

Multi-Ethnic Study of Atherosclerosis



Informant Interview

Participant ID: 8000028 02

Sequence Num:

Public reporting burden for this collection of information is estimated to average 10 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 0925-0493. Do not return the completed form to this address.

Where there is a blank () in the text of a question, insert the name of the participant.

Date of Death: / /

Month Day Year

Informant Information

1a. Relationship of informant to deceased:

- Spouse
- Daughter/Son
- Parent
- Friend
- Workmate
- Other Relative:

Other:

1b. Name of informant (for interviewer use):

Circumstances Surrounding Death

I would like to ask you about the circumstances surrounding ()'s death. If you have any questions as we go along, please ask me.

2. Please tell me about his/her general health, health on the day s/he died, and about the death itself.

Record a brief synopsis of the events surrounding the death as related by the informant. Append a typed copy of this account to this questionnaire.

Some of the remaining questions may repeat information already provided, but it helps us to ask these items specifically.

3. Was anyone present when s/he died?

- Yes No Unknown

If "Yes," skip to Question 6.

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

- Yes No Unknown

5. How long was it between the time () was last known to be alive and the time s/he was found dead?

- Less than 5 minutes
- 5 minutes to 1 hour
- 1 to 24 hours
- Longer than 24 hours
- Unknown

Skip to Question 7.

6. Please tell me who was present:

- Self
- Nursing staff, physician or paramedic
- Other lay person

If "Self," skip to Question 8.

7. When was the last time you saw () prior to his/her death?

- Less than 5 minutes
- 5 minutes to 1 hour
- 1 to 24 hours
- Longer than 24 hours
- Unknown

History

The next few questions concern ()'s medical history.

8. Was s/he restricted to home, able to leave home only with assistance or great effort, or was his/her activity unrestricted?

- Restricted to home
- Able to leave home only with assistance or great effort
- Unrestricted

9. Was s/he hospitalized within the four weeks prior to death?

- Yes
- No
- Unknown

If "No" or "Unknown," skip to Question 12a.

10. What was the reason for the hospitalization?

- Coronary heart disease, heart attack, angina, or cardiac arrest
- Cerebrovascular disease or stroke
- Other cardiovascular disease
- Other non-cardiovascular disease
- Heart surgery
- Other surgical procedure(s)
- Diagnostic procedure(s)
- Other:
- Unknown

11a. What was the date of the hospital admission?

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| Month | | | Day | | | Year | | | |

11b. What was the name and location of the hospital?

12a. Was () seen by a physician at any other time in the last four weeks prior to death?

- Yes
- No
- Unknown

If "No" or "Unknown," skip to Question 13.

12b. What is the name and address of this physician?

Symptoms

The next set of questions deals specifically with acute symptoms such as pain, discomfort or tightness that () may have experienced at the time of his/her death (i.e., starting at the time s/he noticed the symptoms that caused him/her to stop or change what s/he was doing).

13. Did s/he experience pain, discomfort or tightness in the chest, left arm or jaw?

- Yes
- No
- Unknown

If "No" or "Unknown," skip to Question 20.

14. Did the pain, discomfort or tightness specifically involve the chest?

- Yes
- No
- Unknown

15. Were these episodes new, or had they occurred previously?

- New symptoms
- Previous symptoms
- Unknown

If "New symptoms," skip to Question 20.

16. Were the episodes getting longer or more frequent?

- Yes
- No
- Unknown

17. Were the episodes getting more severe?

- Yes
- No
- Unknown

If "No" or "Unknown," to Questions 16 and 17, skip to Question 19.

18. Over what period of time did these episodes become longer, more frequent, or more severe?

- Days
- Weeks
- Months
- Unknown

19. You may not be able to answer this: How long was it from ()'s last episode of symptoms to the time that s/he stopped breathing on his/her own?

- Less than 5 minutes
- Less than 1 hour
- Less than 24 hours
- Greater than 24 hours
- Unknown

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Emergency Medical Care

20. Was () taken to the hospital, emergency room, or any other emergency care facility ?

- Yes
- No
- Unknown

21. Is there anyone else we could contact who might be able to provide additional information about the circumstances surrounding ()'s death or his/her usual state of health?

- Yes
- No
- Unknown

If "No" or "Unknown," skip to "Closing Script."

22. How is s/he related to the deceased?

- Spouse
- Daughter/Son
- Parent
- Friend
- Workmate
- Other Relative:

- Other:

23. What is the name and address of this person?

Closing Script: Thank you very much for your assistance in this important study. Do you have any questions? (Pause, and continue if there are no questions.) Thanks again for your help.

Reliability

24. What is your rating of reliability of the interview?

- Good
- Fair
- Poor

Notes

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| Month | | | Day | | | Year | | | |

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