

B6. LOCATION OF DEATH (ADDRESS OF HOSPITAL OR HOSPICE - IF PARTICIPANT DIED AT HOME, ENTER "HOME" ON FORM TO ASSURE CONFIDENTIALITY)

B7. WAS THE CAUSE OF DEATH INFORMATION DISCUSSED WITH A HEALTH CARE PROVIDER?

YES..... 1

NO..... 2 (END)

B8. SPECIFY THE PARTICIPANT'S CAUSE OF DEATH REPORTED BY THE PRIMARY CARE PROVIDER:
(SPECIFY) _____
