



# Informant Interview Form

VERSION A: 05/06/2003

ID NUMBER:         CONTACT YEAR:   FORM CODE: IFI

LAST NAME:            INITIALS:

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project Clearance Branch 6705 Rockledge Drive, MSC 7974, Bethesda, MS, 20892-7974, ATTN: AFU (0925-0491). Do not return the completed form to this address.

INSTRUCTIONS: The Informant Interview Form is completed for each informant for an out-of-hospital death as determined by the JHS Event Investigation Summary. Event ID and Name must be entered above, as described in the document. "General Instructions For Completing Paper Forms". Informant Number should be determined from the Event Investigation Summary Form. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

## Informant Interview Tracing Information

**Decedent:** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State Zip Code

Date of Death:      /      /      Age: \_\_\_\_\_ years  
mm dd yyyy

Place of death: \_\_\_\_\_

**Informant:** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State Zip Code

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to the Decease \_\_\_\_\_

Record of Calls

Day of Week	Date	Time	Notes	Code*	Int
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			
SMTWRFS	MM/DD/YY	A			
		P			

\* RESULT CODES (CIRCLE THE FINAL SCREENING RESULT CODE)

- |                      |                                    |
|----------------------|------------------------------------|
| 1 Complete           | 5 Informant Away or can't be found |
| 2 Partially Complete | 6 Language Barrier                 |
| 3 Unknowledgable     | 7 No one home                      |
| 4 Refusal            | 9 Other (specify in notes)         |

0. Result Code:

**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 P
- Daughter/Son C
- Other relative R
- Friend F
- Workmate W
- Other O

2. "I'd like to ask you about ( )'s medical history. If you have any questions as we go along, please ask me."

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 N
- Unknown U

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

- Yes, nursing home R
- Yes, at home H
- Yes, assisted living A
- Yes, Hospice facility F
- Yes, other O
- No N
- Unknown U

Go to Item  
5

4. Could you tell me the name and location of the nursing home?

Specify Name, City, State — Yes Y

Skip Name, City, State — No N

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

5. Was ( ) hospitalized within the four weeks prior to death?

Yes Y

Go to Item 9  
Screen 3 — No N

Unknown U

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>	
If no or unknown, go to item 9, Screen 3	a. Heart attack or chest pain	Y	N	U
	b. Heart surgery	Y	N	U
	c. Other	Y	N	U

7. What was the date of the hospital admission?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

8. Could you tell me the name and the location of the hospital?

Specify Name, City, State — Yes Y

Skip Name, City, State — No N

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

9. Was ( ) seen by a physician anytime in the last four weeks prior to death?

Yes Y

No N

Unknown U

Go to  
item 11

10. Could you tell me the name and address of this physician?

Specify Name, City, State Yes Y

Skip Name, City, State No N

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

11. Could you tell me the name and address of ( )'s usual physician? (If same as above, record as "same".)

Specify Name, City, State Yes Y

Skip Name, City, State No N

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

12. Before ( )'s final illness, had he/she ever had pains in the chest from heart disease, for example angina pectoris?

Yes Y

No N

Unknown U

Go to Item  
14,  
Screen 4

13. Did ( ) ever take nitroglycerin for this pain?

- Yes Y
- No N
- Unknown U

14. Did a doctor ever say that ( ) had a heart attack prior to his/her final illness?

- Yes Y
- No N
- Unknown U

Go to  
Item 16

15. Was ( ) hospitalized for a heart attack?

- Yes Y
- No N
- Unknown U

16. Did he/she ever have a coronary bypass operation, balloon angioplasty or some other operation or procedure to improve the circulation of blood to the heart?

- Yes Y
- No N
- Unknown U

17. Did ( ) ever have any other heart disease or heart condition before his/her final illness?

- Yes Y
- No N
- Unknown U

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

18. Did ( ) ever have a stroke?

- Yes Y
- No N
- Unknown U

Go to  
Item 19b

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 Y
- No N
- Unknown U

19c. Did he/she have a history of diabetes?

- Yes Y
- No N
- Unknown U

**B. Circumstances Surrounding Death**

Attach Event ID Label Here

"The next few questions are concerned with the circumstances surrounding ( )'s death."

20. Could you please tell me what you can of ( )'s general health, on the day he/she died, and of the death itself?

- Yes Y
- No N
- Unknown U

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"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."

21. Were you present when ( ) died?

Go to Item 25 Screen 8	Yes	Y
	No	N

22. Did anyone see or hear ( ) when he/she died?

Go to Item 25 Screen 8	Yes	Y
	No	N
	Unknown	U

23. Was anyone close enough to hear ( ) if he/she had called out?

Go to Item 25 Screen 8	Yes	Y
	No	N
	Unknown	U

24. How long after ( ) was also known to be alive was he/she found dead?

(Enter the shortest interval known to be true)

5 minutes or less	A
1 hour or less	B
24 hours or less	C
More than 24 hours	D
Unknown	U

25. Where was ( ) when he/she died?

Home	A	In nursing home	G
Work	B	In an emergency room	H
In a public building	C	In an ambulance	I
On a bus or public transportation	D	In the hospital	J
On the street	E	Other	O
In an automobile	F	Unknown	U



### C. Symptoms

"The next few questions are concerned with any symptoms ( ) may have had shortly before he/she died."

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?

	Yes	Y
Go to Item 30, Screen 10	No	N
	Unknown	U

"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 specifically involve the chest?

Yes	Y
No	N
Unknown	U

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

Yes	Y
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	A
10 minutes or less	B
1 hour or less	C
24 hours or less	D
More than 24 hours	E
Unknown	U

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	Y	N	U
b. Dizziness	Y	N	U
c. Palpitations (pounding in the chest)	Y	N	U
d. Marked or increased fatigue, tiredness, or weakness	Y	N	U
e. Headache	Y	N	U
f. Sweating	Y	N	U
g. Paralysis	Y	N	U
h. Loss of speech	Y	N	U
i. Attack of indigestion or nausea or vomiting	Y	N	U
j. Other	Y	N	U
k. Swelling of the legs and/or feet	Y	N	U
If Other, specify: _____			

**D. Emergency Medical Care**

"The next few questions are concerned with emergency medical care ( ) may have received prior to 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?

	Yes	Y
Go to Item 35, Screen 13	No	N
	Unknown	U

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

	Symptoms	S
Go to Item 35 Screen 13	Already Dead	D

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 known to be true.}

- 5 minutes or less            A
- 10 minutes or less        B
- 1 hour or less            C
- 6 hours of less            D
- 24 hours or less        E
- More than 24 hours      F
- Unknown                  U

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        B
- 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                          Y
- No                            N
- Unknown                    U

Go to Item 38  
Screen 14

36. Who started the resuscitation or CPR?

- Bystander, non-health professional A
- M.D. B
- Ambulance attendant, paramedic,  
or other health professional C
- Fireman or policeman D
- Other O
- Unknown U

37. Where was the resuscitation or CPR started?

- Home (or other private residence) A
- Work B
- Public Place C
- Ambulance or other emergency  
vehicle D
- Emergency room E
- Hospital F
- Other O
- Unknown U

Go to Item 39  
Screen 14

38. Was ( ) taken to the hospital?

- Yes Y
- No N
- Unknown U

Go to  
Item 40

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	Y
Read "final script" then go to Item 43, Screen 15	No	N
	Unknown	U

41. Could you tell me the name, address, and telephone number of this person?

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

42. How was he/she related to the deceased?

- Spouse S
- Parent P
- Daughter/Son C
- Other relative R
- Friend F
- Workmate W
- Other O

(Read "final script", then go to Item 43)

**F. Reliability**

(To be completed immediately after the interview)

43. Did the respondent frequently contradict himself/herself or give information that he/she would have no way of knowing?

- Yes Y
- No N

44. Did the respondent seem to be reluctant to answer questions and thus might not have given all of the information the interviewer would wish to know?

- Yes Y

No N

45. On the basis of these questions, give your rating of reliability of the interview.

Good G  
Fair F  
Poor P

46. Would you like to add other details concerning the quality of the interview?

Yes Y  
No N

If Yes, specify: \_\_\_\_\_  
\_\_\_\_\_

47. Informant agreed to provide consent to gather further information.

Yes Y  
No N  
Not applicable A

{If "Yes", specify on a notelog}

**G. Administrative Information**

48. Date of data collection: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
mm dd yy

49. Method of data collection:

Computer C  
Paper form P

50. Code number of the person completing this form:

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