OMB#: 0925-XXXX Exp. XX/XXXX

Public reporting burden for this collection of information is estimated to average <u>30</u> 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

OMB#: 0925-XXXX Exp. XX/XXXX



HCHS/SOL Informant Interview Questionnaire

ID NUMBER: FORM CODE: IFE Contact VERSION: A 9/11/07 Occasion	1 SE()#
Acrostic:	
Administrative Information	
0a. Completion Date: Ob. Staff I Nonth Day Year	D:
Oc. Event ID:	
INSTRUCTIONS: The Informant Interview Form is completed for each informant for an out-of-hospital dead	h as determined by the HCHS/SOL Event
Investigation Summary. Event ID 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 circle incorrectly, mark through it with an "X" and circle the correct response.

	W TRACING INFORMATION CEDENT	
Name:		
Address:		
City	State	Zip Code
Date of death:/ mm dd yyyy	Age: years	
Place of death:		
INFO	DRMANT	
Name:		
Address:		
City	State	Zip Code
Telephone: ()		
Relationship to the deceased:		

Date IM/DD/YYY	Time A	Notes	Code*	Int
IM/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	P			
M/DD/YYY	A			
	p			
IM/DD/YYY	A			
	p			
	M/DD/YYY M/DD/YYY M/DD/YYY M/DD/YYY M/DD/YYY M/DD/YYY	M/DD/YYY A P M/DD/YYY A	M/DD/YYY A P M/DD/YYY A	M/DD/YYY A P M/DD/YYY A

* RESULT CODES (CIRCLE THE FINAL SCREENING RESULT CODE)

1 Complete

2 Partially complete3 Unknowledgable

4 Refusal

- 5 Informant away or can't be found
- 6 Language barrier
- 7 No one home
- 9 Other (specify in Notes)

INFORMANT INTERVIEW FORM (IFIC 1 of 16)

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

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

2. 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

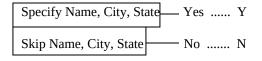
Unknown U

INFORMANT INTERVIEW FORM (IFIC 2 of 16)

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

	Yes, nursing home	
	Yes, at home	Н
	Yes, assisted living	Α
	Yes, Hospice facility	F
Go to Item 5	Yes, other	O
	– No – Unknown	N
	Unknown	U

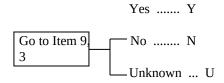
4. Could you tell me the name and location of the nursing home?



[Place Name, City, State in notelog]

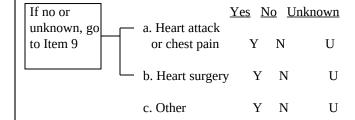
Name		
	 -	
City State		
State		

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



6. What was the reason for hospitalization?

{Circle (Y), (N), or (U) for each. Probe if not offered.}



INFORMANT INTERVIEW FORM (IFIC 3 of 16)

7. What was the date of the hospital admission?	10. Could you tell me the name
	and address of this physician?
Month Day Year 8. Could you tell me the name	Specify Name, City, State Yes Y
and location of the hospital?	Skip Name, City, State No N
Specify Name, City, State Yes Y	[Place Name, City, State in notelog]
Skip Name, City, State No N	Name
[Place Name, City, State in notelog]	City
Name	State
City	11. Could you tell me the name and address of ()'s
State	usual physician? (If same as Q10 record as "same.")
State	Q10 record as same.
	Specify Name, City, State Yes Y
9. Was () seen by a physician anytime in the last four weeks prior to death?	Skip Name, City, State No N
Yes Y	[Place Name, City, State in notelog]
Go to Item 11 No N	Name
Go to Item 11 Unknown U	
	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
	Go to Item 14 No N
	Unknown U

INFORMANT INTERVIEW	FORM	(IFIC 4 of 1	6)
II II OIUI II	I OIGH	(11 10 7 01 1	\mathbf{v}

IN ORMEN INTERVI	EW TORW (ITIE 4 01 10)
13. Did () ever take nitroglycerin for this pain?	15. Was () hospitalized for a heart attack?
Yes Y	Yes Y
No N	No N
Unknown U	Unknown U
14. Did a doctor ever say that () had a heart attack prior to his/her final illness? Yes	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
INFORMANT INTERVI	EW FORM (IFIC 5 of 16)
17. Did () ever have any other heart disease or condition before his/her final illness?	19.a. Did he/she have a stroke within four weeks of his/her final illness?
Yes Y	Yes Y
No N	No N
Unknown U	Unknown U
If yes, specify:	b. Did he/she have a history of cigarette smoking?
	Yes Y
	No N
18. Did () ever have a stroke?	Unknown U
Yes Y	
Go to Item 19b	c. Did he/she have a history of diabetes?
Unknown U	Yes Y
	No N
	Unknown U

INFORMANT INTERVIEW FORM (IFIC 6 of 16)

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 titself?	he day he/she died, and of the death	
Yes Y		
No N		
Unknown U		
Specify:		

INFORMANT INTERVIEW FORM (IFIC 7 of 16)		
"The next set of questions may go over some of what you have already told me. Although it may seem repetitious, I must ask these questions for consistency of information." 21. Were you present when () died? Go to Item 25, Yes Y Screen 8	23. Was anyone close enough to hear () if he/she had called out? Go to Item 25, Screen 8 No Y No N Unknown U	
22. Did anyone see or hear () when he/she died? Go to Item 25, Screen 8 No	24. How long after () was last 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	
INFORMANT INTERVIEW FORM (IFIC 8 of 16)		
25. Where was () when he/she died?	C. SYMPTOMS	
Home (or other private residence) A Work B	"The next few questions are concerned with any symptoms () may have had shortly before he/she died."	

Home (or other private residence) A Work B	"The next few questions are concerned with any symptoms () may have had shortly before he/she died."
In a public building	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

INFORMANT INTERVIEW FORM (IFIC 9 of 16) "The next set of questions deal specifically with the last episode of (_____)'s pain or discomfort. The last 28. Did he/she take nitroglycerin episode is defined as starting at the time (_____) because of this last episode noticed discomfort that caused him/her to stop or change of pain or discomfort? what he/she was doing." Yes Y 27. Did (_____)'s last episode of pain or No N discomfort specifically involve the chest? Unknown ... U Yes Y No N Unknown ... U INFORMANT INTERVIEW FORM (IFIC 10 of 16) 29. How long was it from the beginning 30. Within 3 days of death or just of (_____)'s last episode of before (_____) died, did pain or discomfort to the time he/she any of the following symptoms stopped breathing on his/her own? begin for the first time? {Circle the shortest interval known to be true} {Circle (Y), (N) or (U) for each} 5 minutes or less Α <u>Unknown</u> <u>Yes</u> <u>No</u> 10 minutes or less В a. Shortness of breath N U 1 hour or less b. Dizziness U Ν 24 hours or less D c. Palpitations (pounding Y N U in the chest) More than 24 hours Ε U d. Marked or increased Ν Y U fatigue, tiredness, or Unknown weakness e. Headache U Ν f. Sweating Ν U g. Paralysis h. Loss of speech Ν U Y i. Attack of indigestion Y Ν U or nausea or vomiting - j. Other U Ν If Other, specify:_____

INFORMANT INTERVIEW FORM (IFIC 11 of 16) D. EMERGENCY MEDICAL CARE 31. Was a physician, ambulance, or other emergency medical team called? " The next few questions are concerned with emergency Yes Y medical care (_____) may have received prior to or at the time of death. You may have already No N Go to Item 35 given this information in an answer to an earlier question. Since it is important to obtain information Unknown ... U specifically on emergency medical care, I hope you don't mind if these questions seem repetitive." 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 -Already Dead ... D INFORMANT INTERVIEW FORM (IFIC 12 of 16)

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 or less D 24 hours or less E More than 24 hours F	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
24 hours or less E	
Unknown U	Did not come X

INFORMANT INTERVIEW FORM	(IFIC 13 of 16)
II II ORGANIA II II II ERVI I ORGANI	(11 10 15 51 15)

35. Were resuscitation measures, such as closed ches	t
massage or CPR, attempted at the time?	

	Yes Y
Go to Item	No N
38	Unknown U

36. Who started the resuscitation or CPR?

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

37. Where was resuscitation or CPR started?

		Home (or other	
		private residence)	F
		Work	Е
		Public place	(
		Ambulance or	
		other emergency vehicle	Γ
Go to Item	1г	Emergency room	E
39	卜	Emergency room	F
		Other	C
		Unknown	U

INFORMANT INTERVIEW FORM (IFIC 14 of 16)

38. Was (_____) taken to a hospital?

	Yes		Y
Ga ta Itana 40	No		N
Go to Item 40	Unk	nown	U

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

Specify Name, City, State	Yes Y
Skip Name, City, State	No N

[Place Name, City, State in notelog]

Name _____

State

E. ADDITIONAL INFOR	MATION
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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?

	_	
Read "final script" then go to Item 43,	No	N
Screen 15	L Unknown	IJ

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

Specify Name, City, State, Phone	Yes Y
Skip Name, City, State, Phone	No N

Yes Y

[Place Name, City, State, Phone in notelog]

Name _____

City _____

State ____

Phone

INFORMANT INTERVIEW FORM (IFIC 15 of 16) F. RELIABILITY 42. How was he/she related to the deceased? Spouse S {To be completed immediately after the interview} Parent P 43. Did the respondent frequently Daughter/Son C contradict himself/herself or give information that he/she Other relative R would have no way of knowing? Yes Y Friend F No Ν Workmate W Other O 44. Did the respondent seem to be reluctant to answer questions and thus might not have given all [Read "final script",then go to Item 43] the information the interviewer would wish to know? Yes Y No N INFORMANT INTERVIEW FORM (IFIC 16 of 16) 45. On the basis of these questions, give your G. ADMINISTRATIVE INFORMATION rating of reliability of the interview. Good G 48. Date of data collection: Fair F Poor P Month Day Year 46. Would you like to add other details concerning the quality of the interview? 49. Method of data collection: Yes Y Computer C No N Paper Form P If Yes, specify: _____ 50. Code number of the person completing this form. 47. Informant agreed to provide consent to gather further 51. Result Code: information? _____Yes Y No N Not applicable ... A - If Yes, specify _____