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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"/> <small>[N]</small> No <input type="radio"/> <small>[Y]</small> Yes	<b>DDYN</b>							
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></tr></table>								<b>DDDAT</b>
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></tr></table>								<b>DTHDAT</b>
1.4	What was the primary cause of death?		<b>PRCDTH_DDORRES</b>							
1.5	Was an autopsy performed?	<input type="radio"/> <small>[N]</small> No <input type="radio"/> <small>[Y]</small> Yes	<b>AUTOPIND_DDORRES</b>							