

CHD Cohort Surveillance**Informant Interview Form****Data set name: C22IFIA1_NP****Instructions:** The Informant Interview Form is completed for each informant for an out-of-hospital death as determined by the ARIC Event Investigation Summary.

<i>CONTYR</i>		<i>Record Sequence Number</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1953	1	
213	2	
33	3	

<i>ID</i>		<i>ARIC Occurrence ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2199	Present	Text suppressed

<i>IFIA00</i>		<i>Result Code</i>	<i>Q0</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1264	01	Complete	
11	02	Partially complete	
39	03	Unknowledgable	
181	04	Refusal	
222	05	Informant away or can't be found	
3	06	Language barrier	
24	07	No one home	
115	09	Other (specify in Notes)	
340		Missing	

<i>IFIA01</i>		<i>Informant's Relationship To Deceased Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
692	C	Daughter/son
56	F	Friend
35	O	Other
12	P	Parent
188	R	Other relative
629	S	Spouse
1	W	Workmate
586		Missing

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IFIA02		<i>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? Q2</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1	=	Data management code, treat as missing
537	N	Normally active
1066	R	Sick/ill/limited activities
7	U	Unknown
588		Missing

IFIA03		<i>Was () being cared for at a nursing home, or at another place at the time of death? Q3</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
56	A	Yes, assisted living [skip to Q5]
96	F	Yes, Hospice facility [skip to Q5]
580	H	Yes, at home [skip to Q5]
518	N	No [skip to Q5]
38	O	Yes, other [skip to Q5]
321	R	Yes, nursing home
2	U	Data entry error
588		Missing

IFIA04		<i>Could you tell me the name and location of the nursing home? Q4</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
13	N	No [skip to Q5]
303	Y	Yes
1883		Missing

IFIA05		<i>Hospitalized In Past Four Week Q5</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1088	N	No [skip to Q9]
33	U	Unknown [skip to Q9]
490	Y	Yes
588		Missing

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<i>IFIA06A</i>		<i>Hospitalized For Heart Attack or Chest Pain</i> <i>Q6a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
406	N	No [skip to Q9]
15	U	Unknown [skip to Q9]
64	Y	Yes
1714		Missing

<i>IFIA06B</i>		<i>Hospitalized For Heart Surgery</i> <i>Q6b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
461	N	No [skip to Q9]
7	U	Unknown [skip to Q9]
16	Y	Yes
1715		Missing

<i>IFIA06C</i>		<i>Hospitalized For Other Reason</i> <i>Q6c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
65	N	No
10	U	Unknown
217	Y	Yes
1907		Missing

<i>IFIA07_FOLLOWUP DAYS</i>		<i>Days Of Follow Up From Visit 1 To Date Of Hospital Admission Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
55	Range	5 - 12258 (median=8407 mean=7271.7 std=3587.1)
2144		Missing

<i>IFIA07_YEAR</i>		<i>Year Of Date Of Hospital Admission Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
55	Range	1988 - 2021 (median=2010 mean=2007.9 std=10.0)
2144		Missing

<i>IFIA08</i>		<i>Could you tell me the name and location of the hospital?</i> <i>Q8</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	N	No
66	Y	Yes
2131		Missing

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IFIA09		Was () seen by a physician anytime in the last four weeks prior to death? Q9
N	Value	Description
507	N	No [skip to Q11]
146	U	Unknown [skip to Q11]
955	Y	Yes
591		Missing

IFIA10		Could you tell me the name and address of this physician? Q10
N	Value	Description
318	N	No
553	Y	Yes
1328		Missing

IFIA11		Could you tell me the name and address of ()'s usual physician? (If same as Q10 record as "same.") Q11
N	Value	Description
420	N	No
1030	Y	Yes
749		Missing

IFIA12		Before ()'s final illness, had he/she ever had pains in the chest from heart disease, for example angina pectoris? Q12
N	Value	Description
979	N	No [skip to Q14]
116	U	Unknown
515	Y	Yes
589		Missing

IFIA13		Did () ever take nitroglycerin for this pain? Q13
N	Value	Description
184	N	No
119	U	Unknown
321	Y	Yes
1575		Missing

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IFIA14		Did a doctor ever say that () had a heart attack prior to his/her final illness? Q14
N	Value	Description
1116	N	No [skip to Q16]
69	U	Unknown [skip to Q16]
422	Y	Yes
592		Missing

IFIA15		Was () hospitalized for a heart attack? Q15
N	Value	Description
58	N	No
9	U	Unknown
353	Y	Yes
1779		Missing

IFIA16		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? Q16
N	Value	Description
1111	N	No
45	U	Unknown
452	Y	Yes
591		Missing

IFIA17		Did () ever have any other heart disease or heart condition before his/her final illness? Q17
N	Value	Description
929	N	No
110	U	Unknown
569	Y	Yes
591		Missing

IFIA18		Did () ever have a stroke? Q18
N	Value	Description
1186	N	No [skip to Q19b]
63	U	Unknown [skip to Q19b]
358	Y	Yes
592		Missing

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<i>IFIA19</i>		<i>Ifi19. Stroke In Four Weeks Before Death</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
277	N	No
25	U	Unknown
55	Y	Yes
1842		Missing

<i>IFIA19A</i>		<i>Stroke In Four Weeks Before Death Q19a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
208	N	No
22	U	Unknown
49	Y	Yes
1920		Missing

<i>IFIA19B</i>		<i>Have A History Of Cigarette Smoking Q19b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
680	N	No
14	U	Unknown
763	Y	Yes
742		Missing

<i>IFIA19C</i>		<i>Have A History Of Diabetes? Q19c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
914	N	No
15	U	Unknown
526	Y	Yes
744		Missing

<i>IFIA20</i>		<i>Dummy Field Q20</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
32	N	No
2	U	Unknown
1429	Y	Yes
736		Missing

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<i>IFIA21</i>		<i>Informant Witnessed Death Q21</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1010	N	
597	Y	
592		Missing

<i>IFIA22</i>		<i>Stroke In Four Weeks Before Death Q22 Could you please tell me what you can of ()'s general health, on the day he/she died, and of the death itself? Q22 Were you present when () died? Q22 Did anyone see or hear () when he/she died? Q22 "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.</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
477	N	No
102	U	Unknown
427	Y	Yes
1193		Missing

<i>IFIA23</i>		<i>Was anyone close enough to hear () if he/she had called out? Q23</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
271	N	No
92	U	Unknown
214	Y	Yes [skip to Q25]
1622		Missing

<i>IFIA24</i>		<i>How long after () was last known to be alive was he/she found dead? Q24</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
9	A	5 minutes or less
68	B	1 hour or less
187	C	24 hour or less
39	D	more than 24 hours
57	U	Unknown
1839		Missing

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IFIA25		Where was () when he/she died? Q25
<i>N</i>	<i>Value</i>	<i>Description</i>
840	A	Home (or other private residence)
11	B	Work
15	C	In a public place
1	D	On a bus or public transportation
6	E	On the street
25	F	In an automobile
330	G	In a nursing home
145	H	In an emergency room
16	I	In an ambulance
34	J	In the hospital
170	O	Other
13	U	Unknown
593		Missing

IFIA26		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? Q26
<i>N</i>	<i>Value</i>	<i>Description</i>
1041	N	No [skip to Q30]
394	U	Unknown [skip to Q30]
171	Y	Yes
593		Missing

IFIA27		Did ()'s last episode of pain or discomfort specifically involve the chest? Q27
<i>N</i>	<i>Value</i>	<i>Description</i>
34	N	No
26	U	Unknown
110	Y	Yes
2029		Missing

IFIA28		Did he/she take nitroglycerin because of this last episode of pain or discomfort? Q28
<i>N</i>	<i>Value</i>	<i>Description</i>
108	N	No
34	U	Unknown
28	Y	Yes
2029		Missing

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<i>IFIA29</i>		<i>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? Q29</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15	A	5 minutes or less
8	B	10 minutes or less
37	C	1 hour or less
55	D	24 hour or less
28	E	more than 24 hours
27	U	Unknown
2029		Missing

<i>IFIA30A</i>		<i>Shortness of breath Q30a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1124	N	No
215	U	Unknown
265	Y	Yes
595		Missing

<i>IFIA30B</i>		<i>Dizziness Q30b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1193	N	No
328	U	Unknown
83	Y	Yes
595		Missing

<i>IFIA30C</i>		<i>Palpitations (pounding in the chest) Q30c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1207	N	No
366	U	Unknown
31	Y	Yes
595		Missing

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<i>IFIA30D</i>		<i>Marked or increased fatigue, tiredness, or weakness</i> <i>Q30d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
829	N	No
221	U	Unknown
554	Y	Yes
595		Missing

<i>IFIA30E</i>		<i>Headache</i> <i>Q30e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1235	N	No
312	U	Unknown
57	Y	Yes
595		Missing

<i>IFIA30F</i>		<i>Sweating</i> <i>Q30f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1220	N	No
250	U	Unknown
133	Y	Yes
596		Missing

<i>IFIA30G</i>		<i>Paralysis</i> <i>Q30g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1337	N	No
235	U	Unknown
31	Y	Yes
596		Missing

<i>IFIA30H</i>		<i>Loss of speech</i> <i>Q30h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1248	N	No
194	U	Unknown
162	Y	Yes
595		Missing

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<i>IFIA30I</i>		<i>Attack of indigestion or nausea or vomiting</i>	<i>Q30i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1209	N	No	
219	U	Unknown	
176	Y	Yes	
595		Missing	

<i>IFIA30J</i>		<i>Other symptoms</i>	<i>Q30j</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1188	N	No	
159	U	Unknown	
257	Y	Yes	
595		Missing	

<i>IFIA31</i>		<i>Was a physician, ambulance, or other emergency medical team called?</i>	<i>Q31</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
651	N	No [<i>skip to Q35</i>]	
56	U	Unknown [<i>skip to Q35</i>]	
897	Y	Yes	
595		Missing	

<i>IFIA32</i>		<i>Was (the physician, ambulance, or EMS team) called because of symptoms () was having or after he/she was already dead?</i>	<i>Q32</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
510	D	Dead	
379	S	Symptoms	
1310		Missing	

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IFIA33		How long was it from the time the last episode of symptoms started to the time that medical assistance was called for? Q33
N	Value	Description
195	A	5 minutes or less
53	B	10 minutes or less
43	C	1 hour or less
13	D	6 hours or less
5	E	24 hour or less
1	F	more than 24 hours
71	U	Unknown
1818		Missing

IFIA34		How long was it from the time that medical care was called to the time when it arrived? Q34
N	Value	Description
112	A	5 minutes or less
128	B	10 minutes or less
59	C	1 hour or less
2	D	6 hours or less
77	U	Unknown
2	X	
1819		Missing

IFIA35		Were resuscitation measures, such as closed chest massage or CPR, attempted at the time? Q35
N	Value	Description
943	N	No [skip to Q38]
129	U	Unknown [skip to Q38]
530	Y	Yes
597		Missing

IFIA36		Who started the resuscitation or CPR? Q36
N	Value	Description
124	A	Bystander, non-health professional
17	B	M. D.
339	C	Ambulance attendant, paramedic, or other health professional
16	D	Fireman or policeman
11	O	Other
22	U	Unknown
1670		Missing

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IFIA37		Where was resuscitation or CPR started?	Q37
N	Value	Description	
382	A	Home (or other private residence)	
10	B	Work	
35	C	Public place	
13	D	Ambulance or other emergency vehicle	
15	E	Emergency room <i>[skip to Q39]</i>	
6	F	Hospital <i>[skip to Q39]</i>	
58	O	Other	
10	U	Unknown	
1670		Missing	

IFIA38		Was () taken to a hospital?	Q38
N	Value	Description	
1081	N	No <i>[skip to Q40]</i>	
25	U	Unknown <i>[skip to Q40]</i>	
477	Y	Yes	
616		Missing	

IFIA39		Could you tell me the name and location of this hospital?	Q39
N	Value	Description	
5	N	No	
388	Y	Yes	
1806		Missing	

IFIA40		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?	Q40
N	Value	Description	
1320	N	No <i>[skip to Q43]</i>	
2	U	Unknown <i>[skip to Q43]</i>	
113	Y	Yes	
764		Missing	

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<i>IFIA41</i>		<i>Could you tell me the name, address, and telephone number of this person? Q41</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	N	No
110	Y	Yes
2086		Missing

<i>IFIA42</i>		<i>How was he/she related to the deceased? Q42</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
38	C	Daughter/son
10	F	Friend
46	O	Other
1	P	Parent
13	R	Other relative
4	S	Spouse
2087		Missing

<i>IFIA43</i>		<i>Did the respondent frequently contradict himself/herself or give information that he/she would have no way of knowing? Q43</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1596	N	No
11	Y	Yes
592		Missing

<i>IFIA44</i>		<i>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? Q44</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1577	N	No
28	Y	Yes
594		Missing

<i>IFIA45</i>		<i>On the basis of these questions, give your rating of reliability of the interview Q45</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
251	F	Fair
1318	G	Good
39	P	Poor
591		Missing

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<i>IFIA46</i>		<i>Would you like to add other details concerning the quality of the interview? Q46</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1310	N	No
145	Y	Yes
744		Missing

<i>IFIA47</i>		<i>Informant agreed to provide consent to gather further information? Q47</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
681	A	Not applicable
344	N	No
425	Y	Yes
749		Missing

<i>IFIA48_FOLLOWUP DAYS</i>		<i>Days Of Follow Up From Visit 1 To Date Of Data Collection Q48</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2189	Range	38 - 13327 (median=8882 mean=8222.7 std=3323.1)
10		Missing

<i>IFIA48_YEAR</i>		<i>Year Of Date Of Data Collection Q48</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2189	Range	1987 - 2024 (median=2013 mean=2010.6 std=9.1)
10		Missing

<i>IFIA49</i>		<i>Method Of Data Collection Q49</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
461	C	Computer
1725	P	Paper
13		Missing

<i>IFIA50</i>		<i>Interviewer Code Number Q50</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2188	Present	Text suppressed
11		Missing

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<i>IFIA51</i>		<i>Second IFI Form Needed</i> Q51
<i>N</i>	<i>Value</i>	<i>Description</i>
117	A	
2082		Missing

<i>IFIA52</i>		<i>PHQ Nursing Home Needed</i> Q52
<i>N</i>	<i>Value</i>	<i>Description</i>
304	B	
1895		Missing

<i>IFIA53</i>		<i>PHQ Recent MD</i> Q53
<i>N</i>	<i>Value</i>	<i>Description</i>
606	C	
1593		Missing

<i>IFIA54</i>		<i>PHQ Usual MD PHQ Needed</i> Q54
<i>N</i>	<i>Value</i>	<i>Description</i>
1068	D	
1131		Missing

<i>IFIA55</i>		<i>HRA Most Recent Hospitalization Needed</i> Q55
<i>N</i>	<i>Value</i>	<i>Description</i>
71	E	
2128		Missing

<i>IFIA56</i>		<i>HRA Other Hospitalization Needed</i> Q56
<i>N</i>	<i>Value</i>	<i>Description</i>
2199		Missing

<i>IFIAFLAG</i>		<i>=1 If IFIA (Or Later Version) Is Present</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2199	1	