

INFORMANT INTERVIEW

Event Date:

--	--	--	--	--	--	--	--	--	--

Participant Interview Tracking Information

Interview Number (choose one) 1 2 3 4 5

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

- | | | |
|------------------------|------------------|------------|
| 1 SPOUSE | 3 DAUGHTER/SON | 5 FRIEND |
| 2 PARENT | 4 OTHER RELATIVE | 6 WORKMATE |
| 8 OTHER: SPECIFY _____ | | |

Record of Calls *(Record the final result code on the next page)*

Day	Date (MM/DD/YY):	Time:	Code*	Interviewer ID#
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____
S M T W R F S	___/___/___	___:___ AM PM	___	_____

***Result codes:**

- | | |
|-----------------------|------------------------------------|
| 1 - Complete | 5 - Temporarily away |
| 2- Partially complete | 6- Language barrier |
| 3- Refused | 7- Physically/mentally incompetent |
| 4- No answer | 8- Other, specify: _____ |

Interview completed:

- 1 By Phone
- 2 In Person

Public reporting burden for the collection of information is estimated to average 25 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden please send them to Reports Clearance Officer, PHS, 721 -H Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, Attention:PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INFORMANT INTERVIEW

□ □ □ □ □ □ □ □

Event Date:

□ □ / □ □ / □ □ □ □ □ □

Participant Interview Tracking Information

Interview Number (choose one)

1 2 3 4 5

Interview completed:

1 BY PHONE 2 IN PERSON

- 1 SPOUSE 3 DAUGHTER/SON 5 FRIEND
- 2 PARENT 4 OTHER RELATIVE 6 WORKMATE
- 8 OTHER, SPECIFY:

□ □ □ □ □ □ □ □ □ □

Final result code (from previous page):

□

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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

A. 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.

1. 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 on the last page.)

2. Was anyone present when s/he died?

1 Yes 2 No

If 1-Yes skip to Question 4.

3. How long was it between the time _____ was last seen alive and when s/he was found dead?

- 1) Less than 1 minute
- 2) 1 to 5 minutes
- 3) 5 minutes to 1 hour
- 4) 1 to 6 hours
- 5) 6 to 12 hours
- 6) 12 hours to 24 hours
- 7) More than 24 hours
- 9) Unknown

4. Please tell me who was present.

- 1 Self
- 2 Nursing Staff
- 3 Other

If 3-Other, Specify:

Name: _____

Address: _____

If 1-Self skip to Question 6.

5. When was the last time you saw _____ prior to his/her death?

Date: / /
 Month Day Year

Time: : M
 Hours Minutes

B. History

The next few questions concerns _____'s medical history.

6. Now, think back to about one month before s/he died. At that time, was s/he normally active for the most part, or was s/he restricted to home, able to leave home only with assistance, or limited in his/her activity outside of the home?

- 0 NORMALLY ACTIVE/ NOT LIMITED
- 1 RESTRICTED TO HOME
- 2 ABLE TO LEAVE HOUSEHOLD ONLY WITH ASSISTANCE
- 3 LIMITED IN ACTIVITY OUTSIDE OF HOUSE
- 8 OTHER, SPECIFY:

7. Was s/he hospitalized at any other time within the four weeks prior to death?

- 1 YES 0 NO 9 UNKNOWN

If 0-No or 9-Unknown skip to Question 11.

8. What was the reason for the hospitalization?

- 1 CORONARY HEART DISEASE/HEART ATTACK/ANGINA/CARDIAC ARREST
- 2 CEREBROVASCULAR DISEASE/STROKE
- 3 OTHER CARDIOVASCULAR DISEASE
- 4 OTHER NON-CARDIOVASCULAR CAUSE
- 5 HEART SURGERY
- 6 OTHER SURGICAL PROCEDURE(S)
- 7 DIAGNOSTIC PROCEDURE(S)
- 9 UNKNOWN

9. What was the date of the hospital admission?

		/			/					
Month			Day			Year				

10. What was the name and location of the hospital:

Name: _____

Address: _____

C. Symptoms

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

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

- 1 YES 0 NO 9 UNKNOWN

If 0-No or 9-Unknown skip to Question 17.

12. Did the pain, discomfort or tightness involve the chest?

- 1 YES 0 NO 9 UNKNOWN

13. Were these episodes new or had they occurred during the last month?

- 1 NEW SYMPTOMS 2 PREVIOUS SYMPTOMS

If 1-New Symptoms skip to Question 17.

14. Were the episodes getting longer?

- 1 YES 0 NO 9 UNKNOWN

15. Were the episodes getting more severe?

- 1 YES 0 NO 9 UNKNOWN

If 0-No or 9-Unknown to both questions 14 and 15 skip to Question 17.

16. Over what period of time did these episodes become longer or more severe?

- 1 DAYS 3 MONTHS
 2 WEEKS 9 UNKNOWN

D. Medication

17. Did s/he take any medicines during the acute episode of symptoms?

- 1 YES 0 NO 9 UNKNOWN

If 0-No or 9-Unknown skip to Question 19.

18. What was the name of the medicine?

--	--

19. Within the 30 days before s/he died did s/he start taking any new medicines?

- 1 YES 0 NO 9 UNKNOWN

If 0-No or 9-Unknown skip to Question 21.

20. What was the name of the medicine?

--	--

21. Within the 30 days before s/he died did s/he stop taking any new medicines?

- 1 YES 0 NO 9 UNKNOWN

If 0-No or 9-Unknown skip to Question 23.

22. What was the name of the medicine?

--	--

23. About how many days before s/he died did s/he last take any aspirin-containing medicines?

--	--

Days

99=Unknown
00=Same day
98=Never taken

E. Emergency Medical Care

24. Were s/he taken to a hospital, emergency room, or other emergency care facility because of his/her _____?

- 1 YES 0 NO 9 UNKNOWN

If 0-No or 9-Unknown skip to Question 26.

25. How did he/she get to the facility?

- 1 AMBULANCE / EMERGENCY VEHICLE
 2 PRIVATE CAR
 3 TAXI, CAB
 8 OTHER, SPECIFY:
 9 UNKNOWN

Facility Name: _____

Address: _____

CLOSING SCRIPT

Thank you very much for your assistance in this important study. Do you have any questions? (Pause, if no questions, then continue.) Thanks again for your help.

F. Reliability

(To be completed by interviewer immediately after the interview.)

26. Did the respondent frequently contradict him/her-self or give information that s/he would have no way of knowing?

- 1 Yes 0 No

27. Did the respondent seem to be reluctant to answer questions and thus might not have given complete information?

- 1 Yes 0 No

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

- 1 GOOD 2 FAIR 3 POOR

29. Are there other details concerning the interview quality which should be noted?

- 1 Yes 0 No

If 1-Yes, Specify:

G Narrative

--	--	--

Abstractor ID

--	--

Month

--	--

Day

--	--	--	--

Year