

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?

		/			/				
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

8000028 02

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

/ /
Month Day Year

Interviewer ID:

Data Entry ID:

8000028 02

Page Num

CARI NT

Multi-Ethnic Study of Atherosclerosis
Cardiac/PVD Interview

This form should be used if there is insufficient information from hospital, physician or other records/forms to classify the cardiac event. The purpose is to obtain a narrative of events surrounding the event to supplement data already collected.

We are calling today from the MESA Clinical Center at (). We understand that you had a diagnosis of (MI/angina/CHF/PVD) on (date). To help us complete our records, could you please tell us more about this? For example: What were you doing when symptoms started? What were your symptoms? How long did they last? What happened? Did you see a physician? What was done? Please describe what happened in your own words.

Probe for details regarding symptoms and their duration; ask about chest, arm, and jaw pain specifically if not volunteered.

Narrative: _____

_____/_____/_____
Month Day Year Interviewer ID: _____

E.2 Sample MESA Events Letters

E.2.1 HOSPREL (Hospital medical record release form)

MESA STUDY HOSPITAL MEDICAL RECORD RELEASE FORM

Patient: **[participant name]**
 [participant street address]
 [participant city, state zip]

Hospital: [hospital name]
 [hospital street address]
 [hospital city, state zip]

Please release to the Multi-Ethnic Study of Atherosclerosis (MESA):

All records of hospitalizations which occurred during the period **[time between clinic visit and follow-up phone call 1]**.

I authorize the above agency to release copies of my medical records to the **[institution]**, MESA. This information will be used to statistical purposes only, and will remain strictly confidential.

Signature of Patient

Date

E.2.6 MEREL (Medical examiner record release form, if needed)

MESA STUDY MEDICAL EXAMINER RECORD RELEASE FORM

Patient: **[participant name]**
 [participant street address]
 [participant city, state zip]

County: [county name]

I, **[contact/next of kin name]**, the closest relative of **[participant]**, who is deceased, give permission for the County Medical Examiner to release medical information to the **[institution]**, Multi-Ethnic Study of Atherosclerosis (MESA). This information will be used to statistical purposes only, and will remain strictly confidential.

Signature of Next of Kin

Date

E.2.3 PHYSREL (Physician/clinic record release form)

MESA STUDY PHYSICIAN/CLINIC RECORD RELEASE FORM

Patient: **[participant name]**
 [participant street address]
 [participant city, state zip]

Hospital: **[doctor's office or clinic name]**
 [doctor's office or clinic street address]
 [doctor's office or clinic city, state zip]

Please release to the Multi-Ethnic Study of Atherosclerosis (MESA):

All records of diagnoses and procedures that occurred during the period **[time between clinic visit and follow-up phone call 1]**.

I authorize the above agency to release copies of my medical records to the **[institution]**, MESA. This information will be used to statistical purposes only and will remain strictly confidential.

Signature of Patient

Date

E.2.5 MELET (Cover letter to next of kin to obtain medical examiner/coroner reports)

[date]

[contact/next of kin name]

[street address]

[city, state zip]

Dear [contact/next of kin name]:

I am writing with regard to our telephone interview on [date] regarding [participant]. Your information has been extremely valuable to the Multi-Ethnic Study of Atherosclerosis (MESA). Thank you.

[participant]'s death was investigated by the County Medical Examiner's Office. With your permission, the MESA would like to review those records to confirm the medical details. The Medical Examiner requires a written consent for release of medical information. Would you please sign the enclosed consent form for the Medical Examiner and return it to us in the enclosed stamped envelope?

Please note your consenting to the release of this information is completely voluntary and, if you choose to not offer us your consent, it will in no way affect any relationship you may have with this institution. If you have any questions, please feel free to call **NAME** at **PHONE NUMBER**.

Thank you again for your help in this matter.

Sincerely,

NAME

MESA Study Coordinator

NAME

Principal Investigator

Enclosures: Release Form and Return Envelope

E.2.11 INFLET (Letter to informant/next of kin, known telephone number)

[date]

[contact/next of kin name]

[street address]

[city, state zip]

Dear [contact/next of kin name]:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the [institution] along with five other centers in the United States, to ask for your help.

Your name is listed on the death certificate of [participant name] who passed away on [date of death]. In a few days a member of my staff will be calling to explain further about the project and seek your permission to ask a few medical questions.

The information you provide will be used for statistical purposes only, and will remain strictly confidential. Of course, your participation is entirely voluntary, and, if you choose to not speak with us on this matter, it will in no way affect any relationship you may have with this institution.

Thank you very much in advance for your help in this important study.

Sincerely,

NAME

Principal Investigator

E.2.12 INFNONUM (Letter to informant/next of kin, unknown telephone number)

[date]

[contact/next of kin name]

[street address]

[city, state zip]

Dear **[contact/next of kin name]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States, to ask for your help.

Your name is listed on the death certificate of **[participant name]** who passed away on **[date of death]**. We would like to call you to explain more about the project and to ask a few medical questions, but have been unable to find your telephone number.

Could you take a few moments to fill out and mail the enclosed postcard?

The information we will be calling about will be used for statistical purposes only, and will remain strictly confidential. Of course, your assistance in our research is entirely voluntary, and, if you choose to not provide your phone number and speak with us on this matter, it will in no way affect any relationship you may have with this institution

Thank you very much in advance for your help in the important study.

Sincerely,

NAME

Principal Investigator

Enclosure: Return Postcard

E.2.13 RETNUM (Reply postcard from informant/next of kin with telephone number)

POSTCARDS SHOULD BE RETURN-ADDRESSED TO LOCAL SURVEILLANCE CENTER AND STAMPED.

Dear **[name of Surveillance Supervisor]**:

I will be able to help with you with the Multi-Ethnic Study of Atherosclerosis (MESA).

_____ I **do** have a telephone number which is ____ - ____ - ____ .

The best times to reach me are ____ or ____ .

An alternative telephone number is ____ - ____ - ____ .

The best times to reach me at this number are ____ or ____ .

_____ I **do not** have a telephone number, but I agree to be interviewed in person.

I will be calling your staff to set up a time and a place for the interview.

Sincerely,

[name of informant]

E.2.14 INFNEIGH (Letter to neighbor of decedent)

[date]

[neighbor name]

[street address]

[city, state zip]

Dear **[neighbor]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States, to ask for your help.

As you may know, **[participant name]** passed away on **[date of death]**. As part of the study, we are systematically attempting to contact a next-of-kin or another person who lived with the decedent in order to obtain some medical information that would help us to find out about the circumstances surrounding **[participant name]**'s death. We have not been able to locate such a person and since you were **[participant name]**'s neighbor, we believe that you may be able to help us do so.

Could you take a few moments to fill out and mail the enclosed postcard?

The information we wish to obtain from the next-of-kin or other person who lived with **[participant name]** will be used for research purposes only, and will remain strictly confidential. Of course, your assistance in this matter is entirely voluntary, and, if you choose to not speak with us on this matter, it will in no way affect any relationship you may have with this institution

Thank you very much in advance for your help in this important study.

Sincerely,

NAME

Principal Investigator

Enclosure: Return Postcard

E.2.15 RETNEIGH (Reply postcard from neighbor of decedent)

POSTCARDS SHOULD BE RETURN-ADDRESSED TO LOCAL SURVEILLANCE CENTER AND STAMPED.

Dear **[name of Surveillance Supervisor]**:

The following individual(s) was (were) living with **[participant name]** at the time of his/her death:

Name	Relationship to deceased	Present address	Present telephone number

I do not have any information on persons who were living with **[participant name]** at the time of his/her death.

Sincerely,

[name of neighbor]