

Informant Interview Form

VERSION A: 05/06/2003

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LAST NAME:												INITI	ALS:						,		
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Record of Calls

	··· 1				
Day of Week	Date	Time	Notes	Code*	Int
SMTWRFS	MM/DD/YY	Α			. '.
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SMTWRFS	MM/DD/YY	A			
		Р			

* RESULT CODES (CIRCLE THE FINAL SCREENING RESULT CODE)

- Complete
- Partially Complete Unknowledgable 2
- 3
- Refusal

- 5 Informant Away or can't be found 6 Language Barrier
- 7 No one home
- 9 Other (specify in notes)

0. Result Code:		·
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A. History

1. Before we get started, could you please tell me what was your relationship to the deceased?

(respondent was deceased's)

Spouse

S

Parent

Ρ

Daughter/Son

С

Other relative

R

Friend

Workmate

W

Other

0

2. "I'd like to ask you about (ask me."

)'s medical history. If you have any questions as we go along, please

First, think back to about one month before (

) died. At that time, was he/she sick or ill, with

his/her activities limited, or was he/she normally active for the most part?

Sick/ill/limited activities

R

Normally Active

Ν

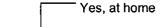
Unknown

U

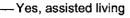
3.) being cared for at a nursing home, or at another place at the time of death?

Yes, nursing home

R



Н



Α



Yes, other

О

Ν

Unknown

U

Go to Item

5

Could you tell me the name and location of the nursing home? 4. Specify Name, City, State Yes -No Ν Skip Name, City, State Name: ____ City: State: ____ 5. Was () hospitalized within the four weeks prior to death? Yes Υ No Ν Go to Item 9 Screen 3 Unknown 6. What was the reason for hospitalization? {Circle (Y), (N), or (U) for each. Probe if not offered.} <u>Yes</u> <u>No</u> <u>Unknown</u> -a. Heart attack or chest pain unknown, go to item 9, b. Heart surgery Ν Screen 3 c. Other Υ Ν U 7. What was the date of the hospital admission? mm dd 8. Could you tell me the name and the location of the hospital? Specify Name, City, State -Yes Υ _No Ν Skip Name, City, State

City:

State: _____

If no or

9.	Was () seen by a physicia	an anytime in the l	last four weeks prior	to death?
	Yes	Y			
Go to	_No	N			
item 11	Unknow	n U			
10.	Could yo	ou tell me the name and address	of this physician?		
		Specify Name, City, State	Yes	Υ	
		Skip Name, City, State	No	N	
	Name: ₋		W		
	City: _		1 10 10 10 00 00 00 00 00 00 00 00 00 00		
	State: _		V-P-N		
11.	Could yo "same".)	ou tell me the name and address	of ()'s usual ph	ıysician? (If same as	s above, record as
		Specify Name, City, State	Yes	Y	
		Skip Name, City, State	No	N	
	Name: _				
	City: _	and the second s			
	State: _				
12.	Before (example)'s final illness, had h angina pectoris?	ne/she ever had pa	ains in the chest from	n heart disease, for
	Yes	Υ			
Go to Item 14,	No	N			
Screen 4	Unknow	n U		•	

13.	Did () ever take nitro	glycerin for this pain?
	Yes	Υ
	No	N
	Unknown	U
14.	Did a doctor ever say that () had a heart attack prior to his/her final illness?
	Yes	Υ
Go to	-No	N
Item 16	L_Unknown	U
15.	Was () hospitalized for a	heart attack?
	Yes	Υ
	No	N
	Unknown	U
16.	Did he/she ever have a coror procedure to improve the circ	nary bypass operation, balloon angioplasty or some other operation or culation of blood to the heart?
	Yes	Υ
	No	N .
	Unknown	U
17.	Did () ever have any other	er heart disease or heart condition before his/her final illness?
	Yes	Υ
	No	N
	Unknown	U
	If yes, specify:	<u>. </u>
18.	Did () ever have a	stroke?
	Yes	Υ
	_No	N
Go to Item 19b	Unknown	U

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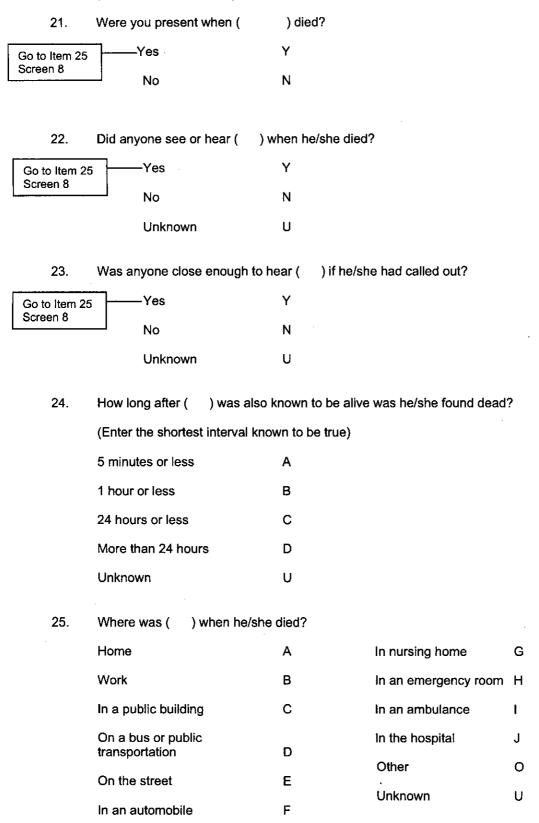
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	19a.	Did he/she have a	stroke within four weeks of his/	her final illness?
		Yes	Y	
		No	N	
		Unknown	U	
	19b.	Did he/she have a	history of cigarette smoking?	
		Yes	Υ	
		No	N	
		Unknown	U	
	19c.	Did he/she have a l	history of diabetes?	
		Yes	Υ	
		No	N	
		Unknown	U	
"The			ned with the circumstances sur	
	20.	death itself?	ell me what you can of ()'s (general health, on the day he/she died, and of the
		Yes	Υ	
		No	N	
		Unknown	U	
	<u>L</u>	If yes, specify:		

				7 4 - 1

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"The next set of questions may go over some of what you have already told me. Although it may same repetitious, I must ask these questions for consistency of information."



C. Symptoms

"The next few questions are concerned with any symptoms () may have had shortly before he/she died."
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26. Did () experience pain or discomfort in his/her chest, left arm, or shoulder or jaw either just before death or within 3 days (72 hours) of death?



"The next set of questions deal specifically with the last episode of ()'s pain or discomfort. The last episode is defined as starting at the time () noticed discomfort that caused him/her to stop or change what he/she was doing."

27.	Did ()'s last episode of pain	or discomfort specificall	y involve the chest?
-----	-------	--------------------------	---------------------------	----------------------

Yes	Υ
No	N
Unknown	U

28. Did he/she take nitroglycerin because of this last episode of pain or discomfort?

Yes	Υ
No	N
Unknown	U

29. How long was it from the beginning of ()'s last episode of pain or discomfort to the time he/she stopped breathing on his/her own?

(Enter the shortest interval known to be true)

5 minutes or less	А
10 minutes or less	В
1 hour or less	C
24 hours or less	D
More than 24 hours	E
Unknown	U

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30. Within 3 days of death or just before () died, did any of the following symptoms begin for the first time?

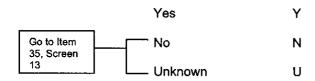
{Circle (Y), (N), or (U) for each.}

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. Shortness of breath	Υ	N	U
b. Dizziness	Υ	N	U
c. Palpitations (pounding in the chest)	Υ	N	U
 d. Marked or increased fatigue, tiredness, or weakness 	Υ	N	U
e. Headache	Υ	N	U
f. Sweating	Υ	N	Ü
g. Paralysis	Υ	N	U
h. Loss of speech	Υ	N	U
 Attack of indigestion or nausea or vomiting 	Y	N	U
j. Other	Υ	N	Ū
k. Swelling of the legs and/or feet	Υ	N	U

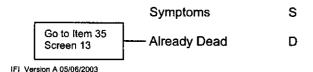
D. Emergency Medical Care

"The next few questions are concerned with emergency medical care () may have received prior ro or at the time of death. You may have already given this information in an answer to an earlier question. Since it is important to obtain information specifically on emergency medical care, I hope you don't mind if these questions seem repetitive."

31. Was a physician, ambulance, or other emergency medical team called?



32. Was (the physician, ambulance, or EMS team) called because of symptoms () was having or after he/she was already dead?



33.	How long was it from the time the last episode of symptoms started to the time that medical assistance was called for?			
	{Circle the shortest interval	{Circle the shortest interval known to be true.}		
	5 minutes or less	Α		
	10 minutes or less	В		
	1 hour or less	С		
	6 hours of less	D		
	24 hours or less	E		
	More than 24 hours	F		
	Unknown	υ		
34.	How long was it from the time that medical care was called to the time when it arrived?			
	{Circle the shortest interval known to be true.}			
	5 minutes or less	A		
	10 minutes or less	В		
	1 hour or less	C .		
	6 hours of less	D		
	24 hours or less	E		
	More than 24 hours	F		
	Unknown	U		
	Did not come	X		
35.	Were resuscitation measures, such as closed chest massage or CPR, attempted at the time?			
	Yes	Υ		
Go to Item 38	No	N		
Screen 14	Unknown	U		

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36.	no started the resuscitation or CPR?			
	Bystander, non-health professional	Α		
	M.D.	В		
	Ambulance attendant, paramedic, or other health professional	С		
	Fireman or policeman	D		
	Other	0		
	Unknown	U		
37.	Where was the resuscitation or CPR started?			
	Home (or other private residence)	Α		
	Work	В		
	Public Place	С		
	Ambulance or other emergency vehicle	D		
Go to Item 39	Emergency room	E		
Screen 14	L—Hospital	F		
	Other	0		
	Unknown	U		
38.	Was () taken to the hospital?			
	Yes Y			
Go to	No N			
Item 40	Unknown U			
39.	Could you tell me the name and location of this hospital?			
	Name:			
	City:			
	State:			

E. Additional Information

	40.	Is there someone else whom we could contact, who might know more about the circumstances surrounding ()'s death or his/her usual state of health?			
			Yes	Υ	
		Read "final script" then	⁻ No	N	
		go to Item 43, Screen	_Unknown	U	
	41.	Could you tell me the name, ad	ldress, and telephone n	number of this person?	
		Name:			
		City:			
		State:		- 1184 °	
	42.	Phone: How was he/she related to the	deceased?		
		Spouse	S		
		Parent	Р		
		Daughter/Son	С		
		Other relative	R		
		Friend	F		
		Workmate	W		
		Other	0		
		(Read "final script", then go to l	tem 43)		
F. Reli	ability				
	(To be	completed immediately after the	interview)		
	43.	Did the respondent frequently oway of knowing?	contradict himself/herse	If or give information that he/she would hav	e no
		Yes	Υ		
		No	N		
	44.	Did the respondent seem to be information the interviewer wou	reluctant to answer que lld wish to know?	estions and thus might not have given all of	the

Υ

Yes

45.	On the	e basis of these questions,	give your rating of reliability of the interview.				
		Good	G				
		Fair	F				
		Poor	Р				
	46.	Would you like to add of	her details concerning the quality of the interview?				
	Г	—Yes	Υ				
		No	N				
	L.	If Yes, specify:					
	47.	Informant agreed to pro	vide consent to gather further information.				
		Yes	Υ				
		No	N				
		Not applicable	Α				
,		{If "Yes", specify on a not	elog}				
G.	Admi	Administrative Information					
	48.	Date of data collection:	/				
	49.	Method of data collectio	n:				
		Computer	С				
		Paper form	P				
	50.	Code number of the per	son completing this form:				