the institution.

Question 10.2: 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? A response is required only if the response to Question 10.1 was '1' or '2'. Response choices are

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

Put an 'x' or check mark in the appropriate response box. If the answer is 'unknown' write in 'unknown' in the margin.

Question 10.3: Date of admission: A response is required only if the response to Question 10.2 is '3'. The date should be entered in MM DD YY date format.

Question 10.4: Admitting Diagnosis: A response is required only if the response to Question 10.2 is '3'. Print the admitting diagnosis(es). Do not fill in the boxes to the right of the spaces provided for diagnosis. Make an effort to obtain the hospitalization summary report and staple it to the CAUSE OF DEATH form.

Question 11: Is a copy of the Death Certificate available? Response choices are 1. NO and 2. YES. Put an 'x' or check mark in the appropriate response box.

Question 11.1: Cause of death as reported on the Death Certificate.

and

Question 11.2: Other significant conditions reported on the Death Certificate.

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Responses to 11.1 and 11.2 are required only if the response to Question 11 is '2. YES'. Print the relevant information written in on the death certificate. If no significant conditions were reported on the Death Certificate, write in 'none' on line a. for Question 11.2. Do not fill in the boxes to the right of the spaces after a., b., and c. for Questions 11.1 and 11.2.

Note: A copy of the Death Certificate should be stapled to the CAUSE OF DEATH form when it is mailed to the SCC.

Question 12: The information regarding the circumstances surrounding the death was obtained from... Put an 'x' or check mark in either '1. NO' or '2. YES' box for each of the 5 sources:

- A. Member of immediate family
- B. Friend/Co-worker
- C. Medical personnel
- D. Medical records
- E. Other

If the response to A. is '2. YES', write in the relationship of the immediate family member(s) to the deceased.

Question 13: Was an autopsy performed? Response choices are 1. NO, 2. YES, and 9. DON'T KNOW. Put an 'x' or check mark in the appropriate response box. If an autopsy was performed, the complete report should be stapled to the CAUSE OF DEATH form when it is mailed to the SCC or forwarded when it becomes available.

Question 14: What was the immediate cause of death? Response choices are:

- 1. Infection
- 2. Pneumonia
- 3. Cerebrovascular accident
- 4. Acute anemic event
- 5. Chronic organ failure
- 6. Acute organ failure
- 7. Pulmonary emboli
- 8. Complication of surgical procedure or medical treatment
- 9. Cancer

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- 10. Accident
- 11. Unknown – sudden death
- 12. Unknown – no information
- 13. Other

Only one of the 13 choices should be checked. Additional information is requested in this section if the response is '1', '3', '4', '5', '6', '8', '9', '10', or '13'. Fill in the appropriate sections as directed by the arrows and boxes. Do not fill in the 'OFFICE USE' boxes.

Question 15: Had the patient experienced any new events/procedures since the last study visit which were not associated with the terminal event? Response choices are '1. NO' and '2. YES'. Put an 'x' or check mark in the appropriate response box. If the response is '2. YES', specify the events and/or procedures in the space provided.

Question 16: Physician's Summary. A CSSCD physician or nurse should write (legibly) a brief summary of the events or circumstances surrounding the patient's death in this section. If more space is needed, the back side of the page may be used.

Data Coordinator Review

The Data Coordinator is responsible for obtaining and mailing copies of the Death Certificate, autopsy report (if applicable), and hospital summary report (if applicable). The patient's CSSCD CASE ID # and ACROSTIC should be written in on the reports. The patient's name and other identifying information should be crossed out. The Data Coordinator should make sure that a response is recorded for all applicable questions on the CAUSE OF DEATH FORM even if a response is 'DON'T KNOW' or 'WILL OBTAIN AND FORWARD', etc. The Data Coordinator should then write in her/his name, sign, and date the form. Photocopies of the completed CAUSE OF DEATH form and relevant reports should be filed in the patient's CSSCD study file folder. Original copies should be forwarded to the SCC.

**CODEBOOK FOR CSSCD FORM DEATH  
CAUSE OF DEATH FORM  
CSSCD INFANT COHORT PATIENTS**

CONTENTS OF SAS DATASET: DTH\_PUBN.SD2  
DATA FROM CSSCD FORM DEATH - CAUSE OF DEATH FORM  
VARIABLES ARE LISTED IN ALPHABETICAL ORDER AND IN ORDER OF THEIR POSITION  
IN THE SAS DATASET AND ON FORM DEATH

DATE VARIABLES HAVE BEEN REMOVED & CSSCD ID #S REPLACED W/ ANONYMIZED ID #  
The SAS System 11:39 Wednesday, March 17, 2004 1

The CONTENTS Procedure

Data Set Name:	IN.DTH_PUBN	Observations:	15
Member Type:	DATA	Variables:	25
Engine:	V6	Indexes:	0
Created:	11:47 Wednesday, March 17, 2004	Observation Length:	338
Last Modified:	11:47 Wednesday, March 17, 2004	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size: 16384  
Number of Data Set Pages: 1  
First Data Page: 1  
Max Obs per Page: 48  
Obs in First Data Page: 15  
Number of Data Set Repairs: 0  
File Name: dth\_pubn.sd2  
Release Created: 6.08.00  
Host Created: WIN

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
1	ANONID	Char	8	0			ANONYMIZED ID #
19	DTHATPR	Num	8	228	2.	2.	AUTOPSY REPORT RECEIVED
18	DTHATPSY	Num	8	220	2.	2.	13 WAS AN AUTOPSY PERFORMED
6	DTHCERT	Num	8	33	2.	2.	11 COPY OF DEATH CERTIFICATE AVAILABLE
11	DTHCERTR	Num	8	137	2.	2.	DEATH CERTIFICATE ATTACHED
7	DTHCND2	Char	40	41			112B OTHER SIGNIFICANT CONDITION 2
9	DTHCND3	Char	40	89			112C OTHER SIGNIFICANT CONDITION 3
8	DTHCND2C	Num	8	81	6.2	6.2	OTHER SIGNIFICANT CONDITION 2 ICD-9 CODE
10	DTHCND3C	Num	8	129	6.2	6.2	OTHER SIGNIFICANT CONDITION 3 ICD-9 CODE
3	DTHCOHRT	Num	8	9	2.	2.	4 STUDY COHORT
22	DTHCOMM	Num	8	309	2.	2.	16 SUMMARY OF EV & CIRCUMSTANCE OF DTH
20	DTHEV	Num	8	236	2.	2.	15 EXPER NEW EV SINCE LAST VISIT
25	DTHICSE	Num	8	327	2.	2.	14 IMMEDIATE CAUSE OF DEATH
12	DTHINFF	Num	8	145	2.	2.	12A DTH INFO OBTAINED FROM IMMED FAMILY
14	DTHINFFR	Num	8	188	2.	2.	12B DTH INFO OBTAINED FROM FRND/COWORKR
13	DTHINFM	Char	35	153			12A1 FAMILY RELATION TO DECEASED SPECIFY
15	DTHINFMP	Num	8	196	2.	2.	12C DTH INFO OBTAINED FROM MED PERSONEL
16	DTHINFMR	Num	8	204	2.	2.	12D DTH INFO OBTAINED FROM MED RECORDS
17	DTHINFOT	Num	8	212	2.	2.	12E DTH INFO OBTAINED FROM OTHER
24	DTHOVERS	Char	2	325			VERSION DATA TRANSCRIBED FROM
4	DTHRLP	Num	8	17	2.	2.	102 RELATION TIME DTH & PRESENT TO HOSP
21	DTHSPEVT	Char	65	244			EXPER NEW EV SINCE LAST VISIT SPECIFY
5	DTHSUMR	Num	8	25	2.	2.	DEATH SUMMARY RECEIVED
23	DTHTRNSC	Num	8	317	2.	2.	DATA TRANSCRIBED FROM OLDER VERSION
2	DTHVERS	Char	1	8			FORM VERSION

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\*\*\*\*\*  
\* DTHN.FMT contains value labels for numerical codes assigned \*  
\* to categorical variables in the SAS dataset DTH\_PUBN.sd2 \*  
\*\*\*\*\*;

PROC FORMAT;

VALUE DTHCOHRT 1='PEDIATRIC'  
2='NEWBORN'  
3='OTHER';

VALUE DTHRLP 1='PRONOUNCED DOA'  
2='DIED W/IN 24 HRS'  
3='DIED>24 HRS AFT ADM';

VALUE DTHICSE 1='INFECTION'  
2='OTHER';

\*Format NO\_YES used for the following variables: DTHSUMR DTHCERT DTHCERTR  
DTHINFF DTHINFFR DTHINFMP DTHINFMR DTHINFOT  
DTHATPR  
DTHHALIV DTHAKID  
DTHEV DTHCOMM DTHTRNSC;

VALUE NO\_YES 1='NO'  
2='YES';

VALUE DTHATPSY 1='NO'  
2='YES'  
9='DONT KNOW';

FORMAT DTHCOHRT DTHCOHRT. DTHRLP DTHRLP.  
DTHSUMR DTHCERTR  
DTHINFF DTHINFFR DTHINFMP DTHINFMR DTHINFOT  
DTHATPR  
DTHALIV DTHAKID  
DTHEV DTHCOMM DTHTRNSC NO\_YES.  
DTHATPSY DTHATPSY.  
DTHICSE DTHICSE.;

RUN;  
QUIT;

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DTHVERS ----- FORM VERSION  
type: string (str1)

unique values: 2                            coded missing: 0 / 15

tabulation:	Freq.	Value
	1	"C"
	14	"D"

DTHCOHRT ----- 4 STUDY COHORT  
type: numeric (float)  
label: DTHCOHRT

range: [1,3]    units: 1  
unique values: 2                                    coded missing: 0 / 15

tabulation:	Freq.	Numeric	Label
	12	1	PEDIATRIC
	3	3	OTHER

DTHPLACE ----- 101 PLACE WHERE PATIENT DIED **DELETE**  
type: numeric (float)  
label: DTHPLACE

range: [1,4]    units: 1  
unique values: 3                                    coded missing: 0 / 15

tabulation:	Freq.	Numeric	Label
	11	1	CSSCD HOSPITAL
	3	2	NON-CSSCD HOSPITAL
	1	4	THE PATIENTS HOME

DTHCLINL ----- CSSCD CLINIC LETTER CODE **DELETE**  
type: string (str2)

unique values: 7                                    coded missing: 4 / 15

tabulation:	Freq.	Value
	1	"F"
	2	"G"
	1	"M"
	1	"P"
	1	"Q"
	3	"W"
	2	"Z"

DTHCLINL:  
1. Response required only if DTHPLACE=1.

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DTHRLP ----- 102 RELATION TIME DTH & PRESENT TO HOSP

type: numeric (float)  
label: DTHRLP

range: [2,3] units: 1  
unique values: 2 coded missing: 1 / 15

tabulation:	Freq.	Numeric	Label
	9	2	DIED W/IN 24 HRS
	5	3	DIED>24 HRS AFT ADM

DTHRLP:

1. Response required only if place of death was a hospital.

DTHDX1 ----- 104A ADMITTING DIAGNOSIS 1 **DELETE**

type: string (str40)

unique values: 10 coded missing: 0 / 15

tabulation:	Freq.	Value
	2	"C"
	1	"ACUTE CHEST SYNDROME"
	1	"COMA"
	2	"FEVER"
	1	"HEMOGLOBIN SC DISEASE"
	1	"SEVERE ANEMIA"
	1	"SEVERE HEADACHE"
	3	"SICKLE CELL DISEASE"
	1	"VASO-OCCLUSIVE CRISIS"
	2	"VASOOCCLUSIVE PAIN"

DTHDX1:

1. Response required only if DTHRLP=3.



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DTHDX1C ----- ADMITTING DIAGNOSIS 1 ICD-9 CODE **DELETE**  
**DELETE**

type: numeric (float)  
range: [282.6,784] units: .01  
unique values: 9 coded missing: 2 / 15

tabulation:	Freq.	Value
	1	282.6
	2	282.61
	3	282.62
	1	282.63
	1	282.65
	1	285.9
	1	780
	2	780.6
	1	784

DTHDX1C:

1. Response required only if DTHRLP=3.
2. See ICD-9 codebook for disease code descriptions

DTHDX2 ----- 104B ADMITTING DIAGNOSIS 2 **DELETE**

type: string (str40)  
unique values: 13 coded missing: 0 / 15

tabulation:	Freq.	Value
	3	"C"
	1	"ACUTE CHEST SYNDROME"
	1	"ACUTE GASTROENTERITIS"
	1	"ACUTE RENAL FAILURE"
	1	"CEREBRAL EDEMA"
	1	"COMA"
	1	"HIV POSITIVE"
	1	"PAIN"
	1	"PNEUMONIA"
	1	"RESPIRATORY DISTRESS"
	1	"SEIZURE"
	1	"SPLENIC INFARCTION"
	1	"VASOOCCLUSIVE CRISIS"

DTHDX2:

1. Response required only if DTHRLP=3 and more than one admitting diagnosis.

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DTHDX2C ----- ADMITTING DIAGNOSIS 2 ICD-9 CODE **DELETE**

type: numeric (float)

range: [2.9,786.09] units: .01

unique values: 10 coded missing: 3 / 15

tabulation:	Freq.	Value
	1	2.9
	2	282.62
	1	289.59
	1	348.5
	2	486
	1	558.9
	1	584.9
	1	780
	1	780.3
	1	786.09

DTHDX2C:

1. Response required only if DTHRLP=3 and more than one admitting diagnosis.
2. See ICD-9 codebook for disease code descriptions

DTHDX3 ----- 104C ADMITTING DIAGNOSIS 3 **DELETE**

type: string (str40)

unique values: 7 coded missing: 0 / 15

tabulation:	Freq.	Value
	9	"C"
	1	"? BACTEREMIA"
	1	"?CVA"
	1	"METABOLIC ACIDOSIS"
	1	"PAIN CRISIS"
	1	"RESPIRATORY ARREST"
	1	"SEPSIS"

DTHDX3:

1. Response required only if DTHRLP=3 and more than two admitting diagnoses.

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DTHDX3C ----- ADMITTING DIAGNOSIS 3 ICD-9 CODE **DELETE**

type: numeric (float)  
range: [38.9,799.1] units: .01  
unique values: 6 coded missing: 9 / 15

tabulation:	Freq.	Value
	1	38.9
	1	276.2
	1	282.62
	1	435.9
	1	790.7
	1	799.1

DTHDX3C:

1. Response required only if DTHRLP=3 and more than two admitting diagnoses.
2. See ICD-9 codebook for disease code descriptions.

DTHDX4 ----- 104D ADMITTING DIAGNOSIS 4 **DELETE**

type: string (str40)  
unique values: 2 coded missing: 0 / 15

tabulation:	Freq.	Value
	14	"C"
	1	"HYPOTHERMIA"

DTHDX4:

1. Response required only if DTHRLP=3 and more than three admitting diagnoses.

DTHDX4C ----- ADMITTING DIAGNOSIS 4 ICD-9 CODE **DELETE**

type: numeric (float)  
range: [780.9,780.9] units: .1  
unique values: 1 coded missing: 14 / 15

tabulation:	Freq.	Value
	1	780.9

DTHDX4C:

1. Response required only if DTHRLP=3 and more than three admitting diagnoses.
2. See ICD-9 codebook for disease code descriptions

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DTHSUMR ----- DEATH SUMMARY RECEIVED

type: numeric (float)  
label: DTHSUMR  
  
range: [1,2] units: 1  
unique values: 2 coded missing: 4 / 15

tabulation:	Freq.	Numeric	Label
	3	1	NO
	8	2	YES

DTHSUMR:

1. Response required only if DTHRLP=2 or 3.

DTHCERT ----- 11 COPY OF DEATH CERTIFICATE AVAILABLE

type: numeric (float)  
label: DTHCERT  
  
range: [1,2] units: 1  
unique values: 2 coded missing: 0 / 15

tabulation:	Freq.	Numeric	Label
	8	1	NO
	7	2	YES

DTHCSE1 ----- 111A IMMEDIATE CAUSE OF DTH ON CERTIF **DELETE**

type: string (str40)  
  
unique values: 7 coded missing: 0 / 15

tabulation:	Freq.	Value
	8	"C"
	1	"ACUTE CHEST SYNDROME (INCORRECT)"
	1	"CARDIOPULMONARY ARREST"
	1	"CEREBRAL INFARCTS & HEMORRHAGE"
	1	"PNEUMOCOCCAL SEPSIS"
	1	"SEPSIS"
	2	"SICKLE CELL DISEASE"

DTHCSE1:

1. Response required only if DTHCERT=2.

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DTHCSE1C ----- IMMEDIATE CAUSE OF DEATH ICD-9 CODE **DELETE**

type: numeric (float)  
 range: [38.2,431] units: .01  
 unique values: 6 coded missing: 9 / 15

tabulation:	Freq.	Value
	1	38.2
	1	38.9
	1	282.6
	1	282.61
	1	427.5
	1	431

DTHCSE1C:

1. Response required only if DTHCERT=2.
2. See ICD-9 codebook for disease code descriptions.

DTHCSE2 ----- 111B CAUSE OF DEATH DUE TO REASON 1 **DELETE**

type: string (str40)  
 unique values: 5 coded missing: 0 / 15

tabulation:	Freq.	Value
	10	"C"
	1	"ACUTE RENAL FAILURE"
	1	"ANEMIA"
	1	"BILATERAL PNEUMONIA"
	2	"SICKLE CELL DISEASE"

DTHCSE2:

1. Response required only if DTHCERT=2.

DTHCSE2C ----- CAUSE OF DTH DUE TO REASON 1 ICD-9 CODE **DELETE**

type: numeric (float)  
 range: [282.61,584.9] units: .01  
 unique values: 4 coded missing: 10 / 15

tabulation:	Freq.	Value
	2	282.61
	1	285.9
	1	486
	1	584.9

DTHCSE2C:

1. Response required only if DTHCERT=2.

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2. See ICD-9 codebook for disease code descriptions.

DTHCSE3 ----- 111C CAUSE OF DEATH DUE TO REASON 2 **DELETE**

type: string (str40)

unique values: 4                      coded missing: 0 / 15

tabulation:	Freq.	Value
	12	"C"
	1	"CONGESTIVE HEART FAILURE"
	1	"HIV POSITIVE"
	1	"SICKLE CELL DISEASE"

DTHCSE3:

1. Response required only if DTHCERT=2.

DTHCSE3C ----- CAUSE OF DTH DUE TO REASON 2 ICD-9 CODE **DELETE**

type: numeric (float)

range: [2.9,428]                      units: .01  
unique values: 3                      coded missing: 12 / 15

tabulation:	Freq.	Value
	1	2.9
	1	282.61
	1	428

DTHCSE3C:

1. Response required only if DTHCERT=2.  
2. See ICD-9 codebook for disease code descriptions.

DTHCND1 ----- 112A OTHER SIGNIFICANT CONDITION 1 **DELETE**

type: string (str40)

unique values: 2                      coded missing: 0 / 15

tabulation:	Freq.	Value
	14	"C"
	1	"SICKLE CELL DISEASE"

DTHCND1:

1. Response required only if DTHCERT=2.

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DTHCND1C ----- OTHER SIGNIFICANT CONDITION 1 ICD-9 CODE **DELETE**

type: numeric (float)  
range: [282.61,282.61] units: .01  
unique values: 1 coded missing: 14 / 15

tabulation: Freq. Value  
1 282.61

DTHCND1C:

1. Response required only if DTHCERT=2.
2. See ICD-9 codebook for disease code descriptions.

DTHCERTR ----- DEATH CERTIFICATE ATTACHED

type: numeric (float)  
label: DTHCERTR  
range: [2,2] units: 1  
unique values: 1 coded missing: 8 / 15

tabulation: Freq. Numeric Label  
7 2 YES

DTHCERTR:

1. Response required only if DTHCERT=2.

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DTHINFF ----- 12A DTH INFO OBTAINED FROM IMMED FAMILY

type: numeric (float)  
label: DTHINFF

range: [1,2] units: 1  
unique values: 2 coded missing: 2 / 15

tabulation:	Freq.	Numeric	Label
	6	1	NO
	7	2	YES

DTHINFM ----- 12A1 FAMILY RELATION TO DECEASED SPECIFY

type: string (str35)

unique values: 4 coded missing: 0 / 15

tabulation:	Freq.	Value
	3	."
	8	"C"
	1	"BROTHER, MOTHER"
	3	"MOTHER"

DTHINFM:

1. Response required only if DTHINFF=2.

DTHINFFR ----- 12B DTH INFO OBTAINED FROM FRND/COWORKR

type: numeric (float)  
label: DTHINFFR

range: [1,1] units: 1  
unique values: 1 coded missing: 2 / 15

tabulation:	Freq.	Numeric	Label
	13	1	NO

DTHINFMP ----- 12C DTH INFO OBTAINED FROM MED PERSONEL

type: numeric (float)  
label: DTHINFMP

range: [1,2] units: 1  
unique values: 2 coded missing: 2 / 15

tabulation:	Freq.	Numeric	Label
	4	1	NO
	9	2	YES



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DTHINFMR ----- 12D DTH INFO OBTAINED FROM MED RECORDS

type: numeric (float)  
label: DTHINFMR

range: [1,2] units: 1  
unique values: 2 coded missing: 0 / 15

tabulation:	Freq.	Numeric	Label
	1	1	NO
	14	2	YES

DTHINFOT ----- 12E DTH INFO OBTAINED FROM OTHER

type: numeric (float)  
label: DTHINFOT

range: [1,1] units: 1  
unique values: 1 coded missing: 2 / 15

tabulation:	Freq.	Numeric	Label
	13	1	NO

DTHATPSY ----- 13 WAS AN AUTOPSY PERFORMED

type: numeric (float)  
label: DTHATPSY

range: [1,2] units: 1  
unique values: 2 coded missing: 0 / 15

tabulation:	Freq.	Numeric	Label
	8	1	NO
	7	2	YES

DTHATPR ----- AUTOPSY REPORT RECEIVED

type: numeric (float)  
label: DTHATPR

range: [1,2] units: 1  
unique values: 2 coded missing: 8 / 15

tabulation:	Freq.	Numeric	Label
	2	1	NO
	5	2	YES

DTHATPR:

1. Response required only if DTHATPSY=2.



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2. See Appendix H for pathogen code descriptions.

DTHMEN ----- 141B1 TYPE OF INFECTION  $\bar{\pi}$  MENINGITIS **DELETE**

type: numeric (float)  
 label: DTHMEN

range: [1,2] units: 1  
 unique values: 2 coded missing: 8 / 15

tabulation: Freq.    Numeric    Label

6	1	NO
1	2	YES

DTHMEN:

1. Response required only if DTHICSE=1 or DTHICSE2=1.

DTHMENOR ----- 141B2 MENINGITIS CAUSATIVE ORGANISM **DELETE**

type: numeric (float)

range: [170,170] units: 10  
 unique values: 1 coded missing: 14 / 15

tabulation: Freq.    Value

1	170
---	-----

DTHMENOR:

1. Response required only if DTHMEN=2.  
 2. See Appendix H for pathogen code descriptions.

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DTHCVA ----- 142 TYPE OF CVA **DELETE**

          type: numeric (float)  
          label: DTHCVA

          range: [3,3]  units: 1  
unique values: 1  coded missing: 14 / 15

          tabulation: Freq.  Numeric  Label  
                          1          3  3: BOTH 1 & 2

DTHCVA:  
1. Response required only if DTHICSE=3 or DTHICSE2=3.

DTHCVAL ----- 142A LOCATION OF CVA **DELETE**

          type: string (str30)

unique values: 2  coded missing: 0 / 15

          tabulation: Freq.  Value  
                          14  "C"  
                          1  "RT FRONTAL PARIETAL"

DTHCVAL:  
1. Response required only if DTHCVA=1, 2 or 3.

DTHAAE ----- 143 TYPE OF ACUTE ANEMIC EVENT **DELETE**

          type: numeric (float)  
          label: DTHAAE

          range: [.,.]  units: .  
unique values: 0  coded missing: 15 / 15

          tabulation: Freq.  Numeric  Label

DTHAAE:  
1. Response required only if DTHICSE=4 or DTHICSE2=4.

DTHAAEO ----- 143A SPECIFY OTHER TYPE OF ANEMIC EVENT **DELETE**

          type: string (str25)

unique values: 1  coded missing: 0 / 15

          tabulation: Freq.  Value  
                          15  "C"

DTHAAEO:  
1. Response required only if DTHAAE=4.

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DTHCHRT ----- 144A CHRONIC HEART FAILURE **DELETE**

type: numeric (float)  
label: DTHCHRT

range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15

tabulation: Freq. Numeric Label

DTHCHRT:

1. Response required only if DTHICSE=5 or DTHICSE2=5.

DTHCLNG ----- 144B CHRONIC LUNG FAILURE **DELETE**

type: numeric (float)  
label: DTHCLNG

range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15

tabulation: Freq. Numeric Label

DTHCLNG:

1. Response required only if DTHICSE=5 or DTHICSE2=5.

DTHCLIV ----- 144C CHRONIC LIVER FAILURE **DELETE**

type: numeric (float)  
label: DTHCLIV

range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15

tabulation: Freq. Numeric Label

DTHCLIV:

1. Response required only if DTHICSE=5 or DTHICSE2=5.

DTHCKID ----- 144D CHRONIC KIDNEY FAILURE **DELETE**

type: numeric (float)  
label: DTHCKID

range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15

tabulation: Freq. Numeric Label

DTHCKID:

1. Response required only if DTHICSE=5 or DTHICSE2=5.

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DTHAHT ----- 145A ACUTE HEART FAILURE **DELETE**

type: numeric (float)  
label: DTHAHT

range: [2,2] units: 1  
unique values: 1 coded missing: 13 / 15

tabulation:	Freq.	Numeric	Label
	2	2	YES

DTHAHT:

1. Response required only if DTHICSE=6 or DTHICSE2=6.

DTHALNG ----- 145B ACUTE LUNG FAILURE **DELETE**

type: numeric (float)  
label: DTHALNG

range: [1,2] units: 1  
unique values: 2 coded missing: 13 / 15

tabulation:	Freq.	Numeric	Label
	1	1	NO
	1	2	YES

DTHALNG:

1. Response required only if DTHICSE=6 or DTHICSE2=6.

DTHALIV ----- 145C ACUTE LIVER FAILURE **DELETE**

type: numeric (float)  
label: DTHALIV

range: [1,2] units: 1  
unique values: 2 coded missing: 13 / 15

tabulation:	Freq.	Numeric	Label
	1	1	NO
	1	2	YES

DTHALIV:

1. Response required only if DTHICSE=6 or DTHICSE2=6.





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DTHSURG ----- 146A SURGICAL COMPLICATION **DELETE**

type: numeric (float)  
label: DTHSURG  
  
range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15  
  
tabulation: Freq. Numeric Label

DTHSURG:

1. Response required only if DTHICSE=8 or DTHICSE2=8.

DTHTRAN ----- 146B TRANSFUSION COMPLICATION **DELETE**

type: numeric (float)  
label: DTHTRAN  
  
range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15  
  
tabulation: Freq. Numeric Label

DTHTRAN:

1. Response required only if DTHICSE=8 or DTHICSE2=8.

DTHOCOMP ----- 146C OTHER COMPLICATION **DELETE**

type: numeric (float)  
label: DTHOCOMP  
  
range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15  
  
tabulation: Freq. Numeric Label

DTHOCOMP:

1. Response required only if DTHICSE=8 or DTHICSE2=8.

DTHCANCR ----- 147 TYPE OF CANCER SPECIFY **DELETE**

type: string (str30)  
  
unique values: 1 coded missing: 0 / 15  
  
tabulation: Freq. Value  
15 "C"

DTHCANCR:

1. Response required only if DTHICSE=9 or DTHICSE2=9

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DTHCANCC ----- TYPE OF CANCER ICD-9 CODE **DELETE**

type: numeric (float)  
range: [.,.] units: .  
unique values: 0 coded missing: 15 / 15  
tabulation: Freq. Value

DTHCANCC:

1. Response required only if DTHICSE=9 or DTHICSE2=9.
2. See ICD-9 codebook for disease code descriptions.

DTHACC ----- 148 TYPE OF ACCIDENT SPECIFY **DELETE**

type: string (str30)  
unique values: 2 coded missing: 0 / 15  
tabulation: Freq. Value  
14 "C"  
1 "DRUG OVERDOSE"

DTHACC:

1. Response required only if DTHICSE=10 or DTHICSE2=10.

DTHACCC ----- TYPE OF ACCIDENT ICD-9 CODE **DELETE**

type: numeric (float)  
range: [977.9,977.9] units: .1  
unique values: 1 coded missing: 14 / 15  
tabulation: Freq. Value  
1 977.9

DTHACCC:

1. Response required only if DTHICSE=10 or DTHICSE2=10.
2. See ICD-9 codebook for disease code descriptions.

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DTHOCSE ----- 149 OTHER CAUSE OF DEATH SPECIFY **DELETE**

type: string (str30)

unique values: 2                      coded missing: 0 / 15

tabulation:	Freq.	Value
	14	"C"
	1	"HIV POSITIVE"

DTHOCSE:

1. Response required only if DTHICSE=13 or DTHICSE2=13.

DTHOCSEC ----- OTHER CAUSE OF DEATH ICD-9 CODE **DELETE**

type: numeric (float)

range: [2.9,2.9]                      units: .1  
unique values: 1                      coded missing: 14 / 15

tabulation:	Freq.	Value
	1	2.9

DTHOCSEC:

1. Response required only if DTHICSE=13 or DTHICSE2=13.
2. See ICD-9 codebook for disease code descriptions.

DTHEV ----- 15 EXPER NEW EV SINCE LAST VISIT

type: numeric (float)  
label: DTHEV

range: [1,1]                              units: 1  
unique values: 1                      coded missing: 7 / 15

tabulation:	Freq.	Numeric	Label
	8	1	NO

DTHSPEVT ----- EXPER NEW EV SINCE LAST VISIT SPECIFY

type: string (str65)

unique values: 0                      coded missing: 15 / 15

tabulation: Freq. Value

DTHSPEVT:

1. Response required only if DTHEV=2.

DTHCOMM ----- 16 SUMMARY OF EV & CIRCUMSTANCE OF DTH

type: numeric (float)  
label: DTHCOMM

range: [1,2] units: 1  
unique values: 2 coded missing: 1 / 15

tabulation:	Freq.	Numeric	Label
	3	1	NO
	11	2	YES

\_dta:

1. Codebook created 03/07/2001