

Questionnaire 2: CDLTS

Unique study identifier

Handle in Strict Medical Confidence

To be completed in the East of England Regional Epidemiology Unit

Enter unique study identifier on both sheets of this questionnaire

On completion of questionnaire and data entry, separate page 1 from page 2. File page 1 in a separate locked filing cabinet in a different room from page 2.

Section 1: Subject details

1. First name _____

2. Family Name _____

3. Sex: Male Female

Section 2. Abstract from NHS IC report

6. Date of issue of report by NHS IC

D	D

M	M

Y	Y	Y	Y

5. NHS IC reference for this report _____

Questionnaire 2:

Clostridium difficile Life Table Study © M.Reacher & the CDLTS 2008. Please do not reproduce without permission

Unique study identifier

6. Date of Death on the death Certificate

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Complete the following details from the Medical Certificate of Cause of death

7. A. Ring one of the following

- 1. The certified cause of death takes into account information obtained at post-mortem
- 2. Information from post mortem may be available later
- 3. Post mortem not being held
- 4. I have reported this death to the Coroner for further action (complete C below)

8. B. Complete all details for the Cause of Death

- I a) Disease or condition directly leading to death _____
- b) Other diseases or conditions, if any leading to 1 (a) _____
- c) Other diseases or conditions, if any leading to 1 (b) _____

II other significant conditions
Contributing to the Death but not related to the disease or condition causing it

9. C Result of Coroner's Inquest _____

10 Date of completion of this questionnaire

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

12. Date of entry of data from this questionnaire into study Data Base 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Initials of person completing this questionnaire _____