Informant Information

1a. Relationship of informant to deceased:
- Spouse
- Daughter/Son
- Parent
- Friend
- Workmate
- Other Relative:

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?
   o Restricted to home
   o Able to leave home only with assistance or great
     effort
   o Unrestricted

9. Was s/he hospitalized within the four weeks prior to
   death?
   o Yes          o No          o Unknown
     If “No” or “Unknown,” skip to Question 12a.

10. What was the reason for the hospitalization?
    o Coronary heart disease, heart attack, angina, or
      cardiac arrest
    o Cerebrovascular disease or stroke
    o Other cardiovascular disease
    o Other non-cardiovascular disease
    o Heart surgery
    o Other surgical procedure(s)
    o Diagnostic procedure(s)
    o Other:
    o 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?
    o Yes          o No          o 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?
    o Yes          o No          o Unknown
     If “No” or “Unknown,” skip to Question 20.

14. Did the pain, discomfort or tightness specifically
    involve the chest?
    o Yes          o No          o Unknown

15. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 20.

16. Were the episodes getting longer or more frequent?
    o Yes          o No          o Unknown

17. Were the episodes getting more severe?
    o Yes          o No          o 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?
    o Days
    o Weeks
    o Months
    o 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?
    o Less than 5 minutes
    o Less than 1 hour
    o Less than 24 hours
    o Greater than 24 hours
    o Unknown

20. If “No” or “Unknown,” skip to Question 21.

21. What was the reason for the hospitalization?

22. What was the name and location of the hospital?

23. What is the name and address of this physician?

24. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 25.

25. What was the reason for the hospitalization?

26. What was the name and location of the hospital?

27. What is the name and address of this physician?

28. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 29.

29. What was the reason for the hospitalization?

30. What was the name and location of the hospital?

31. What is the name and address of this physician?

32. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 33.

33. What was the reason for the hospitalization?

34. What was the name and location of the hospital?

35. What is the name and address of this physician?

36. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 37.

37. What was the reason for the hospitalization?

38. What was the name and location of the hospital?

39. What is the name and address of this physician?

40. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 41.

41. What was the reason for the hospitalization?

42. What was the name and location of the hospital?

43. What is the name and address of this physician?

44. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 45.

45. What was the reason for the hospitalization?

46. What was the name and location of the hospital?

47. What is the name and address of this physician?

48. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 49.

49. What was the reason for the hospitalization?

50. What was the name and location of the hospital?

51. What is the name and address of this physician?

52. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 53.

53. What was the reason for the hospitalization?

54. What was the name and location of the hospital?

55. What is the name and address of this physician?

56. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 57.

57. What was the reason for the hospitalization?

58. What was the name and location of the hospital?

59. What is the name and address of this physician?

60. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 61.

61. What was the reason for the hospitalization?

62. What was the name and location of the hospital?

63. What is the name and address of this physician?

64. Were these episodes new, or had they occurred
    previously?
    o New symptoms
    o Previous symptoms
    o Unknown
     If “New symptoms,” skip to Question 65.

65. What was the reason for the hospitalization?
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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

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