INFORMANT INTERVIEW

Participant Interview Tracking Information

s:										_	1 SPOUSE 3 DAUGHTER/SON 5 FRIEND 2 PARENT 4 OTHER RELATIVE 6 WORKMA				
	City State Zip							7	 Zip	8 OTHER: SPECIFY					
one: _															
					— Rec	ord o	f Calls		(Rec	ord the	e final resul	t cod	e on th	ne next pag	e)
Γ	Day									D/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		
*Res					5	- Temr	orarily	awav	v			Into	erview c	completed:	
2- Pa	2- Partially complete 6- Language barrier 3- Refused 7- Physically/mentally incompeted 4- No answer 8- Other, specify:					mpetent			-	Phone 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.

09/30/99 Page 1 of 5

	Cardiovascular Health Study	
ı	INFORMANT INTERVIEW	
		Event Date: /

Participant Interview Tracking Information

	1	2	3	4	5	O 1	SPOUSE	O 3 I	DAUGHTER/SON	O 5 FRIEND	
Interview Number (choose one)	Ō	Ö	3	0	Ö	O 2	PARENT	O 4	OTHER RELATIVE	○ 6 WORKMATE	
Interview completed: O 1	0 8	OTHER, SPECI	FY:								
								L			
Final result code (from previous page):											

4882158725

09/30/99 Page 2 of 5

NOTE: Where there is a blank () in the text of a question	on, 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? O 1 Yes O 2 No If 1-Yes skip to Question 4.	5. When was the last time you saw prior to his/her death? Date:
3. How long was it between the time was last seen alive and when s/he was found dead? O 1) Less than 1 minute O 2) 1 to 5 minutes O 3) 5 minutes to 1 hour O 4) 1 to 6 hours O 5) 6 to 12 hours O 6) 12 hours to 24 hours O 7) More then 24 hours O 9) Unknown	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? O NORMALLY ACTIVE/ NOT LIMITED O 1 RESTRICTED TO HOME O 2 ABLE TO LEAVE HOUSEHOLD ONLY WITH ASSISTANCE O 3 LIMITED IN ACTIVITY OUTSIDE OF HOUSE O 8 OTHER, SPECIFY:
4 Please tell me who was present. O 1 Self O 2 Nursing Staff O 3 Other If 3-Other, Specify: Name: Address: If 1-Self skip to Question 6.	7 Was s/he hospitalized at any other time within the four weeks prior to death? O 1 YES O 0 NO O 9 UNKNOWN If 0-No or 9-Unknown skip to Question 11.

09/30/99 Page 3 of 5

3043158723

8. What was the reason for the hospitalization?	13. Were these episodes new or had they occurred during the last month?					
O 1 CORONARY HEART DISEASE/HEART ATTACK/ANGINA/CARDIAC ARREST	O 1 NEW SYMPTOMS O 2 PREVIOUS SYMPTOMS					
O 2 CEREBROVASCULAR DISEASE/STROKE	If 1-New Symptoms skip to Question 17.					
O 3 OTHER CARDIOVASCULAR DISEASE	14. Were the episodes getting longer?					
O 4 OTHER NON-CARDIOVASCULAR CAUSE	O 1 YES O 0 NO O 9 UNKNOWN					
O 5 HEART SURGERY	15. Were the episodes getting more severe?					
O 6 OTHER SURGICAL PROCEDURE(S)	O 1 YES O 0 NO O 9 UNKNOWN					
O 7 DIAGNOSTIC PROCEDURE(S)	If 0-No or 9-Unknown to both questions 14 and 15 skip to Question 17.					
9. What was the date of the hospital admission?	16. Over what period of time did these episodes become longer or more severe?					
	O 1 DAYS O 3 MONTHS					
//	O 2 WEEKS O 9 UNKNOWN					
Month Day Year	D. Medication					
10 What was the name and location of the hospital: Name: Address:	17. Did s/he take any medicines during the acute episode of symptoms? O 1 YES O 0 NO O 9 UNKNOWN If 0-No or 9-Unknown skip to Question 19. 18. What was the name of the medicine?					
C. Symptoms	19. Within the 30 days before s/he died did s/he start taking any					
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? O 1 YES O NO O 9 UNKNOWN If 0-No or 9-Unknown skip to Question 17. 12. Did the pain, discomfort or tightness involve the chest? O 1 YES O NO O 9 UNKNOWN	new medicines? O 1 YES O 0 NO O 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? O 1 YES O 0 NO O 9 UNKNOWN If 0-No or 9-Unknown skip to Question 23. 22. What was the name of the medicine?					

09/30/99 Page 4 of 5

1099158722

23 About how many days before s/he died did s/he last take any aspirin-containing medicines? 99=Unknown 00=Same day 98=Never taken	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.					
E. Emergency Medical Care	F. Reliability					
E. Emergency Wedlear Care	(To be completed by interviewer immediately after the interview.					
24. Were s/he taken to a hospital, emergency room, or other emergency care facility because of his/her?	26. Did the respondent frequently contradict him/her-self or give information that s/he would have no way of knowing?					
O 1 YES O 0 NO O 9 UNKNOWN	O 1 Yes O 0 No					
If 0-No or 9-Unknown skip to Question 26.	27. Did the respondent seem to be reluctant to answer questions and thus might not have given complete information?					
25. How did he/she get to the facility?	O 1 Yes O 0 No					
O 1 AMBULANCE / EMERGENCY VEHICLE						
O 2 PRIVATE CAR	28. What is your rating of reliability of the interview?					
O 3 TAXI, CAB	O 1 GOOD O 2 FAIR O 3 POOR					
O 8 OTHER, SPECIFY:						
O 9 UNKNOWN Facility Name:	29. Are there other details concerning the interview quality which should be noted?					
Address:	O 1 Yes O 0 No					
	If 1-Yes, Specify:					
	II I-les, Specily.					
G Narrative						
	Abstractor ID Month Day Year					
1793158723	Abstractor ID Month Day Year					

09/30/99 Page 5 of 5