Study number:			
stady Hamber.			



Head & Neck 5000 Mortality Form

	You have informed us of the death of the following patient:									
	Study ID:	Initials:								
	If the following information is not available from the patients hospital notes we would be grateful if you could contact an appropriate clinician e.g. their Head and Neck Clinical Nurse Specialist / Consultant to provide answers to the following questions:									
ე1	Was death caused by head and neck disease?	Yes No	Not Known							
Q 2	Mode of death (please tick one):	Gradual Deterioration (>1 week) 🔲							
		Rapid Deterioration (<1week)								
Q 3	Please record cause of death as reported on the p	patient's death certificate:								
	1a)									
	1b)									
	1c)									
	2)									
Q4	Did this patient have a catastrophic bleed as a terminal event?	Yes No	Not Known							
Q 5	Did this patient have an airway obstruction as a terminal event?	Yes No	Not Known							
ე6	Did this patient have any aggressive interventions e.g. emergency tracheostomy in the last 48 hours before their death?		Not Known							
Q 7	Did this patient receive continuous sedation for trelief of difficult respiratory symptoms at the end of life?		Not Known							

Stud	dy number:			headandne	ck
Q8	What was the place of death?	Home			
		Hospice			
		Hospital			
		Care Home			
		Other	please state:_		
	If the patient did not die at home, was this becautheir care needs could not be met at home?	use Yes [No 🗌	Not Known	

Please return the completed CRF page to the Head & Neck 5000 team in Bristol using the pre-paid envelopes provided