OMB# 0925-0491 Expiration Date XX/XXXX



Telephone: (____) ___-___

INFORMANT INTERVIEW FORM

FORM CODE: IFI Version: C 05/23/2007 CONTACT YEAR **ID Number** LAST NAME: INITIALS: Public reporting burden for this collection of information is estimated to average 6-15 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 (0925-0491). 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 ARIC 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 circle incorrectly, mark through it with an "X" and circle the correct response. INFORMANT INTERVIEW TRACING INFORMATION **DECEDENT** Name: City Zip Code State Date of death: ___/___ Age: _____ years mm dd yyyy Place of death: **INFORMANT** Name: Address: _____ Zip Code City State

Relationship to the deceased:

	_	RECORD	OF CALLS		
Day of Week	Date	Time	Notes	Code*	Int
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
		P			
SMTWRFS	MM/DD/YYY	A			
5 141 1 W ICI 5	1711711/20/1111				
SMTWRFS	MM/DD/YYY	P A			
3 WII W KF 3					
		P			

* RESULT CODES (CIRCLE THE FINAL SCREENING RESULT CODE)

- Complete
 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

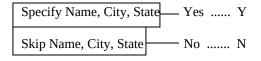
Unknown U

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

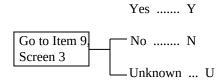
4. Could you tell me the name and location of the nursing home?



[Place Name, City, State in notelog]

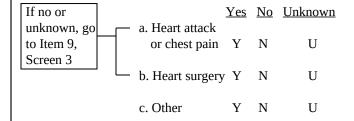
Name				

City _____State _____



6. What was the reason for hospitalization?

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



INFORMANT INTERVIEW FORM (IFIC Screen 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	
·	Specify Name, City, State Yes Y
8. Could you tell me the name and location of the hospital?	Skip Name, City, State No N
and location of the hospital.	one runne, one, oute
Specify Name, City, State—Yes Y	[Place Name, City, State in notelog]
specify Name, City, state———————————————————————————————————	[Place Name, City, State in noterog]
Skip Name, City, State No N	Name
[Place Name, City, State in notelog]	City
Name	State
	11. Could you tell me the name
City	and address of ()'s
State	usual physician? (If same as Q10 record as "same.")
	Specify Name, City, State Yes Y
	Specify Name, City, State
9. Was () seen by a physician anytime in the last four weeks prior to death?	Skip Name, City, State No N
in the last four weeks prior to death:	
Yes Y	[Place Name, City, State in notelog]
No N	Name
Go to Item 11 Unknown U	Traine
└ Unknown U	
	City
	Charles
	State
	12. Before () 's final illness,
	had he/she ever had pains in the chest
	from heart disease, for example angina pectoris?
	pectoris:
	Yes Y
	Go to Item 14, No N
	Screen 4
	Unknown U

INFORMANT INTERVIEW FORM (IFIC Screen 4 of 16)
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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 INTERVIEW	FORM (IFIC Screen 5 of 16)		
17. Did () ever have any other heart disease or heart 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 Screen 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 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 No Y	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 Screen 8 of 16)				
25. Where was () when he/she died?	C. SYMPTOMS			
Home (or other private residence) A	"The next few questions are concerned			

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 Screen 9 of 16))		
"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	28. Did he/she take nitrogly because of this last episo of pain or discomfort? Yes No Unknown	cerin ode Y N		
INFORMANT INTERVIEW	FORM (IFIC Screen 10 of 16	6)		
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?	30. Within 3 days of death of before () died, did any of the following syn begin for the first time?	or just		
{Circle the shortest interval known to be true}	(Circle (Y), (N) or (U) fo	or each	}	
5 minutes or less A		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
10 minutes or less B	a. Shortness of breath	Y	N	U
1 hour or less C	b. Dizziness	Y	N	U
24 hours or less D	c. Palpitations (pounding in the chest)	Y	N	U
More than 24 hours E Unknown 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 k. Swelling of legs	Y	N	U
	and/or feet If Other, specify:	Y	N	U

D. EMERGENCY MEDICAL CARE	31. Was a physician, ambulance, or other emergency medical team called?
"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."	Yes
	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
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	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
Olikilowii U	Did not come X

INFORMANT INTERVIEW FORM (IFIC Screen 11 of 16)

35. Were resuscitation measures, such as closed che	st
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	O
Unknown	U

37. Where was resuscitation or CPR started?

	Home (or other	
	private residence)	F
	Work	E
	Public place	(
	Ambulance or	
	other emergency vehicle	Ι
Go to Item 39, Screen 14	Emergency room	F
	Hospital	
	Other	C
	Unknown	U

INFORMANT INTERVIEW FORM (IFIC Screen 14 of 16)

38. Was (_____) taken to a hospital?

	Yes		Y
	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 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?

Read "final script" then go to Item 43,	No	N
Screen 15	LInknown	H

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 Screen 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 N 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 FO	ORM (IFIC Screen 16 of 16)
45. On the basis of these questions, give your rating of reliability of the interview Good Fair Poor 46. Would you like to add other details concerning the quality of the interview? If Yes, specify: 47. Informant agreed to provide consent to gather further information? If Yes, specify	G F P Yes Y No N	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
─If Yes, specify	Not applicable A	