PHYSICIAN QUESTIONNAIRE - ENDPOINTS

ID NUMBER: ☐☐☐☐☐☐☐☐ FORM CODE: **PQE** VERSION 2.0 12/02/2020 Event_____ Occurrence #____

0a) Date of Data Entry: ☐☐ / ☐☐ / ☐☐☐☐ 0b) Staff Code ☐☐☐

Instructions: *This form is completed by the participant's physician, and is completed for an eligible death ONLY if an Informant cannot be reached to conduct the Informant Interview and no relevant medical records are available, or if the information reported by the Informant on the Informant Interview Form is not sufficient to adjudicate the death properly. The SPIROMICS Endpoints Review Committee reserves the right to request additional records as necessary.*

DETAILS OF DEATH

1) Are you familiar with the events surrounding the decedent's death?
   - ☐ No$_0$
   - ☐ Yes$_1$

2) Did you witness the death?
   - ☐ No$_0$
   - ☐ Yes$_1$ → **Go to 4**

Instructions: *If you answered "Yes" to one or both of Items 1 and 2, please go to Item 4.*

3) If you answered "No" to both Questions 1 and 2, are you aware of another physician who could provide information regarding the decedent's death?
   - ☐ No$_0$ → **Go to 8**
   - ☐ Yes$_1$

   Please provide contact information for other physician:

   3a) Name of physician _____

   3b) Address 1 _____

   3c) Address 2 _____

   3d) City _____

   3e) State _____

   3f) Zip code ☐☐☐☐☐

   3g) Phone number ☐☐☐ - ☐☐☐ - ☐☐☐☐ → **Go to Q8**

CIRCUMSTANCES SURROUNDING DEATH

4) What do you believe to be the underlying cause of death? (please select one)

- ☐ Respiratory 1 → **Go to 4a**
- ☐ Cardiovascular 2 → **Go to 4b**
- ☐ Cancer 3 → **Go to 4c**
- ☐ Other, known 4 → **Go to 4d**
- ☐ Unknown 5 → **Go to 4e**

4a) Choose the respiratory cause of death (please select one):

- ☐ COPD Exacerbation with pneumonia 1
- ☐ COPD Exacerbation without pneumonia 2
- ☐ COPD without exacerbation 3
- ☐ Other respiratory cause of death 4

4a1) If other, specify other respiratory cause of death: _____

_____

4b) Choose the cardiovascular cause of death (please select one):

- ☐ Myocardial infarction 1
- ☐ Heart failure 2
- ☐ Stroke/aneurysm 3
- ☐ DVT/PE 4
- ☐ Other heart problem 5

4b1) If other, specify other heart problem: _____

_____

4b2) Type of cardiovascular death (please select one):

- ☐ Sudden Death (defined as death that occurs within 24 hours of being observed alive and without evidence of a deteriorating medical condition) 1
- ☐ Sudden Cardiac Death (defined as death that occurs within 1 hour of being observed alive and without evidence of a deteriorating medical condition) 2
- ☐ Neither of the above 3

4c) Choose the cancer cause of death (please select one):

- ☐ Lung 1
- ☐ Other cancer 2

4c1) If other, specify type of cancer causing death: _____

_____

4d) Specify the other, known cause of death: _____

_____

4e) Reason for Unknown cause of death (please select one):

☐ Information is inadequate 1

☐ Indeterminate (information available but cause unclear) 2

5) Do you believe that a diagnosis of COPD contributed to the death of this individual?

☐ No0

☐ Yes1

5a) Comments:

_____

_____

6) Did you see the decedent within one month of death?

☐ No0 → **Go to 7**

☐ Yes1

If Yes, please fill out the following for the most recent visit:

7a6a) Date of visit ☐☐/☐☐/☐☐☐☐

7b6b) Chief complaint: _____

_____

7c6c) Primary Diagnosis: _____

_____

7d6d) Changes in Medical Management:_____

_____

8 7) Is there any other pertinent information that you think would help us determine the circumstances and underlying conditions that may have contributed to this individual's death in addition to determining the ultimate cause of death?

_____

_____

_____

9a8) Name or signature of physician completing form: _____

98a) Is physician signature present on paper form?

☐ No0
☐ Yes1

109) Date of signature or physician interview ☐☐/☐☐/☐☐☐☐

END OF FORM