



RECORD OF CALLS

| Day of Week   | Date       | Time   | Notes | Code* | Int |
|---------------|------------|--------|-------|-------|-----|
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |
| S M T W R F S | MM/DD/YYYY | A<br>P |       |       |     |

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

- 1 Complete
- 2 Partially complete
- 3 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 Screen 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 Screen 2 of 16)

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

[Place Name, City, State in notelog]

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.}

If no or unknown, go to Item 9, Screen 3

- |                               | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|-------------------------------|------------|-----------|----------------|
| a. Heart attack or chest pain | Y          | N         | U              |
| b. Heart surgery              | Y          | N         | U              |
| c. Other                      | Y          | N         | U              |

INFORMANT INTERVIEW FORM (IFIC Screen 3 of 16)

7. What was the date of the hospital admission?

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

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

Specify Name, City, State — Yes ..... Y

Skip Name, City, State — No ..... N

[Place Name, City, State in notelog]

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

[Place Name, City, State in notelog]

Name \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

11. Could you tell me the name and address of (\_\_\_\_)'s usual physician? (If same as Q10 record as "same.")

Specify Name, City, State — Yes ..... Y

Skip Name, City, State — No ..... N

[Place Name, City, State in notelog]

Name \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

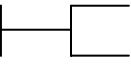
12. Before (\_\_\_\_)'s final illness, had he/she ever had pains in the chest from heart disease, for example angina pectoris?

Yes ..... Y

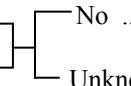
Go to Item 14, Screen 4 — No ..... N

Unknown ... U

INFORMANT INTERVIEW FORM (IFIC Screen 4 of 16)

|   |   |
|---|---|
| <p>13. Did (____) ever take nitroglycerin for this pain?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p><br><p>14. Did a doctor ever say that (____) had a heart attack prior to his/her final illness?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 16</div>  | <p>15. Was (____) hospitalized for a heart attack?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p><br><p>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?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p> |
|---|---|

INFORMANT INTERVIEW FORM (IFIC Screen 5 of 16)

|  |   |
|--|---|
| <p>17. Did (____) ever have any other heart disease or heart condition before his/her final illness?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p> <p>If yes, specify: _____</p> <p>_____</p> <p>_____</p><br><p>18. Did (____) ever have a stroke?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 19b</div>  | <p>19.a. Did he/she have a stroke within four weeks of his/her final illness?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p><br><p>b. Did he/she have a history of cigarette smoking?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p><br><p>c. Did he/she have a history of diabetes?</p> <p style="text-align: right;">Yes ..... Y</p> <p style="text-align: right;">No ..... N</p> <p style="text-align: right;">Unknown ... U</p> |
|--|---|



INFORMANT INTERVIEW FORM (IFIC Screen 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, 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 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 Screen 8 of 16)

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

- Home (or other private residence) ..... A
- Work ..... B
- In a public building ..... C
- On a bus or public transportation ..... D
- On the street ..... E
- In an automobile ..... F
- In a nursing home ..... G
- In an emergency room ..... H
- In an ambulance ..... I
- In the hospital ..... J
- Other ..... O
- 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  
 No ..... N  
 Unknown ... U

Go to Item 30, Screen 10 —

INFORMANT INTERVIEW FORM (IFIC Screen 9 of 16)

|  |  |
|--|--|
| <p>"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."</p> <p>27. Did (____)'s last episode of pain or discomfort specifically involve the chest?</p> <p style="text-align: center;">Yes ..... Y</p> <p style="text-align: center;">No ..... N</p> <p style="text-align: center;">Unknown ... U</p> | <p>28. Did he/she take nitroglycerin because of this last episode of pain or discomfort?</p> <p style="text-align: center;">Yes ..... Y</p> <p style="text-align: center;">No ..... N</p> <p style="text-align: center;">Unknown ... U</p> |
|--|--|

INFORMANT INTERVIEW FORM (IFIC Screen 10 of 16)

| <p>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?</p> <p>{Circle the shortest interval known to be true}</p> <p style="text-align: center;">5 minutes or less ..... A</p> <p style="text-align: center;">10 minutes or less ..... B</p> <p style="text-align: center;">1 hour or less ..... C</p> <p style="text-align: center;">24 hours or less ..... D</p> <p style="text-align: center;">More than 24 hours ..... E</p> <p style="text-align: center;">Unknown ..... U</p> | <p>30. Within 3 days of death or just before (____) died, did any of the following symptoms begin for the first time?</p> <p>{Circle (Y), (N) or (U) for each}</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; width: 10%;"><u>Yes</u></th> <th style="text-align: center; width: 10%;"><u>No</u></th> <th style="text-align: center; width: 10%;"><u>Unknown</u></th> </tr> </thead> <tbody> <tr> <td>a. Shortness of breath</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>b. Dizziness</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>c. Palpitations (pounding in the chest)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>d. Marked or increased fatigue, tiredness, or weakness</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>e. Headache</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>f. Sweating</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>g. Paralysis</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>h. Loss of speech</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>i. Attack of indigestion or nausea or vomiting</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>j. Other</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> </tbody> </table> <p>— If Other, specify: _____</p> <p>_____</p> <p>_____</p> |           | <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 |
|--|---|-----------|----------------|-----------|----------------|------------------------|---|---|---|--------------|---|---|---|---|---|---|---|--|---|---|---|-------------|---|---|---|-------------|---|---|---|--------------|---|---|---|-------------------|---|---|---|--|---|---|---|----------|---|---|---|
|  | <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              |           |                |                        |   |   |   |              |   |   |   |   |   |   |   |  |   |   |   |             |   |   |   |             |   |   |   |              |   |   |   |                   |   |   |   |  |   |   |   |          |   |   |   |



INFORMANT INTERVIEW FORM (IFIC Screen 11 of 16)

**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

No ..... N

Unknown ... U

Go to Item 35,  
Screen 13

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

Symptoms ..... S

Already Dead ... D

Go to Item 35,  
Screen 13

INFORMANT INTERVIEW FORM (IFIC Screen 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

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 or less ..... D

24 hours or less ..... E

More than 24 hours ..... F

Unknown ..... U

Did not come ..... X

INFORMANT INTERVIEW FORM (IFIC Screen 13 of 16)

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,

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 resuscitation or CPR started?

Home (or other private residence) ..... A

Work ..... B

Public place ..... C

Ambulance or other emergency vehicle .... D

Go to Item 39, Screen 14

Emergency room ..... E

Hospital ..... F

Other ..... O

Unknown ..... U

INFORMANT INTERVIEW FORM (IFIC Screen 14 of 16)

38. Was (\_\_\_\_\_) taken to a hospital?

Yes ..... Y

No ..... N

Unknown .... U

Go to Item 40

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 \_\_\_\_\_

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

No ..... N

Unknown .... U

Read "final script" then go to Item 43, Screen 15

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

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

Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone \_\_\_\_\_

INFORMANT INTERVIEW FORM (IFIC Screen 15 of 16)

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 the information the interviewer would wish to know? ..... Yes Y  
No N

INFORMANT INTERVIEW FORM (IFIC Screen 16 of 16)

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. ADMINISTRATIVE INFORMATION**

48. Date of data collection:  

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | - |  |  | - |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

  
Month Day Year

49. Method of data collection:  
Computer ..... C  
Paper Form ..... P

50. Code number of the person completing this form. .... 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

51. Result Code: 

|  |  |
|--|--|
|  |  |
|--|--|