



SURVEILLANCE EVENT INVENTORY / LINKAGE FORM

ID NUMBER:

CONTACT YEAR:

FORM CODE: S X I

VERSION: D DATE: 11/05/08

INSTRUCTIONS: The SXI form is used for inventory, tracking, and linkage of information on Surveillance Events. It should be completed and entered into the DES only when the field investigation for this ID number is considered closed. The Q by Q Instructions must be followed when completing this form. If new linkages are discovered subsequently, these must be reported by using the DES to make the appropriate changes to the existing SXI Forms for the linked events.

A. INVENTORY OF MATERIALS

1. Inventory of forms completed and keyed:

	<u>Yes</u>	<u>No</u>
a. CEL	Y	N
b. DTH	Y	N
c. IFI-1	Y	N
d. IFI-2	Y	N
e. IFI-3	Y	N
f. PHQ-1	Y	N
g. PHQ-2	Y	N
h. COR	Y	N
i. HRA	Y	N
j. Stroke records (except JHS) sent to Minnesota?	Y	N
k. Autopsy report sent to the CSCC?	Y	N
l. CFD	Y	N
m. CHI	Y	N
n. HFA	Y	N
o. HF supplemental materials sent to the CSCC?	Y	N
p. Hospital discharge summary sent to the CSCC?	Y	N

2.a. Is this a hospitalization? Yes Y

Go to Item 3 — No N

b. Were duplicated material sent to the Minneapolis ECG Reading Center:

	<u>Yes</u>	<u>No</u>
1. First ECG	Y	N
2. Last ECG	Y	N
3. Third ECG	Y	N

B. EVENT DETERMINATION

3. Type of event for this ID:

Out of Hospital Death	O	<input type="text"/>
In-Hospital Death	I	<input type="text"/>
Non-fatal Hospitalization	N	<input type="text"/>

Go to Item 4

3.b. Date of discharge for nonfatal hospitalization:

Month Day Year

4. Date of this event:

Month Day Year

C. LINKAGE INFORMATION

5. * Question 5 Deleted *

6. Have you identified any other ID(s) belonging to this same person? Yes Y

Go to Item 24. No N

[For questions 7-12, please enter all linkages within the last 12 months. If the previous occurrences are greater than 12 months prior, then record the one most recent.]

Surveillance ID

Date of Event (mm-dd-yyyy):

7. Surveillance ID Date of Event

8. Surveillance ID Date of Event

9. Surveillance ID Date of Event

10. Surveillance ID Date of Event

11. Surveillance ID Date of Event

12. Surveillance ID Date of Event

D. ADMINISTRATIVE INFORMATION

24. Date of data collection:

Month Day Year

25. Code number of person completing this form:

Code number