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Site Number

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Subject Number

Form DD - Implementation Options: HorizontalGeneric**1 DD - Implementation Options: HorizontalGeneric**

1.1	Were any death detail assessments collected?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	DDYN										
1.2	Collection Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											DDDAT
1.3	Death Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											DTHDAT
1.4	What was the primary cause of death?		PRCDTH_DDORRES										
1.5	Was an autopsy performed?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	AUTOPIND_DDORRES										